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QUARTERLY PROGRESS REPORT



Market linkage for Youth: Trade Fair during the International Youth Day in Kitale

ACTIVITY TITLE : APHIPlus ZONE 3 – RIFT VALLEY

AWARD NUMBER : 623-A-11-00007

EFFECTIVE PROJECT DATES : JANUARY 2011 – DECEMBER 2015

REPORTING QUARTER : JULY TO SEPT 2012

DATE OF SUBMISSION : 15th NOVEMBER 2012

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List of Acronyms

AMREF	-	African Medical and Research Foundation
ANC	-	Ante Natal Care
AOP	-	Annual Operation Plan
APHIA <i>plus</i>	-	AIDS Population & Health Integrated Assistance Project People Centered, Local leadership, Universal access, Sustainability
ART	-	Anti Retroviral Therapy
BCC	-	Behavior Change Communication
BEONC	-	Basic Essential Obstetric and New Born Care
BFHI	-	Baby Friendly Hospital Initiative
BMS	-	Behavioral Monitoring Survey
CBHIS	-	Community Based Health Information System
CBOs	-	Community Based Organizations
CCC	-	Comprehensive Care Centre
CDF	-	Constituency Development Fund
CD4	-	Cluster of Differentiation 4
CHC	-	Community Health Committees
CHW	-	Community Health Worker
COCs	-	Combined Oral Contraceptives
CRS	-	Catholic Relief Services
CSOs	-	Civil Society Organizations
CPD	-	Continuous Professional Development
CPT	-	Contrimoxazole Preventive Therapy
CT	-	Counseling and Testing
CUs	-	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
DMPA	-	Depot Medroxy Progesterone Acetate
DTLC	-	District TB and Leprosy Coordinator
DYO	-	District Youth Officer
DQA	-	Data Quality Audit
EID	-	Early Infant Diagnosis
ESP	-	Economic Stimulus Program
FACS	-	Flow Automated Cell Sorting
FCDRR	-	Facility Consumption Data Reporting and Requisition
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
RED/REC	-	Reach Every District/Reach Every Child
RDTs	-	Rapid Diagnostic Tests
RH/FP	-	Reproductive Health/Family Planning
SCMS	-	Supply Chain Managements Systems
SGBV	-	Sexual & Gender Based Violence
SNIDS	-	Supplementary National Immunization Days
STI	-	Sexually Transmitted Infections
UNCRC	-	United Nations Charter Rights Child
TAC	-	Teacher Advisory Center
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 third 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 38, 661 women received HIV counseling and testing for prevention of mother to child transmission (PMTCT) and received their results through 644 sites. This leads to a total of 106,457 women tested so far, 89% achievement against the annual target.
- 930 partners of women who attended antenatal clinic were tested for HIV.
- A total of 914 samples were transported and tested for Early Infant Diagnosis.
- A total of 83,055 new and re-visit family planning (FP) acceptors were served, reaching a couple year of protection (CYP) of 37, 774. This leads to a total CYP of 118,884 a 79% achievement against the annual target.
- A total of 12,380 attended the fourth ante-natal clinic (ANC) visit during the quarter against 32,518 first ANC visits.
- A total of 7,265 intended groups were reached with individual and/or small group interventions that are evidence-based or meet minimum standards.
- 1,861 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 3,913 people in most at risk populations (MARPs) were reached with individual and/or small group interventions that are evidence based or meet minimum standards
- A total of 1,184 individuals were newly initiated into antiretroviral therapy (ART) and 20,175 were receiving ART by the end of the quarter.
- A total of 72, 913 OVC were served by the end of September with various services. This leads to a 76% achievement against the annual target.

The detailed results against the targets and planned activities are presented in the PMP in Annex 1A and B.

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. The partners are Family Health International (FHI 360), 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 once the government of Kenya 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(NyB) 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. APHIA*plus* 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. APHIA*plus* 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). APHIA*plus* 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 APHIA*plus* 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, APHIA*plus* 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 APHIA*plus* 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, APHIA*plus* 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. APHIA*plus* Nuru ya Bonde works with GOK and civil society coordination structures including the Health NGOs Network (HENNET) to create demand for health services by building on existing GOK health communication programs, in line with the national community strategy.

APHIAplus Nuru ya Bonde works with GOK and community-based stakeholders in the Rift Valley region to implement prevention programs using a combination prevention approach to ensure knowledge and promotion of health, control of diseases and their impact, to disseminate prevention messages and education materials amongst at risk populations, and the creation of effective linkages to all community outreach programs. Increased awareness of health and diseases conditions and their impact which stimulates demand for prevention, care and treatment programs at household, community and school and other institutions/ workplace levels and ensure that community members initiate and undertake preventive measures.

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

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

This quarterly report focuses on achievements made during the third quarter (July to September 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 brought on board one implementing partner, Apostles of Jesus AIDS Ministries (AJAM) to provide services to 3500 OVC and implement community prevention with positives (PwP) in Kajiado County. The partner is anchoring three other smaller organizations namely CIWOCH, Deliverance Church of Ngong and OLPADEP within the same arrangement. In the same period, two sub agreements were amended. In addition, Joint work plans with Ministry of Health facilities and DHMTs were extended.

2.2 USAID Quarterly Progress Review Meeting

The USAID project management team conducted an on-site quarterly monitoring visit and review meeting by visiting project sites in Nakuru and Baringo Counties. The team noted the good work done in health communication. It, however, also noted gaps in OVC need identification; targeting of service delivery; and delay in procurement of OVC services and advised the project to improve on OVC service delivery. The project has since instituted a service charter to guide the turnaround time between identification of OVC needs and their provision to the households.

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

The project succeeded in co-locating its multidisciplinary clinical mentorship teams and community strategy field officers with the MoH staff in the respective facilities throughout the project area.

2.4 Strategic Management Committee (SMC) visit to APHIAplus Nuru Ya Bonde Project Sites

The leadership of the six consortium partner organizations in APHIAplus Nuru ya Bonde project namely FHI 360, Liverpool VCT, AMREF, NOPE, CRS and GS Kenya conducted their quarterly project performance review in the North Rift region. The SMC members also addressed constraints faced by the project in areas such as logistics, human resources and how to leverage resources to complement project implementation.

2.5 Program Management Team (PMT) Support Supervision

Apart from holding monthly meetings to discuss various aspects of program management and review project performance and implementation strategies, the PMT- which is composed of senior technical advisors and team leaders from the six strategic partners in APHIAplus Nuru Ya Bonde project in Nakuru under the leadership of the Chief of Party conducted field based supportive supervision to project sites in Kajiado and Laikipia counties. These supportive supervisions were aimed at addressing gaps that were identified by USAID during the previous quarterly field visits.

2.6 Transition of APHIAplus Nuru Ya Bonde Project from North Rift Region

During this reporting period, the project was informed by USAID of their plan to reorganize project activities in the Rift Valley. Under this plan, APHIAplus Nuru Ya Bonde was to move out of the North Rift areas they have been operating in while AMPATHplus was to move out of Baringo County. Each project was to take over activities at the sites that the other was vacating. Both projects held meetings to plan the way forward for the move and also had meetings with the health managers of the region and key stakeholders to sensitize them concerning the changes. The changes are currently being implemented.

2.7 Monthly Coordination Meeting between APHIAplus Nuru Ya Bonde/HWWK in West Pokot County

The project has continued to hold monthly meetings with Hope World Wide Kenya (HWWK) to coordinate implementation of the project and HWWK activities in West Pokot County. One of the key achievements of these meetings is that APHIAplus Nuru Ya Bonde will continue to implement HTC activities within facilities, while HWWK will implement community-based HTC activities in the county.

2.8 Linkages with FANIKISHA Institutional Strengthening Project

APHIAplus Nuru Ya Bonde has continued to link with national mechanisms for improved service delivery and quality health outcomes. During the quarter, the project participated in the 2nd FANIKISHA technical working group and consultative reference group meeting. It is expected that once the Kenya civil society organization institutional strengthening Standard and Indicators document has been developed, APHIAplus Nuru Ya Bonde will take leadership in rolling it out to its current and future local implementing partners.

2.9 Local implementing Partners Support Supervision

During the quarter, the program development team together with the M&E officers and the technical officers continued to provide ad hoc and scheduled technical assistance to implementing partner organizations. In order to improve service provision to OVC households, a service charter was introduced and discussed with partners for implementation. These also served as feedback meetings on gaps that had been identified by the USAID mission visit and how these would be addressed to improve project implementation.

2.10 Africa Science Journalists Conference

APHIAplus Nuru Ya Bonde participated in the African Science Journalist Conference that was held in Nakuru, Kenya. The conference organized by Media for Environment, Science, Health and Agriculture (MESH), aimed at charting a way forward for reporting science in Africa. Journalists visited the Nuru Farm managed by FAIR – one of the APHIAplus Nuru Ya Bonde local implementing partner organizations- which implements OVC activities in Nakuru County. The farm produces food which is given to vulnerable households in Rift Valley province, including the PLWHAs to address their nutritional needs. This visit led to publication of stories of hope, and success of the APHIAplus nutrition initiative for PLHIVs in local print media (the East African Standard Newspaper and the People Newspaper) and electronic media (Citizen TV).

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. Mentorship activities were conducted at 33 health facilities in the region with the 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. A total of 480 service providers were mentored, with special emphasis on service integration, linkages between HIV testing and care/treatment, the revised ART guidelines, PMTCT/management of HIV positive mothers and exposed infants, cervical cancer screening, new born care, postnatal care and family planning.

Technical Quality Assessment (TQA) and Data Quality Assessment (DQA), verification and reconstruction was done in 19 additional facilities in the region. Facility assessment for renovations was carried out in 17 of the facilities, alongside the TQA process. APHIAplus Nuru Ya Bonde jointly with the selected DHMT and HMT members developed facility specific action plans based on findings from these targeted assessments to improve the quality of integrated health services at the target facilities.

The project rolled out the defaulter tracking mechanism to another 17 facilities in addition to the 13 done in the previous quarter to ensure patients are tracked and brought back to care. The availability and functionality of the quality of care committees in regional supported facilities was assessed. A total of 8 facilities had QoC teams, with 5 being functional as confirmed by minutes of meetings held. In order to improve the quality of family planning services, the project in collaboration with the MOH are piloting the Standard Based Management – Recognition (SBM-R) FP model in five facilities in the Rift Valley (one level 5 and four level 4 facilities). So far, the 5 HMTs have each undergone 2 day orientations on SBM-R (FP) and plans are under way in the next quarter to train ToTs from the five facilities to start the pilot.

Two exit interviews were done in Bahati and Eldama Ravine Hospitals. One of the key findings was staff shortage; resulting in low uptake of C/T in the OPD department and poor integration of PMTCT services in MNCH. The findings formed basis for an action plan that was made to address the gaps identified and ensure provision of quality services.

During the reporting period, FUNZO Kenya supported four trainings, in adult ART and PMTCT for HCWs in four districts - Nakuru Central, Naivasha, Njoro and Trans Nzoia East- reaching a

total of 118 participants. The program will continue to work closely with MOH managers to ensure these trained personnel are deployed as per training gaps identified. The program will continue engagement with FUNZO to address training needs of HCWs so as to improve their capacity in service provision.

A total of 9 CMEs, covering a variety of topics, that reached 249 HCWs were supported during the reporting period. In addition, 23 orientations/sensitizations of HCWs were carried out. The topics covered included active management of the third stage of labor (AMTSL), Partograph, essential roles and functions of MTC members, DQA, facility HTC, PwP, TB screening, pharmacovigilance and health commodity management. The regional mentorship teams along with facility managers were able to do a staffing gap analysis and linked with the national mechanism for human resources for health (Capacity Kenya) to fill up the gaps identified. During the quarter the project in conjunction with Capacity Kenya seconded two nurses and one health records officer to different facilities in the region.

The program continued supporting reproduction and distribution of job aids and SOP's for WHO HIV staging, cervical cancer screening, revised ART guidelines, PMTCT guidelines, fixed dose charts for children, the new testing algorithm guidelines and HTC repeat test job aids to facilities within the region.

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

During the quarter under review the program supported 45 DHMTs to conduct quarterly supervision in the region. 442 facilities were visited and 385 HCW were contacted. 15 district teams were supported to carry out mentorship visits to 50 facilities; consequently 280 HCWs were mentored in different service areas. In addition, 3 DHMTs were supported to conduct quarterly DHSF while a further 8 Districts were supported to conduct quarterly facility in charges meeting which enabled them to have data reviews and discuss the performance of their respective facilities. In addition, the Ngong DHMT was sensitized on facilitative supervision and a further 17 DHMTs were sensitized on the DQA process to enable them conduct regular audits at facilities they supervise.

With the ending of the GOK financial year in June 2012, the program supported PHMT/DHMTs/HMTs to develop AWP1 in August 2012. In the coming quarter, the program staff will work with them to develop the joint work plans for engagement with the program in 2013.

Working together with the community team, a total of 172 mobile and integrated outreaches to hard-to-reach areas were conducted within the region. Services offered included: immunization of children, curative services, FP, cervical cancer screening, ANC and HTC.

The project is also going to support the region in dissemination of the Kenya Quality Model of Health (KQMH) and its subsequent roll out to the supported counties, having one model hospital during the next quarter.

During the quarter, a leadership management and governance advisor from LMS|Kenya project was posted to Nakuru. His main duties will entail building the capacity of the P/DHMT in the areas of leadership, management and governance using structured tools.

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

Health service providers were mentored and sensitized on the appropriate use of the various service delivery registers, data collection and summary and reporting tools and the use of data. These took place at source, during on-site mentorship visits, support supervision and at feedback/review meetings at district and facility levels. Data cleaning and reconstruction was done in 17 health facilities.



Photo1: The state of a register in one of the supported facilities

The project staff worked jointly with the facility staff to address identified gaps through action plans. The HCWs were mentored on data reporting and recording to improve the quality of data in each facility. The teams also emphasized on the importance of complete documentation of patient locator information during the first visit. In addition, data tools were supplied where needed.

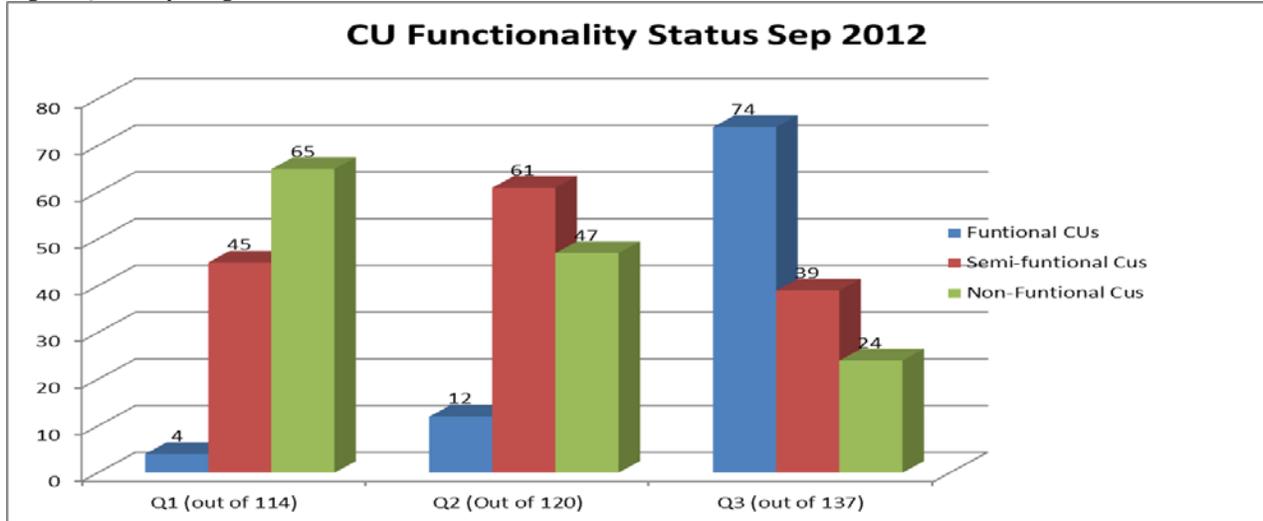
The project also supported quarterly DQAs in 17 districts and 192 facilities were reached during the DQA exercise. The DQA enabled the DHMT to identify capacity gaps in terms of recording, reporting and use of data for decision making and hence make action plans to address the gaps.

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

During the period under review, there was marked improvement on the number of functional CUs, 74 compared to 12 in June 2012. Introduction of the payment of CHWs stipend in June 2012 contributed to better reporting and other activities within CUs. It is notable that of the 24

non-functional units 17 were established during the quarter and hence should improve with time (see graph below).

Fig. 1: Quarterly Progression of CUs to Functional Status



Capacity Building for tier 1 work force

To match the service delivery at tier 1 and competency and skills of the workforce, a number of strategies for capacity building were employed. Supporting the training of 35 DHMTs and 135 CHEWs in the project regions contributed to increased output based performance on the level of functional CUs (see fig 1). During the same period, CHEWs were supported to train 580 CHCs from 63 CUs, and 450 CHWs from 75 CUs. Other areas of capacity building included the supply of CHWs kits to CUs in Kajiado and Loitokitok as well as strengthened representation of CHC in the Facility Health Committees for the CUs that were being established.

Supported Monthly meetings for CHEWs, CHWs and CHCs

All the CUs were supported to hold monthly meetings to discuss data and provide feedback from the households. During these meetings that were attended by CHEWs and CHCs, the CHWs shared experiences from the households and came up with collective plans of action for effective and efficient service delivery. Through the technical support of the CHEWs, 6 CUs in Kajiado developed Referral Charts to strengthen effective enrollment to care and support at the facility and community level. In one meeting, a member of Athenai CU unit said *“We can go far if we continue meeting and deliberating issues like this, soon we will be able to address many of our health issues.”*



Photo2: Green house for Tomatoes being harvested by a CHWs at Athinai CU

CHEWs quarterly meetings were equally supported according to plan and the health facility in-charges participated in the meetings. During the meeting every CHEW presented their quarterly progress report. Two key tools of measuring performance were reviewed; the score card and CHW performance checklist. These tools are used to determine the performance of CHWs and hence their compensation. DHRIOs and M&E officers participated in these meetings and provided technical assistance in data interpretation and analysis methods required by CHWs and CHEWs.

CHC and CHWs motivation

By the end of the quarter under review, CHWs from 84 CUs (61%) out of 137 had been paid stipend based on monthly performance. This was a significant increase from 9 CUs (8%) in the last quarter (see the score card). In addition, CHWs and CHC members were provided with badges for identification and bags for ease of field work. During the same period, 11 CUs received bicycles while 45 were provided with mobile phones to assist in referrals and defaulter tracing



Photo3:CHWs from Athinai CU receiving bicycles from APHIAplus field officer

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

During the quarter under review, the network engaged 71 providers in Nakuru Central, Njoro, Molo, Naivasha, Gilgil and Kajiado North districts with a minimum package of support that included capacity building, access to commodities and targeted mentorship. At the same time, 10 providers were recruited and reactivated to franchise a portion of activities and by the end of the quarter 81 providers had been reached out of the 85 targeted. In addition, private providers were linked to access rapid test kits through Supply Chain Management Systems project (SCMS) and access to ARV drugs through PEPFAR supported central sites. Onsite mentorship activities were supported to enhance completeness and accuracy of data submitted by the sites in the program, including the quality of care in ART patient management. Many of these sites have begun to

report on the commodities that they are receiving through the facility consumption data reporting and requisition (FCDRR) tool thereby improving the supply chain.

The capacity of 16 service outlets was built in the area of safe phlebotomy which covered DBS and safe sample collection. As a result of this, these facilities have now qualified to access free viral load testing through the KEMRI P3 laboratory in Nairobi. During the quarter, 9 of the sites had referred samples to Nairobi and received results within 14 days.

A number of orientations were held on a variety of topics: 19 outlets were oriented on HMIS tools and the new generation indicators; 38 providers were oriented on FP-HIV integration and at the same time provided with updates on TB-HIV co-infection.

During the quarter under review, 4 CPD sessions were held and emerging issues on TB and HIV co-infection as well as ART in resource limited settings discussed. 140 service providers attended the CPD sessions.

One site was facilitated and mentored to introduce pediatric HIV services including reporting using the MOH tools. Mentorship of these providers on data reporting using the various tools continues.



Photo4: Practicum session during the safe phlebotomy orientation in Naivasha

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

Health action days and targeted outreaches

In order to address the rising cases of non-communicable diseases, Endebess North community unit convened an outreach for diabetes which reached 365 people. During the outreach, diabetes screening was done as well as health education to the community. In North Rift, Nakuru and Laikipia regions, targeted campaign against jigger infestation was carried out. Different CUs carried out jigger treatment and health promotion on hygiene during which a total of 2706 people were treated.

HBTC- informed by the data from the chalkboards

In different Community Units across the Project area, HBTC activities were carried out in Laikipia, Eldoret, Narok and Nakuru. A total of 9543 people were counseled while 9513 were tested and given results. Out of the total number tested, 75 were HIV positive and were referred linked to health facilities for care and support. The program is being conducted in collaboration with the MOPHS this ensuring the DASCOS supervises the HBTC progress within the units to ascertain that all guidelines/standards are adhered to particularly confidentiality and quality of HBTC services.

CHWs Trainings on Technical Skills

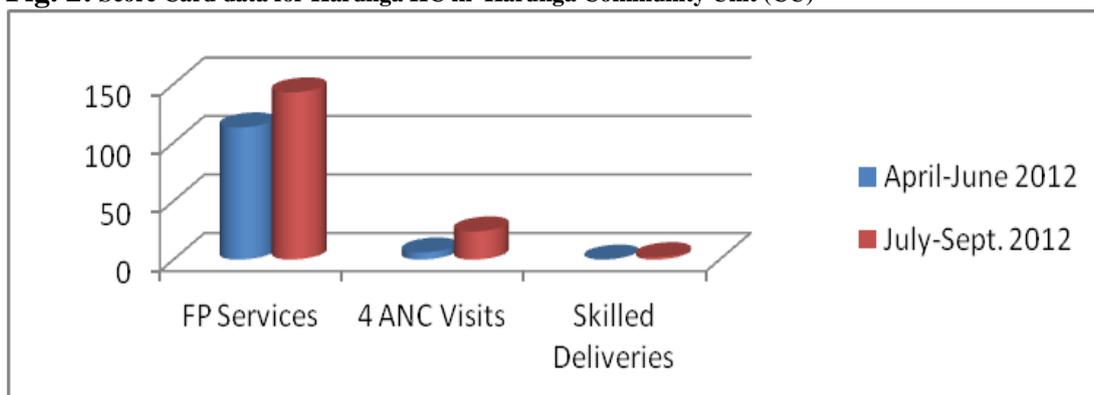
In an effort to improve the capacity of CHWs on key technical skills, the project supported training of 262 CHWs from 9 CUs on reproductive health in Narok and North Rift regions. The trainings targeted community units with poor MNCH indicators. The training covered safe motherhood, care of new born and child health.

