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Transport sector (matatu crew) after counselling and testing

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List of Acronyms

AMREF	-	African Medical and Research Foundation
ANC	-	Ante Natal Care
AOP	-	Annual Operation Plan
APHIA ^{plus}	-	AIDS Population & Health Integrated Assistance Project People Centered, Local leadership, Universal access, Sustainability
ART	-	Anti Retroviral Therapy
BCC	-	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
CHW	-	Community Health Worker
CRS	-	Catholic Relief Services
CSOs	-	Civil Society Organizations
CPT	-	Comprehensive Performance Test
CT	-	Counseling and Testing
CU _s	-	Community Health Units
CYP	-	Couple Year of Protection
DBS	-	Dried Blood Spot
DHIS	-	District Health Information System
DHMT	-	District Health Management Team
DHSF	-	District Health Stakeholders Forum
DTLC	-	District TB and Leprosy Coordinator
DYO	-	District Youth Officer
DQA	-	Data Quality Audit
EID	-	Early Infant Diagnosis
ESP	-	Economic Stimulus Program
FHI	-	Family Health International
FP	-	Family Planning
GBV	-	Gender Based Violence
GIS	-	Geographic Information System
GOK	-	Government of Kenya
GS Kenya	-	Gold Star Kenya
HAART	-	Highly Active Antiretroviral Therapy
HBC	-	Home Based Care
HCM	-	Health Communication & Marketing
HCT	-	HIV Counseling and Testing
HIV/AIDS	-	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMIS	-	Health Management Information System
ICT	-	Information & Communication Technology
IEC	-	Information Education and Communication
IMCI	-	Integrated Management of Childhood Illnesses
IS	-	Institutional Strengthening
IPT	-	Isoniazid Preventive Therapy
IYCF	-	Infant & Young Child Feeding
KAIS	-	Kenya AIDS Indicators Survey
KEPH	-	Kenya Essential Package for Health
KOGS	-	Kenya Obstetrical and Gynecological Society

LAPM FP	-	Long Acting and Permanent Methods of Family Planning
L&D	-	Labor and Delivery
LIPs	-	Local Implementing Partners
LLITNs	-	Long-lasting-insecticide-treated nets
LVCT	-	Liverpool Voluntary Counseling and Testing, Care and Treatment
M&E	-	Monitoring and Evaluation
MARPS	-	Most at Risk Populations
MC	-	Maternal Care
MNCH	-	Maternal Newborn and Child Health
MOE	-	Ministry of Education
MOGCS	-	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
TQA	-	Technical Quality Assessment
USAID	-	United States Agency for International Development
VMMC	-	Voluntary Medical Male Circumcision
Y-PEER	-	Youth-Peer Education Network

EXECUTIVE SUMMARY

The APHIAplus Nuru ya Bonde is a five-year program whose goal is to improve health outcomes and impacts through sustainable country led programs and partnerships. Specifically the project aims to increase the use of quality services, products and information and to address social determinants of health to improve the wellbeing of targeted communities and population in 11 out of the 14 counties in Rift Valley Province.

The project is currently in the second year of implementation. This report highlights the achievements of the second quarter 2012.

During this quarter, intense data verification at select high volume facilities took place coupled with mentorship on various technical areas. Special emphasis was made on the correct use of the new HIV tools. Below are highlights of the achievements made during the quarter.

- A total of 33294 women received HIV counseling and testing for prevention of mother to child transmission (PMTCT) and received their results through 644 sites.
- 846 partners of women who attended antenatal clinic were tested for HIV.
- A total of 769 samples were reported for EID in the region.
- A total of 87131 new and re-visit family planning (FP) acceptors were served, reaching a couple year of protection (CYP) of 36, 376. A total of 10090 attended the fourth ANC visit during the quarter against 28,815 first ANC visits.
- A total of 792 people were reached with individual and/or small group interventions that are evidence-based or meet minimum standards.
- 7,808 people were reached with individual and/or small group interventions that are primarily focused on abstinence and/or being faithful and are evidenced based or meet minimum standards
- A total of 1,293 people in most at risk populations (MARPs) were reached with individual and/or small group interventions that are evidenced based or meet minimum standards
- A total of 1,039 individuals were newly initiated into antiretroviral therapy (ART) and 20,817 were receiving ART by the end of the quarter.

The detailed results against the targets are presented in the PMP in Annex 1.

1.0 INTRODUCTION

The APHIA*plus* Nuru ya Bonde program is a five-year (January 2011 – December 2015) cooperative agreement between Family Health International (FHI 360) and the U.S. Agency for International Development (USAID). The project partnership comprises six strategic partners. These are Family Health International (FHI360), the National Organization of Peer Educators (NOPE), Catholic Relief Services (CRS), Liverpool VCT, Care and Treatment (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 region.

Program Description

The goal of APHIA*plus* Nuru ya Bonde program is to improve health outcomes and impacts through sustainable country-led programs and partnerships. The program charts a clear course toward full Kenyan ownership of a broader range of sustainable public health services at the community, district and county levels by promoting a country-led, country-owned and country-managed program at all levels of implementation, health care and supporting the MOH (Ministry of Public Health and Sanitation and Ministry of Medical Services) to effectively play its role of coordinating health services in region. The program builds on the lessons and successes of 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 APHIA*plus* Nuru ya Bonde program focuses on four areas as follows: 1) Health systems strengthening, 2) Integrated service provision, 3) Demand creation, and 4) Social determinants of health.

The program 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.

Working with the provincial leadership (and eventually county leadership as GOK defines the county structures), the project focuses 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 APHIA*plus* 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 has established 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* works with DHSFs to ensure coordination; both with government and non-government entities; particularly for organizations working to address social determinants of health. The program supports capacity building of the DHMTs to effectively plan, coordinate, and evaluate health services in the districts. *APHIAplus* Nuru ya Bonde works to enhance DHMT's capacity to link centrally to the provincial and national levels, and peripherally to facility-based service providers and Community Units (CUs). *APHIAplus* Nuru ya Bonde also supports 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 strengthens the capacity of communities to play a central role in improving health. It works with CUs (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 CUs 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 works 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 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 APHIA*plus* Nuru ya Bonde contribute to the overall objective of the MOH outlined in the KEPH strategy: To reduce inequalities in health care services and reverse the downward trend in health-related indicators. The program also contributes to intermediate results of the USAID/Kenya five-year implementation frameworks for the health sector (2010-2015).

This quarterly report focuses on achievements made during the second quarter (Apr to Jun 2012) of the second year of project implementation.

2.0 PROGRAM MANAGEMENT

2.1 Sub-agreements and MOUs

During the quarter under review, the project amended one multi-year sub-agreement for one implementing organization operating within Nakuru County. In addition, MOUs with Ministry of Public Health and Sanitation (MoPHS), Ministry of Medical Services (MoMS), Ministry of Education (MoE) and Department of Children Services in the Ministry of Gender, Children and Social Development (MOGCSD) were developed outlining the roles and responsibilities of each partner in the implementation of various activities supported by APHIAplus NyB.

2.2 USAID Quarterly Progress Review Meeting

The USAID project management team conducted an on-site quarterly review meeting by visiting project sites in Narok County. The purpose of the visit was to review the APHIAplus October – December 2011 achievements, whilst assessing performance of APHIAplus project support at facility, beneficiary households, community, and local implementing partner levels. As a result of the visit, some recommendations made included establishment of support groups for mothers within large health facilities; establishing the status of supported community units and ensuring they are functional; better targeting for OVC supported households and ensuring integration of services at HH level. The project has since partnered with Mother2Mother project for initiation support groups and undertaken extensive work in the area of community strategy with significant success.

2.3 Co-location of APHIAplus Clinical Services and Community Strategy Staff to DHMTs

The Project hired a multi-disciplinary mentorship staff and deployed them to the regional field offices to boost staff base and improved quality of care and treatment services at the facilities. In addition, more field-based personnel were hired to improve the quality of community strategy and OVC/HCBC activities. The staff will be co-located with the MoH staff in the respective districts to improve quality of service delivery at facility level and coordination with DHMTs. Several consultative meetings have been held with various DHMTs and HMTs to identify space

for these new staff and the co-location will take effect in the coming quarter.



Pic 1: US Ambassador presents certificate to a CHW

2.4 US Ambassador's visit to APHIAplus Project Site

The US Ambassador to Kenya, Gration Scott together with the Minister of Medical Services, Prof. Anyang' Nyong'o, area MP- Joseph Nkaisery, USAID officials and other dignitaries visited Kajiado District Hospital and Maili 46 health center.

The purpose of his visit was to hand over one ultrasound machine procured by the United States Government to Kajiado District Hospital. The hospital is one of the 83 APHIAplus NyB supported health facilities in Kajiado District. The Ambassador visited Maili 46 Health Center, where he presented certificates to

newly trained community health workers of Elangata Wuas community unit. The Community Unit is one of the nine CUs supported by APHIAplus in Kajiado County and was initiated this year.

2.5 Consultative Meeting between USAID/CDC PEPFAR Team and APHIAplus/HWWK

The USAID/CDC PEPFAR team held consultative meeting with Hope World Wide Kenya (HWWK), APHIAplus and Impact Research Development Organization (IRDO) in Kitale to discuss ways and means of addressing issues that emanated from the West Pokot County health stakeholders forum. It was clearly noted that the current PEPFAR supported HIV/AIDS services are mainly concentrated in West Pokot District, hence there is need for a deliberate attempt to strategically expand the services to reach the other two districts within West Pokot County. Some of the key actions agreed on included; development of community mobilization strategy for increased facility service uptake, holding regular quarterly HIV/AIDS stakeholders meeting for the county, holding regular consultative and coordinating meetings between HWWK and APHIAplus, and setting of realistic targets with the DHMTs.

2.6 Linkages with FANIKISHA Institutional Strengthening Project

During the quarter, the APHIAplus project team participated in FANIKISHA IS market place meeting. The aim of this meeting was to bring together key organizations working in the health sector and the vendors/consultants that FANIKISHA IS had identified as best placed to provide various institutional strengthening services to the CSOs. This was an interactive meeting where the CSOs interacted freely with the vendors/consultants. The FANIKISHA vetted vendors /consultants showcased their work including services offered, institutional strengthening packages and capacity building processes. It is expected that once a fully functional institutional strengthening market place website has been developed, the CSOs including the APHIAplus supported CSOs will be able to directly procure capacity building services from the vendors/consultants.

2.7 Collaborative meetings with District GoK Leadership

During the quarter under review, APHIAplus staff continued to strengthen collaboration with GoK district leadership for smooth implementation of project activities. Several meetings were held with various DHMTs, HMTs and other core GoK line ministries to assess the progress of the project, provide Project specific updates to the GoK departmental heads, and plan for roll – out of planned project activities.

2.8 Local implementing Partners Support Supervision

During the quarter, the project multi-disciplinary teams provided technical assistance to implementing partners aimed at improving quality of service delivery to the project beneficiaries. Support supervision was done at different levels through review meetings with IP staff, monthly meetings with community health volunteers, and household visits to beneficiaries. For IPs implementing OVC/HCBC activities, the focus of TA was on project documentation (filing systems), OVC service provision and documentation, data entry and management 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, TA focused on realignment of peer education activities within community structures, conducting quality peer education activities, provision of quality youth friendly services, reporting, and overall delivery of quality health communication intervention. During these support supervision visits, the IPs were given detailed feedback on their quarterly and monthly progress reports and the multi-year scopes of work, while highlighting areas that required improvement.

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)

The program continued with integrated mentorship activities in the districts with support from newly hired technical officers. To improve the capacity of the technical staff including the new hires, one week orientation was conducted covering various related technical aspects namely, current Adult and Pediatric ART guidelines, PMTCT guidelines, management of non-communicable diseases in HIV, TB/HIV co-infection, new data tools for ART, PMTCT, HTC and defaulter tracking mechanisms.

Mentorship activities were conducted at 63 health facilities in the region with main focus on assisting HCW to correctly document and report on services provided. Specific focus was placed on the new HIV indicator related tools i.e. the HTC register, the PMTCT tools, and ART tools. Old tools were replaced, job aids and diaries for booking appointments for HEI distributed. A total of 349 service providers were mentored during these visits. The mentorship also focused on the quality of services provided to those infected with HIV beyond testing i.e., linkage to care and treatment, monitoring of those on care and use of regimes as per recommendations in the national guidelines in both care and treatment and PMTCT.

During this reporting period, Technical Quality Assessment (TQA) and Data Quality Assessment (DQA) and verification activities were rolled out to 13 out of 30 priority facilities in the region. The exercise entailed assessment of CCC (ART), HTC, PMTCT, TB, Lab and Pharmacy services, specifically looking at capacity of health workers (knowledge, skills and practice), quality of services offered, availability of basic equipment and infrastructure, standard MOH tools, job aids and guidelines - and their consistent use, and comparing the data at source with that reported in MOH 711. The facility managers and service providers were actively involved during the entire TQA process as a way of creating ownership and sustainability.

The gaps identified during the verification exercise resulted in action plans that the project team along with the facility managers and providers will address so as to improve quality of service delivery at different intervention areas. Consequences of the TQA process included a better appreciation for proper documentation by the staff, increased sites for HTC at the facilities and introduction of the integrated PMTCT package in the MCH. This forms a baseline and the starting point for monitoring of changes and improvement with the continued mentorship and engagement with the project staff over time. This exercise will continue until all the 30 priority level 3 and 4 facilities are covered and later to other facilities in the region.

To strengthen defaulter tracking in ART/ PMTCT/TB and HEI, the program rolled out a defaulter tracking mechanism and oriented the teams who will operationalize it at the selected facilities. Registers were distributed and the service providers mentored on how to fill it, generate a defaulter list and follow up of defaulters both by making calls and home visits as applicable. The importance of getting each individual patient's detailed contacts, both physical and mobile telephone during initial registration into care/treatment was emphasized, as this makes subsequent tracking easier. The project procured diaries and mobile phones for the 30

facilities. This system has rolled out well with good achievements so far that will be highlighted later in this section.

During the last assessments in December 2011, health facilities were found to be having inadequate supply of assorted furniture and equipment. During the quarter Loitokitok DH, Ngong DH, Molo DH, Naivasha DH, and Kajiado DH were supported with all or some of the following furniture and equipment:

- Examination couches
- Metallic cabinets
- Pedal bins
- Benches
- Tables
- Chairs
- Portable lamps
- ORT corner assorted utensils

Gilgil DH CCC pharmacy was supplied with a computer. In addition, minor renovations were done in Kajiado DH and Miles 46HC in Kajiado County. The following facilities were assessed for renovations which will be done in the current quarter

- Langalanga HC
- PGH Nakuru
- Gilgil DH
- Naivasha DH

Also distributed were job aids and SOP's for WHO staging, cervical cancer screening, ART guidelines, PMTCT guidelines, fixed doses charts for children, the new testing algorithm guidelines, and HTC repeat test job aids.

Mentorship on cervical cancer screening were conducted in Gilgil, Narok, Koibatek districts and two sites started screening in Koibatek. Due to the ongoing advocacy on cancer screening the program supported outreaches for cervical cancer in Gilgil – Karunga dispensary, Nakuru PGH hospice and Mitimangi dispensary; Naivasha DIC and Narok DIC. A total of 89 clients were reached with messages on cervical cancer prevention and all were screened for cervical cancer and breast cancer. In total during the quarter 668 clients were screened for cervical cancer and one for prostate cancer. In total 19 were VIA-VILI positive and were referred for further management at facilities with Gynecologists and cryotherapy services.

Following intensive mentorship and support by facility in-charges, an additional 11 health centers are now providing these services.

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

22 districts were mentored to develop quarterly implementation plans using the joint work plans between MOH and the project. The key priority activities in the QIPS were majorly informed by the gaps identified during supervisory and or field visits. During the meeting the APHIAplus staff emphasized the role of the DHMTs in the implementation of the work plans.

The DHMT in Koibatek district was sensitized on the activities of the formed Health commodity TWG. In Kuresoi, the DHMT was sensitized on facilitative supervision. The DHMTS in 13 districts were sensitization on the DQA process. This was to empower them to be able to plan for regular data audits at facilities in their jurisdiction.

Some priority sensitizations conducted to HCW included;

Table 1: HCW mentorship areas of priority

Topic of sensitization	No. HCW reached	District
Commodity management	70	Koibatek/Njoro
AMTSL & Partograph	78	Koibatek/Njoro/N.North
Mother baby booklet	20	Nakuru North
TB screening tools	70	Koibatek/Njoro
TB/HIV co infection & management	71	Nakuru north/Njoro
Biosafety	17	Njoro
Counselor support supervision	30	Njoro

The DHMT in Koibatek district was supported to use the new supervisory tool that the ministry rolled out recently. In total, 42 facilities in charges meeting in the region were supported. During one of the meetings in the Rift region, meeting APHIAplus staff presented on new PEP guidelines, ART guidelines. The DHMT in 47 districts were supported to conduct facilitative supervision to 470 facilities. Further, the project supported the DHMTs and health facilities in the region to plan and conduct 163 mobile and integrated outreaches.

The supervisions in Nakuru region were in support of Malezi bora activities. Mothers and children were the focus. In addition, community units were mobilized for the same. Services provided included deworming, vitamin A supplementation, immunization, identification and referral of malnourished children, ANC visits, FP and health information targeting the above services.

In the reporting period 27 DHSF meetings were supported. In N.Rift, a joint DHSF meeting was held for Pokot Central, Pokot North and Pokot West which was attended by representatives from USAID, CDC, and Hope Worldwide and discussed the support offered by each partner. It was agreed upon that APHIAplus leaves community HTC to Hope Worldwide in Pokot County and that there be monthly meetings of USG funded programs in the region.

Challenges

- DHMT teams lack trained mentorship teams in the region
- DHMTs need to be oriented on Mentorship and supervision skills.
- Lack of essential equipment's to enable provision of high quality services
- Poor functional infection control committees including TB
- Shortage of staff
- Most facilities do not have MPDR committees

Activities planned for next the quarter

- Continue with TQA and data verification, clean up and reconstruction
- Intensified mentorship to all districts to be done by project team and regional district mentors
- Support formation of quality of care teams, infection prevention committees' and MPDR committees at facilities and strengthen the functionality of existing committees.
- Support establishment of new community health units and strengthen existing CU s to help address home deliveries, maternal and neonatal health seeking behavior, TB and HIV care.
- Initiate CBD training for CHWs in 12 functional CHUs.

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

During TQA/DQA/mentorship activities conducted, service providers in respective service areas were mentored on documentation in the Pre-ART and ART, HTC, PMTCT, HEI cards, HEI registers, and FP and immunization data tools. In additional some sites visited were supplied with new ART, ANC/PMTCT, HTC data tools where needed. Data cleanup/reconstruction was done by the health workers with support from the mentorship teams and new MOH 711 filled with the corrected data. Clarification on previously misunderstood indicators in the ART registers e.g., current on care/treatment and cumulative on care and on ART was done. This contributed to the misreporting and difference in numbers between the reported in 711 and that recorded at source.

The exercise was undertaken jointly with the HCW, their managers and project staff. This resulted in better involvement of the healthcare workers in the recording of the data as evidenced by improved documentation at facility level. Champions have been identified in each service area to assist in recording, collating and reporting of data as a way of creating sustainability. The providers were also mentored on use of data at source to help in decision making geared towards improving services. Facility meetings were held to review and address data gaps identified in health facilities in the course of supervision/mentorship in Koibatek, Nakuru central, Molo, Naivasha, Gilgil, Kuresoi and Njoro districts. Additionally, 6 health facilities were reached in Nakuru central with data quality audits. Follow up to measure progress or outcome will be undertaken in the next quarter.

Defaulter tracking tools for CCC clients were introduced during the quarter at the 30 facilities. The teams also emphasized on the importance of complete documentation of patient locator information during the first visit.