Outcome of health indicators in selected CUs

The data presented in graphs below reflects performance by skilled services as reported from the regions of Kajiado and Nakuru. This data is generated from a score card, a management tool that is being tried for the monitoring of functionality of CU and summarizes entries from MOH 515.

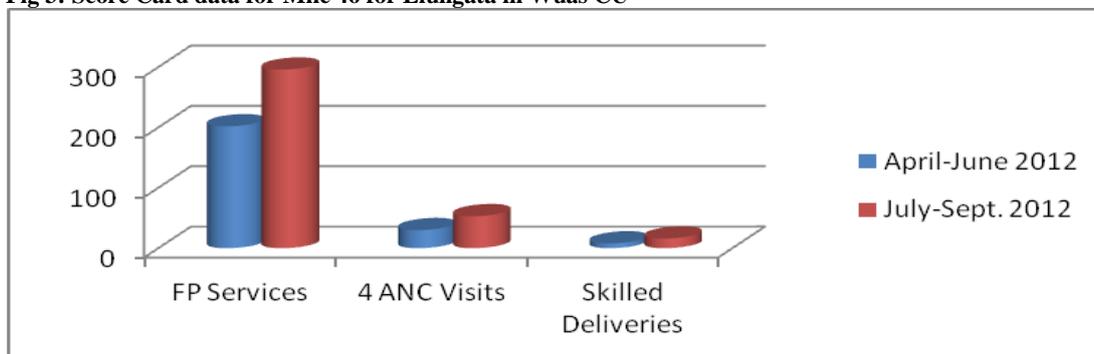
Emphasis will be laid on the completion of 4 ANC services that seem to be a challenge across all the CUs as shown on the charts below. Uptake of skilled delivery and FP services increased in some CUs depending on factors such as proximity to urban areas.

Fig. 2: Score Card data for Karunga HC in Karunga Community Unit (CU)



At Karunga HC there has been a significant improvement in uptake of FP Services due to intense mobilization of the community by the CHWs from Karunga CU.

Fig 3: Score Card data for Mile 46 for Elungata in Wuas CU



At Mile 36 the uptake of FP services and ANC services improved due to the intense mobilisation of the community by CHWs after the establishment of Elungata Wuas CU. This CU was started in June 2012. However, distance to the facility remains a major hindrance to women accessing delivery services at the health facility.

Innovations for Sustainability

Most of the CUs were engaged on skill building for innovative ventures that would ensure sustainability. As a way of exposing CUs to others for experiential sharing, exchange visits were organised for some CUs. Athinai CU invested in some of the farming practices that produced impressive outcomes as shown in the photos below. Through skilled training on proposal writing, they won funding that gave them a start off capital. They are producing enough to meet their basic needs and are at the same time saving in order to loan members who are undertaking individual projects.



Photo 5: Karunga Unit CHWs & CHC on exchange visit to Athinai CU

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 depending on the type of service a client is seeking. HTC is integrated into outreaches and referrals initiated for those who test 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 tested positive are linked to facilities and provided with psychosocial support through the community units.

Facility HTC

APHIAplus Nuru Ya Bonde project supports routine integrated HTC in both IP and OPD. The project through linkage with Capacity Kenya has supported 61 HTC counselors in 37 facilities as in introducing task shifting to perform HTC in response to competing curative services among the health care staff. The providers are encouraged to link the HIV positive clients to CCC for enrolment and continuum of care. The project provided mentorship and orientations to address commodity management, quality documentation and timely report submission in 17 districts.

In this reporting quarter through a combination of testing approaches, a total of 133,602 clients were tested and received results with 4,633 (3.46%) testing positive. PITC approach contributed to 85,020 (63.6 %) compared to 62, 178 in the previous quarter, while VCT contributed 48, 582. Outpatient contributed 91.4% (77,683) of PITC testing with positivity rate of 3.1%, while IPD contributed 8.6% (7337) of PITC testing with positivity rate of 6.6%. Of the VCT testing results, 3.5% (1729) were HIV positive. TB services contributed 1,325 (1.6%) of the PITC testing. Most of those tested in PITC and VCT were female, 57.1%.

A total of 3,600 couples accessed counseling and testing of whom 140 (4%) were discordant while 71 (2%) were concordant positive. This was an increase in couple testing compared to 2677 couples tested in previous quarter. 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.

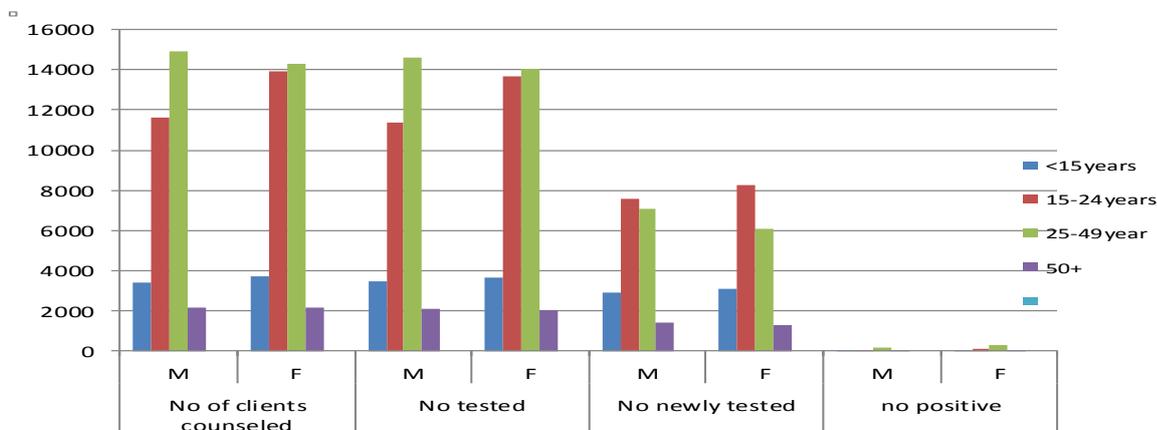
Community HTC

In addition to facility testing, the project supported the MoH to scale up community HTC services to hard-to-reach areas expanding access to HIV services. 205 HTC outreaches were conducted compared to 143 last quarter using different approaches (MVCT, Integrated HTC, HBTC, work place) including innovative facility led household to household that provided opportunities for access and maximized HTC uptake. Targeted outreaches for OVC/HCBC, people with disabilities and youth were conducted to capture the most at risk populations. HBTC in established community units in Kwanza, Nakuru and Narok maximized the community health workers to mobilize the community, refer and follow up clients who tested positive for treatment, care and support.

During the reporting quarter, a total of 63,858 (M 32,155 F 34075) clients were counseled compared to 33,041 last quarters. To date the project has tested 113,171 (113%) against the annual target. The good quality of HTC provided by the counselors was due to orientations, close monitoring and reviewing of the tools with the counselors to ensure correct data entry and summary in MOH 362.

During the quarter, 3896 couples were counseled and tested. 30 of the couples had discordant results and were referred to the reference facility for treatment, care and support. The prevalence was 0.8% which is below the 5.8% reported previously (KAIS 2007). A total of 1741 (M592 F 1149) MARPS were also counseled and tested with a prevalence of 3.7%. During outreaches, 22,957 clients were counseled and referred for other services such as FP, STI, TB, coughs, deworming and other medical conditions. The majority, 2,252, were in the age range 25-49 years followed by 1,867 in the 15-24 years.

Fig 4: CHTC performance by Age



APHIAplus Nuru Ya Bonde supported the MOH to carry out HBTC in 7 community units to increase access and uptake of HTC services (in Trans Nzoia, Narok, Nakuru and Laikipia).

APHIAplus Nuru Ya Bonde supported awareness creation to people with disability and reached 86 of them. Outreaches were also conducted by LIPs of the OVC program targeting OVCs reaching 4621 of them, with 4236 tested and receiving their results. Most of these were new testers. Thirty three of the OVC tested positive and were referred for services. Across the project, meetings for discordant couples were conducted. In total 6 such groups held meetings where the 9 PwP messages were the subject matter.

Provision of Health Services during the Nakuru ASK Show

The Nakuru Agricultural Society of Kenya Show was held from 4th – 8th July 2012, APHIAplus Nuru Ya Bonde through the Nakuru Central DASCO's office conducted HTC services at various strategic points in the showground with an emphasis on couple testing. The total numbers tested was 451, out of which 262 clients were new testers. Two clients were HIV reactive and were referred appropriately for care and treatment. Their contact information was made available to the DASCO to facilitate further follow up.



Photo 6: APHIAplus Nuru Ya Bonde participate in the Nakuru Ask Show in July

Prevention of Mother to Child Transmission (PMTCT)

During the reporting period a total of 644 sites provided PMTCT services. Mentorship for PMTCT was done in 25 sites and 68 HCW were reached with the new algorithm for prophylaxis and treatment for those eligible. Job aids were also provided. The program staff also supported CMEs and orientations to staff for capacity building in offering PMTCT services. The program also supported establishment of ORT corners and ensured that all PMTCT sites visited for mentorship have established the laboratory transport network for CD4 testing and EID. Dissemination of revised guidelines was done in 18 districts in the region, and this will proceed to cover all other regions by end of next quarter. Guidelines, job aids and SOPs, and MOH standard tools were also distributed to the sites visited for mentorship.

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 at MCH instead of referring the mothers and infants' to the CCC, Lab or pharmacy. The project is also working with UNICEF in 2 districts within the region piloting the eMTCT project.

A total of 32, 518 1st ANC attendees were served and of these 31,910 mothers were tested during ANC and received their results, of whom 656 (2%) tested positive for HIV. Of those tested positive, 648 (98.8%) were issued with maternal ARV prophylaxis, which was an increase compared to 72.4% previous quarter. In maternity 5,751 women were tested and received results. A total of 213 (3.7%) were HIV positive. In total 139% (due to issuance to known positive mothers) of the HIV positive mothers in maternity were issued with prophylaxis. 350 of 415 (84.3%) of the infants in maternity were issued with NVP prophylaxis.

Early Infant Diagnosis (EID)

The project has 205 EID sites, of these 126 have sent samples to the central labs this year.

Inquiries to determine the reason some sites are not sending samples, or are taking long before sending in samples is in progress. The mentorship team will address any gaps at sites not sending EID to ensure that all sites offer the service and that all children have access to EID. APHIAplus Nuru Ya Bonde facilitated the transportation of 914 DBS samples from 19 districts and 112 facilities for EID to the PCR laboratories in this reporting period compared to 769 the previous quarter. Eight new sites were mentored to initiate EID services. Of these samples, 93 (10.1%) were positive.

The mean age for PCR testing for the region is four months, and the highest positivity rate is seen in the children aged 3 to 9 months (38.7%) and those whose mothers had no PMTCT intervention (38.7%). From the initial perusal of records at source of the children testing positive, majority of them presented between 6 to 9 months for the first time in the facility, not having been followed up from birth, home deliveries, and those whose mothers/self were not on prophylaxis. The program is on course in addressing this through mentorship and working with the community team. The WRP has facilitated online access of results for facilities and program to enable easier access. The program is in process of having SMS printers installed at sites starting next quarter.

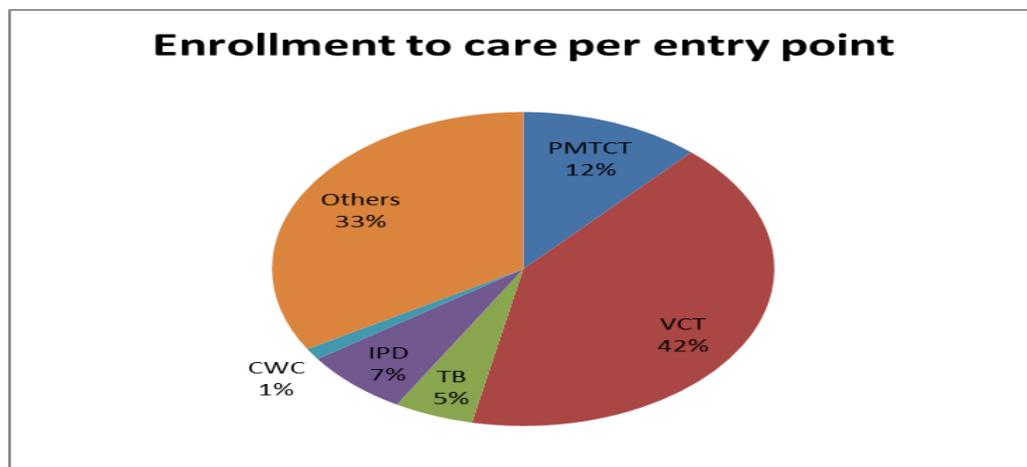
HIV Care and Treatment

In order to improve the quality and consistency of data reported from the facilities, the project continued with the data reconstruction and cleaning exercise that begun the previous quarter. Data reconstruction was carried out at 17 of the 30 high volume facilities. One key data gap identified was inconsistency between the MOH 257/other primary data capture tools and the registers. Besides staff shortages and the high number of tools required, frequent staff rotations at the clinics and knowledge gaps contributed to the inaccuracies. The reconstruction exercise was coupled with coaching of the facility staff to ensure continuity and sustainability.

Clinical mentorship was conducted in 69 additional facilities. The project also carried out TQA at a further 17 facilities. Where the TQA was done as a follow up to an earlier TQA, there was demonstrable improvements in quality of services offered to the clients at various service points. This is attributable to mentorship carried out to address the gaps identified in the TQA. The project will continue with TQA assessments biannually in the priority facilities.

Defaulter tracing mechanism was strengthened and rolled out in 17 of the remaining priority sites. The project will continue to strengthen defaulter tracing by linking with community health units through the link desks. During this period, 2425 new patients were enrolled in care and 1184 started on ART. The target for year 2 is 5000. The project continues to enhance linkages between HIV testing points and CCC in order to minimize fall outs before care.

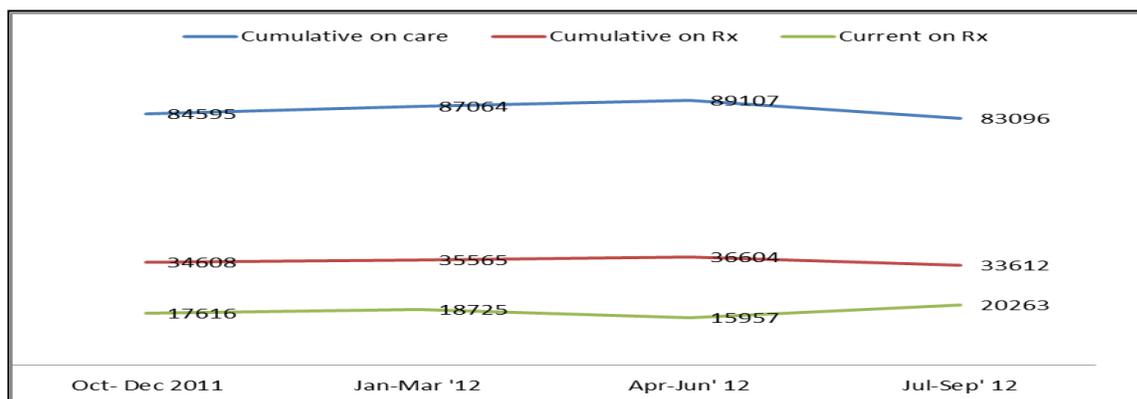
Fig 6: Enrolment into care by entry point



Cumulatively, the project has reached 33,612 clients of whom 3235 (9.6%) are children below 15 years. The current number of patients on treatment is 20263. However during mentorship and subsequent data reconstruction, it was noted that most facilities were erroneously reporting on this indicator. Other mistakes included the use of ADT instead of daily activity sheets/daily activity registers, failure to adjust for defaulters, transfer outs, death and patients transferring in from other facilities. The graphs below show the trends of the key indicators for ART for the project. The drop in the cumulative numbers in the last quarter is due to the recently concluded data reconstruction exercise. The project will continue to link with FUNZO for staff training in adult and pediatric ART.

Overall about 60.3 % of the patients ever started on ART have been retained in the program. The project shall continue to work with the MOH to determine the transition from care to ART so as to ensure all eligible patients on care are started on ARVs promptly and support the defaulter tracking system to ensure increased retention. This will be done through intensified follow up on adherence counseling, psychosocial support groups, CD4 appointments and correct WHO staging to determine eligibility

Fig 7: Performance trend from October 2011 to September 2012



Laboratory Strengthening

The project continued to support the shipment of EID samples from health facilities to courier points for onward transportation to either Walter Reed laboratory in Kericho or Kenya Medical Research Institute (KEMRI), Nairobi. In 116 out of the 119 supported facilities, 4343 CD4 samples were shipped to hub sites for processing. A total of 179 plasma viral load samples were shipped to the National Public Health HIV reference laboratory from Nakuru Provincial General Hospital. The program is on course to ensure all level four facilities are offering viral load testing at the facility and not through referral for the patients in need.

Biosafety sensitization on Quality sample collection and Infection control was done in three districts during the quarter, in order to improve on the quality of sample collection especially EID samples.

Supply Chain Management

In this period Nakuru PGH and Nanyuki DH experienced shortage of CD4 reagents for the FACS caliber, which has a capacity to test more CD4 samples in the region. The shortage of CD4 reagents affected the collection of CD4 samples from the facilities in South Rift. This situation was resolved after consultations with the national level mechanisms (SCMS and NASCOP).

The quarterly supply of Rapid Test Kits (RTK) from SCMS and KEMSA is still a major challenge due to non-reporting and faulty forecasting resulting in frequent shortages at the facility levels. The teams are in the process of addressing these gaps along with the MOH counterparts to ensure consistent supply of commodities.

Pharmacy

APHIAplus Nuru Ya Bonde concentrated on mentorship and supportive supervision on pharmacy reporting, forecasting and quantification of ART and OI drugs in the central sites at district hospitals. Mentorship on Pharmacovigilance and distribution of Pharmacovigilance tools and alert cards was done in 8 facilities. In addition to orientations conducted, mentorship on commodity management for all 30 high volume sites was undertaken. The team worked with staff from sites that have the ART Dispensing Tool on its use in dispensing drugs and monitoring stock levels, and agreed on a mechanism for backing up the data. The team conducted commodity management sensitization in conjunction with MSH for 3 districts.

The team also supported delivery and redistribution of ARVs to facilities with shortages to avoid stock outs. The team is also working with the district pharmacists in the region to decentralize ART commodities to more ART sites for easier access.

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

Facilities in North Rift Region had adequate stocks of ITNs that were being distributed to pregnant women and children being immunized. The region is generally not regarded as malaria endemic, therefore most facilities do not give IPT apart from Kapsara DH which is reporting on IPT distribution. There were no reported cases of shortages of anti-malarial drugs in the facilities during the quarter.

3.1.9 Increased availability of screening and treatment for TB

Distribution of TB screening tools for pediatric and adults continued within the region. This was done alongside mentorship on management of TB, TB/HIV co-infection and the 5Is. Out of the 1359 TB cases detected, 1325 were tested for HIV (97.5%) and of these, 430(32.5%) patients were co-infected of whom 421 were on CPT.

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

During this reporting period Reproductive Health technical officers together with the mentorship team members, continued with integrated mentorship activities in all counties targeting high volume PMTCT sites. This strategy has further contributed to HCWs improved skills and knowledge in PMTCT/management of HIV positive mother and exposed infants, cervical cancer screening, new born care, postnatal care and FP.

At the community level 262 CHWs were trained on FP/Community Based Distribution from seven (7) active CUs in Narok North and South and North Rift. CHWs will be supported with FP commodities (pills, condoms and cycle beads) to integrate FP at level one. It is expected to improve the uptake FP services at this level, and in the hard to reach areas. A further fifty 50 CHWs in Narok North (Sintakara CU) were sensitized on community RH , counseling and referral of mothers for skilled attendance in pregnancy, labour and delivery and postnatal care, RTIs, cervical cancer screening , TB,ASRH and community MPDR (verbal autopsy).

In addition, FP reference materials/guidelines were distributed to health facilities these included, HCP handbook, WHO Medical Eligibility Criteria (MEC wheel), job aids for screening clients who require IUCD, Depo Provera, and COCs, WHO staging charts, PMTCT guidelines, FP wall charts, Cervical Cancer screening using VIA/VILI job aids, and adult ART guidelines.

In the private sector- 20 service providers were supported with FP hand books and TIART charts as reference materials in helping them integrate FP in postnatal, VCT and CCC out lets. Although FP services continued to be offered in facilities, Depo-Provera injection and implants which are the most preferred methods in most facilities were in short supply in high volume level 5, 4 and 3 facilities. However, clients received short acting methods like pills and condoms.

In the quarter, the project reached 82,345 Reproductive Health clients. This translated to a total of 37,774.75 CYPs. The bulk of clients consisted of revisits, with only 30% being new. Among females, the most popular contraceptive method was injectable. Injectables (DMPA and Jadelle implant), and IUDs, constitute 95% of the total CYPs. Facilities experienced shortages of Depo and implants during the reporting period, which contributed to the drop in the CYP compared to the previous quarter.

Table 1: July-September 2012 CYP

Method	CYP
Oral Contraceptives (Microgynon, Microlut)	0
Condoms (pieces/units) (Males)	0
Condoms (pieces/units) (Females)	0
IUDs (pieces/units) Copper-T 380-A IUD	6317.5
Depo Provera Injectable (vials/doses)	14424.75
Implanon Implant	0
Jadelle Implant	15029
Emergency Contraceptive Pills	35.5
Natural Family Planning (i.e Standard Days Method)	0
Sterilization (Males and Females)	1968
TOTAL	37774.75

Districts have been experiencing shortages of FP, HIV and immunization commodities in previous times. To avert this challenge, health commodity management orientations for HCWs were supported in 2 districts; 25 service providers in Loitokitok district and 16 in Kajiado North district.

World contraceptive day was marked on 26th Sept 2012 at Kuinet Dispensary in Uasin Gishu. The events were also marked at various parts of the province supported by the project. Sensitization activities relating to FP took place and services were offered at various sites.

Cervical Cancer Screening

Districts were supported to conduct support supervision during which facilities that had excess FP commodities were supported to redistribute to sites in need in Narok South and Laikipia County. Clinical mentorship and OJT was conducted in 30 health facilities in the region including Narok MARPS DICs and 78 health care providers were mentored on ANC, skilled deliveries, Ca cervix screening, LAPM, and targeted post natal care. In Kajiado County mentorship on HIV/RH integration was conducted in 6 facilities.

Following above interventions health care workers initiated cervical cancer screening at two Laikipia DICs and 33 health facilities in the region are now having integrated cancer of the cervix screening within the CCC after onsite orientation and mentorship. Cryotherapy services have started in Loitokitok and Molo district hospitals. During the next quarter in liaison with FUNZO the project

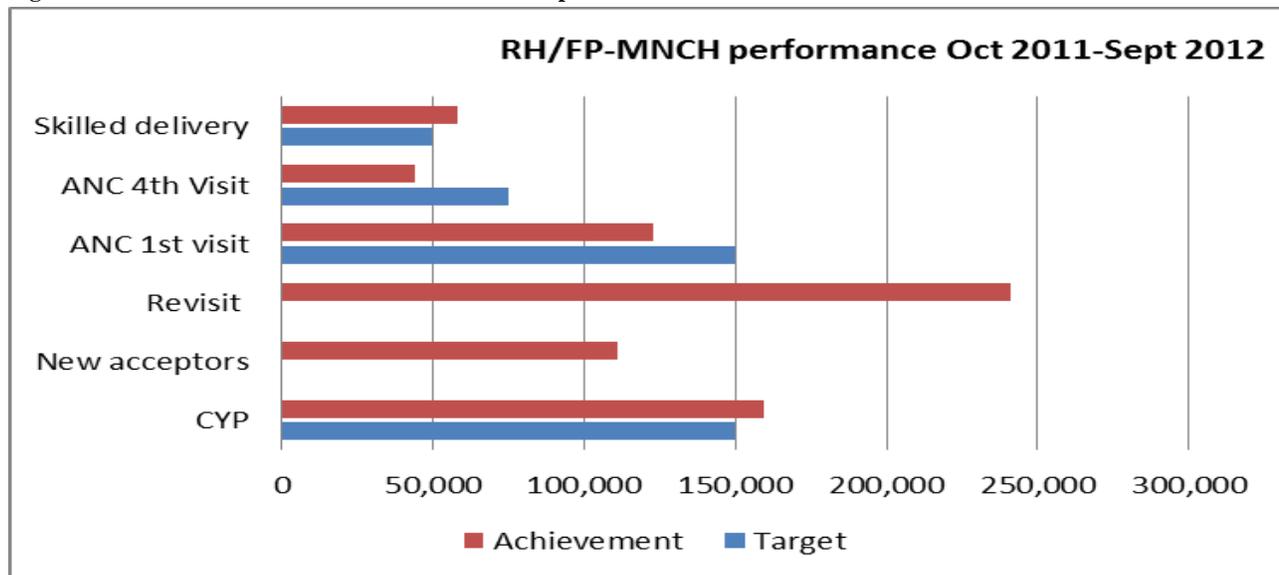
plans to train additional service providers on cervical cancer screening which will also include skills on cryotherapy.

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

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. Mentorship on high impact interventions including AMSTL, PAC, EOC, continued.

23 HCWs in the private sector were updated on PNC during the quarter, and we expect this to translate into scaling up quality PNC services in the facilities. The program intends to continue working with CHWs in the coming quarters to educate clients on the importance of attending at least four ANC visits, community RH and information on the importance of delivery by skilled birth attendants.

Fig 9: RH/FP-MNCH Performance October 2011 – September 2012



During the next quarter (Oct – Dec 2012) APHIAplus Nuru ya Bonde Program will undertake a formative assessment to identify reasons for low uptake of maternal and newborn health services and make recommendations for appropriate interventions in Koibatek– Mogotio districts.

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

The program supported two technical officers to a five day CTS on Essential Newborn Care and a further 2 on the RED/REC strategy. Their skills will support the program together with IP (Ministry of Health) to improve quality of care for new born and under five children in the region. In Narok County, West Pokot and Nakuru county HCWs were mentored on preparations of neonatal resuscitation trays in Labor ward/room and infection prevention procedures to prevent neonatal infections.

During the quarter the program through the PHMT supported two rounds of polio campaign (SNID) in targeted districts of the Rift Valley that are at risk of polio outbreaks, namely: Trans Nzoia East, East Pokot, Baringo North Pokot Central, Pokot South

Objective of these SNIDs was to immunize children under the age of five years with Polio vaccine following reported positive cases in neighboring countries. Target for the first round was to reach 422,277 children under the age of five years. Numbers reached was 507,889 (120% coverage). During the second round target was to reach 502,436, and 463,876 (90%) children were reached with polio vaccination.

During this reporting period Narok and Kajiado Counties reported positive cases of measles and the program supported the mop up campaigns in both districts. To reduce these out breaks the program will in the next quarter work closely with the Provincial KEPI logistician and DHMTs to scale up the RED/REC strategy in District that have low immunization coverage (FIC of below 70%). This will include orientations and updates for service providers on KEPI cold chain maintenance and support to the districts to conduct quarterly targeted support supervision at service sites.

In partnership with the Office of the Chief Nurse, Ministry of Medical Services the program supported training of 25 health care providers at Nanyuki hospital and other nearby health centers. The program will continue to liaise with FUNZO for HCW trainings in IMCI, New born care, KEPI cold chain and IYCF.

During mentorship activities in Nakuru North documentation in the mother baby book was observed to be incomplete, especially in documenting HEI, weight, postnatal check and vitamin A. To address this gap, 20 HCWs were updated on the mother baby book in Nakuru North district. Health care Providers in facilities have been trained on IMCI, and most facilities have functional ORT corners and are encouraged to use IMCI guidelines displayed on the wall to manage childhood illnesses.

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

Youth Friendly Services

APHIAplus *Nuru Ya Bonde* in collaboration with Ministries of Health supported interventions for various health services during the quarter that targeted support to health facilities, LIPs, service providers and managers to initiate and strengthen provision of comprehensive youth friendly services.

During this quarter the project in collaboration with the Ministry of Health held a three days orientation meeting that targeted 30 service providers from supported youth friendly service clinics. The goal of the meeting was to orient service providers on provision of youth friendly services to ensure service providers have knowledge and skills based on national guidelines in serving the youth. The provincial RH Coordinator shared the guidelines in the provision of youth friendly services. Clarifications were made on areas of family planning use to include emergency contraceptives (EC). The Gilgil SDH which has already integrated youth friendly services was selected to share and disseminate best practices. It emerged that many picked EC from chemists yet the government facilities had adequate stocks. It was stressed in the meeting that there is need for service providers to ensure mobilization for young people to utilize services in the GOK facilities

At the end of the meeting, the participants from the respective counties came out with their own action plans and way-forward as appertains to youth friendly service provision based on their strengths, challenges and opportunities. The service providers were also taken through a daily activity register (DAR) to help capture youth friendly services that the RH coordinator.

During the quarter, the program supported service delivery in 22 sites that comprised of 19 GOK sites and 3 NGO clinics across the various counties. A total of 4,811 youth clients received FP commodities that included 2,858 male condoms, 420 female condoms, 909 depo Provera injection, 242 implants and 382 oral contraceptives.

Fig 10: Quarterly Service statistics from supported YFS sites

Quarter	Youth reached with FP		Contraceptives dispensed				
	New	Revisits	Oral pills	Depo	Condoms		Implants
					M	F	
Jan - Mar 2012	4310	3966	200		181	35	29
Apr-Jun 2012	15401		187	1243	13621	263	87
Jul - Sep 2012	4811		382	909	2858	420	242

During the implementation period, in collaboration with DHMTs and community units, outreaches targeting young people were carried out in Naivasha, Nanyuki and Bahati. This was aimed at increasing access to comprehensive services to young people. The outreaches were organized by district teams in collaboration with YFS outlets to encourage mobilization of youth to uptake services at the clinic.

Establishment of Transport sector Drop in service centers (DISCs)

The implementation of services in the transport sector drop in service begun in July in both Naivasha and Nanyuki after staff hires in the 2nd quarter. The Ngong DISC became operational from August, 2012 and is now offering services. All the DISCs offer clinical services, capacity building on economic empowerment and behavior change targeting health services. During the quarter, services in the transport sector DISCs were offered and included HTC, FP, Cervical cancer screening and STI screening and treatment. The service uptake has been increasing gradually among youth in the transport sector, their spouses and sexual partners.

A majority preferred to access services at the center because of the short time spent in seeking services at the DISC and the friendliness of the service providers. The engagement of transport sector operators as peer educators has ensured effective referral of clients to the DISCS for various services. Men and women from markets who could be spouses and partners of the operators form a bulk of the clients who utilize services at the DISC.

Improving high-impact interventions for youth and couples

Youth Out Of School:

A total of 2,332 females and 3,601 males were reached with the Health Communication message through recommended sessions. A success was recorded in Trans-Nzoia East district where a peer educator successfully influenced one of her group member to take up family planning services. A single mother of three at a very young age of 23yrs was taken through safe family planning methods and advised accordingly. She opted for long-term method since she had no finances to support her children and wanted to further her education. In west Pokot district replication of peer education activities have taken place in the neighboring locations of Patei Sok and Mnaiki.

The Morans in the Mara have taken advantage of the tourist peak season to boost peer education by targeting the influx of young Morans into manyattas. In Narok and Enabelibel, the brokers in the potatoes and tomatoes business were empowered to spearhead peer education among their peers.

Youth Out of School in informal and low income settlements;

In Naivasha, Peer educators conducted sessions reaching 1295 peers, with eight mandatory sessions using the YPE Activity Guide. A total of 1984 male and 395 female condoms were distributed during the sessions, the high uptake is attributed to demystification of myths and misconception on condoms and condom use demonstrations to address correct and consistent use.

Through K-NOTE, 21 monthly meetings attended by 145 PEs were held during the quarter. The peer educators have been able to organize community service activities such as visits to two children homes in Gilgil and Naivasha. They also conducted a general cleaning at Naivasha district hospital while familiarizing themselves with services offered at the youth friendly centre. The peer

educators received HC-I booklets facilitating consistency of data collection, data referral point as well as identifying areas of improvement during the monitoring meetings.

Handicap International organized weekly peer education sessions targeting youth in informal sector in Trans Nzoia and West Pokot counties using the peer educators guide book. The peer educators reached out to 191 male youth and 84 female youth with prevention messages. A total of 62 youth were referred to health facilities to access specified services (13 male, 7 female for STI screening, 17 male and 12 female for HTC, 13 female for family planning) using the NASCOP referral tools. The peer educators also did condom education and distribution with a total of 8,085 male condoms and 177 female condoms distributed during this quarter. To strengthen and appreciate efforts made by the peer educators, a kit was given to each peer educator to facilitate their work.

Youth in the Transport Sector

During the quarter, a total of 1,480 male and 226 female youth in the transport sector were reached. In Nakuru, the weekly scheduled outreaches at the DICs encouraged the matatu crew to access services at the DICs. This was courtesy of referrals made by the peer educators during their structured peer education sessions and one-on-one talks with their peers. In Njoro and Kiamunyi DICs, services were offered twice a week to cater for clients who cannot travel all the way to access services at the static clinic compared to the other DICs.

Young people in the transport sector accessed services in the SASA Centres. A total of 1118 youth (226 female, 892 male) were reached through small groups sessions using the approved program standards. The combination prevention approach the program also offered bio-medical services to these young people.

Youth in Tertiary Institutions

A total of 95 peer educators conducted peer education sessions this quarter reaching a total of 1,956 (1057 male and 899 female) peers in the targeted universities. Their tempo was hampered during the last month of the quarter with a delay in commencement of studies due to a University staff industrial strike. Recalling of peer educators on recess during the first year students registration also played a key role in improving the number of peers reached. With no other competing interests peer educators were able to conduct peer education sessions with more than one group in a short period of time.

Peer educators meet on a monthly basis to share challenges, success stories and best practices. Peer educator monthly meetings attendances offer an indication of peer educator retention as well as gauge their competencies. Six meetings were held in the third quarter against a target of 11 meetings, the deficit arose in the last month of the quarter which saw five institutions close due to a lecturers strike. The highest number of peer educators attending the meetings was 67 in the month of July. Retention rate for the quarter was 51.5% while the number of peer educators reporting in the quarter was 73.1%.

ICL peer educators have stood out in various institutions due to their active involvement in student issues. During the quarter when first year students were reporting, peer educators from Laikipia University were called upon to assist the freshmen in registration and settling down in the university. Across the other institutions, ICL peer educators have been involved in the orientation program to champion change among the fresh men.

Couples sessions

Through K-NOTE, 43 active CPFs conducted sessions reaching 718 couples. The couples peer facilitators use the *Time To Talk Guide*. The sessions covered reasons why married people seek sex outside marriage, sexual behavior changes that reduce spread of HIV, what and how to teach children about family, changing attitudes to people with HIV, mutuality and communication in marriage.

Adolescent mother's sessions

Eleven (11) adolescent mothers trained as Peer Educators conducted 71 sessions during the quarter reaching 432 peers. The sessions responded to biomedical and behavioral interventions with four peers receiving family planning services, two counseled and tested for HIV, five referred for family planning and four for HCT. Working with the Ministry of Health Nutritionist, 13 adolescent mothers underwent a session addressing malnutrition and stunted growth. The mothers were taken through proper nutrition during pregnancy, exclusive breast feeding for six months including posture and hygiene during breast feeding, weaning and clinical growth monitoring to detect malnutrition or stunted growth early. As a result of the above, adolescent mothers have embraced breastfeeding against early weaning which they attributed to misinformation from their peers. They appreciate that this will help reduce their children's' vulnerability to preventable diseases like diarrhea. In collaboration with HIV Free Generation, five of the adolescent mothers completed entrepreneur skills training. The girls who have completed the trainings are being mobilized into an Adolescent Mothers Club with assistance from the Ministry of Youth Affairs.

AA support groups among young people

During the reporting period, the project supported five AA support groups with a membership of 215. Two groups in Ngong have been linked to a rehabilitation center for professional services. Through FAIR, five out of the 30 FSW who participated in risk assessment were referred to the Alcoholic Anonymous due to the dependency on alcohol. A total number 46 FSW were actively involved in AA activity during the quarter.

Work Place intervention

To date 288 formal work place peer educators have been trained from 15 companies with a workforce of 21,000 employees using the Healthy Images of Manhood (HIM) training manual that focuses on the effects of gender norms on Reproductive Health of employees (especially male employees) and their dependents in the workplace. The HIM manual has six modules divided into 32 sessions out of which five are skills based. The peer educators are expected to cover a minimum of 10 sessions with their peers in groups of 10 to 25 members. Three training session were done this quarter for 81 peer educators from three companies.

By the end of the quarter, 20 peer educators had completed the prescribed 10 sessions with their first group of peers. The remaining had covered between four and seven sessions and it is expected that most of them will have completed the 10 prescribed sessions by the end of the year. The project will follow up to provide support to the trained peer educators to ensure completion of the sessions.

During this reporting period three companies were supported to develop their workplace HIV and AIDS policies in line with the ILO and FKE codes. The policies recognize relevant local laws including the Sexual Offences Act 2006, HIV and AIDS Prevention and Control ACT 2006, Health

and Safety Act and Employment Act 2007 that define and state penalties for sexual offences. Enshrining this legislation in company policies is one way of ensuring wider dissemination of the same for purposes of using them to deter sexual and gender based violence in the place of work. One company launched their policy this quarter in a function that saw workers access HIV testing services.

Following the launch of Migotiyo workplace HIV and AIDS policy, 20 HIV positive staff came out in the open and were trained on PwP after which they formed a support group. In two other companies 78 (9 males) HIV positive employees were trained on financial literacy and other economic empowerment initiatives including soap making, baking and yoghurt processing with the companies promising to buy the detergents made by the support group members as a way of boosting their income. Other companies have expressed interest in embroidery for their HIV positive support group members to be supported through the proceeds from fair trade.

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

Major activities and outcomes on activities targeting MARPs are outlined below:

Peer education and outreach for MARPS

The peer education and outreach component continued this quarter with 311 active FSW peer educators conducting group sessions with a total of 2,169 peers. A total of 1,473 peers completed the six (6) recommended modules representing 67.9% of the total peers enrolled. The six (6) sessions focus on HIV prevention including condom use, sexual and reproductive health, alcohol and other drugs addiction and personal development. The FSW Peer Educators also motivated their peers to visit the drop-in centres or the outreach sites to access the services provided. Following the completion of the National Peer Educators Reference Manual for SW, the process of training the peer educators begun with one group of twenty (20) peer educators trained in Kajiado North district. The objective of the five (5) day training, conducted by NASCOP approved trainers, was to equip the peer educators with appropriate skills and knowledge to enable them conduct peer education, promote adoption and maintenance of healthy behaviours and generate demand among their peers for the HIV/STI/RH package of services. The trained peer educators will be supported to reach out to their peers in Ngong Division of Kajiado North in the identified sex work hotspots. Other peer educators trained earlier in other priority sites will undergo retraining in the next quarter to ensure compliance with the Peer Education Standard on training that requires all peer educators be trained using a national curriculum certified by NASCOP to increase their effectiveness.

Condom promotion and distribution

Condom promotion and distribution continued this quarter to individual sex workers and through the identified condom outlets in the hotspots. A total of 330,254 (329, 289 male and 965 female) condoms were distributed through the drop-in centers and the identified condom outlets. Twelve (12) new condom outlets were identified increasing the total number of condom outlets serviced this quarter to 176.

Individualized Risk Assessment and Risk Reduction Counselling for MARPS

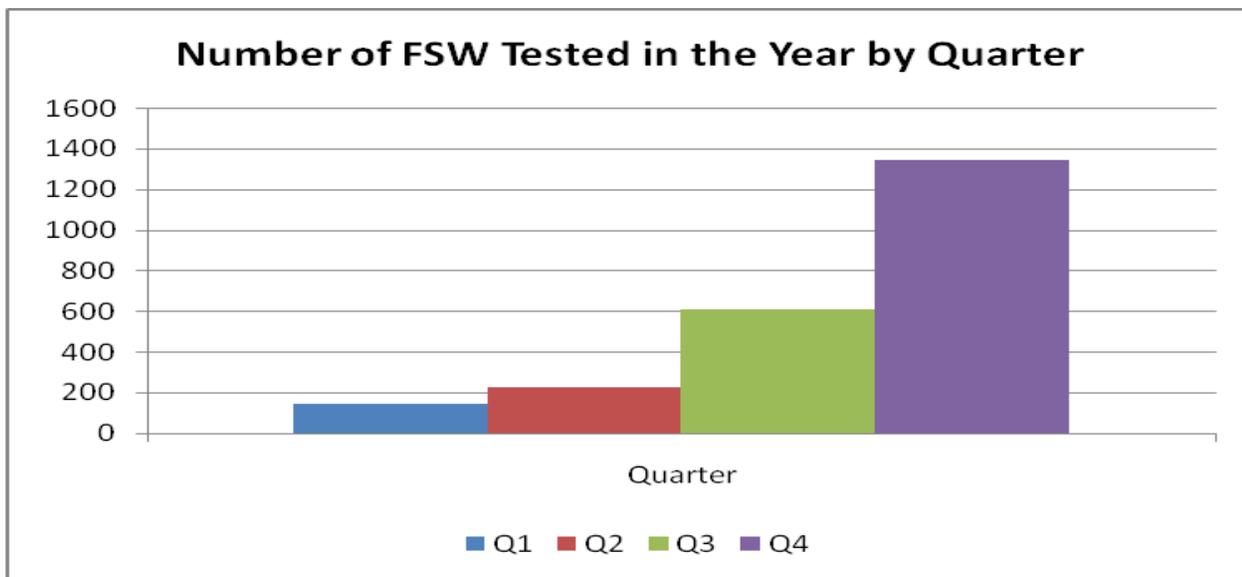
A total of 1,506 peers visited the established DIC and were taken through a risk assessment and risk reduction planning by the HTC counselors based in the various DIC. 748 were new clients while 758 were repeat clients. Among the main factors that SW prioritized as placing them at risk of HIV and STI infection include; inconsistent condom use especially with emotional/regular partners, use of oil based substances as lubricants with latex condoms, excessive consumption of alcohol before engaging in sex and self-medication for STIs. SW also reported vaginal douching using different substances but only a few knew the risk of the practice. The counsellors supported the 689 sex workers visiting for the first time to develop their risk reduction plans while the 758 repeat visitors were supported to revise their plans based on the results of the to identify ways in which they can reduce their risk of infection and plan on how to implement the same.

Service delivery at MARPS DICs

HIV testing, STI screening, provision of FP and cervical cancer screening services among other clinical services continued through the three (3) comprehensive DICs and through integrated outreaches in different hotspots.

A total of 1,342 sex workers were counselled and tested for HIV this quarter with 88 (6.5 %) testing HIV positive. Out of the total tested, 213 were first time testers while 1,129 were repeat testers. The 88 SWs who tested positive for HIV were linked to facilities of their choice for care and treatment and also to support groups for psychosocial support while five (5) are still undergoing further counselling to help them accept their status and seek care and treatment services. The number of FSW seeking services at the drop-in centres and the integrated outreaches to hotspots has been increasing over time as more SW participate in the peer education and health education activities organized in the various hotspots. The figure below shows the number of FSW accessing HIV testing and counselling services during the period October 2011 to September 2012, expressed in quarters.