Challenges

- Data collation, reporting, and use is low in most of the facilities
- Poor understanding of indicators by HCWs especially while reporting on ART, maternal/infant prophylaxis thus leading to misreporting
- Lack of use of data at source in facilities

Activities planned for next the quarter

- Continue with TQA and data verification and reconstruction, and mentorship
- Support formation of defaulter tracking systems at all ART sites
- Work with identified champions to help with data collation and reporting

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

During the quarter under review, APHIAplus NyB conducted an assessment to establish the functionality of community units supported by the project. The project with the TA of the Provincial focal person on Community Strategy developed 16 parameters defining the functionality of a unit (see the Score Card). The assessment indicated that from among 114 units supported by the project then only 4 were functional, 45 semi-functional and 65 non-functional. By the end of the quarter, the project registered 12 CUs as functional, 61 semi-functional and 47 non-functional from among 120 units. See Graph below.

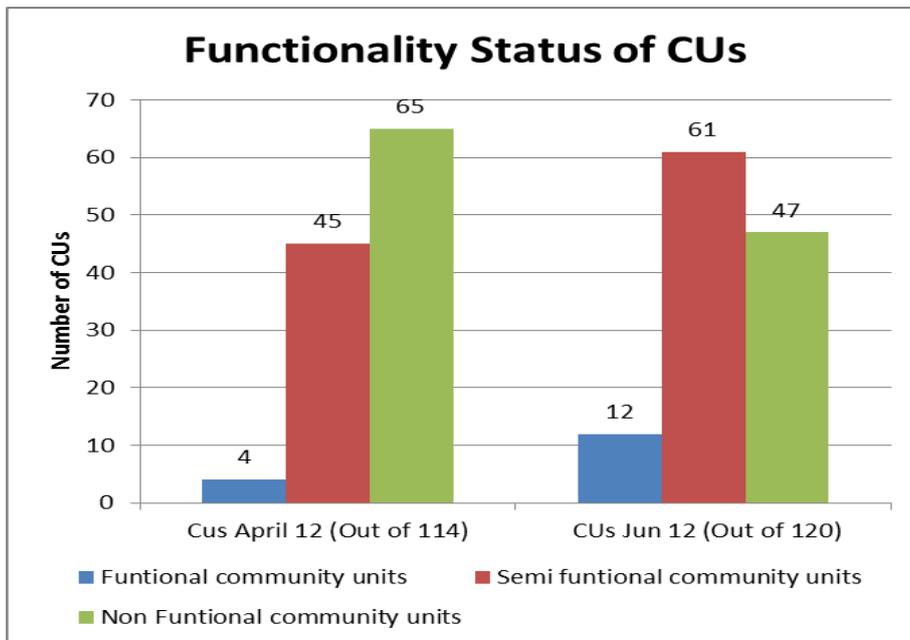


Figure 1: Functionality status of CUs

Also during the quarter, the project staff visited MCHIP Bondo on a learning visit. After the visit the project embarked on implementing the lessons learnt. These included how to rationalize the number of CHWs to catchment population of the CU depending to the population density in the various areas within APHIAplus NyB Zone; the establishment of exit desks at anchor health facilities manned by trained CHWs; the development of the CHW performance assessment checklist and equipping CHWs to provide health talks at health facilities. The province held meetings with districts where the score card was disseminated and discussed. The CHW performance assessment checklist was discussed and adopted for use and key policy documents were discussed and an implementation protocol on key interventions developed. In addition the Project supported the CHC and CHWs monthly planning and feedback meetings.

During the quarter under review, the US Ambassador to Kenya visited Maili 46 Health Centre which is also the anchor facility for Elangata Wuas CU. He launched the CU and gave certificates to the CHWs who were graduating that day and handed over 10 bicycles and for use by the CHWs in the community. Elangata Wuas CU has been provided with 15 Android enabled smart phones for ensuring effective referrals, follow ups and tracing of immunization, ART and TB defaulters. Plans are underway to develop software to pilot data capturing and uploading using the Android enabled smart phones.

During the quarter under review, the project provided the means to train 22 DHMT members (17 Male and 5 female) as TOT in Community Strategy, 220 members of CHC from 24 CHCs (North rift 7, Kajiado 3, Narok 7, Laikipia 3 and Rongai 4). The CHC members developed action plans to guide the units towards achieving the set goals for their units. 412 CHWs (183M and 229F) from 11 CUs were trained (Narok 7 Koibatek 1, Kajiado 3). CHWs from Rongai community unit (32M and 85 F) were trained on HCBC and OVC to enable them to provide quality services to the PLWHIV and OVC HHs in their community unit. In addition 78 CHWs from two units in Laikipia were sensitized on SGBV to equip the CHWs with basic skills in identification and referral of SGBV cases to Nanyuki District Hospital Post Rape Care Centre. The sensitization was informed by data from Nanyuki District Hospital which is the referral facility for issues of SGBV in the region

Three CHW from Mangu unit, Bondeni Unit and Karunga Unit were trained as SILC Trainer of trainers (TOT). The CHWs are expected to start SILC activities among the CHWs leading to

mobilization of saving among them which ultimately will lead to initiation of IGAs for improved livelihoods.

Following PHMT support supervision by the disease surveillance team at the province, it was observed that eleven (11) new Districts in the Rift Valley did not have adequate capacity to conduct disease surveillance activities namely; Rongai, Njoro, Kuresoi, Subukia, Gilgil, Mogotio, Marigat, Baringo North, East Pokot, Nyahururu and Laikipia North. The program supported these 11 DHMTs to conduct updates on routine immunization and disease surveillance for their staff.

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

The key highlights of Goldstar Network (GSN) activities in the quarter ending June 2012 include

- Support of 4 Continuous professional development sessions to provide ongoing capacity building for networked private providers.
- In the same period 3 day orientation of 24 private facilities in Naivasha and Gilgil on HTC and commodity management was conducted. Moreover, 16 private facilities were oriented on TB and HIV co-infection including intensified case finding in Nakuru central.
- Supported 3 sensitization meetings for members of the DHMT in Nakuru Central, Naivasha and Gilgil on strengthening and operationalizing district based private sector activities under the network.
- Additionally 35 GSN sites were linked to access rapid test kits through SCMS and 25 sites supported to access ARV drugs through PEPFAR supported central sites. The sites were also supported to submit complete, accurate and timely reports to ensure that access to these commodities was consistent and accountability was in check.
- Technical assistance was provided through targeted mentorship and OJT on correct use of daily activity register and FCDRR tools besides the technical skills on collecting quality samples for DBS and Viral Load.
- 9 sites were recruited into the network and 10 activated to scale up interventions in HTC, PMTCT, FP, TB screening and ART.

Below are the details of activities conducted within the reporting quarter

Capacity Building

Continuous Professional Development CPDs: capacity building activities were conducted through targeted orientations and continuous professional development sessions reaching at least 157 private providers. The CPD/CME sessions supported were structured to target the doctor's forum through KMA as well as the private nurses and clinical officer's forum engaging private clinics, nursing homes, faith based and private hospitals.

The KMA members in the network covered 2 key topics during the quarter. The session on HIV and cervical cancer reached 25 doctors largely dominated by obstetricians and gynecologists in Nakuru. The interactive session lasted 90 minutes including question and answer time. Each segment of the presentation was comprehensive and covered an array of sub-headings that included the burden of disease, the importance of cervical cancers screening, patient education as well as integration of the services for women of reproductive age.

Although the availability of vaccine was highlighted as part of the solution, the affordability of the same is still far reaching among many. The challenges of resources, infrastructure, lack or prohibitive cost of chemotherapeutic drugs and lack of trained personnel emerged as areas that need strengthening at the national level. All the providers were anticipated to begin cervical cancer screening as an integrated package; the providers suggested a short training on applying

the techniques and skills of Via Villi. Director of medical services present at the session intimated that the public sector was already integrating screening of cervical cancer and the private sector can draw lessons including use of national tools and documentation.

The 2nd session on Lab networking and safe phlebotomy including quality sample collection reached 32 providers. The informative updates were anticipated to support providers to begin putting in place the mechanisms of ensuring that quality sample collection standards and guidelines are adhered to, and to also avoid sample rejection of CD4 and Viral Load at the point of analysis from the reference lab. At the end of the session, user guidelines were disseminated on quality policy manual for medical laboratory services in Kenya and a follow up onsite session with individual provider was also scheduled to accelerate sample referral to KEMRI p3 lab in Nairobi. Follow up on the ART and PMTC sites supported will be done to ensure complete and accurate documentation while transporting the samples and also track the turnaround time of test results.

Updates on PMTCT, correct use of data tools and safe phlebotomy CMEs were conducted among GSN network members. The 2 sessions targeted for nurses, CO's and lab techs in the private clinics, nursing homes and hospitals reached 35 providers in Nakuru and 25 in Naivasha Gilgil respectively. This is anticipated to empower and scale up at least 75% of our private sites utilizing standard national tools as well as revised guidelines on PMTCT. The continuous updates are also expected to forge water tight networks among providers and augment referrals where necessary in cases of PMTCT and other services. In the subsequent quarter of implementation the 25 sites in Naivasha and Gilgil will be mentored on site to improve on documentation and improved management of PMTCT clients.

Orientations: support was provided for orientations on HTC and commodity management reaching 22 service providers in (Naivasha and Gilgil). Sessions on HTC guidelines including the recommendations on National quality management guidelines were well articulated in the 3 day orientation. In the end providers were well updated on the revised protocols and algorithms on HTC, the quality aspect of the training was recommended for all the facilities represented. Although most providers cited the lack of recording and reporting tools, the district together with the program resolved to avail the necessary tools for timely documentation. Support supervision to follow up on the sites was scheduled together with the well oriented providers.

Orientation on TB HIV collaboration was also supported within the quarter and 16 Service Providers in Nakuru were reached. It was anticipated that after the 3 day session the network sites will begin to screen their ART clients at every appointment. Participants were also oriented on the standard tools to ensure that documentation is accurate and always up to date. Site monitoring exercise was scheduled to begin in the subsequent quarters for technical support and updates.

Laboratory Networking

Network members providing ART and PMTCT services were supported to access quality laboratory testing and sample analysis through quality assured and accredited laboratories. Aside from the 3 referral laboratories (AMEC, Aga Khan university Hospital and lancet) supporting track 1 clients for CD4, Viral load and resistance testing, the network negotiated with KEMRI P3 lab in Nairobi to accept VL samples from the networked providers. This was a major boost to the program in terms of accelerating monitoring of patients for better treatment outcomes as well as cutting costs of Viral Load monitoring for the patients. 19 sites were linked to refer VL samples to KEMRI P3 Lab in Nairobi using the recommended tools for request and transportation, while 4 PMTCT sites were linked to send DBS samples to Walter Reed in Kericho. By the end of the quarter, 19 private ART sites in Nakuru referred their CD4 samples to AMEC laboratory.

Naivasha and Gilgil providers continued to refer samples of CD4 to the District Hospital while in Kajiado samples were referred to Ngong district hospital. The network is scheduled to orient service providers on safe phlebotomy in the operational district to meet the quality national standards and guidelines. The network will also strive to negotiate with PGH to accept CD4 samples from the private doctors in Nakuru Central.

Table 2: CD4/CD8 & Viral Loads in GSN Supported Labs

CD4 2012					VIRAL LOADS 2012				
Facility	Apr	May	Jun	Totals	Facility	Apr	May	Jun	Totals
AMEC Lab	32	57	49	138	AMEC lab	1	1	7	9
Evans Sunrise/lancet lab	4	7	6	17	Evans Sunrise/lancet lab	1	5	2	8
TOTALS	36	64	55	155	TOTAL	2	6	9	17

Commodities

ARV's: 22 GSN sites were supported 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. % providers have since been reactivated into the ART program

Rapid HIV test kits: 38 sites were assisted to access rapid test kits including Unigold and at the same time sensitized the sites to accurately report on the commodities received through SCMS. Providers reported on the commodities using the facility consumption data reporting and requisition tool (FCDRR) to ensure that they keep up consistent availability of the test kits. The network is scheduled to link up with the HTC national program to subject 10 selected private sites for proficiency testing.

Onsite Mentorship:

Service providers at valley hospital were taken through job training (OJT) on DBS collection and correct use of the HEI register. The process focused on all components to ensure that service providers better understand the recording as well as follow up. Additionally, distribution of logistical materials that included DBS filter papers zip lock and sample transportation booklet was done. Onsite orientation on new standard recording tools for service providers was conducted at valley hospital and FHOK clinic. The new tools executed included ART register, HTC and HEI register/cards. Mercy hospital was also linked to PGH for CD4 lab networking and Walter reed Kericho for EID. Follow up and documentation of the number on samples shipped will be done in the next quarter and use lessons learnt to support more private sites in sample collection and transportation.

Data:

A total of 1653 clients were reported to be active on ART from 43 GSN supported sites in Nakuru, Naivasha, Gilgil and Kajiado North. 22 SP's in Naivasha and Gilgil were trained to use the HTC tools and the ANC/PMTCT registers as well as the FCDRR for ARV's and OI drugs. 35 were oriented on how to populate the new 731 tool. In the coming quarter GSN shall support 3 day orientations on use of new generation tools in Nakuru and Naivasha.

Challenges

- Lack of standard tools for documentation
- Increased number of standard tools compared to service providers available to populate and correctly use the tools
- Documentation on service integration
- Lack of documentation on psychosocial support services

Planned activities for next quarter

- Sensitization meeting of the DHMT to support private sector activities (15 members) in Kajiado North
- Focused monthly CMEs in Nakuru Central/Kajiado North/ Naivasha (4 sessions)
- District focused Orientation sessions for private providers on Safe Phlebotomy (20) Nakuru central, PMTCT/HTC (30) Kajiado North, tools and documentation (50) Naivasha Gilgil and Nakuru Central
- Ongoing onsite mentorship of service providers on correct use of reporting tools
- Dissemination and distribution of tools
- Strengthen the link of private facilities data collection to the national reporting system
- Conduct integrated support supervision with DHMT members for the private facilities in Nakuru Central, Kajiado North and Naivasha/Gilgil
- Provide courier support for laboratory networking of CD4 count, Viral Load and DBS.
- Link providers to access commodities (RTK's & ARV's)

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

Dialogue meetings and health action days

During the quarter under review, the project supported the community units to meet some key activities that were geared towards ensuring improvement of the various health indicators. The interventions were guided or informed by key data events. In total 83 units out of 120 held dialogue days and 60 conducted health action days. Activities conducted during the health action days include jigger eradication, demonstration of hand washing, toilet construction, general bush clearing, immunization outreaches in schools and installation of leaky tins in schools. For example, in Solian Community Unit, 17 HHs had their HHs sprayed against jiggers. Removal of jiggers was done by nurses to remove the jiggers on individuals. Health education was also conducted on hygiene related conditions.

One Woman who had heavy infestation was referred to E/Ravine DH. After waiving her hospital fee, this lady had the following to say during her discharge home

"I am happy, now the jiggers are gone; I can walk and work for my kids without hindrances and have been educated on cleanliness to prevent diseases including jiggers"



Pic 2: One of the Health action days in North Rift- Removal of jiggers

Referrals

The project has continued to strengthen the linkage between the community and facility through an effective referral system. CHWs are on average referring 85% of all TB, HIV, ANC and immunization defaulters including rape and defilement cases. The project is working closely with the DHMTS and other partners to ensure 100% referrals.

Promotion of Healthy behaviors

Due to the effort of CHWs in the CUs, some significant changes are registered in various community units. For example, in Chepseon and Athinai CUs percentage of HHs without functional latrines reduced in the quarter under review compared to previous quarter from 15%

to 3% and 19% to 5% respectively. In addition, in Chepseon community unit women who do not attend 4 ANC visits dropped from 60% to 37%. In Lengenet community unit HHs not using ITNs dropped from 6% to 2%.

The project has continued to build the capacity of the units to initiate Income generating activities for CHWs. 7 units (63%) in Rongai district out of 11 units have a form of livelihood initiatives. In Baringo county 7 (37%) units out of 19 (both functional and semi functional units) have initiated a form of IGAs. In both counties IGAs include livestock keeping, rabbit keeping, and growing of vegetables using green houses.

Service provision through outreaches

Home based testing and counseling was rolled out in Solian and Eming reaching 1,594 individuals (946M and 648F). This reduced the percentage of those who do not know their status in Solian CU from 74% to 44% and in Eming CU from 63.9% to 54.5%.

In addition, 3 integrated outreaches were conducted at CU level and organized by the link facilities. Services offered include HTC, immunization, deworming and treatment of minor illnesses. In Mogotio District 346 (137M and 209F) were offered HTC services. In addition, 42 pregnant women were tested, 22 of whom were either 2nd, 3rd and 4th ANC defaulters. 167 children (66M and 101 F) were reached with immunization services and 77 of children (30M and 47F) were dewormed.

In Rongai District a total 286 people (96M and 190F) were offered HTC services. Two ANC defaulters were referred back to the facility for ANC services.

One of the beneficiaries had this to say,



"I didn't go for my 2nd ANC visit because the facility is very far. I had planned to go for the 3rd visit"

In Kajiado Integrated outreaches have been held in Sajiloni and Saikeri CUs during the Malezi Bora week which aims at sensitizing and educating the public on health and nutrition services available to infants, expectant mothers and breastfeeding mothers. In Saikeri CU, 48 children were immunized and 15 counseled and tested for HIV. In Sajiloni CU, 30 children under 5 years were screened for malnutrition, 3 children (2F, 1M) were found to be moderately malnourished and were admitted for SFP, 1 male child was found to be severely malnourished and was admitted for OTP. Vitamin A was administered to 49 children less than 5 years, and 90 children were dewormed. Other curative services were offered during these outreaches.

Planned Key activities for next quarter

- Re-tool the CHWs to be able to report quality data
- DHMT training on Community strategy
- CHEWs training on Community strategy
- Support the PHMT and DHMT supervision and mentorship
- Train CHC and CHWs in units with training gaps
- Training on Key skill modules in 12 functional units (RH/FP, TB, HIV, IMCI, MNCH)
- Training on ODSS for CHC to support the IGAs

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

HIV Counseling and Testing:

HIV Testing and counseling is routinely integrated across all points of entry into care and treatment from level 2 to level 5 facilities and in the private sector. Different approaches are

used in offering the service as VCT or PITC dependent on type of service the client is seeking. HTC is integrated during outreaches and referrals initiated for those turning positive for care, treatment and support. The door to door approach for HIV testing was conducted during the quarter aiming at reaching families, couples and children with a follow up mechanism put in place to ensure those who turned positive are linked to facilities and provided with psychosocial support through the community units.

Facility HTC

APHIAplus project supports routine integrated HTC in both IP and OPD. The project has supported with 69 counselors in 37 high volume facilities as part of task shifting to perform HTC in response to competing curative services among the health care staff. In an effort to ensure quality and adherence to operational standards, the project supported in the distribution and administration of proficiency tests to 292 HTC providers at their place of work. There is elaborate plan to mentor those who fail the proficiency test when the results are out. Frequent staff rotation poses a challenge to continuity of service provision as incoming staff may not have the requisite skills to provide the services especially in level 2 and 3 facilities.

A total of 62,178 clients were tested and provided with results during the quarter through the PITC approach and of these 3,404 (5.5%) were HIV positive. OPD contributed 57,325 (92.2%) of those tested with the remainder tested IP. The sero-prevalence in IP was 303 (6.24%) as compared to 1866 (3.28%) in the OPD. Of the total number of clients reached, children comprised 10,584 (17.2%) and of these, 222(2.1%) were positive. Out of 3,034 tested in TB clinics 1235 (40.7%) were HIV positive and 1,213 co-infected were put on CPT.

Integrated VCT approach contributed to 33189 (35%) being tested with 12874 (38.8%) being youth. Many youth prefer standalone VCT and outreach entry points as reflected in mobile HTC services which are a popular entry point to behavior change. Of those tested under this approach, 17367 (52.3%) were females. A total of 1,133 (3.4%) tested positive, 738 of whom were female.