Fig. 11: Number of FSWs tested for HIV by quarter

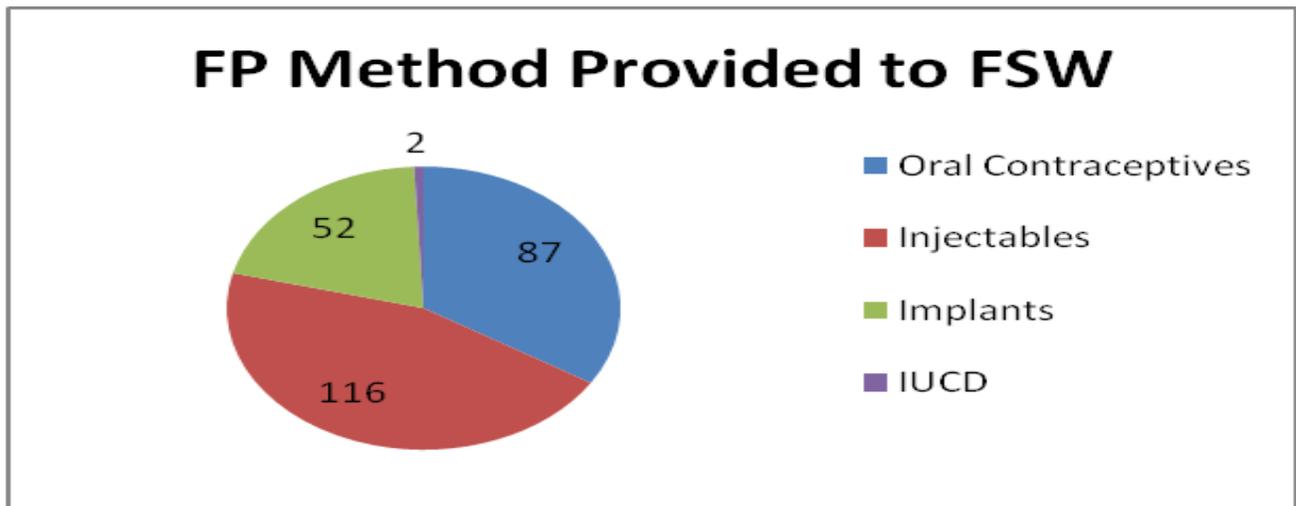


All SW visiting the drop-in centre or outreaches for the first time or for a repeat test after three (3) months were taken through a routine syndromic STI screening. A total of 896 SW were screened.

219 STI cases were treated while six (6) cases were referred for further investigation or treatment at the district hospitals. The common STIs treated included candidiasis with 93 cases, cervicitis 18 cases and vaginitis 14 cases. Thirteen (13) cases of PID and two (2) cases of genital ulceration disease were also recorded. Appropriate treatment was provided to all cases and appointments made for return visit for further check-up.

Family planning services were provided to 305 FSW this quarter with the majority (251) taking up either contraceptive pills or the injectable and fifty four (54) sex workers receiving a long acting method (52 Implants and 2 IUCDs). The number of Implants provided this quarter was high as a result of collaboration between the APHIAplus team, PSI and the RH coordinators in Rongai district to conduct outreach activities focusing on provision of long acting and permanent methods as part of the activities to observe the World Contraceptive Day on September 26. The outreaches also included health education sessions for sex workers focusing on the importance of dual protection. The chart below shows the FP methods provided to FSW during July –September 2012 reporting quarter.

Fig 12: FP Method Provided to FSWs



Cervical cancer screening for sex workers was conducted in four (4) sites this quarter with a total of 281 SWs accessing the service. The screening was conducted through visual inspection. Twelve (12) cases of suspected pre-cancerous lesions were identified and the clients referred to the respective facilities in each site that offer cryotherapy services while one case of cancer was identified and the client referred for management. Health education sessions on cervical cancer and breast cancer were conducted for sex workers in the various drop-in centres.

MSW/MSM Interventions

Peer education activities among MSW/MSM continued this quarter with the 23 active peer educators enrolling 101 peers in the group sessions of who 59 completed the recommended six (6) sessions. Peer educators also mobilized their peers to access counselling and other services at the DIC where a total of 85 MSM/MSW peers were served. Fifteen (15) MSM/MSWs accessed HIV testing services with only one (1) testing positive.

Twenty (20) MSM/MSWs participated in an orientation on the MARPs program and a health education session in Narok town. The objective of the orientation was to inform them on the services provided and the benefits of participating in the project activities. The team will be engaged in selecting peer educators to spearhead the health promotion activities among the population in the region. Two of the MSM peer educators in the region were supported to participate in the NASCOP led process of development of a National MSM peer education curriculum. The peer educators participated in the three (3) day curriculum review workshop held in Nakuru.

Expanded Choices beyond Sex Work

Economic empowerment activities continued this quarter including table banking, crafts training (bead work and crochet work) and organization into self-help groups and CBOs. Through table banking, Good Samaritan Smart Ladies, a group formed by SWs in Salgaa has accumulated a fund of Kshs 130,000 which they are currently loaning out to their members to start small businesses. The group also maintains a welfare kitty to bail out members who require money to sort out person financial problems.

A group of forty (40) FSW have been participating in crafts classes focusing on bead work and crocheting. The sex workers attend the classes once a week at the Naivasha DIC. The SWs have been supported to register a group and are in the process of developing plans on how to develop and market their products. The photos below show some of the FSW participating in the crafts classes and some of the finished products.



Photo7: A crocheting class at the DIC and some of the finished products a bedside rug and bracelets from the bead work classes

Three (3) groups of SW are currently being supported to get registered as self-help groups. This will increase the total number of FSW groups registered to ten (10) in the different sites. The groups are accessing training from the Women Enterprise Fund in preparation for applying for funding at a future date. Two (2) of the existing groups were also supported this quarter to develop and submit proposals to the Red Umbrella Fund (RUF) for Sex Workers.

In partnership with the Department of Adult Education, adult literacy classes have been started for twenty six (26) FSW. The FSW will attend classes twice a week at the drop-in centre. Six (6) sex

workers sat for a competence test to determine the level at which they will start while twenty (20) opted to start from the basic level.

Interventions targeting prisoners

Weekly outreach sessions were conducted by the trained prison officers in Kitale Main, Kitale women and Kapenguria prisons with a total of 745 (717 male and 28 female) inmates reached with information on ASRH, GBV and HIV&AIDS. HI project team gave regular support supervision to ensure that the inmates are well informed on health matters and make informed choices to access the integrated MOH services brought on monthly basis to the prison community.

Eight MOH monthly integrated outreach activities were conducted at Kitale main, medium and annex prisons. A total of 339 inmates accessed services including HTC services 181 (157M 24F), malaria screening 47(36M 11F) upper respiratory tract infections treatment 24 males, TB screening 83 (71M 12F) and VMMC 4(4M). These activities were conducted by MOH staff, HI counsellors and welfare prison's staff.

Interventions targeting People with Disabilities

Peer educators' sessions were conducted targeting persons with disability in Trans-Nzoia and West Pokot counties using the peer educators guide book. The session prompted referral of 14 PWD (6 males and 8 females) to CCC clinic for treatment and care, 80 females with disability for long term family planning methods (Norplant and tubal-ligation),59 PWD (22 males and 37 females) were referred for HTC and 18 (11males and 7 females) for STI screening and treatment. The peer educators also did condom education and distribution. A total of 172 peers completed the expected number of sessions.

Community PwP interventions

Through CCS, the trained PWP TOTs continued to disseminate the intervention messages in their support groups. The Project field staffs conducted monthly meetings with the PWP TOTs concurrently with the peer educators and CHVs meetings in all the target areas. As a result of the PWP sessions two new support groups were formed in Marakwet and West Pokot districts respectively. The structured groups reported to have moved a step towards sustainability. The Daima support group from Kwana was approved for funding by TOWA Project after their proposal on C-PWP intervention messages was approved and funded.

In Naivasha, 12 Meetings were held with youth support group in Maimahiu, Karagita, Maiella, Longonot and town to reach the youth with Package for community prevention with positives. The sessions were enhanced by training of four YPLWHIV on PWP who continue to facilitate PWP sessions. The support from the Community Health Workers, Community Units such as the one in Longonot and the involvement of trained YPLWHIV in facilitating sessions have encouraged 4 peers to disclose status to their partners. This working relation has also led to strengthening of the linkages between the community units and the support group and the revival of dormant groups.

PWP for OVC reached 52 (28 males and 24 females) children while PWP for marginalized groups reached 25 (15 males 10 females). Nine (9) were referred for services including skin treatment, mouth rash and commodities such as condoms.

RESULT 3.2: INCREASED DEMAND FOR AN INTEGRATED PACKAGE OF QUALITY HIGH IMPACT INTERVENTIONS AT COMMUNITY AND HEALTH FACILITY LEVEL

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

Popular mobilization using Community Radio

During the quarter, weekly radio talk shows were conducted at Imani radio in Kitale and Saposema radio in West Pokot. The radio broadcasts target the youth as the primary audience and the general population as the secondary audience. A total of 12 sessions were conducted at Saposema radio and 6 sessions at Imani radio. Topics covered included HIV counseling and testing, goal setting, youth economic empowerment, decision making, positive living, gender equality and safe motherhood.

Mobilization for health services uptake through community drama

the magnet theatre teams in collaboration with the Ministry of Public Health and Sanitation, conducted 15 sessions to mobilize and sensitize the general population on various MOH prevention services. Polio campaigns and MOH outreaches were made effective as MT attracted people to access services like malaria treatment, polio vaccine for children under 5years, TB screening, HCT, diabetes screening among others. Besides promotion of MOH services, the MT teams were handy in promoting services for the youth centres. Five (5) magnet theatre sessions were conducted in West Pokot, three (3) sessions in Trans-Nzoia East and seven (7) sessions in Trans-Nzoia West with an aim of increasing uptake of preventive health services offered in the three (3) youth centres located in the respective districts. Health promotion through magnet accessed health information on ASRH, GBV, TB, HIV/AIDS and VMMC to 230 (136M 94F) youths in the reproductive age bracket in West Pokot, 260 (152M 108F) in Trans-Nzoia East and 1,144 (645M, 499F) in Trans-Nzoia West.

Y-PEER networking activities

In Narok, the Youth Empowerment Centre (YEC) has continued to attract a lot of activities, not only youth activities but also from the other groups from the community. It has been the venue of many youth activities, which include peer educators monthly meetings, trainings for different youth groups and a meeting point for rehearsals of drama groups. Through the centre, the following activities were carried out:

- **Exchange program** –In conjunction with Y-peer, the larger prevention program took 12 youth on an exchange program to Kitale. The objective of the visit was to provide a platform for the youth in different regions to interact and socialize around common health and other relevant issues of common interest, share and exchange ideas, borrow and sell best practices. The visit brought together youth from Naivasha, Trans Nzoia and Narok during the launch of y-peer activities and post youth week activities. The Narok team took interest in how the Kitale youth maximize their YEC in the ministry of youth office and their efforts in environmental conservation.
- **Football tournament** –Two thematic tournaments dubbed “know your status” were held in Narok North and South to encourage the youth to go for testing where 43 youth were tested.

- **Peer educators meetings** –This centre has served as a meeting point for peer educators in the township cluster during the monthly meetings and involving the District Youth Officer (DYO) in the programs activities.

G-Pange/Y-Peer activity/National events

158 YPEs attended two Y-peer activities conducted this quarter. This included the YPEs community service day at the Naivasha district hospital and the youth week celebrations. The main activity was a beauty pageant in the quest of identifying Mr. and Miss Y-peer Naivasha region. The winners attended the official launch of Y-Peer network North Rift region in Kitale. This is to ensure youth participation as well as access service and information

Linking Young People to economic activities

Peer educators initiated a project where they manufacture ornaments like rings, earrings as well as screen-printing of T-shirts. The aim of the project is to assist YPLHIV get proper nutrition while in school. During this year’s Nakuru ASK show, products made by peer educators were exhibited at the Kabarak University stand. The Dean of Students office of the University procured the raw materials.

The continued focus on empowering the youth has seen 460 youth benefiting from collaborations with other project partners such as AYT training sponsored by HFG. Apart from comprehensive prevention education, the partnerships addressed the economic development through trainings on entrepreneurship, employability and vocational skills during the quarter. Of the 460, 29 youth have accessed job opportunities in salons, supermarkets, M-pesa shops, schools and the hotel industry. This can be attributed to the skills obtained during the sessions.

Twenty (20) youth from Gilgil were taken through financial literacy with Equity bank and 170 youth peer educators received information on SILC during an outdoor activity held in September. Two youth groups were linked and received Youth fund through the Ministry Of Youth, Affairs & Sports.

A total of 623 members of the transport sector have been reached with economic empowerment skills. They have been linked to financial institutions for savings and loan services. During the reporting period the program linked 157 young people in twelve registered youth groups across the program areas with Agri-Vijana project in collaboration with Youth Enterprise Fund. The program supported the training of these groups on Green House management through a private firm – AMIRAN Kenya. The Agri-Vijana project is now rolling out the green house kits to the groups and the project will continue working with these groups to integrate health education and services in their agricultural activities.

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

During the quarter under review, the program continued to work with PSI-HCM (Health communication marketing) to build the capacity of the districts to be able to plan, prioritize and harmonize their communication interventions. This included the establishment of the district sub-committees on BCC. During the quarter, The Loitokitok District Health Stakeholders’ Forum (DHSF) approved the District BCC sub-Committee. Meetings to establish similar sub-Committees were held in Nakuru and Laikipia Counties. The Loitokitok sub-committee has already embarked on planning the 2012 World AIDs Day (WAD) celebrations.

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: The annual target is to serve 95,000 OVC. In the quarter under review, the project served 77% (72,913) OVC with various services. Of these 78% (56,890) OVC received three or more services while 16,023 OVC received one or two services. In order to improve OVC programming, the project developed an OVC service charter that stipulates the period within which OVC needs are addressed once they are identified at the community. Other documents developed during the period under review were transitional plans for OVC for graduating them from the project and a secondary school education directory to guide partners on organizations that offer secondary school and post-secondary school education support for appropriate linkages.

In the period under review, the project trained 25 PLHIV as community PwP service providers. The volunteers were trained as ToTs by the Ministry of Health. They are expected to cascade the training at the community level through support groups and one-on-one individual sessions.

148 support groups were reached with community PwP messages and 5,880 individuals were reached on a one on one level by the trained service providers. Access Uzima also continued to give the necessary support to the project to roll out community PwP activities. Support to link desks through orientation of health care workers and volunteers manning the desk was done to eight (8) facilities in the period under review. Adherence counseling training was also done for 49 link desk volunteers in Laikipia and Kajiado counties by MOH staff. The training has enhanced the staff capacity in adherence counseling, disclosure and link desk activities. Joint supervisory visits were undertaken with the HCBC coordinators in Laikipia and the need to sensitize health care workers to recognize the role of CHVs at the link desk was identified as a gap.

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

The project is focusing on a number of economic activities aimed at strengthening individual and family economic status of vulnerable HHs for future sustainability. Most of these activities are done through support groups and SILC groups. The project on the other hand is involved in capacity building for economic activities through collaboration with GOK and other private organizations such as Equity Foundation.

SILC activities

During the quarter under review, 45 new SILC groups were formed. In total there are 306 SILC groups with a total membership of 3,718 HHs and cumulative savings of 9,835,636. The increase in savings from 5 million to 9.8 million this quarter can be attributed to increase in SILC groups and the training of partners on MIS reporting done last quarter, making reporting more accurate. The savings from SILC is making a big difference



Photo8: SILC loan beneficiary at her business stall in Rongai market

in the participating HHs. HHs participating in SILC are engaged in small scale entrepreneurial activities and benefits are trickling down to the OVC HHs. For example, Gituru CBO one of the OVC implementing partners in Gilgil which has four SILC groups with a membership of 103 caregivers has through the SILC savings started a robust poultry and rabbit project with 216 rabbits, 285 hens out of which 91 are layers.

Capacity Building for Economic strengthening

The project continues to partner with Equity Foundation and other organizations to build the capacity of the support groups in the area of economic strengthening. During the quarter under review, six (6) more groups were trained in financial literacy bringing the total number of groups trained to 23. Those trained have gained savings and borrowing skills and groups trained on financial literacy have been able to source funds from other organizations such as TOWA. 11 groups in the project have already accessed TOWA funds to do various activities and others have submitted proposals and are awaiting funds. Through the TOWA funds the support groups have been able to engage in other activities such as counseling and testing in the community and building the capacity of support groups in PWP.

Atiriri CBO an APHIA Plus implementing Partner has 2 SILC groups with a membership of 72 members. The SILC groups are very vibrant and committed to supporting their own children. Through SILC saving they have supported 30 vulnerable children with school uniform, 14 with school fee and 24 with sanitary towels.

In Kajiado County, ESM and APHIAPlus IP collaborates with Companionship of Work Association (COWA) in IGA and entrepreneurship trainings for caregivers. During this quarter, 32 caregivers were trained in IGA and entrepreneurship development as part of efforts to prepare and strengthen their capacity in managing livelihood opportunities towards sustaining care and support for the OVC. Additionally, nine (9) female caregivers benefited from in-kind capital injection into their businesses. The capital was in form of tomatoes and vegetables (kales) from ESM farm.

In Kajiado Central, two CHVs benefited from a training organized by MOA on appropriate technologies through the Department of Home Economics. The volunteers were trained on soap making. They have since cascaded the training and 12 caregivers have been reached. As a result of this initiative four (4) caregivers have commercialized the soap making in addition to preparing it for domestic use thereby making savings. The proceeds from the sale of detergents are enhancing benefits for their children in terms of provision of basic necessities and improved hygiene.

A support group of 17 members (6M, 11F) in Rongai area were trained on making liquid soap to increase household income levels; they started with initial capital of Ksh.500 which was used to buy ingredients and the fund has since grown to Ksh. 2,500 within 2 weeks.

Through BOH an APHIAPlus IP, an additional 50 caregivers participated in a business forum where they were taken through business management skills.

In collaboration with the *Save the Children Program*, seven (7) OVC caregivers in the project received 10,000/= each as business start-up capital. The households above are within the Karagita

area where child labour is rife. 22 OVC within the seven (7) HHs supported by Save the Children are benefitting from income generating ventures started with this support; while APhiAPlus is collaborating with Save the Children to ensure all the children within those households attend school regularly and are not engaged in labour.

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

Through the MOA, the project has established linkage with Kajiado Rabbit Farmers Association which will coordinate and support interested groups and individual caregivers undertake commercial rabbit keeping initiatives.

Through ESM an APhiAPlus Implementing partner, six (6) caregivers who engage in beadwork and basket weaving as IGAs were linked to external markets. The OVC caregiver's lives have changed since they can now concentrate on producing quality beads reducing the time wasted looking for markets.

Following the link to a market, Evelyn was able to make products worth Kshs 4,500 (Part of the money she used to expand her bead work business was Ksh850, a loan she got from her Matonyoko SILC group) her sales amounted to Ksh 12,900. Evelyn made over 100% in profit. Life for Evelyn and her family has drastically improved; she was able to pay school fees for her first born, buy books, shoes and some new clothes. She also paid her SILC group loan in full

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

The project continued to address food security and nutrition needs among OVC/HCBC households through the following reported interventions: Direct food support for the most vulnerable HHs, establishment of kitchen gardens, leveraging food from well-wishers and food relief organizations and through establishment of Junior Farmer Field Schools in selected schools.

Direct food Support from the organization

During the quarter, the Nakuru farm harvested 3,330 kgs of vegetables of which 2,003 kgs went to the provincial general hospital and 1,327 kgs of vegetables were distributed to various project sites, benefitting 84 OVC/HCBC households in need of food.



Photo 9: The Nakuru farm

The objective of the program is to build capacity of households to produce their own food and not to rely on food donations which are not sustainable in the long run; towards this goal the project teaches HHs how to establish kitchen gardens and multi -story gardens and gives OVC farming skills through the junior farmer fields and life skills in school.

During the quarter under review, Self Help Africa one of the implementing partners trained 24 support groups in Nakuru Naivasha, Koibatek and Laikipia on kitchen garden techniques and nutritional management. The support groups trained have started preparing kitchen gardens in their HHs. The project supported 123 households supporting 312 OVCs to start kitchen gardens.

ESM, another implementing partner at Ngong project, sensitized 65 CHVs on nutrition with regard to balanced diet, food security and alternative methods of farming i.e. the sand bag gardening and kitchen gardens.



Photo 10: Mwajuma selling Vegetables from her Kitchen Garden

CHWs within the Maiella Community Unit were supported to initiate a fish farming project. The CHWs supports five (5) households with HIV positive OVC with fish harvested from the pond and also sells the surplus to the local market. 23 CHWs in Ndabibi were trained on rabbit keeping who in turn will train the caregivers (households) on the same. The training was facilitated by the MOA with support from World Vision.

Junior farmers’ field and life skills in school

APHIAPlus Program in collaboration with the Ministry of Agriculture is building the capacity of schools in food production, through training teachers and partner staff on junior farmer’s field and life skills in schools. Junior Farmers Field and Life Skills ensures skills and knowledge transfer on agriculture, nutrition and prevention of HIV infections and increasing self-esteem among young people including OVC. Partners on the other hand are expected to continue linking and working with school teachers and agriculture extension officers to strengthen structures (in school and the community) that promote JFFLS through provision of skills and knowledge on farming and nutrition to ensure the continuity of JFFLS, and to



Photo 11: A JFFLS training session in progress

support JFFLS initiatives in schools and at household level.

A total of 49 JFFLS school patrons were trained during the quarter and 18 school started JFFLS during the quarter. After the training the teachers are expected to facilitate formation of JFFLS clubs in schools they represented so that the children can begin benefiting from what the teachers learnt in 28 schools, reaching a total of 1,032 children.

Molkul support group from Molo donated food to 12 households with a total of 44 OVC. As a support group they have agreed to be donating food every month from their shambas to support the neediest OVC households. The support group is composed of CHVs visiting OVC HHs

Leveraging food for Most vulnerable Families

During the period under review; a total of 593 HHs caring for 1,719 OVCs received food leveraged from various stakeholders such as provincial administration, CACC, and contribution from other community members to meet their food needs. In Keiyo South district 94 OVC benefited from food supplies lobbied from the CACC office for their households that included; 10 bags of soya beans, 100 kgs of cooking oil, and 10 bags of maize. In Loitokitok district, CDoN secured 10 bags of maize from the District Commissioner and distributed to 76 OVC/HCBC HHs. Another 157 households with 476 OVC received food donation from various donors. These included Oserian Development Company and the provincial administration through local area chiefs.

Capacity building of HHs on Agricultural Activities

A dairy goat field day was held in Ndoroto in partnership with the MOA with a purpose of educating the caregivers who were supported with Dairy goats during APHIA II on how to take care of the goats to maximize on milk production. 5 households supported with goats during APHIA II were able to distribute the kids to 20 other group members in the course of time.



Photo 12:DAO West Pokot addressing participants during the training

Assessment for malnutrition and food by prescription commodities distribution

APHIAPlus continued to work with FHI 360 NHP program to screen children and People living with HIV in the community for malnutrition. Currently NHP program is working directly with two of APHIAPlus implementing partners in Nakuru County and West Pokot.

FAIR one of the APHIAPlus implementing partners conducted a nutrition assessment using MUAC for 3,183 OVCs (1,557 males and 1,626 females) and 305 caregivers (M- 84 F- 224). 167 OVC (M- 84 F- 83) and 29 care givers (11 M 18 F) were found to have moderate malnutrition and referred for FBP commodities and given nutritional counseling through their guardians.

In West Pokot 26 CHVs conducted MUAC assessment and referred cases appropriately. A total of 128 OVCs were assessed. 111 were referred for FBP and further management at health facilities. 97 of referred cases accessed food by prescription services in Chepareria of West Pokot and Sigor Central health facilities.

The NHP program has greatly expanded and improved nutrition support to the needy through the supervision and support of the Ministry of Health. Support supervision to CHVs and CHWs performing nutritional assessments was done during the meetings conducted in the three districts of West Pokot County with technical support from the FHI360 NHP team.

In Nandi Central, three field supervisors were sent to Kapsabet District Hospital to practice nutritional assessment for children under the age of 5 years. The activity was to empower the field supervisors with practical knowledge on how to handle the nutritional cases they encounter during field support supervision.

Nutrition education and counseling:

During the quarter 5,339 OVC (M- 2,714 F- 2,625) and guardians within 2,553 households were provided with nutritional messages. Nutrition messages were given during home visits, at the Drop-in- Centers and during support group meetings which were also supported by the nutritionist from the MOH. The messages were on good nutrition and how to prepare simple nutritious meals especially for malnourished children and PLHIV. The project also trained the CHWs and caregivers on nutrition. The care givers were trained on nutritional food value, balanced diet and food preparation. A total of 215 households were reached.

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

The project continues to support OVC education through provision of school fees, school uniforms, scholastic materials and sanitary pads to enable OVC to regularly attend school and get an education.

During the quarter a total 2,975 OVC were supported with school uniform. 23 were supported with school fees, 399 supported with scholastic material and 1,515 number girls of age were supported with sanitary pads to ensure they don't miss school during their menses.



Photo 13 : School girls receive reusable sanitary kits from HURU International staff

Through leveraged support from Uhuru International and HFG, 254 OVC in Rongai (Kajiado County) received reusable sanitary towels while a further 20 got disposable sanitary towels from MOE in Isinya. Some of the beneficiaries who were known to be absenting themselves from school during menses can now attend school regularly. In addition, as one beneficiary reported at Bishop Mazzoldi Secondary in Rongai, they do not have to request for money from their parents every month, a situation that allows them to make savings.

295 children were supported with vocational training. The orphans undertaking vocational training are expected to acquire skills that would enable them secure a source of livelihood in the future.

In addition the project is working with implementing partners and parents to support and monitor school attendance and encourages children to pursue education. During the quarter, Enaitoti, one of the APHIA*Plus* partners working in the Maa speaking community, held forums with the parents to discuss the importance of parents encouraging children to go to school and the importance of child performing well in school

Since the project is not able to meet the high demand of education support for all the OVC in the program, the project is working with other partners in the community to leverage on education support. Joint efforts between K-NOTE an APHIA*Plus* IP and HFG realised the training of an additional seven (7) children in vocational training.

Vivian a 16 year old OVC in APHIA plus project benefitted from a hair dressing course supported by K-NOTE one of APHIA plus IPs, in collaboration with HFG. After completing the course Vivian has been doing freelance hairdressing in her estate, which has helped her support her ailing mother and a younger sibling. She is also saving a little money on the side to start her own salon.

Comprehensive Life skill program

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

Selection of project schools

The total number of schools in the four counties is 2,950 (2325 primary, 625 secondary). The project through the district education office selected 800 schools to benefit from the project. The schools were equitably distributed across the counties, districts and zones (see annex 3) and school selection was based on a criteria earlier agreed on in a planning meeting with DQASOs.

Sensitization of head teachers

The project held a day long sensitization meeting for head teachers and principals of the selected schools to participate in the program (see Table 2. below). The day-long meeting provided an overview of the project and overview of LSE was facilitated by MOE, APHIA*Plus* and KIE facilitators and prepared the ground for the head teachers to support LSE activities by selecting teachers to be in charge of program and allocating resources including time for LSE. A total of 712 head teachers were sensitized during the exercise representing 89% of the targeted head teachers. The head teachers demonstrated increased appreciation of LSE and committed to time-tabling the lesson in addition to supporting implementation by selecting the teachers to be trained in LSE.

Table 2: Number of head teachers sensitized by County

County	Primary schools heads	Secondary schools heads
Nakuru	179	55
Narok	120	20
Trans Nzoia	142	34
West Pokot	137	25
Total	578	134

Training of ToTs

35 ToTs drawn from TAC tutors, DQASOs office, selected teachers were trained as ToTs to train teachers in LSE. The ToTs were selected by the education officers guided by criteria developed for the ToTs in an earlier meeting. The (5) day training was facilitated by KIE using the LSE syllabus and hand books developed by the institute and explored all the different categories of life skills, how to interpret the LSE syllabus and appropriate methodologies for teaching LSE. The trainers were also taken through the LSE reporting tools in anticipation of the critical role the ToTs will play in teacher trainings

Procurement of LSE syllabus and teachers hand books

A total of 2,500 (1950 primary, 550 secondary) syllabi and teachers handbook was procured from KIE for use in teacher trainings and for delivery of LSE at school level. Each project school will get three sets for the head-teacher and the two teachers teaching LSE.

In addition, the project is conducting life skills training through JFFLs and also during the health action days conducted by the IPs. 1054 children were reached with life skills training through JFFLs and another 7039 (m: 3610 f: 3429) school going OVC received basic education around health and life skills through the family days.

Street youth intervention

The program implements the Safe Space Model to reaching the street youth. 173 street youth [168 male and 5 female], were reached through this approach with comprehensive combination prevention during the quarter. The youth were reached through base outreaches and linkages to resource centres'. The 173 benefited from hygiene services, tea and snacks. They also got a clean pair of clothes contributed to the Resource centres by community members. This has made the youth more presentable to freely interact with the other youth and participate in organized activities. The street youth continue to benefit from services during activities organized by the programme through linkages with MOH, DCO, CACC Coordinator, MOYAS and the business community. 21 [19 male 2 female] street youth received HCT service during the street youth medical camp in Gilgil. Five (5) street youth were referred for treatment of minor ailment at the district hospitals through the youth friendly centres, 2 male street youth were reunited with their families. Notably, one female street girl was referred to the Gilgil District Hospital for Post Rape Care.

The children also benefitted from close working relationship with K-NOTE sister program, Children Lead the Way Project. This relation saw five (5) street youth linked to vocational training for welding and motor vehicle mechanic.

4.1 Enhancing access to improved water supply and sanitation

During the quarter under review, the project trained 29 partner staff and eight (8) members of APHIAPlus staff as WASH TOTs through FHI360 WASHPlus project. Following the WASH-HIV integration training the trained WASH TOTs trained 966 CHWs on WASH, who in turn have reached 2,254 households with the wash messages on hands washing techniques, tippy taps construction, and general waste disposal education. 46 HH have put up tippy tins within their HHs.



During the quarter the project staff took advantage of other forums like service distribution events to educate the community on WASH. The areas covered included: water treatment, water harvesting, hand washing and fecal management.

In Rongai, four (4) primary schools were reached with WASH activities focusing on Small Doable Actions such as promoting hand washing and safe drinking water. The schools were also supported to make tippy taps. A total of 343 pupils participated in the activities.

Through linkages with CDF and the Provincial Administration, a modern public toilet was constructed in Kware slums. An additional 70 community members in Kware slums were sensitized on WASH interventions including water treatment and hand washing.

CHWs have continued receiving sensitization on WASH from the TOTs during the monthly planning and reporting meetings and the same skills received have been transferred and shared with the household members in the community. The same has been practiced, as it is indicated by the leaky tins/hand washing facilities installed within households.



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

The project is addressing OVC protection needs to ensure that OVC have access to a safe and secure environment free from all forms of abuse, neglect, discrimination and exploitation for growth and development. The project works very closely with the GOK in addressing issues of protection and APHIAPlus sits in protection forums such as the county protection teams which address child protection issues.

During the quarter, the project supported seven (7) child protection working meetings in South Rift (4) and 3 in North Rift. The child protection working groups brings together agencies that work with children and they have been able to identify child protection issues in their area and have addressed some of these issues e.g. early marriages, child abuse, and neglect. In addition, the child protection working group in Rift Valley conducted two outreaches to disseminate children's right and the need to involve children in matters that affect them reaching approximately 200 adults. The project has also trained 171 AACs to address child protection issues and sensitize the community on child rights.

A Form two girl, from Sultan Hamud, sought project support for a transfer to a better boarding school for safety after attempts by her current private school proprietor to sexually abuse her. She has since been transferred to another school where the project and family will continue to support her education.

Legal Support Services: Through BOH an IP in APHIA plus, the program supported capacity building for 15 paralegals who will help in promoting child rights sensitization, advocacy and follow up on cases with the help of CHVs, project staff and relevant GoK structures. The five days training comprised of participants from the CHVs, a police officer who is at the Rongai Police Station Children's desk, a counselor, youth volunteers, and pastors. The participants were equipped to handle issues of SGBV, will writing and memory book, rape, and succession, as well as raising awareness on children's rights within the targeted communities.

With the support of the project, trained paralegals and CHVs, 34 OVC were linked to Children Department for protection. 15 were rescued from abuse, 14 from disinheritance and five (5) abandoned OVC were given food and shelter

For example, in Nandi East, four (4) children who had been abandoned by the guardians were referred to the area chief who reported to the police for legal support. The community members in Sochoi were mobilized to give support in terms of food and clothing to these children. The Provincial Administration took up the matter and the community is providing support as they wait for the next cause of action by the government. The Nandi East district children officer is following up the matter.

Birth certificates support to OVC

In collaboration with the children department and the district registration department, the project supported 328 children to acquire birth certificates. Over 800 application forms have also been reviewed to ensure all necessary information is provided and submitted to the registrar of births for issuance of certificates.



Photo 16: CHVs and care givers representatives in one of the AAC meeting in Sigor

Sensitization on children's rights

The AACs trained by APHIAPlus have been working closely with the Project to sensitize the community on child rights and protection. The program through Nkareta AAC conducted a talk show on Radio Maa, a local media on protection of vulnerable children. The talk show attracted a high listenership and many people called to give their opinion on the care and support of OVC. This was also used as a platform to sensitize the community on children rights and the consequences when the rights of children are violated in one way or the other. In Kajiado Program staff worked with Nosim FM, a local radio station to discuss issues of HIV/AIDs prevention and the need for protection of OVC. The response was very informative. It was clear that many community members do not understand child rights. Project staff used the uniform distribution forums to address child protection issues and enhance child participation. ESM, one of the APHIAplus Nuru Ya Bonde IP, sensitized 89 the caregivers to address OVC issues including children rights. The caregivers are now aware on child protection issues. The project also conducted two community outreaches, during which the District Children Officer sensitized the community on children rights and the consequences in case of violation of such rights.

Shelter and Care:

During the quarter under review 12,197 OVC HHs were supported with shelter and Care in form of home renovations, provision of beddings and mosquito nets and provision of clothing provided to OVC. 920 HHs were renovated and 4,492 of OVC received bedding in form of mattresses, blankets and mosquito nets.

The project partners worked with communities to mobilise resources in helping OVC who had no shelter. For example, in Longonot, the social worker was able, through the chief and the CHEW to sensitise the community on their responsibility in identifying needy OVC households that need repairs and mobilising local resources for renovations. The Longonot CBO caregivers group made bricks, sold some to raise money and bought other materials for renovation for two OVC households.

Health

In the period under review the project continued supporting OVC and caregivers, access health care through preventive, curative and rehabilitative health services through linkages with health care providers within the community. 54,906 OVC received health care services in the period under review. 4,111 OVC received counseling and testing service and 27 were positive and liked to health facilities. The project also held health action days through which OVC benefitted from nutrition assessment, HCT, Vitamin A, and deworming. The health action days also provide an opportunity for children to participate in games where the winners are given presents.



Photo 17: OVC receiving treatment during health action days

Psychosocial support

Through monthly home visits the CHW/CHVs and project staff continued to monitor the child progress and address psychosocial needs of OVC and their caregivers to promote the emotional,

social, spiritual and mental well-being at household and community level. A total of 55,853 OVC were reached with psychosocial support from the CHW during monthly visits during the quarter

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

During the quarter, one local implementing partner organization namely; Deliverance Church Nakuru was supported to develop a human resources (HR) policy manual. This was in recognition of the fact that the FBO did not have a standard HR policy and staff salaries kept on fluctuating with no clear salary structure. The FBO argued that staff salaries are based on the level of church revenues which is mainly from congregants' offerings which fluctuate from time to time. The newly developed HR policy addresses various components such as terms of employment, remuneration, performance management, staff grievances, termination of employment, benefits, personal development among others. This ensures that human resources matters are not left in a vacuum. The FBO is also in the process of finalizing the finance policy manual with the help of APHIAplus Nuru Ya Bonde. In addition, the FBO was supported to form a board of governors to provide leadership, guidance and policy direction to the development arm of the church which currently houses projects like APHIAplus Nuru Ya Bonde OVC interventions, Concern Worldwide 'We Care' projects among others. These processes will help the partner strengthen its human resource management systems, financial management systems and governance structures for improved project service delivery.

The project also conducted compliance capacity building initiatives for sub awardees with a focus on the following key areas:

- Prevention of risks associated with non-compliance with USAID requirements
- Detection of any misstatements that may occur/deviations from requirements
- Initiation of corrective actions in the event that deviations from expectation are noted.

The compliance unit focused on operation areas, to cover finance and administration, in regard to; Kenya country laws, USG requirements, and Sub-agreement requirements. Six partner organizations namely; Enaitoti Olmaa Coalition for Women; Evangelizing Sisters of Mary; Beacon of Hope; Self Help Africa; Deliverance Church and I Choose Life Africa were visited and their capacities built on areas of compliance.

29 partner staff and 8 members of staff from APHIAplus Nuru Ya Bonde were trained as TOTs on WASH through the WASH plus project of FHI360. The TOTs are expected to train all the community health volunteers on WASH so that they can roll down the program to all the households. This has already started working for the community health volunteers who have been trained.

Health Communication technical officers continued to provide technical assistance to the partners through conducting regular visits to project sites. The officers identified areas of gaps in program implementation from partner reports and through mentorship and sharing of relevant tools addressed the gaps. Key areas of technical assistance include reporting and data analysis, development of

scopes of work and effective peer education sessions. The technical officers built the partners capacity in using APHIAplus Nuru Ya Bonde Youth program standards and other national level standards i.e. EBI standards, Peer Education standards and YFS guidelines.

The program continues to build capacity of partners to target more vulnerable youth within their communities. During the period under review the program developed a concept to implement comprehensive life skills program targeting OVCs .The program will pilot the concept in Nakuru County. Other vulnerable youth targeted by the program include street Children and YPLHIV.

The APHIAplus Nuru Ya Bonde held a two days learning session with URC and 2 days mentoring session supported by APHIAplus Nuru Ya Bonde in the period under review. All the 17 partners participated in the two sessions which were facilitated by URC. The sessions greatly helped to address challenges that partners were facing while implementing the QI activities. Each partner was represented by two (2) staff. The project also participated in National learning session in Nairobi where 22 participants from 11 implementing partners and four project staff represented the project. Five (5) DCOs from the region also participated in the learning session. Mentoring sessions for individual partners were also held focusing on analysis of CSI data, prioritization of problem and development of specific objectives for their PSDA cycle. Each QI teams identified areas to focus on based on the analysis and have come up with strategies for addressing the identified gaps and how to improve quality of services. 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

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

The project aims to increase the participation of children and care givers in the implementation of the activities planned for them. To this end the project has formed care 66 care giver committees to address program issues. The care giver meetings are held once every quarter. The caregivers were sensitized on various services being provided by the project, and how the CHVs are supposed to work with them to provide services; this has improved the relationships between care givers and the CHVs and the program staff. The caregiver committees have enhanced beneficiary participation in the project and thus reduced complaints due to misunderstanding. The caregivers committees have been meeting every month with project staff, APHIAPlus staff and Government officials at the locational level to discuss issues that affect the OVC and any emerging issues between caregivers and the project.



Photo 18: Monthly caregivers committee meeting

The caregivers committees have enhanced beneficiary participation in the project and thus reduced complaints due to misunderstanding. The caregivers committees have been meeting every month with project staff, APHIAPlus staff and Government officials at the locational level to discuss issues that affect the OVC and any emerging issues between caregivers and the project.

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

The project has continued to work with the MOH in communities to train the CHWs to conduct home



Photo 19: DCO Koibatek attending a QI meeting

visits and HCBC services, psychosocial support for PLHIV, establish and support PLHIV support groups, provide PWP messages interventions and to create awareness on the needs of PLHIV and OVC to facilitate stigma reduction

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

Area Advisory councils: The project continues to support the government to strengthen various structures at the regional and community review. The advisory council is supported at two levels, the locational advisory councils and the district advisory councils. The project trained 17 locational AAC trainings in the period under review in areas where the project has OVC activities. The focus was mainly on child protection, legal referral systems and support to the project. The AACs has been supporting the project in the areas of child protection, school fees application review and approval, and support in the distribution of OVC commodities.

District area advisory council was also supported in the period under review. Two (2) District area advisory councils were trained on quality improvement. After the training the district teams have been able to support the location area advisory on issues of quality improvement in regard to constituting the right members in the teams and designing strategies to address the issues identified their areas. Some QI members have been involved in joint supervision to support and improve the quality of the OVC project.

6.0 MONITORING AND EVALUATION ACTIVITIES (M&E)

The section below details activities that were implemented under M&E during the July-Sept quarter. The focus during the quarter was to ensure that standard tools were available and were used correctly by all partners, that data quality was improved and use of data was promoted. During the quarter the project supported a refresher training of DHRIO and HRIO from supported districts on DHIS2 to address gaps that were noted in the implementation of the system. The meeting was used to clarify some areas that had not been well understood and to train staff who had not been trained before. A meeting was also held with DHRO to discuss the details of a Performance Base Reimbursement plan to improve on reporting, quality and use of data. The plan was initiated during the quarter and has begun showing some positive results like demonstrated in the detailed report below.

6.1 Ensuring standard reporting tools are available and area used at the data collection points

The M&E team continued to work to ensure that national standard reporting tools are available and in use at all health facilities during the quarter. The target was to have 85% of health facilities reporting using MOH731 alongside MOH711A. To promote the use of MOH731, the reporting rate as well as timely reporting were included as indicators in a performance reimbursement plan that was put in place for DHRO in July. The reporting results from the DHIS in Fig 3 and 4 below show a marked improvement in the use of MOH731 and MOH711A across all districts compared to last quarter. The MOH731-PMTC reporting rate in the DHIS increased from 44% in May to 81% in September while the MOH711A reporting rates increased from 88% in May to 94% in September. The timeliness also increased from 79% to 91% during the same period for MOH711 as illustrated below.

Fig 13: MOH 711A DHIS Reporting Rates

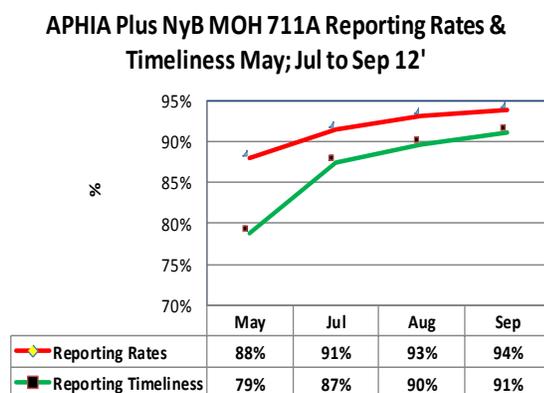
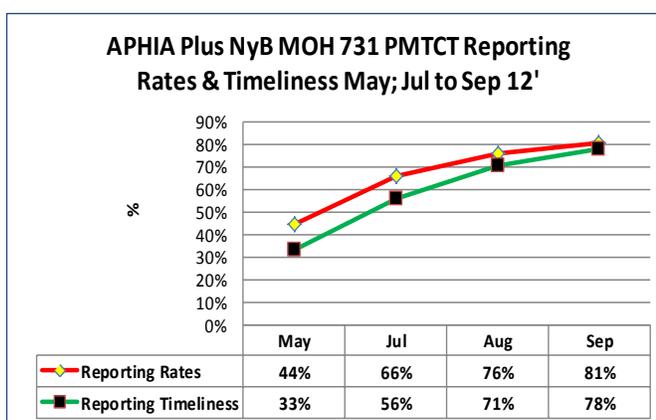


Fig 14: MOH 711A DHIS Reporting Rate



Three districts namely Keiyo South (28%), Kajiado Central (22%) and Subukia (21%) recorded the highest improved rates for MOH 711 between May and September. The detailed reporting rates by district for both MOH711A and 731 are in Annex III.