A total of 2176 couples were tested in VCT and 150 were positive, with 99 discordant. The discordant couples were referred to couple support group and a mechanism is in place to ensure enrollment to care and treatment and testing of children in the household. FP has been integrated at VCT sites to address dual protection.

Challenges

- Lack of test kits during the May to June period and inconsistent availability of providers especially in level 2 and 3 facilities.
- Deployment to all entry points at all times is hampered by competing curative services in level 4 facilities.

Community HTC

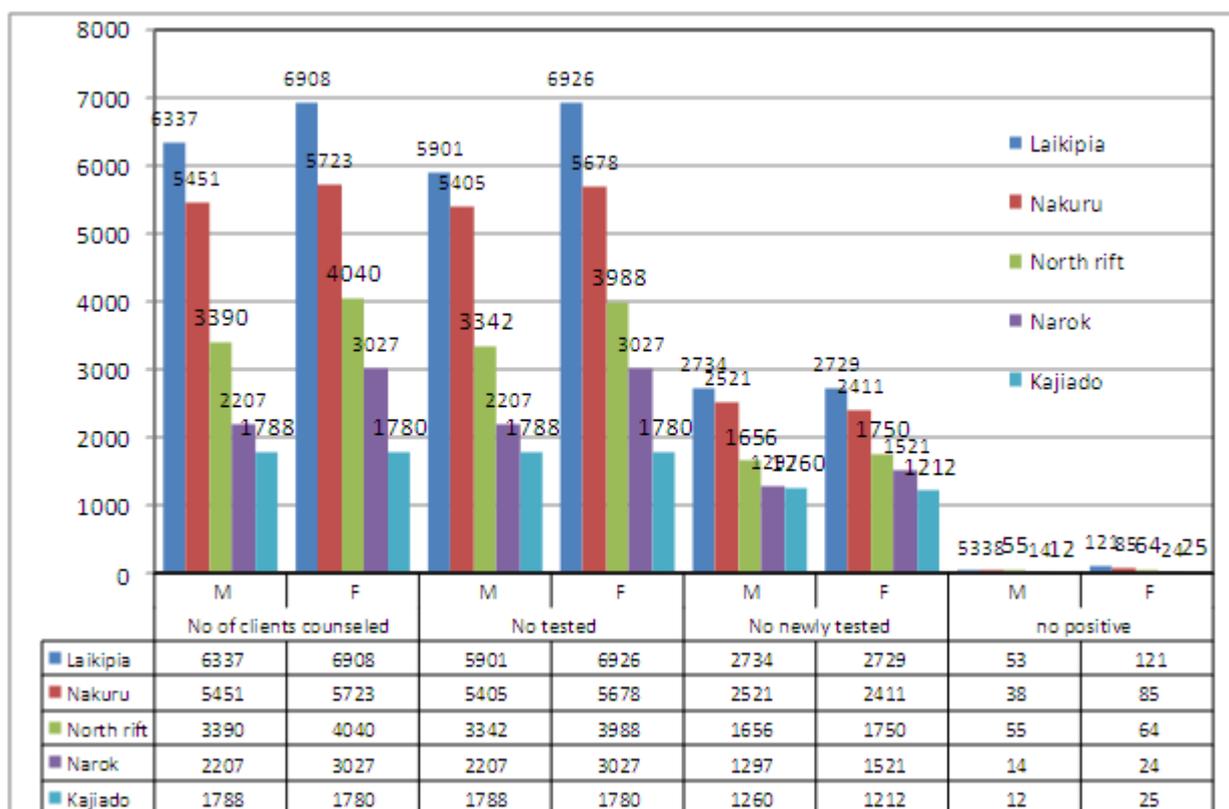
Kenya's goal for HTC is 80% of the general population having knowledge of correct HIV status. According to the national HTC report 2011, among those HIV infected in Kenya, 82% did not know their HIV status and 26% believed that they were HIV negative based on previous testing. APHIAplus NyB supported the MoH to scale up community HTC services to all the districts covered by the program. A total of 143 outreaches were carried out using different strategies such as mobile and integrated outreaches, home based testing and counseling, moonlights and work places including 41 targeted outreaches for OVC/HCBC households using door to door and index client - where counselors only visit homes of clients in care and treatment to provide HTC, leading to identification of undiagnosed HIV infected patients especially among children. Home based testing and counseling (HBTC) was piloted in Bondeni community unit in Nakuru Central with good results. Some of the lessons learnt were effective referral for treatment, care and support and also identification of new testers (48.7%). The lessons learnt from the pilot provided the opportunity to scale up home based testing and counseling to 5 regions. During the

quarter, 76 people with different types of disability (Deaf, Blind and physically disabled) were also reached with HTC services. This is in line with the government policy of universal coverage of 80%.of correct knowledge of HIV status.

APHIAplus NyB supported MoH to conduct integrated HBTC RRI in North Rift in Kwanza and Baringo districts targeting 200 households each. The numbers of Households covered surpassed that targeted, 339in Kwanza and 346 in Baringo, in seven days.

In total, community HTC reached 40,651 (52.8% females) counseled of whom 40,042 (53.4% females) clients (98.5%) were tested and received their results. Cumulatively 57,093 clients (57.1%) of the total target for the year have been reached by this approach. A total of 491 (64.9% females) clients tested positive indicating a prevalence of (1.2%). Of the total positive clients, 324 (66%) have been enrolled in care and treatment at various facilities in the regions. The remainder are still being followed up using the referral tracking tool for community health workers for enrolment into care and treatment. There is improvement in the data entry into the MOH summary 362 due to mentorship and orientations carried out before the start of HBTC and outreaches.

Figure 2: CHTC performance by region



48.7% of clients who tested were new testers resulting from carrying out HBTC in community units that provided opportunity for the households to access HTC services and also targeting hard to reach areas. All the positive clients were appropriately referred to the link facility. Some clients did not want to be linked to community health workers and preferred the counselors.

During outreaches, most at risk populations were reached with HTC services. In total 879 MARPS were tested 10 of who were MSM, 19 IDUs and the rest female sex workers. The prevalence of HIV in this group was 4.5%. In addition, 1705 couples were tested with a prevalence of 1.1%. The clients who tested positive were referred to the link facilities.

APHIAplus supported the MOH to carry out HBTC in 5 community units using door to door approach where counselors visit homes in a geographical area. This followed a successful pilot in Nakuru whose outcome enabled the activity to be extended to Kwanza, Laikipia, Kajiado, Koibatek and Narok districts. During the quarter, the total number of clients newly tested was 63% and 60 clients who tested positive were enrolled in care and treatment at the nearest facilities.

APHIAplus NyB supported HTC orientations for 45 Lay counselors (Ngong 5, Kwanza 12, Laikipia 8, Narok 5, Kajiado 5 and Koibatek 10) to offer quality HBTC services. A further 48 lay counselors were updated on external quality assessment in Rongai, Mogotio, Gilgil and Naivasha where observed practice sessions emphasized on Unigold due to the change of algorithm. Debriefing by the counselor supervisor during feedback sessions was conducted in the same districts.

APHIAplus NyB supported 18 discordant couple support group meetings. The meetings were important because they helped in passing prevention with positive (PwP) messages that help in reducing stigma and infection to the negative partner by use of condoms, encouraging disclosure and family testing; also support them in seeking treatment for opportunistic infections. They also deliberate on issues affecting them like stigma from the people around them and to their children and financial issues. In Kajiado 19 people including 8 couples and 3 individuals attended, in Nakuru 3 meetings were held with 26 discordant couples, in Narok, 3 meetings the meeting and in Baringo, 15 members, six discordant couples and 2 widows attended. The groups have come together and are contributing money to sustain them. This has made them think of starting income generating activities. They are also educating people on living positively with HIV and this is helping them overcome stigma.

Quality assurance for all HTC and SGBV programs including Post Rape Care

APHIAplus NyB supported MoH to conduct district support supervision in Njoro where 24 service providers discussed child disclosure and detachment from the clients. During outreaches, counselor supervisors conducted observed practice sessions with the aid of a checklist with standards on quality testing and counseling.

The PASCO/DMOH, DASCO, DMLT of North Rift supervised the RRI in Kwanza and Baringo districts and found that the filling of the registers was not done well. The challenges the counselors complained of in Kwanza during HBTC were long distances between households, people were away in the gardens as it was planting season and some clients who turned positive did not want to be attached to community health workers. They also lacked penile and vaginal models for condom demonstration. In addition, there was shortage of HIV test kits and consumables such as gloves.

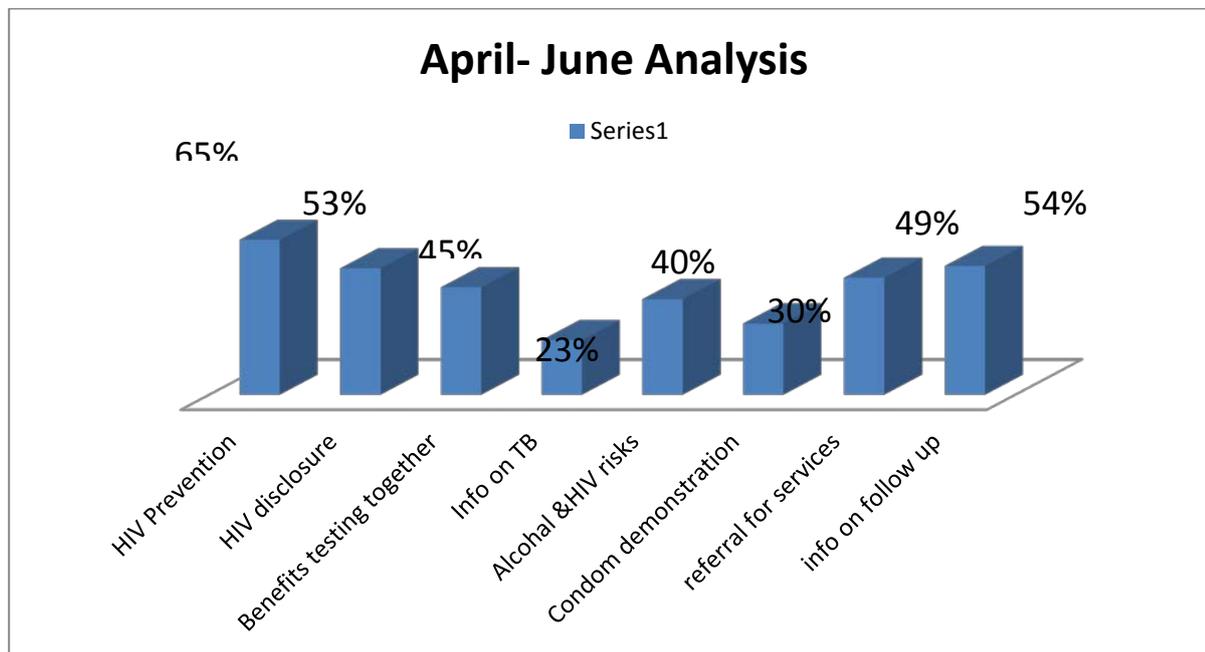
In Kajiado, APHIAplus supported the MoH to conduct 9 support supervisions and 3 in Nanyuki reaching a total of 30 counselors. Challenges noted were burn out of counselors due to walking long distances, some care givers did not want their OVCs to be tested and issues relating to data compiling and collation. These issues were discussed, and remedial actions agreed on. The sessions motivated the counselors to continue provide HTC services.

APHIAplus NyB supported the distribution of 292 proficiency testing panels to all the districts which are important in evaluating the competence of the counselors in June. The panels were distributed as such: North Rift 130, Kajiado 16, Nakuru 98, and Narok 48. The results of this exercise will be reported in the coming quarter.

Client exit interviews were conducted and districts advised to use the analyzed data to inform quality improvements. The figure below illustrates the analysis of client exit interview and the

areas that clients wanted further information on. Following this, remedial steps included obtaining penile models for demonstrations and the sensitization of counselors on the TB screening tool and information on the effects of alcohol on the body using the CAGE tool.

Figure 3: Client exit interview analysis



APHIAplus supported the MoH to disseminate PITC/CBHTC/NQMG guidelines to all the districts so that they could cascade the dissemination to the lower levels of health service provision. These guidelines ensure that standard practice is adhered to across the districts.

Prevention of Mother to Child Transmission (PMTCT)

During the reporting period a total of 644 of sites provided PMTCT services. Mentorship for PMTCT was done in 21 sites and 41 of HCW were reached with new algorithm for prophylaxis and treatment for those eligible and job aids provided. The HCW were mentored to document and summarize quality data during which reconstruction of data was done where errors were noted. DHRIO's from the districts were involved in the exercise as part of mentorship to the DHMT.

HEI registers and cards were distributed to 29 facilities and mentorship on their use done. The project continues to advocate for integration of PMTCT services in MCH clinics with follow up of infected mothers, provision of ARVs and collection of DBS done in MCH instead of referring the mothers and infants' to CCC, Lab or pharmacy. This is through mentorship, OJT, and provision of job aids and guidelines in MCH. Majority of the level 4 and some level 3 facilities 9 are currently offering this package in MCH comfortably with a further 8 in the process of introducing it. The project intends to roll this out to all its supported PMTCT sites. 4 staff from the project alongside other HCWs from the R. Valley province attended a 4 day training facilitated by KMMP and NASCOP during the last quarter with main aim of rolling out KMMP services as a way of increasing uptake of PMTCT package.

A total of 28815 ANC attendees were served and of these 28163 were tested at the ANC and received their results, an uptake of CT (97.7%) with a positivity rate of 2.5 %. ARV prophylaxis was 72.4% up from 67 % in the previous quarter. In maternity 4586 women were tested and received results. A total of 140 were positive with ARV provision of 149%. NVP for infants was 95% up from 74% in the previous quarter.

There was lack of test kits at many ANC sites in the months of May and June of the quarter under review and this affected the performance of many facilities.

Early Infant Diagnosis (EID)

The project supports 108 facilities (excluding Kajiado County whose tests go to KEMRI) in EID. The project provided mentorship to 17 HCW in 7 facilities that were not doing DBS to perform EID. Thirty facilities were provided with diaries to follow up exposed infants.

Transportation of DBS samples was supported by the project to Walter Reed in Kericho for DNA-PCR. A total of 769 samples were processed with 61 (8%) positive. A process of following up to ensure a repeat DBS for those rejected was put in place through phone calls to the mothers. Efforts to get data for Kajiado County are underway. KEMRI has been provided with MFL numbers for the facilities we are supporting in the region, so as to enable us access processed EID data online.

The facilities below were identified to be contributing to high MTCT in the reporting quarter

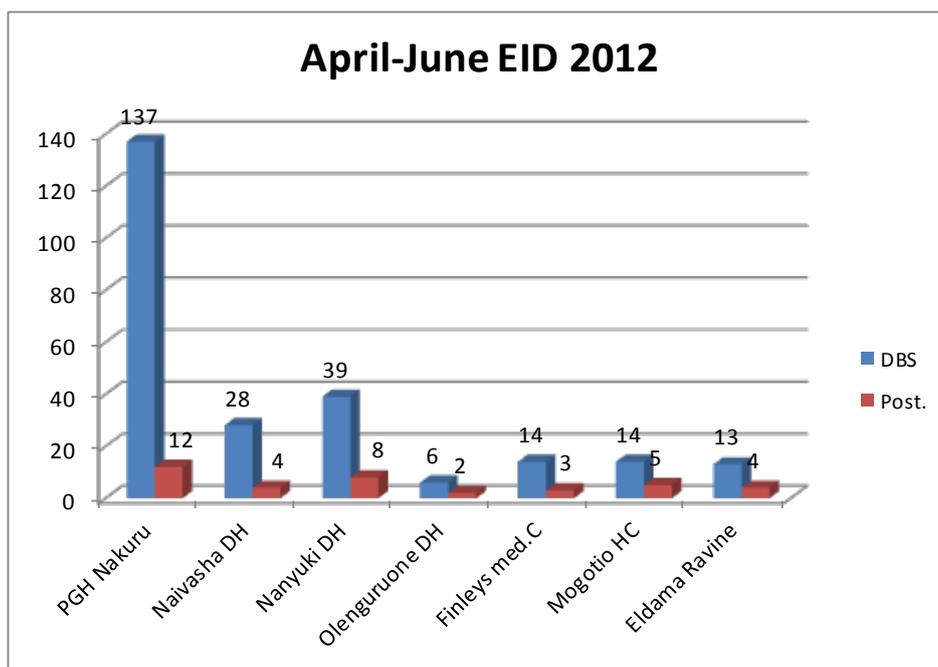


Figure 4: EID data for select high volume MTCT facilities

The mentorship teams have been tasked to interrogate the data findings as to ensure that EI are captured in the EID registers and are being tracked for care and that all the positive clients have been put on treatment. Monthly analysis is currently ongoing for each of these facilities from January to June to help monitor the trend and motivate HCW to be more proactive in identifying EI. Mothers will be encouraged to bring the siblings for HIV testing to determine their HIV status. To address the high rate of positivity, the project will offer mentorship to address sites and the factors contributing to this.

The project has also partnered with the mother to mother program to help in support and follow up of the HIV infected mothers and their exposed infant pairs, to ensure they get the full package of care so as to reduce the infant positivity rate.

HIV Care and Treatment: Facility and Community

In this quarter, the project initiated a data reconstruction exercise in response to inconsistent data reports after an orientation to the project staff end of previous quarter, in preparation for the exercise. Issues concerning data have been highlighted previously. Key was inconsistency between MOH 711 forms and source documents. Several factors were attributed as contributing to the poor quality of reports, including shortage of staff contributing to staff burn out, many registers to be filled at the same time, incompetency among record officers on completing source documents, use of casuals to fill registers and reporting forms and misinterpretation of 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.

The figure below shows a comparison between reported data (711) and that recorded in source documents at Nakuru PGH.

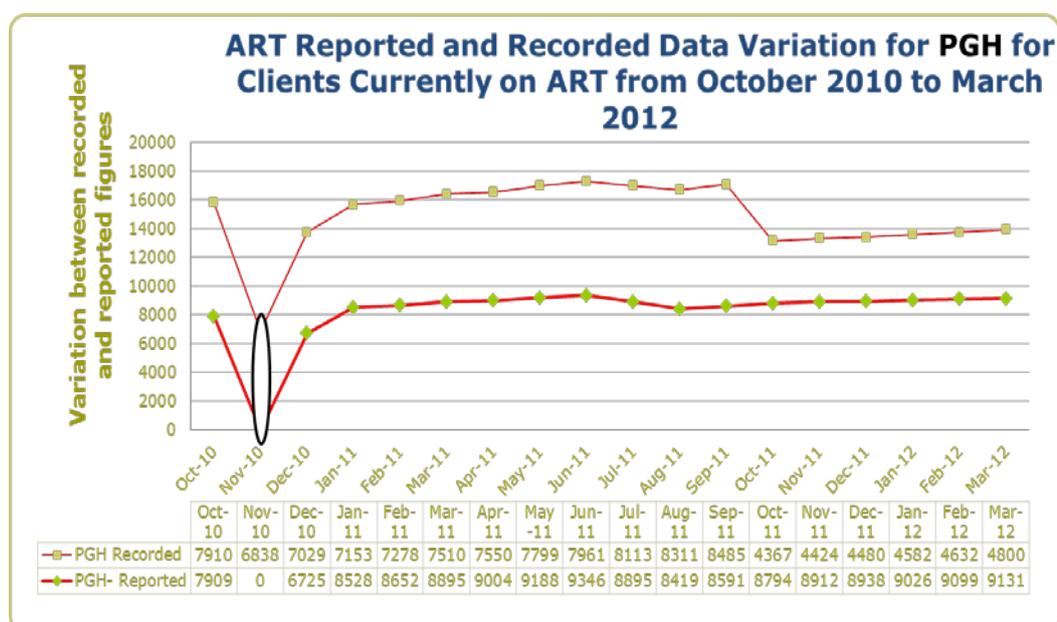


Figure 5: ART data report for PGH Oct'10 to Mar'12

The mentorship teams carried out the TQA/DQA activities alongside mentorship to address gaps and challenges found during the exercise. The TQAs done also formed a baseline for our engagement with some of the facilities where it has been completed and will be the basis of monitoring the effect of mentorship on services. Some of the challenges encountered during the exercise were no facility wide access to PITC, low testing in children, no defaulter tracing mechanisms, poor appointment scheduling, staff in competencies in collecting DBS for EID and initiating children on ART and poor monitoring of infected and exposed children among other issues. Mentorship was done to address these issues and is still on going.