Efforts were also made to ensure that 100% of ART sites have all the standard reporting tools available and in use. Different ART tools were disseminated across different districts. Thirty (30 facilities) in Nakuru received ART tools. All the ART facilities in Nakuru (30), Laikipia (10),

Kajiado (21) and Narok (38) had all the ART tools available during the quarter. The use of these tools however, continues to be challenge partly because of the number of tools that have to be used that places a burden on the users as well as the complexity of the tools. In order to address the problem, the Multi-Disciplinary Teams continued to mentor health service providers on the use of these tools among other HIV/AIDS reporting tools. In total, 64 health service providers from 159 high volume sites were mentored on the use of ART and PMTCT tools to address the data reporting gaps noted during the DQA, routine sites visits and review of data reported through MOH 711A and 731.

As part of the strategy to improve data quality and use, the project started the process of identifying champions at high level facilities to promote use of standard data collection tools. A draft strategy to engage the champions formally has been developed. Champions were identified in all the districts apart from Laikipia districts. The champions will be engaged formally to promote use of data and their efforts will be recognized through non-monetary terms as a way of motivating them.

To enhance use of data reporting tools and improve quality of data, the project piloted the use of a SOP checklist for M&E and HRIO during the quarter. The aim of the SOP is to ensure regular site visits are conducted to assess availability and use of tools, quality of data and provide mentorship. The SOP requires that high volume sites are visited monthly while the other sites should be visited at least once a quarter. Include results from the tool.

As a standard, all district hospitals should be visited monthly for support supervision and mentorship by the M&E Officers. During this quarter 84% (27) of the district hospitals were visited for support supervision and mentorship. The visits were used to mentor service providers on the use of tools particularly ART and PMTCT, review of data and assessment of availability of tools.

During the quarter, all partners implementing Health Communication activities were visited in Nakuru, Narok and Laikipia districts. The visits were aimed at supporting partners to use the new database to report on project activities as well as use of the data collection and reporting tools. In Narok, 10 staff including 5 project staff were trained on using the HC database. In Kajiado, two new Program Officers were also trained on use of HC1 and HC2. To support the partners implementing OVC activities several support activities were carried out. To strengthen the use of the OLMIS, partners were allowed to procure computers locally to support data management. During the quarter a total of 27 computers were procured by partners. The M&E Officers continued to provide support to the CHW and project staff geared towards improved reporting. In Narok, the six partner staff were supported to conduct post data entry cleaning using the guidelines that were provided. In Nakuru support was provide to KCIU where six staff were mentored on OLMIS data entry processes, data verification, reports and backing up. An action plan was developed to address the identified gaps. In North Rift, 80% of the OVC/HCBC implementing partners were oriented on PEPFAR NGI indicators, results reporting and data quality assessments. In Kajiado, four data clerks from four OVC implementing partners were mentored on processes of ensuring entry of quality data into OLMIS and use the database. In total, 29 implementing partner staff were mentored to improve on OVC reporting.

In order to improve on reporting from supported community units, the project included monthly reporting rates MOH515 as part of performance reimbursement plan for the DHROS. The target set was 85% reporting rate through DHIS. In addition to this 67 CU in Nakuru were provided with reporting tools and community referral forms booklets. TOTs drawn from 10 districts were oriented

on the community strategy and reporting tools as well as the link to DHIS. The TOT will be expected to roll out the use of the tools in the districts and supervise the CHEWs. In Narok districts, 175 CHW from seven (7) CUs were trained on MOH514 and 515 tools and started collecting household data and conducting community referrals. Similar support was provided to a community unit in Laikipia.

6.2 Improving Data Quality

During the quarter several activities were conducted to improve the quality of HIV/AIDS data with ART data receiving the greatest focus. The M&E team in collaboration with the Clinical Mentorship teams conducted data verification in high volume sites with an aim of correcting data for key indicators for ART, PMTCT and HTC. DQAs were conducted in a total of 53 sites including 30 high volume ART sites. Following this assessment reconstruction of ART data was done in most of the sites to address the gaps noted as well as mentorship of service provider on correct use of the ART tools and indicator definitions. Corrected data was shared for updating in the project databases as well as with HRIO for correcting in the DHIS. The DQA indicated gaps in reporting on indicators on prophylaxis due to lack of correct understanding of the indicator definitions while in VCT the main issue was under reporting due to omission of numbers tested during outreach or numbers from all source documents in facilities where testing is done from multiple testing points. To address the problems, the project is working with all facilities to mentor staff on correct indicator definitions, to identify a focal person to coordinate collection of all HTC registers to ensure complete reporting and provision of adequate summary booklets. Job aids will be developed to aid on reporting on problematic indicators.

The project continued to strengthen the District Data Quality team's capacity to conduct routine DQAs. So far 11 districts and 5 district hospitals have formed data quality teams. In Kajiado, 11 DHMT members from one district were mentored on the process. Teams from Loitokitok and Kajiado North were supported to conduct joint DQA with APHIAplus staff. 10 private facility representatives were mentored on data quality issues and sensitized on the need to conduct rapid assessment. In Nakuru County, the DHMT in Molo district was oriented on the DQA process and team formed to conduct routine assessments. In Molo, Kuresoi, Naivasha and Nakuru Central districts, the DQMT conducted data quality assessments for 32 health facilities and disseminated the results to In Charges of facilities during facility meetings. The districts discussed and developed action plans to improve on data quality.

The project is mandate to monitor quality implementation of DHIS. Towards this end, the project monitors 9 reports (MOH717, 710, 711, 731-1, 2, 3, 4, 5 and MOH515) in the DHIS to ensure complete, timely and accurate reporting and provides feedback to the DHROs for action. To monitor quality of data in the DHIS, the project developed an indicator mapping tool for use in assessment the consistency in the data reported in MOH 711A and 731 see details of comparison in Annex:IV. The results indicate a need to support the facilities to report accurately on both forms. To address this DHMT in Naivasha district instituted a meeting to review reports before entry into DHIS. The group was oriented on the MOH711A checklist to strengthen data review. In Laikipia, three DHRO were supported in assigning correct data sets in order to improve on the quality data. The project also developed a job aid to support facilities to report accurately on the two forms. The quality of data posted into the DHIS for key indicators is part of the performance reimbursement plan for DHRO and this will be affected in the coming quarter to complement the efforts at facility level.

During the quarter, 75% of OVC implementing partners were visited by M&E Officers and provided support in using OLMIS. The support varied from reviewing the progress made in data entry and challenges, quality of data entered, upgrading of the system, data backup, use of data from the system and importance of data quality. Several challenges were noted which indicated the need to provide more intense support to the partners in order to address them effectively. The project will hire 16 Project Assistants who will work with the OVC implementing partners alongside the M&E and Technical Officers for a period of 6 months to improve the quality of OVC data.

To strengthen the quality of data the project works to strengthen the capacity of local implementing partners to implement routine data quality assessments. During the quarter, six (6) OVC implementing partners conducted routine data quality assessments that in some cases involved visits to households to verify the reported data on the OVC. Key challenges noted in some of the assessments were related to data management, use of data collection and reporting forms, indicator definitions and staffing. One partner in Kajiado was able to include data quality review activities during quarterly review meetings with CHW as one way of improving data quality. Three other IPs (2 North Rift and 1 in Laikipia) had planned for the assessments but were not able to conduct them due to competing activities.

In North Rift, four implementing partners received support in implementation of Quality Improvement Plans developed to address gaps identified during data quality assessments. As a result partners are involved in following up the QI initiatives to ensure gaps are addressed such as provision of birth certificates, improving food and nutrition status. There is a plan to engage with the IPs to conduct and evaluate of the QI intervention to measure change in the next quarter.

6.3 Creating demand for use of data for decision making:

The checklist to monitor quality implementation of DHIS was not developed, however, a tool to map common indicators between MOH711A and MOH731 was instituted as one way of checking data consistency between the two forms and what is finally keyed into the DHIS. Together with these tools, the M&E SOP checklist monitors the consistency among selected indicators as reported in MOH711A, 731 and the DHIS for level 4&5 facilities. During the quarter a total of 11 (44%) of DHRO and 5 DHRO from Nakuru districts were visited to monitor the implementation of the DHIS. The visits included reviews of the reporting rates, assigning of data sets, and consistency of data between MOH711 and MOH731 and discussions on how to improve on these. In Rongai, Gilgil and Kuresoi the DHRO were mentored on report generation from the DHIS and presentation of reports during the facility in-charges meetings. These visits have promoted DHRIO in some districts to set up data verification systems before submission and updating into the DHIS.

In a bid to monitor and improve patient's outcomes, the project is working to promote monthly use of Cohort Analysis in 30 high volume sites. During the quarter staff from 28 high volume ART sites were mentored on preparation of Cohort Summary reports. The reports have been critical not just in reporting on MOH731 but in



Photo20: TQA/DQA feedback meeting at Chemolingot DH analyzing Cohort Outcomes for Chemolingot DH CCC

strengthening of defaulter tracing due to realization of low retention and survival rates of patients on ART after 12 months of initiation. The process has enabled staff to use the information to strengthen adherence counseling as another way of promoting patient retention.

The project targeted to improve use of routine information in district facility meetings in 50% of the districts by July and 100% by December 2012. Several facilities held district facility meetings during the quarter. In 48% (12) districts (3-North Rift & 9-Nakuru) reports were generated and shared during these meetings to promote use of data. The focus in North Rift was on underperforming indicators and how these can be improved. In Nakuru districts the focus was on reporting rates for MOH731, maternal and infant ARV prophylaxis, enrollment of HIV positive mothers and other individuals into care and treatment.

Use of data at CU level is still low. The project continued with efforts to promote use of CU data during community dialogue days. In North Rift, the CHC data review meetings were included in the work plans which led to one CHC conducting a data review meeting. The review meeting focused on village level indicators and ranked each village according to performance. These data formed the basis of facilitating Community Dialogue days in Kimaran CU. In Nakuru a total of 10 CUs carried out dialogue days and used data from MOH515 to trigger discussions and actions to improve on indicators that registered low performance. In Laikipia, a meeting with CHEWs was held. It was attended by 15 CHEWs and three (3) focal persons from the six (6) CUs. Feedback on quarterly performance was given as well as a presentation on data quality. The discussions informed planning of outreaches and action planning during action days.

During the reporting period, there was evidence of use of data particularly among OVC implementing partners. The data use was based on reports from the OLMIS. Among partners in Nakuru, data was used to provide feedback to CHW and program staff in order to improve child monitoring. Data was used to inform planning for HTC for OVC who had not been tested, Information on OVC who do not have birth certificates and need school fees was used to inform discussions at the AAC level. The reporting rates were also used to identify reasons for low rates and action plans developed to address them.

In North Rift, the data was used to engage the LIP coordinators and data entry staff to address the noted OVC/HCBS performance issues. Action plans and guidelines were developed to address recurring issues. In Narok the data from the system was used to give feedback to partners on several performance indicators such as number of OVC who had not been visited in the last 6 months, OVC who require beddings, low reporting rates. As a result of this, a meeting was held with all Field Coordinators where issues were discussed with the Coordinators and corrective measures agreed upon. In Laikipia, the data from the OLMIS was used to distribute procurable items to OVC solving the problem of services being provided to children who did not request for them.

In order to promote data use at project level the M&E unit planned to institute data review meetings with Technical and Program staff. Several activities were done during the quarter towards meeting this objective. In Kajiado, data review meetings were initiated to assess progress and create demand and use of data for decision making. In Narok a meeting was held to agree and clarify roles and responsibilities in the OVC program to encourage use and sharing of information from OLMIS. In North Rift, the Clinical Team in collaboration with the M&E officer developed a data analysis plan with selected indicators to guide data use and sharing on a monthly basis. One challenge noted was

lack of baselines and targets to measure outcomes for some of the indicators. This will be done in the next quarter based on the year 3 work plan development.

7.0 ENVIRONMENTAL COMPLIANCE

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.

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

9.0 ANNEXES

ANNEX IA: PERFORMANCE MONITORING MATRIX

A	B	C	D	E	F	G	H	I	J	K	L	M	N	P
Result Area	Intermediate Results	Expected Outcomes	Output	Source (Ministry or Other)	Indicator	Baseline	Year 2 Targets	YEAR 2 2012			Cum Yearly Achievements		Cumulative Achievements	P Ac
								Quarterly Achievement	Quarterly Achievement	Quarterly Achievement	Year 2	Year 1		
								Jan - Mar	Apr - Jun	Jul - Sep				
Result 3: Increase use of quality health services, products and information.	3.1 Increased availability of an integrated package of quality high impact interventions at community and 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 (L1, 1 ,2, 3,4)	Level 4 facilities linked to national mechanism for laboratory support	MOH AOP										
		3.1.2 Increased capacity of district health management teams to plan and manage service delivery	DHMTs Conducting biannual AOP reviews	MOH AOP	Number of DHMTs conducting biannual AOP reviews	0	10	2	1	15	18	9	27	
		3.1.3 Strengthened capacity to record, report and use data for decision making	Improved facility reporting rates in PMTC		Improved facility reporting rates in PMTC	85%	95%	91%	89%	81%	87%	89%	87%	

	3.1.4 Strengthened capacity at Levels 1, 2 and 3 for focused response as dictated by local need and epidemiology	CHUs established	MOH AOP	Number of Community Units established through APHIAplus support	162	150	114	120	137	137	28	137	
	3.1.5 Improved capacity of the private sector to provide a package of high quality, high impact interventions	Private facilities providing integrated (ART, RH-FP, MNCH, malaria) interventions	MOH, USAID IP	Number of private facilities providing (CT, , PMTCT, ART, RH-FP, MNCH) interventions	14	85	70	70	81	81	24	81	
	3.1.6 Increased capacity of functional community units to promote preventive health behaviors, identify, refer/manage complications	CHWs trained in integrated package of health services.	MOH AOP	Number of community health volunteers trained to promote preventive health behaviors, identify, refer/manage complications (OVC and HCBC - 250)(prevention-250)	3,047	500	602	352	1,491	2,445	336	2,781	
	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)	Health facilities that provide HIV testing and Counseling	MOH AOP	9.1 Number of service outlets that provide HIV testing and Counseling	600	642	703	727	703	703	741	703	
Individuals receiving testing and counseling services for HIV and receiving their test results through different types of models at community and facility level		P11.1.D Number of individuals receiving testing and counseling services for HIV and received their test results by age, sex and results at facility level		800,000	600,000	91,666	111,952	133,602	337,220	432,983	770,203		

			P11.1.D Number of individuals receiving testing and counseling services for HIV and received their test results by age, sex and results at community level	95,000	100,000	16,272	33,041	63,858	113,171	37,099	150,270
		Health facilities providing PMTCT according to national guidelines	P 1.3.D Number of service outlets providing PMTCT according to national guidelines	642	642	644	644	644	644	642	644
		Pregnant women tested for HIV and received their results	P.1.1.D Number of pregnant women with known HIV status (includes women who tested for HIV and received their results)	96,000	120,000	35,047	32,749	38,661	106,457	117,092	223,549
		HIV positive pregnant women receive ARV to reduce the risk of mother to child transmission	P.1.2.D Number of HIV positive pregnant women who received ARV to reduce the risk of mother to child transmission	80%	80%	67%	72%	109%	109%	3,374	109%
		HIV positive pregnant women newly enrolled into HIV care and support services in USG supported sites	P1.5.D Number of HIV positive pregnant women newly enrolled into HIV care and support services in USG supported sites	80%	80%	31%	39%	43%	43%	999	43%

		Health facilities providing virologic testing services for infant diagnosis for HIV exposed infants through Dried Blood Spots	C4.3.N Percentage of health facilities that provide virological testing services for infant diagnosis for HIV exposed infants through Dried Blood Spots	10%	100%	34%	0%	32%	32%	105	32%
		Infants born to HIV infected mothers receiving prophylaxis to reduce MTCT	C4.2.D Percentage of infants born to HIV infected mothers who receive prophylaxis to reduce MTCT	65%	75%	74%	95%	84.3%	84%	75	1
		Infants born to HIV infected mothers who are not infected	P1.7.N Proportion of infants born to HIV infected mothers who are not infected	88%	95%	85%	97%	90%	97%	93	1
		Health facilities providing ART care and treatment according to national guidelines	11.1 Number of service outlets providing ART care and treatment according to national guidelines	127	134	119	119	114	114	114	114
		Eligible adults and children provided with a minimum of one care service	C1.1.D Number of eligible adults and children provided with a minimum of one care service (by age <18, 18+)	58,000	95,000	85,856	70,372	102,177	102,177	151,092	102,177
		HIV positive adults and children receiving a minimum of one clinical care service	C2.1.D Number of HIV positive adults and children receiving a minimum of one clinical care service (by age <15,15+ and sex	58,000	42,709	28,466	32,571	32,571	32,571	78,122	32,571

		HIV positive adults and children receiving cotrimoxazole prophylaxis		C2.2.D Number of HIV positive adults and children receiving cotrimoxazole prophylaxis (by age <15,15+ and sex)	58,000	34,167	28,369	25,199	29,264	29,264	34,046	34,046
		Adults with advanced HIV infection receiving ART		T1.4.D Number of adults and children with advanced HIV infection who ever started on ART (by age and sex)	27,283	33,955	34,327	36,604	33,612	70,931	31,957	70,931
		Adults and children with advanced HIV infection newly enrolled on ART		T1.1.D Number of adults and children with advanced HIV infection newly enrolled on ART by age (<1,<15,15+), sex and pregnancy status	5,396	5,900	1,060	1,234	1,184	3,478	3,862	7,340
				T1.2.D Number of adults and children with advanced HIV infection receiving ART by age (<1,<15,15+) sex and pregnancy status	20,073	30,124	18,896	19,793	20,175	20,175	24,951	20,175
		Adults and children with HIV known to be alive and on treatment 12 months after initiation of anti-retroviral therapy		T.1.3.D Number of adults and children with HIV known to be alive and on treatment 12 months after initiation of anti-retroviral therapy	60%	80%	Cohort Analysis				0	0
	3.1.8 Increased availability of malaria prevention and treatment services (IPT, ITNs, ACTs and RDTs)	Level 2, 3, and 4 health facilities providing diagnosis and treatment of malaria according to national guidelines	MOH AOP									

	3.1.9 Increased availability of screening and treatment for TB	HIV positive patients who were screened for TB in HIV care or treatment settings	MOH AOP	Proportion of TB/HIV coinfecting patients initiated on ARVs	30%	50%	39%			0%	19%	0%	
		HIV positive patients with TB in HIV care and treatment (Pre ART and ART) who started TB treatment		Number of HIV positive patients with TB in HIV care and treatment (Pre ART and ART) who started TB treatment	50%	100%	0	1,213	629	1,842	2,944	4,786	
		CHW trained to screen, refer and follow-up of TB patients including community DOTs											
	3.1.10 Increased availability of family planning services in public and private sector facilities and communities	Public and private sector facilities offering integrated family planning services	MOH AOP	Number of facilities offering family planning services (by type of facility private or public)	325	903	637	637	654	654	23	654	
		Couple Years of Protection		Women of child bearing age (15 - 49) using a modern family planning method			90,491	86,166	83,055	259,712	301,353	561,065	
				Couple Years of Protection	135,000	150,000	40,740	40,370	37,774	118,884	111,808	230,692	
		Youth 15-24 provided with a modern family planning method		Number of youth 15-24 using a modern family planning method		60%	8,276	1,517	1,533	11,326	14,606	25,932	
		Pregnant women make 1st ANC visits		Number of pregnant women who made 1st ANC visits	127,404	150,000	32,854	28,815	32,518	94,187	107,134	201,321	

		Women attending at least 4 ANC visits		Number of women attending at least 4 ANC visits	41,625	75,000	10,412	10,090	12,380	32,882	36,374	69,256
	3.1.11 Increased availability and capacity of functional skilled birth attendants in public and private sectors in health facilities and communities	Deliveries by skilled birth attendants	MOH AOP	Number of deliveries by skilled birth attendants	54,272	50,000	15,798	16,184	16,789	48,771	48,119	96,890
	3.1.12 Increased availability of essential newborn care and resuscitation, nutrition, safe and clean water at point of use and prevention and management of childhood illness	Vitamin A supplementation coverage increased	Cohort 1&2 AOP Level 1	Number of children under 5 years of age who received Vitamin A from USG-supported programs	70%	96%	72,469	66,708	60,891	200,068	213,908	413,976
Children under 12 months of age received DPT3		Number of Children under 12 months of age received DPT3		80,000	120,000	36,085	28,380	43,289	107,754	112,383	220,137	
Cases of child pneumonia		Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers in USG-supported programs				52,721	23,128	24,640	100,489	67,483	167,972	
Cases of child diarrhea treated		Number of cases of child diarrhea treated in USAID-assisted programs				37,552	31,670	24,896	94,118	127,900	222,018	

	3.1.13 Expanded coverage of high impact interventions for women and men of reproductive age, youth, vulnerable groups, MARPs, mothers, new borns and children	Intended groups reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	MOH AOP, MOYAS, USAID IP	P8.1.D Number of intended groups reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	130,000	75,715	8,647	7,808	7,265	23,720	47,704	71,424
		Individuals reached with individuals/small group interventions primarily focused on abstinence and/or being faithful		P8.2.D Number of individuals reached with individuals/small group interventions primarily focused on abstinence and/or being faithful	73,843	30,000	1,403	792	1,861	4,056	35,380	39,436
		MARPS (CSW, MSM, youth, PLHIV) reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards		P8.3.D Number of MARPS reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards (CSW, MSM)	40,000	3,715	494	1,293	3,913	5,700	15,279	20,979
		People living with HIV/AIDS reached with a minimum package of PWP interventions		P7.1D Number of people living with HIV/AIDS reached with a minimum package of PWP interventions	5,000	8,000	504	68	5,808	6,380	103	6,483
		Males circumcised as part of minimum package of MC for HIV prevention services		Number of males circumcised as part of minimum package of MC for HIV prevention services	0	3,500	15	0	0	15	0	15

	3.2 Increased demand for an integrated package of quality high impact interventions at community and facility levels	3.2.1 Reduced social, economic, and geographic barriers to accessing and utilizing services	Youth accessing counseling and testing services at community level	MOH, MOYAS SP health Objective 2, Childrens department, MOGCSD	P11.1.D Number of Youth (15-24) receiving testing and counseling services for HIV and received their test results by sex , results at community level	43,766	40,000	12,297	16,000	19,978	48,275	37,694	85,969	
		3.2.3 Increased capacity of facilities to provide client centered, humane and dignified care	Facilities implementing client satisfaction surveys	USAID IP, MOH AOP	Number of facilities implementing client satisfaction surveys	0	5	6	0	0	0	4	0	
		3.2.4 Increased capacity of community units to mobilize communities	Community units holding community dialogues days	MOH AOP Level 1										
		3.3.1 Improved home based health practices with a special focus on the high impact interventions <i>(This result will also be monitored routinely through indicators under 4.4.1)</i>	Caretakers wash their hands before handling food	MOH AOP Level 1	Proportion of caretakers who washed their hands before handling food	TBD	Survey	Survey	Survey	Survey	Survey	0	0	
			Children under 5 sleep under a insecticide treated net		Percent of children under 5 who slept under a insecticide treated net the last night before the survey	TBD	Survey	Survey	Survey	Survey	Survey	0	Survey	
			Caretakers correctly identify danger signs of common childhood illnesses		Percentage of caretakers who correctly identify danger signs of common childhood illnesses	TBD	Survey	Survey	Survey	Survey	Survey	0	0	
		3.3.2 Improved compliance with preventive and curative protocols	Service delivery points provided with minimum standards for preventive and curative protocols	AOP Level 1 Indicator 12/ P11.1.D	Number of service delivery points provided with minimum standards for preventive and curative protocols	100	642	644	644	644	644	204	644	

		3.3.3 Improved appropriate health care seeking behavior (<i>Some behaviors are measured under 3.1.12, 3.2.3, 3.1.11</i>)	Sex workers routinely screened for STIs and treated according to national guidelines	MOH AOP , MOYAS SP Health Obj 2	Number of SWs routinely screened for STI and treated at project supported DICs	1	3,500	880	610	896	2,386	206	896	
Result 4: Social determinants of health addressed to improve the well-being of the community, especially marginalized, poor and underserved populations	4.1 Marginalized, poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs	4.1.1 Marginalized, poor, underserved groups accessing economic security initiatives	Vulnerable households supported to access economic livelihood and eligible adults and children provided with economic strengthening service	MOGCSD Work plan 2010/2011/ MOH AOP/MOYAS SP Emp obj 1 – 4	Number of individuals supported with economic strengthening initiatives	6,500	1,500	2,372	3,664	3,718	9,754	225	9,979	
			Households linked to micro finance institution savings, SILC and other loan schemes		Number of vulnerable households provided food and nutrition education	TBD	TBD	30,096	843	48,966	79,905	6,977	86,882	
			Vulnerable households provided with basic food package		C5.7.D Number of eligible adults and children provided with economic strengthening service	3,761	1,500	2,372	3,664	3,718	9,754	286	10,040	
	4.2 Improved food security and nutrition for marginalized, poor and underserved populations	4.1.2 Target groups linked to local market potential for revenue and sustainability	Households linked to commodity markets	MOA Strategic Plan 2010/2012										
4.2.1 Increase in food security, improved nutrition and sustainable livelihoods amongst the target groups			Nutritional status of children under 5 using MUAC	MOA Strategic Plan 2010/2012, MOH										
4.3 Marginalized, poor and underserved	4.3.1 Increase access to education, life skills and	Supported schools using approved KIE life skills curriculum	MOE National school health policy/MOYAS SP Educ obj 4	Number of schools using approved KIE life skills curriculum	475	800	0	90	712	712	0	712		

	groups have increased access to education, life skills and literacy initiatives through coordination and integration with education programs	literacy initiatives for highly marginalized children, youth and other marginalized populations	Eligible children provided with education and /or vocational training		C5.4.D Number of eligible children provided with education and /or vocational training	10,000	30,000	8,621	19,583	19,223	47,427	25,302	47,427	
	4.4 Increased access to safe water, sanitation and improved hygiene	4.4.1 Enhanced access to improved water supply and sanitation	Households with functional latrines	Ministry of Water and irrigation/MOH AOP	Proportion of households with functional latrines within APHIAPlus supported CHU	TBD	Survey	Survey	Survey	Survey	Survey	0	Survey	
			Households with hand washing facilities		Number of households with hand washing facilities	0	0	0	10,758	0	10,758	0	10,758	
			Households with safe water storage facility at point of use		Percentage of households treating water	20%	Survey	Survey	Survey	Survey	Survey	0	Survey	
	4.5 Strengthened systems, structures and services for protection of marginalized, poor and underserved populations	4.5.1 Increased access to quality protective services to survivors of sexual assault, child maltreatment and children without adequate family care	Eligible adults and children provided with psychosocial/spiritual support	MOGCS D Strategic plan 2008/2012/MOYAS Work plan 2010/2011	C.5.6.D Number of eligible adults and children provided with psychosocial/spiritual (By age <18,18+)	112,456	95,000	21,017	43,933	55,853	120,803	70,943	120,803	
			Eligible children provided with shelter and care giving		Percentage of eligible children provided with shelter and care giving	10%	TBD	3,886	9,239	12,197	25,322	9,079	34,401	
			Eligible children provided with health care referral		C5.3.D Number of eligible children provided with health care referral	60%	100%	26,515	42,794	55,906	125,215	49,749	125,215	
			Persons provided with PEP by type of exposure (occupational, sexual assault/rape)		P6.1.D Number of persons provided with PEP by exposure type (occupational, sexual assault/rape) in all supported ART sites	NA	NA	504	103	195	802	1,732	2,534	

		Facilities offering comprehensive Post Rape Care services		Number of facilities offering comprehensive Post Rape Care services	2	22	6	46	64	64	5	64	
		People reached by an individual, small group or community level intervention or service that explicitly addresses gender based violence and coercion related to HIV/AIDS		P12.2.D Number of people reached by an individual, small group or community level intervention or service that explicitly addresses gender based violence and coercion related to HIV/AIDS by sex and age	TBD	50,000	990	1,594	4,132	6,716	426	7,142	
		People reached by an individual, small group or community level intervention or service that explicitly addresses legal rights and protection of women and girls impacted by HIV/AIDS		P12.3.D Number of people reached by an individual, small group or community level intervention or service that explicitly addresses legal rights and protection of women and girls impacted by HIV/AIDS by sex and age	3476 PLHAs only	20,000	2,004	148	175	2,152	0	2,152	
4.6 Expanded social mobilization for health	4.6.1 Improved financial managerial and technical capacity of indigenous organizations serving social and health needs of marginalized, poor and underserved populations	Improved organizational capacity among local implementing partners	USAID IP	Number of local implementing partners provided with technical and managerial capacity building	15	15	15	17	18	18	19	18	
	4.6.2 Districts, sub-districts and village health committees plan and coordinate implementation of effective multi-sectoral	District with Functional Health Stakeholders Forum (DHSF)	MOH-AOP	Number of districts with functional District Health Sector Forum	12	32	12	14	14	26	21	26	

	partnerships for health												
	4.6.3 Women, youth, child and MARPs groups meaningfully participate in the design, delivery and monitoring of interventions on their behalf	CUs conducting target group specific dialogues days (Youth ,women, and MARPs)	MOYAS strategic plan 2007/2012/Department of children –annual Workplan 2010/2011, MOH AOP										
	4.6.4 Increased social inclusion and reduced stigma and discrimination of MARPs	Population with accepting attitudes towards PLHA, sex workers, MSM	MOH AOP, MOYAS strategic plan 2007/2012/Department of children –annual Workplan 2010/2011	P8.22.N Percentage of the surveyed population with accepting attitudes towards PLHA, sex workers, MSM	34%	Survey				0	0	0	

ANNEX IB: QUARTERLY WORK PLAN STATUS MATRIX

A	B	C	D	E	F	G	H	I
EXPECTED OUTCOMES	AOP ACTIVITY REFERENCE	INDICATOR REFERENCE	OUTPUT	SOURCE (MINISTRY OR OTHER)	PLANNED ACTIVITIES (These include activities that were planned for in the last quarter, and any other new additional activities)	ACTIVITY STATUS (This column states if activity has been Completed, Ongoing, Not Done)	REASON FOR VARIANCE (This column states what was not completed and why)	ACTION PLAN (Brief explanation on what will be done about the variance)
3.1.1 Improved capacity of public sector facilities to provide reliable and consistent high quality package of high impact interventions at community level	Result: Quality of health services improved		Public sector facilities facilitated to establish Quality of Care Teams	MOH AOP	Disseminate and orient DHMT and FT QOC guideline and policies	No activities planned in this quarter. Awaiting roll-out of KQMH.	Delayed roll out of the KQMH	Orientations and mentorship of P/C/DHMT once KQMH rolled out in Oct-Dec quarter
					Roll out quality standards tools as defined in different service areas through mentorship and supervision	Done. Issued in ART, PMTCT, EID, FP, CaCx (done in all the 32 priority facilities during mentorship, ongoing for other facilities)	Different levels of provider understanding and use of the tools	Continuous focused mentorship and support supervision
					Link with national mechanism for procurement to expand laboratory support to all level 4 facilities	On going		

y, dispensary, health centre, and district health levels (L1, 1,2, 3,4)			Level 4 facilities linked to national mechanism for laboratory support	In liaison with health commodities and services management (HCSM) mentor health care workers and DHMT on logistics management systems	Done. Held a 2 day forum in for DMLTs and laboratory in-charges in South Rift (55) and North Rift (37). (Reviewed commodity reporting rates and oriented on the lab commodity tools).		
				Link to the national procurement mechanism to enhance commodity security	Done. Liaised with SCMS to address gaps in supply of rapid HIV test kits in the region.		
				Orient and mentor service providers on commodity management	Done. Conducted orientations on commodity management for DHMT members in Marakwet East/West & Naivasha District. Orientation on commodity Management for facility staff conducted in Naivasha district, Loitoktok and Kajiado North.		
				Link with the national mechanism for human resources for health to	Done. Linkages established, continuous engagement		

					increases staffing and training			
					Create linkages with the national mechanism on leadership and governance	Done. Linkages established, staff on board		
3.1.2 Increased capacity of district health management teams to plan and manage service delivery	Result: Governance structures strengthened		DHMTs mentored to efficiently plan and manage service delivery	MOH AOP	Mentor 32 DHMTs to effectively and efficiently plan & manage service delivery through OJT, mentorship and supervision	Done. Facilitated development of district work plans. Ongoing. Orientation on SGBV/PRC for 6 districts,		LMS will provide TA and mentorship to selected DHMTs
			DHMTs Conducting biannual progress reviews		Link with LMS for training of health managers at District and level 4 and five facilities	Done. Linkage established and a meeting with PHMT held		This quarter, selection of LDP sites and development of the strategic plan for Nakuru will be done
					Strengthen the DHMT capacity to monitor the utilization of Health Sector Services Fund(HSSF)	Not done	Delay in rolling out MMS	No funding for training in financial management , but LMS will provide TA to selected DHMTs according to the LDP sites list
3.1.3 Strengthened capacity to record, report and use data for decision making	Results: Monitoring and Evaluation Improved		Districts supported to record and report data	MOH AOP	Support GOK led quarterly DQAs	Done. So far, 11 districts have established DQA teams that have undergone an orientation of the DQA tools and process. 5 DH in North Rif have		

					similar teams. Some of the teams conducted DQAs during the quarter		
				Strengthen the use of DHIS at district levels	Done. During this quarter, a 3 day refresher training of DHRO and HRIOs on DHIS was done. Feedback on performance was given and a Performance Based Recognition Plan put in place to strengthen use of DHIS		
				Disseminate reporting tools and reporting systems	Done. This is an ongoing activity. During the quarter. available tools were disseminated by MDTs		
				Strengthen reporting by CU using the CBHIS with links to the DHIS	Done. To strengthen the reporting on MOH515, the reporting rates was included as one of the performance indicators for the DHROs		

			Districts with a functional data reporting and management systems (accurate, timely, complete reporting)	MOH AOP	Mentorship of service providers and CHWs in recording and reporting of data	Done. This process continued throughout the quarter. 3 HRIO was hired and worked alongside the MDT Clinical team to mentor service providers to address gaps identified in the TQA.		
					Mentor the DHMTs to conduct data analysis, and provide feedback to health facilities.	Not done		
					Mentor Health Care Workers to use commodity reporting systems	Done. Partially done by the MDT		
					Mentor private sector providers to report using national standard tools	Done		
					Support roll of EMR system to selected Level 4 facilities	Not done but meetings were held with Future Groups to plan for roll out of the National accredited EMR in South Rift		
					Use GIS technology to map migratory routes of nomadic communities and	Not done	Not done due to competing activities in the M&E team	To be implemented in year 3

					provide mobile services			
3.1.4 Strengthened capacity at Levels 1, 2 and 3 for focused response as dictated by local need and epidemiology	Cohort 1-6 (L1)		CUs supervised by DHMTs	MOH AOP	Hold quarterly review meetings with the District Community Strategy coordination committees for performance review and planning	On going		
					Support the PHMT (through DHMTs) to establish 100 new CUs	On going	The project concentrated on moving the existing units to Functionality status	We are now focusing at new units initiation in the new quarter
					Support 200 CU stipend/ initiatives	On going	As the units graduate they get performance based stipend	we will have more units move to the level of benefiting from the stipend
					Pilot (dedicated taxis and modified motorcycles) as modes of emergency transport for women travelling to facilities to give birth	Not Done	In plan for year three	Well planned for year 3
					Pilot use of Android phones by CHWs for emergency use and data collection and	On going	The community took time to understand the data	Well planned for year 3

					submission			
					Support District CS ToTs, CHEW on basic CS training	On going	The project will be doing the last DHMT TOT on CS this quarter	
					Train CHC, CHEW and CHW on multiple topics including PMTCT, IMCI, MNCH, Referral for ANC, Advocacy for hospital deliveries, defaulter tracing, adherence support for TB and HIV	On going	A few Units were trained last quarter on RH/FP	Well planned for year 3
					Support PHMT and DHMTs to carry out support supervision of level 1 activities and CU operations	On going	The provincial Supportive supervision has not taken place	Well planned for year 3
3.1.5	Result: Management systems		Private facilities providing integrated (ART, RH-FP, MNCH, malaria) interventions	MOH, USAID IP	Support the 85 private sector to report using standard national HMIS tools	On going		
Improved capacity of the private sector to provide a package of high quality, high impact interventions					Capacity building of private sector networks (including GSN, AMUA and Tunza) to provide quality integrated	On going		

ns				HIV&AIDS, TB, malaria, MNCH services			
				Link private health facilities to the regional laboratory networks (CD4, PCR, VL) and to Kenya Pharma, KEMSA & SCMS for essential commodities	Linkages established		
				Include the private sector networks in the health coordination forums at district level	Done for FBO. Gap in for profit providers.		
				Support Kajiado County to intensify TB case finding and strengthen the referral to health facilities through the existing CU based on lessons learnt from Nakuru County	Done. Support Kajiado County to intensify TB case finding and strengthen the referral to health facilities through the existing CU based on lessons learnt from Nakuru County	Ongoing (19 private Providers oriented on TB HIV collaboration in the previous quarter (Apr - Jun) in Kajiado North. Providers equipped with screen tools for adult and peads. Linked to refer	Follow up on turnaround time for results still in progress.

							samples to the national reference labs. Only 2 samples referred from Sinai Hospital and Top Care Nursing Home	
					Support provide sector to integrate the priority “5” strategies of the TB/HIV collaborative activities in the management of co-infected patients	Done. Support provide sector to integrate the priority “5” strategies of the TB/HIV collaborative activities in the management of co-infected patients	Ongoing (71 Providers oriented)	
3.1.6 Increased capacity of functional community units to promote preventive health behaviors, identify, refer/manage complications	Result: Functional CU Cohorts 1-6		CUs receiving comprehensive support	MOH AOP	Support key PHMT and DHMT level meetings (DMOH, Ext DHMT, CS Co-ord Committees), and Divisional DHSF	On going	They happen quarterly	
					Support CUs to develop referral charts	On going	A number of units have done it in Kajiado County	
					Re-print and distribute CBHIS tools and phones for CHWs	On going	The project had problem with the printing of tools	Well planned for year 3

					Support piloting of web based CBHMIS system in some CUs	Not Done	The project was to work on the data first	Well planned for year 3
					Train CHWs on Maternal and childhood illnesses	Not Done	We have just done basic modules	Well planned for year 3
					Train CHWs on prevention of TB transmission, follow-up, defaulter tracing and adherence support	Not Done		Well planned for year 3
					Conduct health promotion at CU level	On going	Number of Health action days	
3.1.7 Increased availability of HIV/AIDS treatment services at points of contact for PLHIV with health system (e.g. rural facilities, HTC, TB clinics)	Cohort 1	9.1	Health facilities that provide HIV testing and counseling	MOH AOP	1-Integrate quality HTC services at facility level 2- Support national proficiency testing panel	Ongoing		Lay emphasis on PITC. Use facility leadership to drive the process. Enhance linkage between HTC and care
		AOP Level 1 Indicator 12/ P11.1.D	Individuals receiving testing and counseling services for HIV and received their test results by age, sex		1-Orient HCW on revised HTC guidelines to provide facility based testing Support the pediatric HIV testing for sick children at all L4/5 facilities 2- Support integrated mobile outreaches	Ongoing. Not reached all HWs. Gaps in pediatric testing		During mentorship, Special emphasis on pediatric HTC, Use all the entry point (MNCH, Pediatric wards, CCCs)

			and results through different types of counseling models	Expand integrated quality HTC services at community (HCBC, OVC, workplaces)	Done. Expanded to cover sub contracted partners in Narok, Laikipia, Kajiado, Nakuru and North Rift regions. 2012 OVCS reached. Work places in Nakuru, North Rift		Targeting of Narok, Kajiado and Laikipia work places. Expansion to continue with OVCS
				Support integrated mobile clinic outreach services to reach nomadic populations	Done. Laikipia North and Kajiado especially in EREMIT community		Scale up to other regions especially Narok and Loitokitok
PMTCT	P 1.3.D	Health facilities providing PMTCT according to national guidelines		1- Continue mentorship and OJT to current PMTCT sites	Done in 32 selected sites		Roll out is ongoing to additional sites. Build capacity of sites to provide integrated PMTCT services.
				Minor renovations/refurbishment of selected PMTCT sites/MCH clinics to improve patients flow	Done. Needs identification done		Work with procurement to start the renovations in selected facilities
	P.1.1.D	Pregnant women tested for HIV and received their results		1- Orient HCW on revised PMTCT guidelines 2- Promote early ANC attendance using the Community Units and Community	On going		

			volunteers			
			3-Promote male involvement & partner testing for HIV			
	P.1.2.D	HIV positive pregnant women receive ARV to reduce the risk of mother to child transmission	1- Orient HCW on revised PMTCT guidelines 2- Link facilities to prophylactic ARV commodities	Ongoing orientations. Linkage done		
	P1.5.D	HIV positive pregnant women newly enrolled into HIV care and support services in USG supported sites	1-Support OJT and mentorship to integrate HIV care & treatment services in the MCH 2- Link PMTCT sites to regional CD4 laboratory networks	Ongoing, Linkage to CD4 lab networks done.		Continued mentorship to ensure integration of services
EID	C4.3.N	Health facilities that provide virologic testing services for infant	1-Support OJT for 642 facilities to collect DBS for early infant diagnosis (EID) 2-Expand support for laboratory networks (PCR) to	Done. OJT ongoing by mentorship teams. Completed in 32 priority sites, all EID sites linked to lab networking systems, 126		Increase the number of EID sites by continued mentorship and OJT

		diagnosis for HIV exposed infants through Dried Blood Spots (DBS)	642 facilities 3- facilitate transportation of all EID specimens collected to testing lab and ensure return of result Provide access to EID to 100% of all HIV exposed infants Provide HEI cards and registers to improve documentation for the mother baby pairs	active sites, 79 inactive, SMS printers installed in 18 facilities to facilitate delivery of results, HEI cards provided to facilities experiencing shortages		
	C4.2.D	Infants born to HIV infected mothers receiving prophylax is to reduce MTCT	1- Orientate HCW on revised PMTCT guidelines 2- Orient and mentor HCW on infant and young child feeding for HIV exposed infants. 3- Link facilities to prophylactic ARV commodities Establishment of support groups for mothers	On going		
	P1.7.N	Infants born to HIV infected mothers	4-Promote delivery by skilled attendants for HIV infected pregnant women			

		who are not infected				
	C5.3.D	Eligible children provided with health care referral	Orient Health care workers, CHW and caregivers on health care referrals of OVCs after assessment	On going		
CARE TREATMENT	11.1	Health facilities providing ART care and treatment according to national guidelines	Mentorship of providers at HIV care sites to provide quality ART	Continuous		
		Eligible adults and children provided with a minimum of one care service	Refurbishment/renovations and furnishing of selected HIV care clinics	On going		
			1- provide orientation to existing CHW on the provision of care to eligible adults and children	On going		
	C2.1.D	HIV positive adults and children receiving a minimum of one clinical	1- Orient HCW on the revised ART guidelines 2- Locate a link person at CCC to follow up defaulters	Ongoing, link person for defaulter tracing identified in 30 selected sites		Roll out to other supported sites

		care service				
	C2.2.D	HIV positive adults and children receiving cotrimoxazole prophylaxis	1- Orient HCW on the revised ART guidelines 2- Link HIV care & treatment sites to the OI commodity supplies	Orientations ongoing, linkages established		
		Adults and children with advanced HIV infection who ever started on ART	1- Support clinical mentorship 2- Support Cohort analysis to review outcomes	Ongoing during mentorship, done in 30 selected sites		
	T1.1.D	Adults with advanced HIV infection newly enrolled on ART	1- Support clinical mentorship for health care workers 2- Expand laboratory networks (CD4, VL)	Ongoing, networks for CD4 established. VL being expanded to cover all ART facilities		
	T1.2.D	Adults with advanced HIV infection receiving ART	1- Support clinical mentorship	On going		
	T.1.3.D	Adults and	1-Orient CHW to enhance retention	Done. Orientations done		

		children with HIV known to be alive and on treatment 12 months after initiation of anti-retroviral therapy	into care and treatment 2- Support selected ART sites to do Cohort analysis 3-Promote use of appointment diaries at CCC to monitor defaulters	in 30 selected facilities, diaries and defaulter registers provided		
			Orientation of HCW on nutritional assessment and FBP for PLHIV and link up with NHP for therapeutic feeding	No orientations planned for this quarter		
	Laboratory Strengthening	All level 4 and 5 facilities supported to provide quality laboratory services	Orientation, mentorship and coaching of laboratory staff in the efficient and effective use of appropriate laboratory diagnostic equipment	On going		
			Orientation of Laboratory staff on sample collection for DNA PCR and CD4 in line with appropriate laboratory practices.	On going		
			Establish linkages with AMPATH to facilitate access to viral load and	Not done	AMPATH was to support North Rift, and since	

					resistance testing for the management of complicated ART cases		transitioning out, we will continue using KEMRI where linkages already established	
					Collaborate with MOH, KEMSA, SCMS and other national mechanisms on quantification, forecasting and management of laboratory commodities.	Done. But occasional stock outs experienced		
					Assist 32 facilities in the formulation, reviewing printing and implementation of Standard Operating Procedures (SOPS)	On going		
3.1.8	Cohort 1& 2	USAID IP	Levels 2, 3, and 4 facilities provided with national guidelines for malaria prevention and	MOH AOP	Support roll out of national guidelines for malaria prevention and treatment	Not done	No funding for Malaria	
Increased availability of malaria prevention and treatment services (IPT, ITNs, ACTs and					Mentorship of Health Care Workers for quality case management for malaria	Ongoing during mentorship and support supervision		