The areas covered in the mentorship included:

- ART and care guidelines
- PMTCT guidelines including follow up HEIs
- ART indicators
- TB/HIV co infection treatment guidelines, and the 5Is
- Standard tools recording and reporting

These sessions were done in both CCC and PMTCT/ANC clinics in 63 sites and 349 service providers were reached through these mentorship sessions.

A defaulter tracing mechanism has been rolled out in 13 of the 30 priority sites and this will be done in other facilities in the region. During mentorship, 5 facilities were sensitized on clinical PwP and clinicians taken through the use of 7 key preventative messages and capturing of information in the blue card and 2 were issued with PWP job aids and oriented on the same.

The figure below shows the TQA results, indicating performance in different service areas for Eldama Ravine DH at the beginning of the TQA process and after a period of 3 weeks engagement with the team from the project.

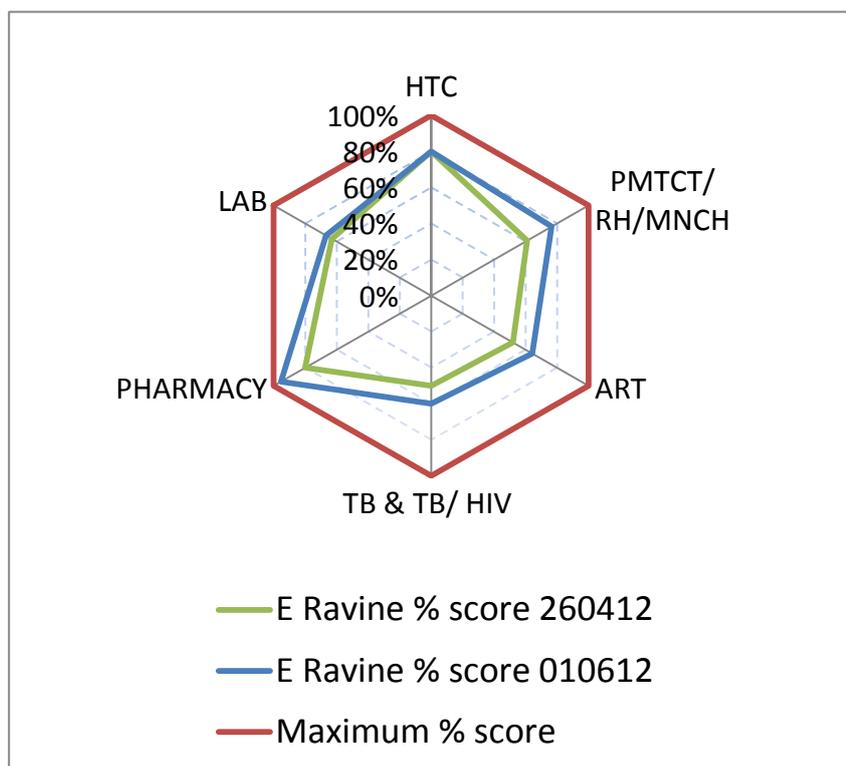


Figure 6: TQA results for Eldama Ravine DH

The graph below shows the initial defaulter tracking outcomes at the Nakuru PGH

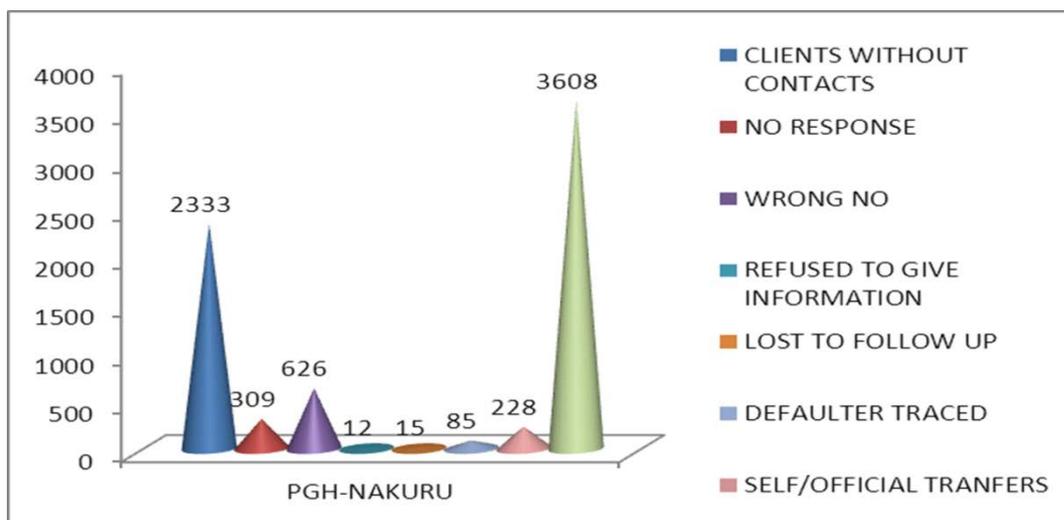


Figure 7: PGH defaulter tracking outcomes

During this period, 1,039 patients were initiated on ART. The target for year 2 is 5000. The project has reached 36,562 clients cumulatively. The number of clients on treatment for the reporting period was 20,817. Children constituted 7% (1527) 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. ART sites were supported with the job aids and guidelines e.g. fixed doses charts for children, WHO staging, when to start ARVs and what to start in children and adults, new testing algorithm guidelines, and infant NVP dosing charts. Some facilities also received equipment and furniture as part of improving infrastructure in CCCs. The process of renovations, sourcing for more furniture and basic equipment for the CCC is ongoing.

Laboratory Strengthening

The project continued to support the shipment of 4,625 CD4 samples to KEMRI, AMPATH, PGH Nakuru, Kitale DH, Naivasha DH and Kajiado DH laboratories. A total of 53 viral load samples were transported to KEMRI Nairobi for testing. This is in addition to the DBS samples for EID earlier mentioned.

However, during these period testing laboratories (Nakuru PGH, Molo DH, Kajiado) experienced shortage of CD4 reagents and this contributed to the low CD4 samples shipped and testing done. This has affected the frequency of CD4 monitoring among clients in PMTCT and the CCCs.

In North Rift, lab sample transport was reviewed for three sites i.e. Kapenguria, Kapsara and Endebess DHs, identified the gaps and strengthened the gaps at the Kitale Lab and the testing sites. The project has rolled out mentorship and OJT activities to enable all L4 and large volume L3 facilities to be able to collect viral load samples and through the networking already existing to take the samples to KEMRI lab at Nairobi.

Challenges

- High stigma and disclosure challenges is in the region especially N.Rift
- Slow uptake of HIV services by some districts e.g. Marakwet, Baringo North, Pokot North and East Pokot
- Need to strengthen CD4, Viral load and EID networks in the region
- Poor turnaround time of EID samples(N.Rift)
- Erratic supply of HIV test kits and of CD4 reagents

Activities planned for next the quarter

- Continue with TQA and data verification, clean up and reconstruction, mentorship
- Support sensitization in PwP in facilities.
- Increase the number of sites doing EID by capacity building of staff and facilitation of sample transportation
- Organize a laboratory networking and sensitization meeting
- Follow up the NASCOP EID system to help facilities get EID results in time.
- Form QA teams for each district laboratory
- Assist in SOPs writing, review and implementation in different service areas
- Carry out mentorship on DBS collection, CD4 and introduce viral load collection in the district hospitals.
- Work with mother to mother program to increase uptake of PMTCT services and close follow up of the infected mothers.

3.1.8 Increased availability of screening and treatment for TB

During the reporting period, 66,295 under five yrs. children were diagnosed and treated for clinical malaria while 16, 011 had confirmed malaria and got treatment.

A total of 3860 pregnant women in malaria endemic zones got prophylactic antimalarial. The project has procured LLITNs which will be distributed in the next quarter in the malaria endemic regions.

Increased availability of screening and treatment for TB

Distributed TB screening tools for pediatric and adults to 4 sites in the Keiyo South district. Facilities have started doing TB screening using the tools provided. (Daily activities register for CCCs, MOH 257, TB screening tools, ANC, Maternity registers) Mentorship on TB infection prevention and control and management of TB/HIV co-infection was along the TQA process in all the facilities which TQA has been completed and these will be done in all sites during the TQA/mentorship activity. Out of 3,034 tested in TB clinics 1235 (40.7%) were HIV positive and 1,213(98%) of the co-infected were put on CPT.

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

The program continued to support provision of RH/FP services at 644 facilities in the Province.

During the reporting period 30 facilities that offer ART services were supported with FP check list and 44 service providers were mentored on RH-FP/HIV integration. Documentation of condom for dual protection has increased this quarter following the intensive mentorship that has been going on in the 30 high volume sites. Mentoring of staff on LAPM was conducted at Chemolingot and Kapsara DHs.

New RH project staff from the region participated in an orientation and latest updates in Nakuru facilitated by the project management. In addition to the updates inclusion of FP during outreach services, and distribution of FP commodities to needy sites was emphasized. New FP acceptors this quarter reduced from last quarter's 29,574 to 28,815 clients. CYP this quarter is 36,376; a slight reduction from 39,383 the last quarter.

April to June 2012 CYP using USAID FACTORS				
Method	CYP Per Unit	Factor	Method	CYP
Oral Contraceptives (Microgynon, Microlut)	15 cycles per CYP	15	17,037	1,136
Condoms (pieces/units) (Males)	120 units per CYP	120	366,241	3052
Condoms (pieces/units) (Females)	120 units per CYP	120	2455	20
IUDs (pieces/units) Copper-T 380-A IUD	3.5 CYP per IUD inserted	3.5	2,344	8,204
Depo Provera Injectable (vials/doses)	4 doses (ml) per CYP	4	51,038	12,760
Implanon Implant	2 CYP per Implant	2		
Jadelle Implant	3.5 CYP per Implant	3.5	3,157	11,050
Emergency Contraceptive Pills	20 doses per CYP	20	696	35
Natural Family Planning (i.e. Standard Days Method)	2 CYP per trained, confirmed adopter	2		0
Sterilization (Males and Females)	8 CYP	8	15	120
TOTAL				36,376

Table 3: CYP using USAID factors

To increase uptake of FP services the project plans to update existing CBD and train additional CBD in 12 functional CUs in the region. Through mentorship and OJT, the program will continue supporting HCWs to improve knowledge and skills of service providers in FP commodity management and LAPMs; this will contribute to the increase of CYP in the region. In collaboration with FUNZO project Kenya the program has prioritized trainings/updates for HCWs on long acting permanent methods and commodity management.

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

Integrated ANC/PMTCT services continue to be delivered at 644 facilities, though in this quarter there was a reduction in first visit attendance from 32,854 to 28,815. This is attributed to under reporting in some sites as services providers get accustomed to using the new ANC registers and the monthly summary MOH- 731.

Deliveries assisted by skilled birth attendants also reduced from the previous quarter's 14,449 to 13,314 giving a cumulative number of 27,763 (55.5%) for the year to date out of the 50,000 targeted for this implementation year. The program targets to continue working with CHWs in the coming quarters to educate clients on the importance of attending at least four ANC visit, community RH and information on the importance of delivery by skilled birth attendants.

The project continued to support the Ministries of Health to disseminate and distribute the new ANC registers, mother & baby books in the 32 districts covered by the program. In addition, assorted job aids on MNCH (assorted contraceptives checklist, PMTCT job aids, and MEC wheels) were printed and disseminated.

During the quarter the program supported the supply of the new partograph to 3 districts of Kajiado County; soft copies have been shared with DRH coordinators in preparation for the forthcoming orientation during the next quarter. Mentorship on MNCH/FP, including proper documentation was conducted at 13 facilities during TQA activities and 42 service providers were reached. Staffing needs were identified in all the seven priority sites in N. Rift, and forwarded to the Capacity project for appropriate action. The project also conducted Technical Assistance in infection prevention to health care providers in maternity in Kapenguria and Chebiemit District Hospitals

Table 4: Data on ANC visit and IPT across the quarters

Quarter	# attended 1st visit	# attended 4th visit	1st IPT	2nd IPT	# of Deliveries by Skilled attendant	RH Total No. of Clients
Jan- Mar 2011	37330	11727	11969	7346	15798	106841
Apr - Jun 2011	34936	12039	7397	4655	16393	106681
Jul - Sep 2011	34986	12615	4342	3352	16661	109646
Oct to Dec 2011	28497	11196	2907	1990	14281	104717
Jan to Mar 2012	32854	10424	3684	2057	14489	107252
Apr-Jun 2012	28815	10090	2235	1625	13314	87131

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

The program continued to support integrated outreach services in the districts. During this reporting period, 7 outreaches were supported in Kajiado county and Naivasha/Gilgil. Integrated MNCH services were offered in hard to reach communities in the said districts and this has contributed in improving immunization coverage in those areas. The program supported the measles mop up campaigns in North Rift Districts (Trans Nzoia East).

Data reported this quarter showed a decline in Pentavalent three and vitamin A supplementation. During mentorship activities it was observed that facilities are not consistently updating the immunization monitoring charts. We shall continue working closely with the DPHNs and the DVI coordinators to give OJT session on plotting data on these charts.

Mentorship on KEPI tool documentation will also be emphasized during the ongoing TQAs in the regions.

Quarter	DPT 3 Under 1Yr	DPT 3 Above 1 Yr.	Vitamin A 6 to12 Mths	Vitamin A Above 1 Yr.	Vitamin A	CYP
Jan- Mar 2011	36,605	967	23,426	25,289	48,715	36,676
Apr - Jun 2011	34,408	927	31,267	68,770	100,037	36,937
Jul - Sep 2011	41,370	1,478	28,306	36,850	65,156	38,195
Oct to Dec 2011	60,929	975	41,075	58,127	76,728	40,662
Jan to March 2012	36,085	1,467	31,452	41,017	72,469	39,383
April – June 2012	28,380	284	26,030	40,678	66,708	33,304

Table 5: Data on DPT and Vitamin A across the quarters

Challenges

- The vast geographical area and rough terrain impedes efficient referral system especially during obstetrical emergencies.
- Erratic supply of FP commodities
- Inadequate supply of ANC, Mat, PNC, Cervical cancer screening registers.
- Few service providers with skills on use of Cryotherapy equipment's;(Narok, Loitokitok, Molo, Kajiado)
- Personnel in many facilities are not trained on ART, PMTCT, provision of LAPMs in FP, KEPI and cervical cancer screening.

Activities planned for next the quarter

- Continue with mentorship activities.
- Support orientation in RH-FP & MNCH the districts

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

Youth Friendly Services

The APHIAplus youth program health interventions during the quarter targeted support to health facilities, LIPs, service providers and managers to initiate and strengthen provision of

comprehensive 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.

Specifically the youth program focuses on Capacity building for 45 young people living with HIV on prevention with positives initiative(C-PWP) from 3 regions using NASCOP curriculum for community PWP.

- Systems strengthening through engagement of HMT and DHMTs to provide needed support and supervision of youth friendly services in their respective areas of jurisdiction from North Rift and Nakuru regions.
- Establishment of 3 transport sector drop in service centers (DISC) branded SASA center of Naivasha, Nanyuki and Narok.
- Demand creation for youth friendly health services through effective linkage and referrals through outreaches in Loitokitok
- Mentorship of service providers from 19 sites to provide comprehensive package of youth friendly services based on national protocols and guidelines

Community prevention with positives (C-PwP) training for YPLHIV

During this quarter APHIAplus in collaboration with MOPHS [NASCOP] through three supported Local implementation partners (LIPS) Handicap International, Christian Community Services and I Choose Life, conducted a 5 days training for YPLHIV . A total of 62 participants were trained using NASCOP's community prevention with positives (C-PwP) curriculum by TOTS trained by NASCOP.

The main goals of prevention with positives include helping HIV-positive people achieve and maintain physical, emotional, sexual, and reproductive health and well-being. It's also aimed at strengthening capacity of HIV infected people establish their status and ultimately disclose to their significant others as they adhere to care.

To ensure meaningful Involvement of People Living with HIV/AIDS (MIPA) APHIAplus conducted a 5 days training for 2 groups implementing youth interventions.

The objective of the training was to equip the youthful participants with knowledge and skills that will enable them be empowered and fellow youths who are living with HIV reduce risk of transmission and live more productive lives as they integrate prevention messages into their social activities. The trained participants will conduct support groups sessions to deliver the 13 key messages identified that included knowledge of HIV status, partner and family testing, child testing, discordance, disclosure, risk reduction, condom use, alcohol & substance abuse, adherence, STI, FP, PMTCT and TB prevention at community. These are key issues in HIV that if addressed will lead to better outcomes in care. The TOTs were able to address first hand participants' issues such as self-blame, disclosure, partner, desire to have children in spite of HIV infection and child testing among others.



PwP is therefore an intervention that addresses the specific prevention needs of HIV-positive persons, their partners and families. With improved quality of HIV care and successful PMTCT interventions, there is an increased number of clients who are living with HIV, but giving birth to HIV negative children, thus need knowledge and skills to live and cope with HIV so as to take care of their families despite being positive. The trained support group members will be responsible for facilitating support groups go through the key messages while in their scheduled meetings. The team will report monthly on meetings held and number of sessions held. The reporting will be done through the national reporting system using NASCOP developed tools.

DHMT and HMT update meetings and dissemination of national guidelines and policies

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 Nakuru region and North Rift. A total of 65 participants were sensitized on current YFS guidelines and implementation strategies.

It emerged from the meeting that youth (ages 10-24 years) constitute a large percentage, 36%, of the total population of the region. High teenage pregnancies with the Rift valley leading with 31% compared to the national average of 23 % were among key highlights. Nationally, 12 % of facilities provide YFS with a majority sites offering HTC and recreational activities only

Key issues emerging from the meeting included;

- The team recognized the burden of young people in Rift Valley and the need to initiate services to address this gap.
- It was proposed as a way forward that there was need for district teams to support sites to provide services following whatever model was feasible.
- District health managers would ensure support for FBOs and NGOs based facilities to provide integrated youth friendly services. This emerged that most of NGO based facilities could mobilize a lot of youth through recreational and advocacy activities but could not provide comprehensive health related services.

Agreed with DHMT members on the need to work with GOK and other centers from where trained service provider could offer services through outreaches.

During visits made, shared with providers a summary tool that could help in monthly reporting of youth related services that has been adopted by Rift Valley province awaiting national roll out of ASRH summary tool.

Establishment of Transport sector Drop in service centers (DISC)

According to the Kenya National AIDS strategic plan, the HIV/AIDS epidemic can only be contained by a national strategy that emphasizes multi-sectorial approaches & includes all development sectors. Through an assessment done by APHIAplus it was realized that the majority of the young people in the transport sector do not seek services from the established public facilities. They prefer to buy drugs from the counter than accessing services from congested health facilities. Their access to HTC services was also low and they cited long queues in the formal facilities and their lack of time bearing in mind their schedule of work.

APHIAplus implemented a DISC model that is expected to address various needs of the transport sector industry ranging from medical, structural and psycho social. This is meant to encourage uptake of comprehensive services by young people, their sexual partners and spouses in the transport sectors. During this quarter, DISCs were established in Nanyuki, Narok and Naivasha. The project has been able to hire staff, renovation and registration of the centers to

provide stand-alone services in line with the ministry of public health and sanitation. Selection of peer educators from matatu drivers, conductors, motorcycle riders and

Pic 4: Condom demonstration during an integrated outreach in Narok



cyclists has been done. Training of peer educators was done using *Corridors of Hope Work place Peer education manual for truckers manual* by trained TOTs. The peer educators are expected to carry out peer education sessions using the same manual on agreed schedules depending on groups. Targeted outreaches and advocacy for various services will be done and linkage to the DISC for various services will be done. The services will be provided in the DISC clinic manned by a nurse who should be able to provide services that will include

HTC, FP, STI screening and treatment/ referral, linkage to HIV care services, Screening for RH cancers and capacity building on financial literacy. This center will also encourage family centered services where the other family members or sexual partner should access services through referral and linkage.

Delivery of Youth friendly services

Supported GOK facilities were able to conduct outreaches targeting the youth with various services that included HCT, STI screening and treatment, FP, ANC and PNC services, life skills and career guidance among others. The outreaches happened in schools, community based meetings and discussions at facilities Condoms distributed increased markedly following the increased numbers of sites, distribution during outreaches and documentation.

During the quarter reporting facilities increased from 15 sites to 19 and reports were submitted to the district teams for onward transmission to Division of reproductive health. Integrated outreaches were conducted in identified sites in collaboration with community health teams. The CHWS and CHEWs were able to organize in collaboration with health facilities targeted outreaches to reach out populations within their catchment areas. This happened in Loitokitok and Nakuru North during which clients were provided with FP, STI screening and referral and HTC services.

Table 6: Youth friendly services data

Quarter	Youth reached with FP		Youth reached with HTC		HIV positive clients		Youth reached with FP			
	New	Revisits	Male	Female	Male	Female	Male condoms	Female condoms	Implants	Depo
Oct to Dec 2011	1192	1341					3,710	16	19	410
Jan to March 2012	4310	3966	661	699			7104	203	29	91

April to June 2012	5899	5676	1609	1624	36	84	13,621	263	84	909
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Support supervision and monitoring

During the quarter support supervision was conducted in 18 sites and mentorship was done on provision of youth friendly services. Was able to hold meetings with health managers (HMT and DHMTs) to provide support on how documentation can be done. This was done in Loitokitok, Nakuru, Laikipia and Trans Nzoia. Data tools were shared and OJT done on service delivery to the youth. Regional teams agreed to provide support to NGO and CBOs based providers to integrate youth friendly services. This was due to the fact that they were providing services but not reporting to the ministry of health. Sites were provided with reporting tools and consensus reached that they will be sharing the service statistics with both partners and ministry of health

Challenges

- Lack of ownership among managers that makes health workers perceive youth friendly services as a partner's interest.
- Staff shortages due to competing services
- Staff movement through rotations and transfers that consequently led to lack of continuity of services
- Poorly developed infrastructure and availability of equipment e.g. play equipment and recreational facilities
- Staff attitudes that doesn't favor services provision for young people

Way forward

- Targeted outreaches for comprehensive services for the youth- FP, HTC, STI screening and treatment and immunization through established community units. The program will target community units that will act as focus for delivery of outreaches through mobilization by community health workers, CHEWs and CGC members.
- Orientation of service providers on the provision of youth friendly services. This will be to increase the service providers able to offer services to the young people.
- Teams to identify facilities to offer youth friendly services both GOK and NGOs and FBOs and subsequent mentorship, OJT and support supervision.
- Joint collaboration with DHMT & HMTs to provide technical support to all stakeholders (NGOs and FBOs) to provide YFS according to disseminated national guidelines
- Support provision of basic equipment and minor renovation to targeted facilities – PGH Nakuru, Kalalu and Namuria

Activities planned for the next quarter

- Service provider's orientation on adolescents and sexual health reproductive health and youth friendly services
- Strengthen services in the drop in service centers
- Exchange visit to Gilgil youth friendly center that has been able to integrate
- Support supervision for community based PWP support groups for YPLHIV
- Mentorship for sites to initiate and scale up youth friendly services in Centre Kwanza, Baring and Laikipia districts.

Improving high-impact interventions for youth and couples

- **Provision of RH/FP Counseling and HTC Services:**

Provision of RH and HTC services continued during the quarter under review. A total of 3450 people were tested for HIV. Out of those tested, 70 were positive. 67 of the positive cases were referred to the Comprehensive Care Centers (CCC) for care and treatment services. 248 male and 255 females received SRH services at facilities located in various project sites. These services included malaria treatment, PMTCT, STI treatment, FP, pregnancy, Breast cancer, emergency contraceptive, cervical cancer treatment (see figure below for the distribution)

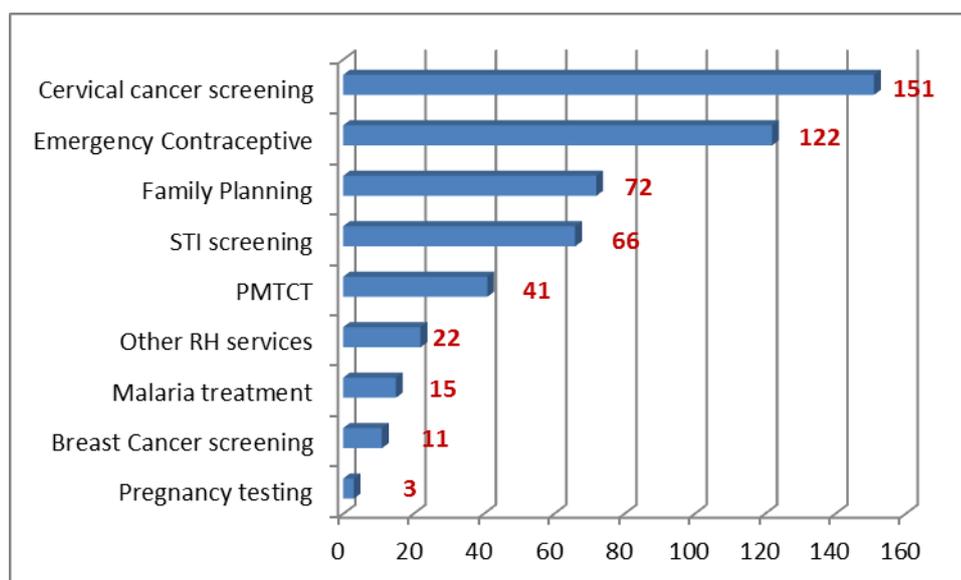


Figure 8: SRH services provided

During the period under review 398 male and 351 female were reached with tele-counselling services in Nakuru where information was shared on availability of SRH and HTC services.

- **Training of Youth Peer Educators**

A total of 264 new peer educators were trained to scale up peer education activities and to replace peer educators who left the program. Those trained were drawn from various sectors such as matatu operators, boda- boda operators, salonists and barbers. The implementing partners continue to support these peer-educators to conduct small group health sessions using the approved peer educators training guides.

- **Peer Education Activities**

A total of 7808 peers completed the recommended peer education sessions during the quarter. These sessions were conducted in tertiary institutions, among youth in the informal sector and married couples (see table below):

Categories of peer education targets	Total completing the recommended sessions
Students in the tertiary institutions who completed sessions	1105
Youth in the informal sector	5911
Married couples	792

Table 7: Peer education activities

- **Peer Education Sessions for Youth in Tertiary Institutions:**

During the Quarter 1105 young people in tertiary institutions were reached with all intended sessions. Compared to the last quarter, there was a percentage increase of 1.2% in students reached in small groups and a 15.7% increase in number of peer educators attending meetings. The increase may be attributed to the start of peer education sessions in Mount Kenya University, Narok University and Laikipia University.

The program has adopted Innovative strategies such as mentorship programs for peer educators, team building activities, motivation, competition for peer educator of the month and institution of the month aimed at creating a sense of competition among peer educators.

- **Peer education sessions for out of school youth in informal and low income settlements; and peer education sessions for married couples**

Peer educators continued conducting the PE sessions guided by the training guide and informed by peers training needs. They followed a modular approach. Peer educators are expected to conduct 8 sessions before they can consider a peer to have been reached with information. Peer education for persons with disability also continued this quarter. Most of the peer education sessions were conducted in the informal sector (youth out of school) with 5911 completing the recommended number of sessions. Interventions targeting couples continued with 992 couples being reached. The sessions were conducted either with pairs of couples or among males and females separately. A total of 368,696 (366,241 male and 2455 female) condoms were distributed.

- **AA support groups among young people**

In Narok, the program mobilized a 40-member group of young-alcoholics in a peri-urban suburb. The group comprises of youth who abuse alcohol and drugs. Through a psychological counselor, discussions were conducted to rehabilitate the young alcoholics through various strategies.

- **Workplace intervention**

A total of 115 peer educators were trained to increase the number of peer educators to 207. These peer educators are expected to reach out to their peers in the work places.

Four outreach sessions to workplaces were undertaken between April and June this year. Two of the sessions were VCT outreaches to Panda, one a VCT outreach to Sian and one an integrated outreach to Kenya Bureau of Standards (KEBs), Nakuru. In the first outreach to Panda, 54 employees got tested on the first day and 64 on the second day. During the second outreach 45 employees got tested on the first day and 35 on the second day. At Sian 55 employees got tested. At KEBs a total of 22 staff participated in the day long health talks on drugs and substance abuse, while eight staff got tested.

Workplace networking meetings

Three workplace regional networking forums were held this reporting period. These were Kericho region bringing together the 13 KTDA factories, Naivasha bringing together 10 representatives from flower farms in Naivasha and Rongai district bringing together seven representatives from five workplaces in Rongai district

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

The MARPs intervention under APHIAplus Nuru ya Bonde works mainly with Female Sex Workers and Male Sex Workers/Men Who have Sex with Men. The interventions are implemented in the South Rift region including Nakuru County, Narok County, Laikipia County and Part of Kajiado County. There are an estimated 781 FSW Hotspots and approximately 6800 sex workers in the region. The MSM/MSW hotspots are approximately 25 with an estimated population of 425 MSM/MSW active in the hotspots.

The MARPs intervention is based on a combination prevention approach. The package of services provided include peer education, risk assessment and risk reduction counseling, HIV testing, STI screening and treatment, FP and other RH services, TB screening and linkage to treatment, linkage to HIV care and treatment and economic empowerment for increased options beyond sex work.

- **Sex work interventions**

Peer Education and Outreach among sex workers continued this quarter with 335 active peer educators' conducting peer education sessions. Each peer was expected to attend six sessions that cover basic information on HIV, HIV transmission, Prevention with an emphasis on condom use, care and support, Sexually Transmitted Infections (STIs), FP, Alcohol and other drugs addiction and issues of sexual and gender based violence. A total of 2054 peers enrolled for the peer education sessions out which 1166 completed the six modules. In addition to participating in the peer education sessions, the peers are encouraged to visit the DIC for risk assessment and risk reduction counseling by a trained counselor and also to access the other service offered at the DIC. Out of the 2054 peers participating in the peer education sessions 44% visited the DIC for services.

Following the completion of the National Peer Educators Reference manual, the active peer educators will undergo a refresher training based on the new curriculum in the next quarter.

Risk assessment and risk reduction counseling for the sex workers is conducted by a trained counselor based at the DICs. This quarter a total of 903 FSW underwent a risk assessment and risk reduction planning session in the DICs. The counselors assisted the SW to develop risk reduction plans based on the factors identified as putting them at risk of infection to HIV or a threat to their health for those already infected.

The common factors identified as placing the HIV negative sex workers at risk of infection included unprotected sex with steady partners in the absence of mutual knowledge of HIV status, virginal douching using various substance including snuff and soap, high alcohol consumption and use of oil based lubricants with latex condoms. The counselors assisted the FSW to identify ways they can reduce their risk of infection through small doable actions.

Condom distribution to FSW and hotspots continued this quarter with an additional 128 hotspots were identified increasing the number of hotspots supplied with condoms to 164. A total of 189,347 male condoms and 2009 female condoms were distributed this quarter.

Service delivery to FSW at the established four drop-in centers (DIC) focused on HIV testing and counseling, STI screening and treatment, FP and other RH services including cervical cancer screening and linkage to care and treatment. A total of 903 FSW were enrolled in the DICs this quarter increasing the total number enrolled to 1783. In addition to risk assessment and risk reduction counseling, 610 of the enrolled FSW were provided with an HIV test, screened for Sexually Transmitted Infections (STIs) and TB and screened for unmet FP needs. Of the 610 counseled and tested for HIV 58 tested positive and were linked to the main link facility in each of the sites for HIV care and treatment. The FSW living with HIV have been organized in seven support groups with a total membership of 115 and are receiving PWP interventions and other support from the HCBC program.

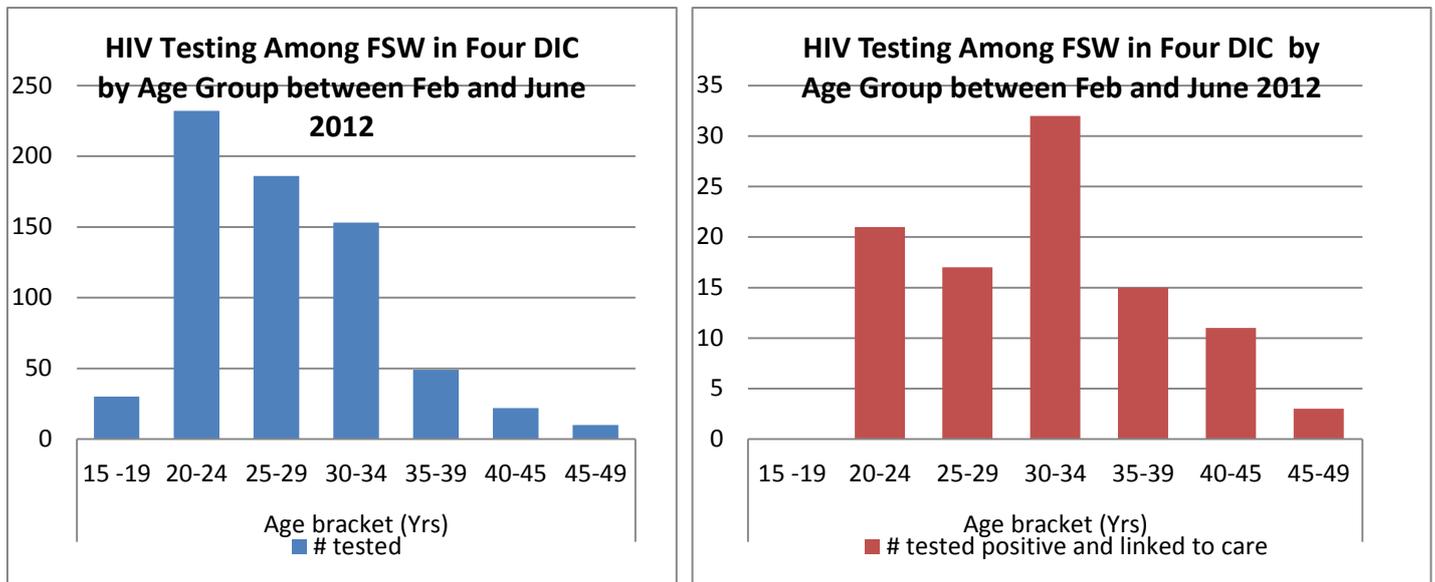


Figure 9: FSWs tested for HIV by age and those who tested positive

A total of 121 FSW were provided with a modern contraceptive method in addition to condoms. In addition, a total of 89 FSW accessed cervical cancer screening conducted jointly with the RH coordinators in two districts i.e. Narok and Rongai districts. Out of the 89, 9 were shown to have pre-cancerous lesions while one had cervical cancer. Those with pre-cancerous lesions were linked to the facilities with cryotherapy facilities for further management.

Economic empowerment initiatives for FSW continued this quarter through financial literacy training and organization into table banking and self-help groups. An additional 61 FSW were trained on financial literacy, in partnership with equity group foundation, increasing the total number trained this year to 135. An additional two (2) self-help groups of FSW were also registered with the Department of Social Service and are currently being mentored by the women enterprise fund in anticipation of accessing funding. This increased the total number of FSW self-help groups registered to six (6). The objective of forming the groups has been to increase access to credit facilities under the Women Enterprise Fund and also access other resources in the community for economic empowerment and also as vehicles for social change among sex workers. In partnership with the Digital Opportunity trust, a Canadian NGO, three (3) FSW were trained in basic computer use in small business management while twenty two (22) others were trained on basic entrepreneurship. A total of 36 sex workers have so far been trained under this partnership.

MSW/MSM Intervention

Interventions targeting MSW/MSM continued this quarter in Nakuru and Laikipia counties. Ten (10) peer leaders were identified in Nanyuki Town of Laikipia County to spearhead the health promotion activities among their peers. This increased the number of active peer leaders in the region to 28. The peer leaders' conducted 22 peer education sessions with a total of 138 peers participating. 127 peers completed the six modules identified for MSW/MSM peers.

Through the peer leaders, MSW/MSM peers were encouraged to seek services in the existing FSW DICs or during planned outreach activities. A total of 51 peers accessed HIV testing and counseling and risk assessment, risk reduction counseling and skills building services. The clients were also screened for Sexually Transmitted Infections (STIs) and TB. The Peer Leaders in Nanyuki town were supported to register a community based organization through the Department of Social Services.

- **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.

- **Community PwP interventions**

Through ICL, 9 PwP support groups conducted meetings; the main agenda for these meetings was delivery of the PwP Package and information sharing which included; Nutrition, Relationships among YPLHIV and disclosure.

In K-NOTE Community PWP support group meetings in Maimahiu, Karagita, and Maiella were held to reach the youth with community PWP package on Prevention, Knowledge of status, life skills and stigma reduction. A total of 55 young people (28 males and 27 females) living positively were reached. At Maimahiu 8males and 7 females were reached in informal settlements.

Two YPLWHIV (1 male 1 female) from youth support at Maimahiu and She attended a community PWP training Organized by NASCOP in collaboration with HFG and will assist in conducting support group sessions to enhance understanding of the PWP messages in Karagita and Maimahiu drop in centers.

In TransNzoia, monthly group therapy sessions were facilitated with 34 YPLHIV (27 female, 7 male) attending sessions in April, 30 YPLHIV in May (22 female, 8 male) and 29 YPLHIV (22 female, 7 male) in June.

During the second quarter a total of 68 YPLHIV (Male 22 Female 46) derived from 3 counties of Nakuru, Narok and Tran-Nzoia were supported to undergo 5 days training on community PWP. The training was facilitated by Officers from the PASCO's office and supported by DASCOS and HBC coordinators. This trained TOT will help to roll out community PWP among young people .They will be supported to hold monthly meeting in their respective support groups and report using the community PWP reporting framework.

CCS trained 23 YPLHIV (9-Nandi, 3-Trans Nzoia, 10-West Pokot and 1- Elgeyo/Marakwet counties)

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

- **Popular mobilization using Community Radio**

In this quarter 6 radio health sessions were aired at *Imani* radio and 4 sessions at *Saposema* radio. A recorded version of the sessions aired at Imani radio has been received for distribution to discussion listening groups. The radio station has been very instrumental in reaching out to communities for services. MOH staff has expressed increase service uptake in the regions where community radio is being applied. In Naivasha Town, MaiMahiu and Gilgil resource centers 584 youth watched videos/listened to radio and held discussions.

- **Mobilization for health services uptake through community drama**

The Magnet Theatre (MT) troupes continued to engage the community in mobilization for health services. In North rift 3 MT outreaches were conducted in the quarter at the 3 project sites under HI reaching to 140 pastoralist communities in *Narkwijit* village in W.Pokot and 436 people in *Maili Saba*- Trans Nzoia East district with information and actual services. Services provided included HIV counseling and testing, family planning services, immunization, malaria screening, ANC and deworming. MT was also conducted to mobilize for uptake of breast cancer and cervical cancer screening which was offered during an integrated mobile health clinic 70 women were reached with cervical and breast cancer screening. Magnet Theatre Cheptonge troupe worked with staff from Cheptonge health facility led by the CHEW to mobilize community members from the health unit for HCT services at the facility).

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

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- *Y-PEER networking activities.*

In K-NOTE, a total of 222 youth peer educators attended a May outdoor question answer session dubbed “Chanukah challenge supported by Y-Peer where 17(8 male 9 female) youths received HTC services.

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

During the quarter under review, the program engaged HCM (Health communication marketing) to develop a comprehensive work plan for the region. The new program will supplement what APHIAPlus NyB work especially in messaging, health promotion and marketing.

The draft health communication strategy was review and is in final stages for finalization .This will help the program engage districts in development of the BCC committee and district specific strategies.12 districts has been contacted to start mobilizing members of the BCC committees in their region. In the coming Quarter the committee will be trained and supported to undertake communication activities.

4.0 CONTRIBUTION TO HEALTH SERVICE DELIVERY-SOCIAL DETERMINANTS OF HEALTH

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

Background:

APHIplus Nuru ya Bonde primary target population for addressing social determinants for health to improve their wellbeing is the OVC, people living with HIV and their households. In period under review the project fully started during the new OVC Longitudinal MIS (OLMIS) reporting system with continuous site support on the new system and tools. Various orientation meeting were also held at the community level on the new tools. In the quarter under review, the project served 44,348 OVC. 34, 351 OVC received three or more services; 5, 007 received two or one service with the data entry to new system for the period under review for the F1A s going on and for WOFAK who came on board in April 2012 after Catholic Diocese of Nakuru pulled out. The current registered OVC is 71 879 OVC out of an annual target of 95,000 OVC.



In the period under review, the project trained 116 people living with HIV as community PwP providers. 1377 people were reached with community PwP messages and are at different stages in the C-PwP roll out. Access Uzima has continued to support the project to roll out community PwP activities through provision of community PwP flip charts, fliers and mentoring to service providers. In the period under review the project conducted 2-day orientations meetings for community link desk volunteers and facilities staff. The meeting brought together the community health volunteers who support the link desk at the CCC and facility staff. The meetings were facilitated by the DASCOS and District HCBC Coordinator. The objective of the 2-day orientation was to enhance the continuum of care for PLHIV and effective community facility referral and vice versa.

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

The project is supporting various economic activities with support groups that include SILC, table banking, agricultural activities and small scale trading. The project is at the same time collaborating with Equity Foundation to train support groups on financial literacy.

SILC activities

During the quarter under review, 24 implementing partner staff earlier trained as SILC agents attended an 8-day training on SILC MIS. The skills gained from this training will enable implementing partners to track and report correctly on SILC activities. During the quarter 18 new SILC groups were formed. As at end of the quarter, 3,684 HHs participated in SILC activities. The SILC groups across the region have accumulated Ksh. 5,445,345 in savings. The loans have been utilized in a wide range of activities including in business development, farming and meeting every day basic needs of the OVC families.

Other economic activities

Support groups are involved in agricultural activities such as beekeeping, rabbit keeping, poultry, and small scale IGAS which include soap, beads baskets and jam making. The project engages with various partners, both in GOK and private sector for linkages in the area of economic strengthening and so far support groups have benefitted from trainings, farm inputs and funding from other stakeholders in the community

Three Support group from TransNzoia were linked and accessed development funds from the District Development office - Poverty Eradication revolving funds. Betreme support group in Kwanza were funded for 50,000/= which has been put in the individual members project.

Kenamakeh support group in west Pokot was linked to the Ministry of youth affairs' Youth development fund and was funded with 50, 000/=. The group which has been trained on bee keeping will use part of the funds to procure bee hives and seeds for their demonstration garden which was allocated to them through the Ministry of Agriculture.

Financial Literacy Training

In collaboration with Equity Foundation the project is training support group members who have already started some form of income generating activities in financial literacy. So far 17 support groups (347 members) have been trained in financial literacy. The group members who have been trained have quoted several advantages of the training, members of a support group in Sigor in West Pokot reported they are now able to save some little money every day even if their business are not big, others like Joy Bringers support group of Rongai attributed their success in getting TOWA funds to the training they got from Equity Foundation.

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

Access to food, nutrition and nutrition education and counseling remain key areas of focus as the program seeks to improve the health of the project beneficiary. The program has established collaborative relations with several key stakeholders to enhance food security and nutrition, and has put efforts in ensuring that the most food vulnerable beneficiaries are accessing food.

Activities around food security include building capacity of IPs and communities to produce their own food through establishment of kitchen gardens; leveraging for food support for most desperate HHs through provincial administration and other well-wishers and direct food support from the Nakuru project supported farm.

Food security

Across the program the project is working with MOA and SHA one of APHIA plus IP, to help families establish kitchen gardens. During the quarter 517 HHs established Kitchen gardens. The project continued to work with the Ministry of Agriculture to give technical support in farming and livestock activities and 57 households in North Rift districts received farm inputs from the DAO to increase food production while 37 OVC guardians were taught on the importance of

early cultivating and timely planting of the crops to curb frequent incidences of starvation and hunger in their families.

The project harvested 3,247 kgs of green vegetables from the Nakuru PGH project farm this quarter. Of the produce 1,674 kgs vegetables was supplied to various project sites, 1,353 kgs supplied to the provincial general hospital and 220 kg went to the drying unit. These are vegetables like spinach, kales, cow peas and spider plant. Green vegetables from the farm were also supplied to OVC who are slowly being weaned off from FBP provided by the NHP program.

In West Pokot County a total of 362 OVC from food insecure households were supported through the

Agriculture Officer and through the DCs office to access relief food. 122 HHs in Naivasha accessed food



Pic 5: Vegetable harvesting at the Nakuru farm

from Provincial Administration and in Narok North district, 75 HHs benefited from food procured using TOWA funds by ENOCOW one of APHIA plus implementing partners.

Community Nutrition

Capacity building of partners on Food and Nutrition was done widely across the program. During the quarter under review 19 Implementing Partner staff underwent 5-day training in nutrition. The IP staff then sensitized CHVs, clients and their households on nutrition and conducted nutritional assessments among OVC as an effort to improve the nutritional status among project beneficiaries. The project is also partnering with the NHP program to do community nutrition assessment in Nakuru County and West Pokot. Children with mild and acute malnutrition are linked to food by prescription through Community DICs in Nakuru and through facilities in West Pokot. Through NHP 12,096 has been screened both with Nakuru and West Pokot through the community program. Out of the number screened 676 cases with acute malnutrition were referred for FBP both at the DICs and at the health facilities.



Pic 6: Children in Kacheliba, North Pokot being assessed for nutritional status

Nutritional assessment refresher training for CHVs

Through FHI 360-NHP, FAIR held 4 nutrition assessment and education refresher training for CHVs in Njoro, Makutano, Elburgon and Molo, a total of 129 CHWs (M- 24 F- 105) were trained on do the MUAC assessment, nutrition education and counseling and good hygiene and sanitation. The CHVs have in turn been educating the households on food and nutrition counseling at the household level. 3,217 OVCs benefitted from food and nutrition support during the quarter. Also during the quarter, USAID conducted an evaluation on the community nutrition program at Lanet drop in center where among the areas of focus included the link between the facility and the community, role of each partner in the community nutrition program and monitoring of the food and nutrition program beneficiaries. The NHP program then organized a 2 day program technical support, field visits and review meeting at Salгаа, Makutano, Mau Narok, focusing on the implementation of the community FBP Program and capacity building on the same for CHVs and project staff.

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

During the quarter, the project supported 19,583 OVC with educational support that included provision of sanitary towels, scholastic materials, uniforms, school fees and vocational training. In this regards the project distributed sanitary towels to 2,469 OVC girls; 1,217 OVC with school fees; and 112 children received vocational training.

Leveraged support

Due to the fact that education support is one of the most identified need among OVC, and often the scale of the need is beyond what APHIAplus Project can support, the project encourages implementing partners to leverage from other partners and stakeholders. During the quarter under review, 129 school going OVC were supported with school fees leveraged from other stakeholders including CDF bursary funds, Save Child Canada, AMREF, and even through community fundraising efforts.

One of the project's Quality Improvement teams at Deliverance Church, held forums with 20 OVC from 5 schools who are not performing well at school. The OVC had an opportunity to

present some of the reasons that made them not perform very well at school. Some of these reasons were: lack of text books, frequent change of teachers, long distance from home to school, lack of school fees, and some psychosocial issues like no stability at home, among many other reasons the project is working on implementing essential actions to enhance and improve education support for the OVC.

Junior Farmer Fields and Life skill Schools (JFFLSS)

During the quarter under review, the project supported 16 partners in initiating of JFFLS in 23 identified schools across the region bringing the total of the number of school implementing JFFLS to 39. Initial meetings were held with school administrators to sensitize them and secure their support in nominating patrons. The choice of schools was dependent on availability of arable land and as well as availability of significant number of OVC supported by the program (even though membership of JFFLS is not restricted to OVC only). Currently 540 students are benefitting from JFFL across the project.

The patrons of the identified schools have initiated identification of students who will form the JFFLS. The program has liaised with MOA in some districts to support the identified schools initiate activities. In Isinya, one school (Enarau primary) received seeds from Concern Universal as part of initiatives to jump start activities.

The project is working with the district agricultural officers, district home economics officers, agricultural extension workers and teachers to ensure this initiative is sustainable is owned by the schools. The project has trained 42 teachers and 8 officers on JFFLS this quarter.

• Life skills education

To strengthen the provision of Life Skills education in schools, the project undertook the following activities during the quarter

Development of Memorandum of understanding with KIE and MoE- To guide the implementation of the program, the project developed two MOUs with the MOE and KIE. The MOUs formalized the engagement with the two government arms and spelt out roles for the parties. While the MOE MOU has been signed by the outgoing Provincial, the KIE MOU is still being reviewed by the KIE director. Consensus has however been achieved on the activities paving the way for implementation.

Planning meetings with regional coordinating team-The project held a half day planning meeting with 5 members of the regional coordinating committee. The meeting served to review the MoU that was under development and identify priority start-up activities

Work planning meeting- The project conducted a two day work planning meeting with 19 DQASOs drawn from the 4 counties the project will be implemented in. The meeting served to, sensitize the DQASOs who will be involved in the day to day coordination and supervision of the LSE activities on the program design, develop a criteria for sharing out the 800 schools among the counties and districts and develop a criteria for selecting the schools to participate in the project and identify the stakeholders for the program and agree on constitution of the county coordinating committee and their terms of reference

Sensitization of DEOs- The project held a one day sensitization for DEOs from the four counties. 16 DEOs attended the meeting and were fully briefed on the program. The DEOs will support the DQASOs in the process and will be part of the county coordinating committee.

A total of 420 [197males 223 females] youth aged between 13 and 17years were taken through life skills sessions during the April holiday with K-NOTE. Topics on Self-esteem and confidence, self-awareness, goal setting and career choice, decision making and negotiation skills were covered.

- **Street youth interventions in Naivasha**

The resource centers in Naivasha continued to provide a safe space for street youth. A total of 247 (237 males & 10 females) street youth were reached. These are street youth who benefit from shower, tea & snacks and a clean pair of clothes from the resource centers to ensure a free environment where they can easily mingle and interact with the mainstream youth and participate in activities. Five (5) youth received HCT service with one being referred for HIV care and treatment, 1 was reunited with the family, 1 youth with disability was linked to the children office for further assistance while 8 youth were linked to entrepreneurship and employability trainings.

As a strategy of enhancing integration back to the family and community systems a total of 34 male street youth participated in a procession and presentation during the day of the African child at Gilgil and Naivasha town in the month of June.

4.4 Enhancing access to improved water supply and sanitation.

WASH Plus trained 6 partner staff and one APHIA plus staff aimed at equipping participants with skills and experiences in promoting best practices in sanitation and hygiene using the Small-Doable-Actions approach. The TOTs trained are acting as champions in their organizations to train CHVs who will in turn pass WASH messages in the HHs. FHI360 WASH plus program also equipped the TOTs with training manuals and community counseling card manual used by CHV to pass messages to the HHs.



Pic 7: Demonstration on the water filtering technique

In Narok and Isinya, 57 CHVs were sensitized on the small doable WASH activities and have started sharing the small doable activities with caregivers. The sensitization of more CHVs is planned for next quarter. After the training, implementing partners have reached 112 OVC caregivers with messages on safe water, sanitation and waste disposal facilitated by the trained staff (WASH agent). 10 water filters donated by Start with One organization were distributed to OVC/HCBC clients in Narok, Kajiado and Nakuru districts.

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

Addressing OVC protection needs is essential in ensuring that OVC have access to a safe and secure environment free from all forms of abuse, neglect, discrimination and exploitation for growth and development. Activities carried in this area included issuance of birth certificate, training and activities on child protection, Psychosocial support and shelter and care.

Birth Certificates

The program has continued to enhance efforts to increase the number of OVC acquiring birth registration certificates. During this reporting period, additional 210 OVC acquired birth registration certificates compared with 118 received in the last quarter. The total number of OVC having birth certificates is currently 15,272. At the community level, the program has supported

sensitization sessions for caregivers by voluntary Children's Officers (VCO) on the significance of timely birth registration and their role in ensuring that children acquire the certificate.

Child Protection

During the quarter 16 partner staff attended 3-day training on Child Protection within Nakuru County. The participants were taken through a number of topics including guiding principles and values when implementing a child protection system, the African Charter on the Rights and Welfare of the Child, Child participation guidelines, and Convention on the Rights of a Child among other topics. In addition the project sensitized 119 CHVs and 600 caregivers from North Rift on child protection to enable them increase monitoring and supervision of OVC to identify cases of abuse and educate caregivers on child rights during home visits. The facilitators of these meetings included the chiefs, district children officers and district registrar of persons. The Project also supported one-week training for 23 community volunteers and CHVs from Narok County on paralegal.

In Narok County Kikuyian CBO, one of APHIA plus IP, facilitated rescue for a young girls from early marriage with support from the area DCO. The rescued girls were admitted at Worldwide Ministries Rescue center and have since resumed studies at St Peters primary school in Narok town. With support from Nkareta LAAC, 5 children were placed under foster care in the location. The LAAC also facilitated rescue of another girl from forced marriage after her plight was highlighted through Radio Maa FM call in sessions. In Nakuru county 23 case of abuse from Makutano, Salgaa and Olrongai were linked with the District children's office to intervene, the abuse cases varied form cases negligence and physical abuse and early marriage.

The Project conducted various activities with stakeholders and GOK line ministries in order to strengthen partnerships and linkages for protection of OVC. These included; 3 meetings held with District Children Officer in Nandi Central to strengthen linkages and ensure smooth referrals of cases of abuse; and supported children's Department Marakwet East to train 30 members of the District AAC.

Psychosocial support

During this reporting period, the project reached 43,933 OVC the psychosocial support service through home visits through Community Volunteers. The CHVs and implementing partner and project staff continued to make visits to OVC HHs as well as school visits to assess their social and emotional well-being. During the visits caregivers were sensitized on how to minimize stigma among family members especially where they have fostered an OVC.

Shelter and Care

During the quarter, 719 HHs were supported to renovate their dilapidated shelters. The project works closely with the community to renovate houses by the community contributing in kind. Through donations from well-wishers, 131 OVC and a further 18 HHs benefited from assorted clothing which included 100 pairs of sandals, clothes, mattresses and shoes.

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

During the quarter under review, 15 OVC/PLHIV IPs were trained on Quality Improvement for OVC through URC-HCI program. The purpose of this training was to build the capacity of partners in quality improvement in OVC programming. 37 CHVs were trained on SILC methodology as Field Agents and 24 partner staff trained on SILC Management Information System; this was to help the SILC agent earlier trained to gain capacity in reporting and tracking of SILC activities being carried by support groups.

In collaboration with FHI-360 WASH plus program, 6 partner staff and One APHIA plus staff trained on WASH-HIV integration. The 7 people trained will act as TOT to cascade the training down to CHV/CHWs who will in turn ensure WASH messages are reaching HHs.

CEOs and Project Coordinators from all the 18 OVC /PLHIV IPs attended a partnership management session organized by APHIA *plus* in Nakuru. The objective of this one day meeting was to give feedback to CEOs and Project coordinators on their performance, discuss challenges they are facing and chart a way forward on how to improve reporting and other challenges identified in the project.

The program supported the Children's department to conduct training for 4 locational area advisory committees and 2 District area advisory committees in Kajiado and Elgeyo- Marakwet counties. A total of 71 LAAC members were trained on protection, their roles and responsibilities, resource mobilization, networking and collaboration. A further 20 participants from various CBOs were trained on child protection.

To equip the VCOs with skills and knowledge on OVC protection, the project supported an orientation for VCOs based in Laikipia County on children's rights and their roles as provided for by the Children's Act. The orientation brought on board 18 participants from IPs in Laikipia.

Technical assistance to Implementing partners

The technical team conducted 12 supervisory visits to project sites and engaged the partners in reviewing quarterly performance and provided technical assistance to IPs in planning for key activities such as trainings and provided guidance in the process of recruitment, selection and training of peer educators.

Challenges

A number of challenges were noted

- The onset of planting season altered peer educators' meetings with group members.
- Peers are hesitant to report to the police on matters that concern gender based violence

The above challenges will be addressed through various strategies including mentoring, supportive supervision and technical assistance by the HC team.

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

The project continued to support MoH to hold quarterly district health stakeholder forums in various districts in Rift Valley. The three districts of the West Pokot County (West Pokot, North Pokot and Central Pokot) were jointly supported by APHIA*plus* and Hope World Wide Kenya to hold a joint County health stakeholders forum which was aimed at discussing how best to scale up HIV/AIDS services in the County, with special focus on PMTCT and HTC services. This meeting was also attended by the USAID/CDC PEPFAR teams, Hope World Wide Kenya and the leadership of APHIA*plus* project. The project also supported both Keiyo North and South district to hold joint stakeholders forum which focused on strengthening the integration of RH/FP and HIV/AIDS services in the two districts.

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

Formation of project advisory teams

In Kitale a youth led project implementation committee comprising of 15 members was established to support in overseeing the overall implementation of the project activities.

To enhance cross-learning and Exchange among young people 16 Y-PEER members were supported to attend 5th NOPE international conference. Key to the conference was the youth pre-conference which brought together young people from different regions to share ideas around ASRH.

Y-PEER networking activities.

In Naivasha, a total of **222** youth peer educators attended a May outdoor question answer session dubbed “Chanukah challenge supported by Y-Peer where **17(8 male 9 female)** youths received HTC services. During the reporting period 87 Youth groups were engaged in various outdoor activities to share their experiences in the programs in three Narok, Naivasha and Trans Nzoia

Y-PEER Reloaded

Through social media, Y-PEER Narok managed to register an online fan page in the online Coca-Cola competition dubbed “Coke Parties Rock” where the party with the majority votes will get a surprise visit by Coco-Cola and Ghetto radio team. Y-PEER reloaded managed to get over 16,000 online votes in the competition, which were enough to bring the Coke caravan to Narok as they joined the Y-PEER members in Narok to celebrate the achievements and benefits of peer education program in Narok. Shuga screening was incorporated in the activity as part of Edutainment, where youths got an opportunity to watch the movie that brought about a mixture of reactions during the viewing. This was captured as cost share and PPP initiative

Quarterly children committee meetings:

In order to improve service delivery to beneficiaries and involve beneficiaries in decision making, the project organized a quarterly children’s committee meeting that brought together 20 children from various sites in Nakuru County; with 2 children representing each of the sites. The children were engaged in experience sharing and among the issues that came out included, delays on benefits supply and need for the CHWS to be involving and listening to children at the household during home visits and not only having discussions with parents/guardians.

Care givers Meetings:

6 care giver meeting was held across the program area. The objective of the meetings was to ensure that the caregivers understand the project well including the OVC core program areas, manage expectations and encourage caregivers to be participants in providing care and support services to OVC rather than be beneficiaries of project services.

The question and answer sessions provided an opportunity to caregivers to get clarification on issues that were not clear to them, issues like delay in provision of school uniforms, distribution criteria of project benefits like school fees and blankets.

In Nandi Central and Marakwet West districts 6 location caregivers committees were formed representing the caregivers from each village in the location to provide a forum for active participation of caregivers in decision making in the project and involvement in project issues like identification of most needy beneficiaries for project benefits (school fees, blankets, nets etc.); provide feedback on project performance to the project; mobilize caregivers to participate

in project activities like shelter renovation; economic strengthening and provide feedback on caregiver capacity needs.

The caregivers in the different villages led by the committee member will regularly hold meetings in their respective villages where resource persons will be invited to provide continuous education on issues of safe water and sanitation, livelihood and economic strengthening initiatives, child protection and nutrition. The meeting was attended by 675 caregiver across the region. Recognition of Community Health Volunteers and their role in the program during the meetings was a motivation to the volunteers especially for those that had been regarded negatively by caregivers/communities

Participation in the Orphans Day and the Day of the African Child

The project through its implementing partners participated in the World Orphans' Day. The celebrations were marked on 7th May, 2012 in various sites across the region. Children within APHIA Plus project participated by presenting songs, skits and poems with messages sensitizing the community on the plight of OVC and advocating for children's rights.

The project Participated in the Day of African child held on 16th June, in all the APHIA plus supported sites. The theme of this year's Day of African child was: *"The Rights of Children with Disabilities"*: 'the duty to protect, respect, promote and fulfill.' Children with disabilities from the project and from special school all participated in entertainment and Speeches.

QI activities

The project held the second QI training facilitated by URC and District children officers. The 3-day training brought together 17 APHIAplus implementing partners rolling out QI activities to equip them with skills to address emerging issues at community level. The new OVC LMIS system has provided an inbuilt CSI module that is helping the partners in CSI data analysis and provide useful baseline for QI. The project continued participating in the national technical working group on QI activities which culminated with the national launch of the quality standards in July.



Pic 8; Commemorating the Day of the African Child in Tinderet district

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

During the April- June 2012 quarter, APHIAplus Nuru ya Bonde through several activities, contributed to health systems strengthening efforts.

The program was involved in the improvement of Kajiado District Hospital and Maili 46 Health Facilities. In both facilities, APHIAplus renovated the buildings, provided furniture, and an assorted range of equipment, notably a diagnostic ultrasound machine for Kajiado district hospital. The project also supported AOP (now Annual Workplans) reviews in the APHIAplus supported districts. The program participated in 5 AOP reviews, 3 in Kajiado County, 1 in Molo, and 1 in Njoro. The project will support the development of MOH annual workplans (AWP) at provincial and district levels in the coming quarter. In addition, the program supported 14 DHSF sessions.

6.0 MONITORING AND EVALUATION ACTIVITIES

In the April - June 2012 quarter, APHIAplus Nuru ya Bonde continued to strengthen the capacity of both MOH health providers and implementing partners to record, report and use data. Activities were carried out through four main strategies, under which the achievements are also noted.

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

During the quarter, the interviewed positions of M & E technical officer and Data Manager were filled. Three trainings, in which M & E officers participated, were conducted. These were:

- (a) Sensitization training on quality improvement for OVC programs;
- (b) GIS training to display data in maps; and
- (c) DHIS 2 training.

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

Key activities in this quarter included TQA and DQA for selected high volume ART sites. The exercise involved historical data assessment for the period between October 2010 and March 2012. Issues affecting data quality, use and availability of tools and guidelines, were identified and addressed. Data reconstruction for ART and PMTCT as well as cohort analysis were carried out. Through the exercise, significant variation in ART data has been observed. Consequently, the program will seek authorization to append the new data to reflect this change.

Several orientation and mentorship activities were conducted at facility level for MOH staff and implementing partners. Orientation was done on the revised tools and indicators for HTC, and PMTCT. On job training was done on reporting tools- cohort summary sheet, MOH 731, pre-ART and ART registers. Mentorship was conducted on new care and treatment tools as well as defaulter tracing system. From these activities, a total of 93 Health care workers were reached.

Additionally, M & E officers were oriented by the data manager on the OVC longitudinal Management Information System (OLMIS). Subsequently, they installed OLMIS onto OVC partners' computers whilst mentoring their data clerks on system modules such as form 1 A, and report generation for decision making.

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

During the quarter, TQA reports were disseminated back to DHMTs where data variations for indicators in PMTCT, VCT, and ART programs were shared. Moving forward, DHMT members resolved that during their meetings, they would conduct discussions on data to aid decision making.

In 4 districts (Trans Nzoia East, Kwanza, Central Pokot, and West Pokot), during the in-charges meetings, quarterly performance was compared against set targets using DHIS.

A technical review meeting (TRM) was conducted involving 8 staff, where the integration model was reviewed. It was agreed to have indicators listed alongside each component for developing a monitoring matrix. For the next TRM, performance, data quality and program assessment will be included.

Challenges

- The support system for OLMIS, which is still a relatively new system, was overstretched contributing to under-utilization of the system

- Expanse program coverage for M&E limited contact time with facilities and implementing partners required for mentorship.
- Inconsistencies and incompleteness in data compromised data quality for ART and PMTCT.

7.0 ENVIRONMENTAL COMPLIANCE

The project has been monitoring compliance to environmental issues as outlined in the Nuru Ya Bonde mitigation plan. During mentorship both at facility and community programs, the program has paid attention to addressing issues of infection prevention, desegregation of waste as well as management of fecal waste in the communities. However, the program has had a challenge with medical waste management. According to the EMMP submitted by the program, medical waste was supposed to be disposed through a network of facilities transporting their medical waste to hubs that have incinerators at the program cost. However, this has not been possible because the NEMA has not licensed any medical waste transporter in the region to support this initiative. As a result, facilities that do not have incinerators have resorted to burning the medical waste within their facilities. Though the community programs, CHW in the CU have been trained in hygiene, water and sanitation aimed at community members within the units. They have also been trained on community mobilization and public awareness of human health risks associated with water borne disease vectors. Overall in the food security program, organic farming has continued to be encouraged with community members being demonstrated to how to make organic manure while chemical pesticides continue to be discouraged by the program.

8.0 REPORT ON CROSS CUTTING ISSUES (GENDER, YOUTH, EQUITY, WHOLE MARKET, INNOVATIONS)

Gender

During the April – June 2012 quarter, APHIAplus NyB extended services to girls who had been rescued from FGM and early marriages in Narok. These girls were hosted by a local church in a rescue home in Narok town. In conjunction with world vision, the program conducted health education to 32 girls in the center.

The program has also conducted awareness campaigns to counselors, health staff and SGBV units in Gilgil and Njoro areas. These have focused on response to gender violence, referral to care post rape, and gender equity in the community.

In the next quarter two key activities are planned. First, working with the Ministry of Gender, Child and Social Development, the program will hold a Gender Stakeholder meeting to revive the provincial gender forum. Secondly, program officers in the region will have a meeting to conduct a gender analysis plan. This is intended to generate gender issues prevalent in APHIAplus districts with subsequent development of action plans.

Environment

A campaign dubbed “safisha mtaa” was organized by the town council of Narok through the public health officer, in conjunction with the Health communications program and high school students that mobilized the business people to clean the town. Apart from mobilizing the different participants to take part in the exercise, it also encouraged partnership and networking which will be beneficial in future.

9.0 ANNEXES

ANNEX 1: QUARTERLY PERFORMANCE AND WORK PLAN STATUS MATRIX

ANNEX 2: SUCCESS STORY

Tabitha Muthoni is a 21 years old lady. She was born in a family of ten (10), Tabitha was brought up by her mother since the father died when she was too young. After the death of her father the mother took them to stay with their grandmother so that she can support them after predicting a dark future caused by the death of their father who was the sole bread winner in the family. They stayed with the grandmother for a while when the mother was in Nakuru town looking for a means of survival. After a while the mother went back to pick her ten (10) children and came back to Nakuru at Lanet. She joined the APHIA *PLUS* Care & Support OVC program in 2008 where she was enrolled in one of the APHIA *PLUS* Drop In centers.

In the year 2010 Tabitha happened to be one of the OVCs who applied for the Vocational training support and she was short listed among other fifteen OVC. Tabitha qualified to be supported with vocational training in Hair dressing and joined PCEA LANET bridge institute of hair dressing in the same year. She was moved on with her training and just four months later after joining the institute, her mother died and left her to care for her other 9 siblings. After the burial, Tabitha was left with three (3) siblings while the others went to live with other relatives, as she completed her training. Tabitha would attend the sessions in the morning hours and in the evening she could go to attach herself to a very small salon at Lanet Kiundu and do trainee hair dressing work to earn something to feed the three siblings that she was left with. In 2011 she graduated and went on to work at the same saloon to practice and sharpen her skills fully while supporting her three siblings.

She later became competent and was employed in the same salon where she is to date, Out of the small commission that Tabitha is getting every day by day, she is able to feed the young siblings and support their education. Tabitha's is ready to support her young brother Evans in vocational training at Bondeni youth polytechnic after the project pays for the academic fee.

Pic 9: Tabitha during graduation and in a practical session



ANNEX 3: COMMUNITY UNITS SCORECARD

PERFORMANCE PER VARIABLE		Apr-12		Jun-12	
VARIABLE	TOTAL SCORE	SCORE	TOTAL SCORE	SCORE %	
1	CHEWS trained	112	98%	86	99.2
2	CHC trained	63	55%	17	14.2
3	CHWs trained	75	66%	79	65.8
4	CHWs supplied with CHW kit	9	8%	61	50.8
5	All trained CHWs have MoH 515	67	59%	32	26.7
6	CU has a chalk board (MoH 516)	53	46%	86	71.7
7	All trained CHWs have referral booklets	18	16%	87	72.5
8	CU action plan develop	50	44%	101	84.2
9	Quarterly CHC meeting held	62	54%	9	7.5
10	CHWs monthly meeting held	63	55%	83	69.2
11	All reporting CHW receive stipend (Ksh. 2000)(MoH 514)	0	0%	60	50.0
12	Monthly dialogue days held	46	40%	65	54.2
13	Quarterly Health action days held	40	35%	31	25.8
14	DHMT supervisory visit conducted	57	50%	26	21.7
15	CU has bicycle for use by CHWs	31	27%	61	50.8
16	CU has a sustainability initiative (IGA)	23	20%	0	0.0
17	CHW reporting rate above 80%	42	37%	0	0.0
FUNCTIONALITY STATUS OF CHU		NUMBER	PROPORTION	NUMBER	PROPOTION %
	Functional community health units	4	4%	10	8.3
	Semi functional community health units	45	39%	62	51.7
	Non Functional community health units	65	57%	48	40.0

ANNEX 4: REPORTING RATES APR –JUN 2012

District	PMTCT	DTC	VCT	ART	TB	RH-FP
East Pokot	52%	54%	50%	33%	33%	54%
Kajiado Central	90%	80%	91%	100%	83%	91%
Kajiado North	87%	79%	86%	93%	90%	87%
Koibatek	100%	100%	100%	100%	100%	98%
Laikipia East	95%	98%	96%	100%	100%	100%
Laikipia North	100%	100%	100%	100%	100%	97%
Laikipia West	95%	97%	100%	100%	100%	90%
Loitokitok	89%	85%	85%	88%	80%	92%
North Baringo	98%	90%	100%	100%	100%	93%
Molo	98%	90%	82%	93%	85%	93%
Nakuru North	95%	89%	97%	100%	93%	89%
Nakuru central	89%	92%	92%	83%	88%	96%
Naivasha	87%	84%	93%	97%	98%	83%
Narok South	86%	95%	85%	100%	94%	86%
Narok North	91%	96%	95%	100%	97%	93%
Central Pokot	92%	80%	100%	100%	80%	93%
Keiyo South	65%	74%	63%	100%	80%	72%
Kwanza	93%	93%	100%	100%	100%	100%
Marakwet	92%	85%	100%	73%	89%	93%
North Pokot	90%	80%	71%	75%	86%	70%
Trans East	84%	79%	83%	100%	89%	80%
West Pokot	92%	80%	100%	100%	80%	88%
Average Rates	89%	86%	90%	93%	88%	88%

ANNEX 5: TRAVEL REPORT APR- JUN 2012

Travel Date	Destination	Reason for Travel	Person
1 st – 6 th April 2012	Baringo/Nairobi	Drive Community Health Staff to Baringo, provide support during mentorship at Marigat unit and drive Stephen Chebii & Duncan Ager to Nairobi to participate in interviews for Field Officers at AMREF Country Office	Samson Kaba, Duncan Ager & Stephen Chebii
1 st - 6 th April 2012	Narok	Prepare for USAID visit	Joel Kuria, Julius Bultut, Margaret Mami, Violet Ambundo, Debora Jerop, Juliana Wangui, George Ndungu
1 st – 5 th April 2012	Eldoret	Implement Quick books at Mother Francisca & Catholic Diocese of Eldoret	Peter Ongeta & Emmanuel Waballa – consultant
1 st – 13 ^t April 2012	Narok	Prepare for USAID visit	John Kiprop
1 st April 2012	Nakuru	Pick staff from Nakuru to Narok in preparation for USAID visit	George Mulewa
1 st – 2 nd April 2012	Nakuru	Attend Nakuru region work plan meeting	Christine Katana
1 st – 5 th April	Narok	Mentorship and site visits in Narok County	Ruth Kamau - consultant
3 rd – 6 th April 2012	Narok	Prepare for USAID visit	Kombo Kironda, Ambrose Were, Caleb Osano
4 th April 2012	Kericho	To attend meeting with Tea Factory Managers	Simon Ochieng, Samuel Ngumah
4 th April 2012	Eldoret	Drive IT contractor to Eldoret	George Karisa
5 th April 2012	Kisumu	Attend the Nyanza provincial taskforce meeting on VMMC and to collect MC packs allocated to APHIAplus from IRDO store	Anthony Ophwette, Sadat Nyinge
5 th - 6 th April 2012	Nakuru	Drive staff to Nakuru after USAID quarterly meeting in Narok	Davies Chibindo, George Mulewa
5 th – 6 th April 2012	Nakuru	Drive IT contractor from Eldoret to Nakuru	Simeon Koech
4 th – 5 th April 2012	Narok	Attend USAID Meeting in Nairobi	Ruth Odhiambo, Joshat Buluku
9 th – 10 th April 2012	Nakuru/Nanyuki	To Nanyuki for Health communication activities	Benson Mbutia/ Nicodemus Mwangui
9 th – 13 th April 2012	North Rift	Clinical mentorship	Juliana Wangu, Debora Jerop,
9 th – 13 th April 2012	Ngong	Integrated Clinical Mentorship – Kajiado North	Margare Mami, Julius Bultut, Paul Adipo,

10 th – 13 th April	Narok	Attend USAID Quarterly meeting in Narok	Ruth Odhiambo, Linda Muyumbu, Joel Kuria, Irene Muteti, Violet Ambundo, Charity Muturi, Dr. John Adungosi, Rachel Manyeki, John Ndiritu, George Ndungu, Sadat Nyinge, Dr. Maurice Aluda, Stephen Kiplimo
10 th – 14 th April 2012	Nakuru	Attend & participate in the OVC QI training	Peter Njoka, Christine Mwamsidu,
11 th – 12 th April 2012	Eldoret	Attend a one day sensitization meeting with PHMT/HMT members on adolescent RH guidelines & implementation	Benjamin Cheboi, Samuel Ngumah
11 th – 12 th April 2012	Nairobi/Kajiado	TO MAAP in preparation for the sub-recipient audits	Peter Ongeta
11 th – 13 th April 2012	Kabartonjo, Kwanza	Support field supervision and counseling	Tom Dado
11 th – 13 th April 2012	Baringo	To Chemolingot & Marigat for Field visits	Stephen Chebii, George Karisa
13 th April 2012	Nakuru	Attend FHI360 Rift staff meeting	Lorina Kagosha,
13 th – 14 th April 2012	Eldoret	Drive staff Christine Nyabundi to Eldoret after OVC QI meeting	Nicodemus Mwangui
15 th – 20 th April 2012	Kajiado	Integrated mentorship at Kajiado District Hospital, Bissil, Mashuru HC and assess Masimba HC	Paul Adipo, Margaret Mami, Julius Bultut, Violet Ambundo, Tobias Otieno
16 th April 2012	Nanyuki	Review of the DQA targets with LIFA & review Caritas OVD files	Eliud Okumu, Samson Kaba
16 th – 19 th April 2012	Kajiado, Loitokitok	Provide support to the HTC, Community strategy and SGBV team	Keke Mwarabu
16 th – 20 th April 2012	Kericho	Follow-up with individual factories to meet focal persons and the peer educators to take them through the new reporting tools, assess what is needed to be able to deliver on the new generation indicators and plan a way forward	Simon Ochieng, Sadat Nyinge
17 th – 18 th April 2012	Marakwet	Carryout mentorship and outreach activities	Peter Njoka, Peter Ondara, Tom Dado
18 th April 2012	Nairobi	Attend USG PMTCT implementing partners meeting	Thomas Ondimu, George Ndungu
17 th – 19 th April 2012	Kajiado	Attend audit at MAAP and pre-audit preparations at CDoN	Peter Ongeta, Samuel Ngumah
17 th – 20 th April 2012	Loitokitok	Carry out support supervision with the District reproductive health coordinator and DPHN	Benjamin Cheboi, Kombo Kironda
17 th – 21 st April 2012	Nairobi	Attend country strategic planning meeting	Ruth Odhiambo, Dr. John Adungosi, Linda Muymbu, Josphat Buluku
17 th – 21 st April 2012	Nakuru	Develop reporting modules for OVC LDMIS	Samwel Njiraini (Consultant)
18 th – 20 th April 2012	Narok/Nanyuki	Visit Nadinef and Caritus for a pre audit preparation	Richard Omwega, Davies Chibindo

18 th – 20 th April 2012	Marakwet	Folow-up on facility site assessment action – Kapcherop HC & Chebiemit	Peter Njoka, Debora Jerop, Juliana Wangu, Tom Dado
19 th – 20 th April 2012	Nairobi	Attend a meeting with KIE on Life skill education training	Rachael Manyeki, Ian Wanyoike, Benson Mbuthia
19 th – 20 th April	Kajiado	Support integrated mentorship Kajiado DH	Tobias Otieno,
20 th – 21 st April 2012	Eldoret	Drive staff (Christine Mwamsidu & Peter Njoka) to Eldoret after attending a joint clinical & M&E team meeting in Nakuru	Samson Kaba
22 nd – 27 th April 2012	North Rift	Provide TA to CCS, HI, attend Peer networking meeting, attend MoE workshop in eldoret	Benson Mbuthia, Ian Wanyoike, Humphrey Munene, Jerry Aura, Hesbon Simba & Samson Kaba
20 th – 21 st April 2012	Nakuru	Attend the OGAC Audit preparation meeting	Maurice Obuya
20 th – 21 st April 2012	Nakuru	Take vehicles KAT 634C & KBJ 533E to Nakuru for service	Simeon Koech
22 nd April – 4 th May 2012	Nakuru	Facility mentorship – TQA	John Kiprop, Debora Tanui, Juliana WanguJulius Bultut, Margaret Mami, Selina Yego, Paul Adipo
23 rd – 24 th April 2012	Narok	Audit for LIPs in Narok County	Peter Ongeta, George Karisa
23 rd – 25 th April 2012	Marakwet/Kwanza	Provide support during HC activities in Kwanza, HTC outreaches in Kapswar and HBC activities in Kerio Valley	Tom Dado
23 rd – 27 th April 2012	Nakuru	OVC LDMIS	Samwel Njiraini
23 rd – 24 th April 2012	Nairobi	Attend an AMREF NAL meeting	Ruth Odhiambo, Josphat Buluku
23 rd – 24 th April 2012	Nairobi	Attend a meeting at CRS CO	Esther Kimari, Eliud Okumu
23 rd – 24 th April 2012	Nairobi	Attend ROADS meeting	John Ndiritu
23 rd – 28 th April 2012	Nakuru	Participate in facility mentorship & TQA	Maurice Obuya, Peter Njoka
24 th April 2012	Kericho-Momul	Attend a meeting with the focal persons at Momul factory and a peer educators sessions to take them through the new reporting tools	Simon Ochieng, Samuel Ngumah
25 th – 26 th April 2012	Nakuru	Take vehicle KAT 906E for inspection	George Mulewa
25 th – 26 th April 2012	Nakuru	Attend Community strategy consultative meeting	Mildred Nanjala, Keke Mwarabu
26 th – 27 th April 2012	Marakwet	Support SGBV sensitization for the DHMT/HMT/SPs in Marakwet East & West	Tom Dado
26 th – 27 th April 2012	Ongata Rongai	Finalize setting up of QuickBooks at BOH and ESM	Emmanuel Waballa
26 th – 27 th April 2012	Nairobi	Attend Program Officers interviews	Ruth Odhiambo, Josphat Buluku

26 th – 27 th April 2012	Nakuru	To service vehicle KAT 906E	George Mulewa
29 th – 30 th April 2012	Nairobi/Ngong	To appear in court following the theft at Ngong office	Maureen Imbayi
29 th April – 4 th May 2012	Eldoret	To support community unit assessment in Pokot West & Kwanza districts	Tobias Otieno
29 th April – 5 th May 2012	Nanyuki	Facility mentorship & TQA Nanyuki District Hospital	Emily Cheworei- Consultant,
29 th April – 5 th May 2012	Nakuru	To provide support during facility mentorship & TQA	George Mulewa, Peter Njoka, Maurice Obuya
1 st – 4 th May 2012	Loitokitok, Nakuru	Provide support during HTC activities in Loitokitok and drive staff to Nakuru for an LVCT meeting	Keke Mwarabu
2 nd – 4 th May 2012	Nanyuki	To finalize set up of QuickBooks	Emmanuel Waballa, Simon Otieno, Samuel Ngumah
2 nd – 4 th May 2012	Naivasha	To attend a workplace steering committee training for Stockman Rozen Flower farm	Simon Ochieng, Carolyne Rachier,
2 nd – 4 th May 2012	Kitale	Support community unit assessments in Pokot West and Kwanza	Simeon Koech,
2 nd – 4 th May 2012	Nakuru	Attend a curriculum development meeting for Health Communication	Maryanne Priscilla
4 th – 5 th May 2012	Ngong/Isinya	Carry out IPs audit	Peter Ongeta
4 th – 5 th May 2012	Nairobi	Drive Maryanne Pribilla to Nairobi after curriculum development meeting and pick Stephen Chebii after interviews for FOs at AMREF CO	George Karisa
4 th – 7 th May 2012	Nairobi	Drive the Project Director & Dr. Otto to Nairobi for a meeting with the CD FHI360	Kombo Kironda
6 th – 11 th May 2012	Nakuru/Naivasha	Carry out TQA activities	Debora Tanui, Juliana Wangu, Peter Njoka, John Kiprop, Ruth Kimani, Julius Ekeya, Bernard Mugiira, , Maurice Obuya
6 th – 18 th May 2012	Nakuru	Clinical mentorship & TQA activities	Paul Adipo
7 th – 21 st May 2012	Nakuru	New Hire - Orientation	Evans Majune, Qabale Nura, Joel Kipees, Simon Mugo, Janet Onyalo
8 th – 9 th May 2012	Nakuru	Attend a community strategy meeting	George Mulewa
9 th – 10 th May 2012	Nairobi	Attend USG's Government accountability office (GAO) treatment quality and outcomes meeting	Ruth Odhiambo, Linda Muyumbu, Tobias Otieno
9 th – 10 th May 2012	Ngong	Attend a meeting with LIPs in Ngong	Kenneth Otieno, Joel Teeka
9 th – 11 th May 2012	Nakuru	TQA activities	Selina Yego,

9 th – 11 th May 2012	Kajiado	Support Kajiado IPs on OVC LDBMIS	Joel Kuria, George Karisa
10 th May 2012	Eldoret	Attend CCS audit meeting	Simon Otieno, Samuel Ngumah
10 th May 2012	Nairobi	Attend National MC Taskforce meeting	Anthony Ophwette, Kombo Kironda
13 th – 19 th May 2012	Nairobi	Attend GIS training	Linda Muyumbu, Joel Kuria, Bernard Otieno, Maurice Obuya, Franklin Songok (MOH), Martin Owaga,
14 th – 18 th May 2012	Nakuru/Naivasha	TQA Activities	John Kiprop, Ruth Kamau, Bernard Otieno, Julius Ekeya, Peter Njoka
14 th – 18 th May 2012	e. Pokot/Marigat	Support supervision for East Pokot & Marigat districts	Stephen Chebii, George Ndungu
14 th – 25 th May 2012	Naivasha	TQA activities at Naivasha District hospital	Juliana Wangui, Ruth Kamau; Bernard Mugiira
15 th – 21 st May 2012	Nairobi	New Hire Orientation	James Oyieko, Joyce Maina, Eliza Wambui, Jane Muriuki, Irene Opondo, Judith Dzombo,
16 th May 2012	Nairobi	Attend FHI360 Senior Management meeting	Ruth Odhiambo, Josphat Buluku
16 th – 17 th May 2012	Nakuru	Attend a meeting with Handicap International to discuss sub-agreement related issues	Kennedy Yogo, David Lumbo
16 th – 18 th May 2012	Naivasha	Support data audit and aggregation at Naivasha DH	Patrick Angala (Consultant),
17 th May 2012	Nairobi	Attend a meeting with Citibank on MPESA transactions	Peter Ongeta, Kombo Kironda
17 th – 18 th May 2012	Nairobi	Contact interviews for C&G Officers for APHIAplus	Ruth Odhiambo, Josphat Buluku
18 th – 19 th May 2012	Naivasha	Attend MARPS activities	Linda Mbeyu
20 th - 25 th May 2012	Nakuru	Orientation for M&E & Clinical teams	Maurice Obuya, Peter Njoka, John Kiprop
21 st – 22 nd May 2012	Nairobi	Hold close out meetings for SAPTA and review meetings for AJAM	Peter Ongeta
21 st – 23 rd May 2012	Nairobi	Attend HTC TWG meeting – NASCOP and APHIA Capacity project meeting	Thomas Ondimu
21 st – 25 th may 2012	Nakuru	TQA activities Nakuru PGH	Selina Yego, Debora Tanui,
21 st – 25 th may 2012	Naivasha	TQA activities Naivasha PGH	Bernard Mugiira, Julius Ekeya,
21 st – 26 th May 2012	Nairobi	Compile a report on Clinical and M&E mentorship process for service providers	Dr. Dunstan Achwoka
22 nd – 23 rd May 2012	Nanyuki	Attend PE training in Nanyuki	Benson Mbuthia

22 nd – 25 th May 2012	Trans-Nzoia	CHEWs assessment feedback meetings, CHC training logistical & technical support in Kaplamai & Cherangai	Moses Emalu, Tom Dado
22 nd – 26 th May 2012	Nakuru	Attend orientation for TOs Clinical & M&E teams	Judith Dzombo, Irene Opondo, Jane Muriuki, Eliza Wachuka, Joyce Maina, James Oyieko, Joan Emoh Okiring, Evans Majune, Janet Onyalo, Simon Mugo Kamau, Joel Kipees, Qabale Nura,
22 ⁿ d- 23 rd May	Nakuru	Attend meeting with OVC.HCBC implementing partners	Wycliffe Kokonya, George Mulewa
23 rd May 2012	Kisumu	Attend Nyanza Provincial MC taskforce meeting	Anthony Ophwette, George Ndungu
23 rd May 2012	Eldoret	IT Support to Eldoret office	Martin Owaga, George Karisa
23 rd – 26 th May 2012	Mombasa	Finance review meeting between APHIAplus and ICRH finance team and review meeting with REACH	Peter Ongeta
24 th May 2012	Nairobi	Participate in the MARPs TWG meeting	John Ndiritu
25 th May 2012	Narok	Attend Y-PEER activities	Humphrey Munene, Samuel Ngumah
25 th – 31 st May 2012	Nanyuki	Facility mentorship & TQA for Nanyuki DH	Thomas Ondimu, Ruth Kamau, Emily Cheworei, Bernard Otieno,
25 th – 29 th May 2012	West Pokot	Drive staff to Kitale & W. Pokot for various program activities	David Lumbo
27 th – 28 th May 2012	Nakuru	Debrief meeting	Simon Kamau, Joyce Maina, Jane Muriuki, Joel Kipees
27 th May – 8 th June 2012	Kajiado	Facility mentorship & TQA activities Kajiado DH	Violet Ambundo, Judith Dzombo, Qabale Nura, Janet Onyalo, Paul Adipo, George Ndungu
27 th May – 10 th June 2012	Nakuru/Eldoret	Attend Debrief meeting in Nakuru & re-locate to Eldoret	Irene Opondo
27 th May – 15 th June 2012	Nakuru	TQA activities	James Oyieko
28 th – 30 th May 2012	Nairobi, Nanyuki	Drive Humphrey Munene to attend a meeting at NOPE office, Eliud Okumu to Nanyuki to attend various HCBC activities	Kombo Kironda
28 th – 31 st May 2012	Kisumu	Exchange visit to MCHIP Bondo	Duncan Ager, Moses Emalu, Sarah Kosgei, Josphat Buluku, Charity Muturi
28 th – 31 st May 2012	Nakuru	TQA activities in Nakuru County	Selina Yego, Julius Ekeya, Bernard Mugiira, John Kiprop
28 th May – 14 th June 2012	Nairobi/Nakuru	Orientation & relocation	Joan Emoh
28 th May – 10 th June 2012	Eldoret	Relocation	Evans Majune
29 th – 30 th May 2012	Nakuru	Drive staff J. Kiprop for clinical mentorship & TQA activities at Naivasha DH & pick Team to Eldoret for a meeting with MOE	Simeon Koech

29 th – 30 th May 2012	Ngong/Ltk	To Ngong for a meeting then proceed to Loitokitok to attend Vocational ACC training	Kenneth Otieno, Davies Chibindo
29 th May – 11 th June 2012	Various	Relocation	Simon Kamau, Joyce Maina, Jane Muriuki, Joel Kipees
30 th – 31 st May 2012	Narok	To oversee interviews at ENAITOTI	Irene Muteti, Samuel Ngumah
30 th – 31 st May 2012	Nairobi/Eldoret	Attend a meeting at KIE in Nairobi & meeting with MOE in Eldoret	Rachael Manyeki,
3 rd – 8 th June 2012	Nanyuki	Facility mentorship & TQA for Nanyuki DH	Thomas Ondimu, Bernard Otieno
4 th – 7 th June 2012	Ngong-Nanyuki	Orientation of new CRS staff in Ngong, attend community PwP training in Nanyuki, hold a meeting with LIFA staff and review documentation, review OVC documentation at the Daiga site office & caritas	Stephen Gichuki, Samson Kaba
4 th – 8 th June 2012	Naivasha	TQA activities at Naivasha DH	Bernard Mugiira, Julius Ekeya,
5 th – 6 th June 2012	Nakuru	Pick staff from Nakuru to Narok (Andrew Wafula) after attending HTC meeting	Davies Chibindo
5 th – 7 th June 2012	North rift/Nairobi	Attend a stakeholders forum in West Pokot, Attend KePMS DHIS transition working group meeting to steer the process of transition to DHIS	Linda Muyumbu
5 th – 7 th June 2012	North rift	Attend stakeholders meeting in West Pokot	Charity Muturi
5 th – 8 th June 2012	Eldoret	Visit IPs (CCs, MMF & CDE) in Eldoret	Joel Kuria
6 th – 8 th June 2012	Kitale/w. Pokot	Support staff (P. Ondara) in Kapenguria – during DMLT PT distribution and collection from the rural facilities	Simeon Koech
6 th – 11 th June 2012	Nairobi	Conduct interviews for finance officers	Peter Ongeta
7 th June 2012	Nairobi	Attend National EBI TWG meeting at NASCOP	John Ndiritu, George Karisa
8 th – 9 th June 2012	Nakuru	Drive staff to Nakuru after TQA activities in Nanyuki	Nicodemus Mwangui
8 th – 15 th June 2012	Nakuru	New-hire orientation	Jonah Kibet, Christine Irungu, Hellen Kanyungo, Samuel Kibonge
10 th – 12 th June 2012	Nakuru	Drive staff to Nakuru to attend TOT training (AMREF Field Officers)	Davies Chibindo
10 th – 12 th June 2012	Nairobi	Conduct interviews for finance officers	Rachael Manyeki
10 th – 12 th June 2012	Kajiado	Prepare for the USA Ambassadors visit	Charity Muturi
10 th – 15 th June 2012	Kajiado	TQA activities	Qabale Nura, Janet Onyalo, Paul Adipo, Sadat Nyinge

10 th – 16 th June 2012	Kajiado/Nakuru	TQA activities in Kajiado & MNCH orientation for Technical Officers RH	Judith Dzombo
10 th – 16 th June 2012	Nanyuki	TQA activities – Nanyuki DH	Bernard Otieno, George Karisa
10 th – 20 th June 2012	Mombasa	Attend DHIS EA 2012 at the Eden Beach Resort organized by the National Health Information systems Project	Maurice Obuya
11 th – 12 th June 2012	Nairobi	Deliver cheques & LPOs for approval and pick KAC 143K from Nairobi after repairs	George Ndungu
11 th – 12 th June 2012	Loitokitok	Attend APHIAplus-DHMT feedback & review meeting & CHW training	Lorina Kagosha, Keke Mwarabu
11 th – 14 th June 2012	Nakuru	Attend NASCOP TOT training	Evans Majune, Joel Kipees,
11 th – 15 th June 2012	Nairobi	Attend USAID rules and regulation workshop in Nairobi	Patricia Kombe
11 th – 13 th June 2012	Kajiado	TQA activities & preparation for Ambassador’s visit	Violet Ambundo
11 th – 15 th June 2012	Naivasha	Upgrade ART registers at Naivasha DH	Bernard Mugiira, Julius Ekeya,
12 th – 13 th June 2012	Baringo North	Provide support during orientation of counselors/HCWs and CHWs	Simeon Koech
13 th – 14 th June 2012	Nakuru	Drive staff to Nakuru Jane Muriuki to attend orientation for RH and pick Joel Kipees from Nakuru after attending NASCOP TOT training	George Mulewa
13 th – 15 th June 2012	Kwanza	Provide support during orientation in Kwanza & RRI activities	Tom Dado
13 th – 15 th June 2012	Naivasha	TQA feedback for Naivasha HMT	John Kiprop
13 th – 16 th June 2012	Nakuru	Attend MTC orientation for APHIAplus supported districts by MSH	Simon Kamau
13 th – 16 th June 2012	Nakuru	Attend orientation on RH-FP/MNCH	Jane Muriuki, Joyce Maina
14 th – 15 th June 2012	North Rift	Support HTC RRI activities in Baringo North & Endebes	Thomas Ondimu, Caleb Osano, George Ndungu
14 th – 15 th June 2012	Nairobi	Drive Martin Muya to Nairobi & pick Patricia Kombe after attending a training in Nairobi	Tobias Otieno
14 th – 27 th June 2012	Nakuru	New hire - relocation	Dunstan Achwoka
16 th – 22 nd June 2012	Kajiado C	Preparation for USAID visit & mentorship at Mile 46 HC	Nura Qabale, Judith Dzombo, Josphat Buluku, Violet Ambundo
17 th – 22 nd June 2012	Laikipia	TQA & data reconstruction at Nanyuki DH	Bernard Otieno
17 th – 30 th June 2012	Various	Relocation to workstation	Jonah Kibet, Christine Irungu, Simon Kibonge

17 th – 22 nd June 2012	Kajiado	Preparation for US Ambassadors visit, finish with the TQA for the Kajiado DH & initial mentorship activities at Mile 46 HC	Paul Adipo, Janet Onyalo
18 th – 21 st June 2012	Kajiado	Prepare for USAID visit (OVC)	Joel Kuria, Irene Muteti, Stephen Gichuki, Samson Kaba, Martin Owaga
18 th – 22 nd June 2012	Naivasha	Update ART registers	Bernard Mugiira, Julius Ekeya
18 th – 22 nd June 2012	W. Pokot	Facility assessment follow-up & TQA in Kapenguria & Kacheliba	Peter Njoka, Evans Majune, Irene Opondo, Joan Emoh, John Kiprop, Tom Dado
19 th – 22 nd June 2012	Nairobi	Attend a meeting with Equity foundation & the MOH planning orientation by MSH	Charity Muturi
20 th June 2012	Nairobi	Attend a meeting with FHI360 CD	Kennedy Yogo
20 th June 2012	Eldoret	Represent APHIAplus at the AMPATHplus launch	Dr. Adungosi, Sadat Nyinge
21 st – 22 nd June 2012	Nanyuki	Provide HMT with TQA feedback progress	Thomas Ondimu, George Ndungu
21 st – 22 nd June 2012	Kitale	Attend Medium Term Evaluation dissemination of AMREF activities in North rift region	Kennedy Yogo
20 th – 23 rd June 2012	Kajiado	Prepare for USAID visit	Duncan Ager, Samuel Ngumah
21 st – 22 nd June 2012	Nairobi	Attend a meeting with NASCOPs MARP manager	Rachael Manyeki, John Ndiritu, Tobias Otieno
21 st – 22 nd June 2012	Nairobi	Represent the CD in a PSI meeting	Joel Kuria
23 rd – 30 th June 2012	Kajiado/Ltk	Preparation for the US Ambassadors visit & Loitokitok to conduct TQA & follow up mentorship activities	Josphat Buluku, Violet Ambundo
23 rd June – 6 th July	Ngong	Relocation- new hire	Samuel Kibonge, Judith Dzombo, Qabale Nura, Janet Onyalo
24 th – 26 th June 2012	Kajiado	Ambassador's visit	Kombo Kirona, Beatrice Gatundu, Linda Muyumbu, Charity Muturi, Lorina Kagosha, Keke Mwarabu
25 th June 2012	Nairobi	Attend a meeting at KIE	Ian Wanyoike, Samuel Ngumah,
25 th June 2012	Kajiado	US Ambassadors visit	Dr. B. Osore, Sadat Nyinge
25 th – 26 th June 2012	Nakuru	Facilitate community opinion leaders workshop	George Kimathi
25 th – 29 th June 2012	Nakuru	Attend the KMMP roll out meeting	Joan Emoh,
26 th – 27 th June 2012	North Rift	Attend technical meetings with education officials and HI	Ian Wanyoike, Benson Mbuthia

26 th – 28 th June 2012	Nairobi	Pick community health team from Nairobi to Nakuru to attend a meeting between APHIAplus Nuru ya Bonde, Division on Community Health & PHMT Rift Valley Province	Tobias Otieno
27 th – 29 th June 2012	Nairobi	Attend a two-days training on MoH new planning process	Rachael Manyeki, Kennedy Yogo.
28 th – 29 th June 2012	Nakuru	Attend & participate in joint evaluation of the TQA activities and determine the way forward for TQA-led mentorship activities	Peter Njoka, John Kiprop

ANNEX 6: SUB AGREEMENT AMENDMENT SUMMARY APR-JUN 2012

No.	Type	Name of the Organization	Start Date	End Date	District	Purpose
1	Amendment	K-NOTE	01.01.2011	30.09.2015	Naivasha	To provide a multi-year sub agreement for K-NOTE to implement integrated and comprehensive care and support service for OVC and PLWHA while addressing social determinants of health; and HIV&AIDS, STI, Malaria and TB Prevention activities among Youth Out-of-school in Naivasha District

ANNEX 7: FINANCIAL REPORT APR-JUN 2012



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