RDTs)			treatment.		Support supervision and mentorship of HCW to ensure adherence to malaria case management guidelines	Ongoing during mentorship and support supervision		
					Support provision of LLINs to OVC and PLHIV.	Done. Referrals done, provisions ongoing		
					Promote multiple strategies of malaria control among target populations. - Indoor residue spraying - Clearing bushes - Use of LLINs	Ongoing during household visits		
3.1.9 Increased availability of screening and treatment for TB	Cohort 5&6	C2.5.N	HIV positive patients with TB in HIV care and treatment (Pre ART and ART) who started TB treatment	MOH AOP	Orient and mentor HCW on TB screening for HIV infected patients and vice versa	On going		
					Support the roll-out of INH prophylaxis among HIV-infected patients without active TB	Ongoing through mentorship		
					Support the treatment of TB-HIV co- infected patients on HAART	Ongoing through mentorship		

				Targeted Intensified TB case finding among the nomadic communities in Kajiado Central	Not done	Missed out in the regional MOU as an activity.	Will be carried out in Y3. Will be factored in MOU.
				Scale up facility based IPC by 50% and community IPC through facility infrastructure improvement and community awareness raising activities	Ongoing through mentorship		
				Will support 3 models of management of MDR-TB through home based management, hospital isolation and community isolation	In process of working with the PTLC to institutionalize the model		
				Initiate and or/strengthen internal quality control (IQC) and external quality assurance (EQA) by facilitating the provision of necessary quality assurance materials, providing training mentoring and focused TA in	Ongoing through mentorship		

					order to promote quality results and confidence in laboratory services			
					Build capacity of CHWs serving MARPS to support management of TB for target population	Not Done.	The program is in the process of finalizing the Communication strategy that will operationalize this engagement	
3.1.10 Increased availability of family planning services in public and private sector facilities and communities	Cohort 1, 4 & 5	USAID IP	Public and private facilities offering integrated family planning services	MOH AOP	Mentorship & OJT for HCW at currently supported private and public facilities to provide family planning services (especially LAM)	On going		
					Support CHWs in Community-Based provision of family planning services	Ongoing, done in Narok		Other regions to complete by next quarter
					Provide orientation of HCW on condom and FP commodity management in order to improve reporting, appropriate forecasting and requisition.	On going		

				Mentorship of HCW on integration of HIV into RH services and vice versa	Ongoing		
				Mentorship of HCW on cervical cancer screening	On going		
				Scale up integration of HIV into RH services and vice versa	On going		
Cohort 4	Indicator 1-AOP Level 1	Women of child bearing age (15-49) using a modern family planning method		Build capacity of CHWs to provide family planning services to reach hard-to-reach populations including MARPs	On going		
				Mentorship & OJT for HCW at currently supported private and public facilities to provide family planning services (especially LAM) in 642 facilities	On going		
				Support Walter Reed program sites with 2 RH/FP nurses to provide on-site mentorship and supportive supervision to 261 facilities	Not done	Contractual arrangements not finalized yet	
				Hire, train and deploy 6 nurse-midwives to	Done, part of the regional MDTs		

					support 642 sites with intense mentorship and OJT			
			Couple Years of Protection (CYP)		Promote the availability of different family planning methods/options	On going		
					Promote the use of information and communication technology (ICT) to increase the demand for and utilization of FP services	Not done		Will be after the MNCH formative assessment
					Promote linkages with the national procurement mechanism to enhance commodity security	Linkages established, continuous engagement		
					Orient and mentor HCWs on commodity management	On going		
					1.Support the dissemination of guidelines in RH/FP 2. provide Job aids in RH/FP	On going		
3.1.11 Increased availability and capacity of	Cohort 1	Indicator 2 - Level 1		Deliveries by skilled birth attendants	MOH AOP	1-Mentorship of public and private sector health care providers on FANC/MIP	On going	

functional skilled birth attendants in public and private sectors in health facilities and communities					2-Provide job aids on FANC/MIP to public and private facilities	On going		
					3-Support the implementation of the MOH prioritized high impact interventions in maternal health	On going		
					4-Through community units advocate and promote the availability of skilled birth attendants during pregnancy, childbirth and post natal period.	On going	It is one of the core business of CHWs at HHs Visit	Will be intensified in Y3
					Orientation & mentorship of CHW on community RH	On going		
					Mentor on the use of MPDR registers and verbal autopsy at community level	Not done		Will be introduced during MNCH module training in the next quarter
					1-Mentorship of public and private sector health care providers on FANC/MIP	On going		
					3.1.12 Increased availability of essential newborn	Cohort 1 & 2 AOP Level 1		Vitamin A supplementation Coverage

care and resuscitation, nutrition, safe and clean water at point of use and prevention and management of childhood illness			increased					
			Children under 12 months of age who received DPT3		Support monthly integrated mobile outreaches to increase immunization and Vitamin A coverage	Done		
			Immunization Coverage increased		Orientation of HCW on the updated EPI schedule and micro-planning	Ongoing along with mentorship		
			Health facilities providing IYCF and IMAM services		Orient selected DHMTs and facility management teams on IYCF & IMAM	Not done		Planned for Y3
					Mentor health care workers and health facilities on IYCF	On going		
					Establish breast feeding support groups	On going		
					Orient Health Care Workers & CHWs on the management of diarrheal diseases	Not done		Planned for Y3
					Establish and strengthen ORT corners in selected facilities	Done in 30 priority sites		
			3.1.13 Expanded		Cohort 1, 4, 5, 6	P8.1.D	Intended groups	MOH AOP, MOYAS,

<p>coverage of high impact interventions for women and men of reproductive age, youth, vulnerable groups, MARPs, mothers, newborns and children</p>			<p>reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards</p>	<p>USAID IP</p>	<p>1 Establish Y-PEER networks 2- Conduct Youth friendly action days 3- Increase youth friendly service outlets 4- Conduct integrated outreaches targeting youth 5- Disseminate information on YFS using community media and mobile phones</p>			
					<p>Mothers, Newborns and Children: 1- Work with MOH to support NID/ Malezi bora activities 2- Rolling out the school health program in collaboration with MOPHS/MOE 3- Establish more breastfeeding clubs at facility level 4- Promote early initiation of ANC and delivery by skilled attendants</p>	<p>On going</p>		

				Work with Koibatek, Marakwet and Narok districts to develop action plans to address gaps identified in previous LQAS assessing MCH	Formative assessment on at Koibatek		To be rolled out in Narok next
Cohort 3, 4 & 5	P8.2.D	Individuals reached with individual s/small group interventions primarily focused on abstinence and/or being faithful		Women and Men: 1-Conduct family health days providing integrated services 2- Establish family clinic days in additional health facilities 3- Roll out MOE Life Skills curriculum in schools	On going		
Cohort 4, 5	P8.3.D	MARPS reached with individual and/or small group level interventions that are based on evidence and/or meet the		MARPs:			
				1- Establish three DIC for MARPS in Ngong, Narok and Laikipia	Done		
				2- Conduct moonlight CT services for hard to reach populations	On going		
				3-Conduct population size estimation for MSM, IDU, and SW	Not Done.	The program is using the national size estimation survey done	

		minimum standards (CSW, MSM, youth, PLHIV)				recently by NASCOP	
				4- Mapping of hot spots	Done		
				5 - Distribute condom	On going		
				6- Conduct outreach services targeting worksites and hard to reach populations	On going		
				7-Build capacity of CHWs to sensitize communities on dangers of alcohol and substance abuse	On going		
	P7.1.D	Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP)		1-Train PLWHIV group leaders in PwP	Done. Leaders were trained on PWP and support groups continued with CPWP.	Done	Done
				2-Conduct targeted integrated outreach services to PLWHIV and other vulnerable and under-served groups	On going		
				3-support PLWHIV groups to promote and embrace partner, disclosure, treatment of STI, treatment adherence, risk reduction	On going		

					behaviors, PMTCT and prevention of unintended pregnancies			
					4-Conduct effective referrals of OVC to health care services	Done. OVC were referred treatment in various facilities.	Done	Done
	Cohort 4,5,6	P.8.4.D	Condom distribution increased		Link with national commodity mechanism	On going		
	Cohort 4,5,6	P.5.1.D	Males circumcised as part of minimum package of MC for HIV prevention services		1 - Build capacity of Health Care Worker to provide VMMC services	Not Done	Lack of contractual mechanisms, no kits	Will be done subject to availability of kits
					2 - Support community mobilization for VMMC service to non-circumcising populations	Not Done	Since no capacity, demand was not created	Will be done subject to availability of kits
3.2.1 Reduced social, economic, and geographic barriers to accessing and utilizing services	AOP Level 1 Indicator 12 and Cohort 4, 5, 6		Youth accessing counseling and testing services at community level	MOH, MOYAS SP health Objective 2, Children's department, MOGCSD	Promote linkages to programs that address social determinants of health such as Yes Youth Can!	On going		
					Promote community dialogue on gender norms (male involvement)	On going		
					Establish service provision sites for MARPS and other	Done		

					high risks groups e.g Matatu sector population			
					Conduct mobile health outreaches for hard to reach populations	On going		
					Link with national level communication programs e.g. HCM to ensure community level dissemination and distribution of IEC materials	Done/On going		
3.2.2 Increased capacity of districts to develop, implement and monitor customize d communic ations strategy	Cohort 1,4,5,6		Functiona l district BCC committe es	MOYAS SP ICT Obj 3, AOP7, Level 1	Strengthen the capacity of the BCC committees to develop, implement and monitor population specific communication strategies	On going		
		P.8.7.D	Target populatio n who recall hearing or seeing a specific message		Strengthen capacity of CSOs to implement the population specific strategy	Not Done.	The program is in the process of supporting LIP to develop population specific strategies	
					Strengthen linkage to national level communication programs (HFG)	Done		

3.2.3 Increased capacity of facilities to provide client centered, humane and dignified care	Result: Quality of Health Services Improved		Facilities implementing client satisfaction surveys	USAID IP, MOH AOP	Support facilities to carry out client exit interview	Done in 2 facilities		
					Develop and implement the action plans based on the findings from the exit interviews	Not done		Will be done this quarter
3.2.4 Increased capacity of community units to mobilize communities	Cohort 1-6 (Level 1 and 2)	USAID IP	Community Health Units with community mobilization action plan	MOH AOP Level 1	Guide 200 community units to develop and implement community mobilization action plan	Not Done		Planned for Y3
3.3.1 Improved home based health practices with a special focus on the high impact interventions(<i>This result will also be monitored routinely</i>)	AOP Result: Management systems	Indicator 15	Caretakers wash their hands before handling food	MOH AOP Level 1	Conduct orientation of CHEWs and CHWs on basic messages in health communication	On going	Ongoing during Health action days and Monthly meetings as a forum	
					Conduct household education in hand washing at household level and in schools	Done. At HH level by CHWs trained through WASH plus project.	On going	On going
					Educate households on appropriate treatment and storage of drinking water	Done. Trained CHVs are providing the Information at HH level	On going	On going

<i>through indicators under 4.4.1)</i>					Develop a messaging resource guide for CHWs	Done. Trained CHVs are provided with a CHV guide to use during their contact with HHs	On going	On going
		Indicator 5	Children under 5 sleep under an insecticide treated net the last night before the survey		Educate households on consistent use LLIN for pregnant women and children under 5	Done By CHVs during home visits	On going	On going
			Caretakers correctly identify danger signs of common childhood illnesses		Build the capacity of caretakers to identify danger signs for childhood illnesses (fever, dehydration)	Done	Doing the basic training for CHWs to cascade	
3.3.2 Improved compliance with preventive and curative protocols	Cohort 1,4,5,4	AOP Level 1 Indicator 12/ P11.1.D	Service delivery points provided with minimum standards for preventive and curative protocols	AOP Level 1 Indicator 12/ P11.1.D	Provide updates on the national service delivery guidelines	On going		
					Build capacity of IPs to roll out National guidelines on YFS and PWP	Done		

			Prevention programs complying to minimum standards		Disseminate national PE standards for SWs to new implementing partners	Done/On going		
					1. Disseminate minimum standards to prevention implementing partners 2. Monitor compliance with prevention protocols	Done		
3.3.3 Improved appropriate health care seeking behavior			Improved knowledge and positive attitudes towards health care services Sex workers routinely screened for STIs	MOH AOP , MOYAS SP Health Obj 2	1. Mobilize households and communities to seek health care services from qualified medical practitioners 2. Educate MARPs and youth to seek early treatment for STI from a qualified medical personnel 3. Educate communities to seek HIV testing and treatment 4. Educate pregnant women to seek delivery by skilled birth attendants	On going		

			and treated according to national guidelines		5. Educate communities to seek prompt treatment for malaria 6. Educate households on early identification of TB symptoms and seeking treatment			
3.4.1 Development of new approaches to increase use of quality services at community and facility levels especially among marginalized, poor, and underserved populations	NA	USAID IP	New approaches developed to increase quality services at community and facility level		Support the mobile CUs for migratory populations to improve service uptake	On going		
					Use mobile phone technology to strengthen maternal, neonatal and child health outcomes at community level in Koibatek District	Done. Formative assessment on going		
					Conduct alcohol harm reduction intervention among FSWs PHE in Rift	On going		
4.1.1 Marginalized, poor, underserve	AOP Level 1 Result: To increase the capacity of	USAID IP	Households transitioning along	MOGCSD Workplan 2010/2011/ MOH	1-Support households based on their vulnerability level	Done. HHs were not supported according to their vulnerability. Over	The vulnerability data had not been analysed	The Vulnerability data has now been analyzed and starting next quarter the data will be matched to OVC HHs

d groups accessing economic security initiatives	families and communities taking care of OVCs.		the vulnerability continuum	AOP/MOYAS SP Emp obj 1 – 4	2-Link 500 households to economic empowerment organizations to leverage resources, skills and products 3-Engage stakeholders through the DHSF to leverage for resources	500 HHs were linked to economic empowerment activities	until this quarter	to start targeting them based on vulnerability
	AOP results: Functional support services	C5.7.D	Number of new eligible adults and children provided with economic strengthening service		Provide direct support (social protection) to the most economically vulnerable i.e. - Refer households to GOK cash transfer scheme - Train on basic financial literacy -Link to micro-financing institutions	Done. The Project continued to give OVC material support according to the needs, link to financial literacy and to micro finance.	Activity done	Activity done
	Result: Create an enabling environment to enhance women's economic rights empowerment. (GOAL 4)				Promote formation of 150 Savings & Internal Lending Communities (SILCs) as a form of economic self-insurance and encourage participation by women	Done. 306 SILC groups formed so far	Activity done	Activity done

4.1.2 Target groups linked to local market potential for revenue and sustainability	MOA Result: Provide market information		Households linked to commodity markets	MOA Strategic Plan 2010/2012	1-Work with the Ministry of Agriculture to provide TA to support groups and HHs to identify agricultural products with high market value	Done. The project has worked closely with the Ministry of Agriculture in promoting agricultural activities	Activity done	Activity done
					2-Liaise with Ministry of Cooperatives to sensitize HHs and farmer groups on available markets	Not Done	Groups need to be organized in groups producing similar produce to be linked to cooperatives	This will be done this quarter
					3-Create linkages to local market for households within the medium and low economic vulnerability categories on the spectrum.	On going	On going	On going
4.2.1 Increase in food security, improved nutrition and sustainable livelihoods amongst the target	MOA: Promote food and nutritional security	Indicator 9	New households reporting food security	MOA Strategic Plan 2010/2012, MOH	1- Train households on organic farming for food production	On going	On going	On going
					Build capacity of pastoralists community on livestock Disaster Risk Reduction(DRR)	Not Done	There was no in-house capacity to do this activity	Activity will be reviewed and if still viable, a consultant will be engaged to do it

groups	AOP Level 1			1- Link with MOA to promote fast maturing crops, improved livestock production and supervision of HH activities through extension workers 2- Work with MOE to expand and strengthen JFFLS 3-Promote nutrition at household level through CHWs and CUs - Conduct nutrition education - Distribute vegetables to Vulnerable households - Source and distribute relief food to vulnerable households	Done		
				Promote IYCF practices through CHWs and health promotion forums	On going		On going
				Develop food and nutrition messages for use by CHWs at community and HH level	On going		

					Provide supplementary food for the chronically ill within marginalized poor and underserved populations as well as the severe/ acutely malnourished	Done. The project is working with NHP program both at community and facility to assess and facility to provide FBP to severely malnourished children and PLHIVs	On going	On going
4.3.1 Increase access to education, life skills and literacy initiatives for highly marginalized children, youth and other marginalized populations	Cohort 4	C5.4.D	Eligible children and vulnerable youth provided with education and/or vocational training	MOE National school health policy/MOYAS SP Educ obj 4	Provide scholastic materials to support school attendance and girl child retention	Done. The Project is continually supporting OVC with Education including scholastic Materials	Done	Done
					Support life skills education for in and out of school youth	Done during Health action days, children clubs and Junior Farmer Field and Lifeskill schools	On going	Done
					Link vocational training graduates to established firms and institutions for apprenticeship	Ongoing.	On going	On going
					Link needy OVC to scholarship programs	Ongoing. OVC have been linked to various scholarship such as Equity Wings to Fly, CDF funds Bursaries etc.	On going	On going
					Pilot the use of speaking books to reach OVC with	Not Done	The cost and procedures of bringing the	Health communication is developing a strategy to reach OVC with Lifeskills

					life skills at the household level		books from S.A were prohibitive	
					Work with local celebrities to advocate for education in communities with low school enrollment and particularly for OVC	Not Done		The project is exploring other strategies to reach the OVC in low enrolment areas
4.4.1 Enhanced access to improved water supply and sanitation	AOP Level 1	Indicator 14	Households with functional latrines	Ministry of Water and irrigation/MOH AOP	Train teachers to manage school health clubs (water and hygiene) in 400 schools	Not Done		Well planned for Y3
					Train health club leaders in water and hygiene in 400 schools	Not Done		Planned for Y3
					Sensitize the community on proper use of existing latrines at HHs and school level through talks	Done. This is being done at HH Level by CHWs	On going	On going
			Households with safe water storage facility at point of use (survey)		Train CHWs to sensitize community on appropriate treatment and storage of drinking water	Done. ToT at project and partner level were trained and they are now training CHVs	On going	On going
					Build CHW capacity to conduct hygiene education	On going	On going	On going

					Sensitize households on water harvesting at CU level	On going		
					Sensitize households on sustainable solid waste disposal mechanisms which are environmentally compliant	Ongoing, part of the training done by WASH Plus WASHPLUS is on fecal management so it already on going	on going	On going
4.5.1 Increased access to quality protective services to survivors of sexual assault, child maltreatment and children without adequate family care	Cohort 1,2,3	C.5.6.D	Eligible adults and children provided with psychosocial/spiritual	MOGCSD Strategic plan 2008/2012/MOYAS Work plan 2010/2011	1-Conduct needs assessment of vulnerable children and provide 6+1 OVC services according to needs identified	Done. This done continuously during the monthly HH visits	On going	On going
	GOAL 1: Coordinate care and protection for children	C5.2.D			2-Strengthen capacity of local organizations to provide OVC services according to PEPFAR and government quality improvement standards	Done .Implementing partner were given orientation on PEPFAR and GOK quality standards	On going	On going
					3-Sensitize the community on child rights and harmful tradition practices	Done. This is continually being done through AACs and also through community forum	On going	On going
					4-Disseminate child participation guidelines to partners and CHWs	Done	Done	Done

			5-Work with Court Users' Forums to promote protection among children	Done. APHIA plus sits in Protection team committee and has been working closely with AACs on this.	On going	On going
			6-Strengthen the role of paralegals through follow up and support supervision	On going	On going	On going
		Eligible children provided with protection services	Facilitate OVC to acquire birth certificates	Done. Project continues to assist OVC get birth certificates through the Registrar of persons	On going	On going
		Eligible children provided with health care referral	Build capacity of the children's department (AACs, DCOs) to address child protection issues.	Done. Capacity was built District and locational AACs	Done	Done
			Orient Community leaders and the community units to child protection need at the community level	On going	We normally have sessions during training of CHWs and during Dialogue days with Community	Well planned for year 3
GOAL 3: Reduce sexual and gender based violence	P6.1.D	Persons provided with PEP by exposure (occupational,	1- Dissemination of guidelines, SOPs, and reporting tools on management of PEP	Done in 64 facilities in Rift program areas		

			sexual assault/rape)				
			Levels 4 and 5 facilities have infection prevention SOPs available	2- Mentorship of service providers to support the availability of ARVs at the SDPs 3- Mentorship of Health Care Workers on SOPs related to Infection Prevention and PEP for occupational exposure			
			Facilities offering comprehensive Post Rape Care services	4. Support mentorship, OJT and CMEs and supervision to MOH on PRC services 5. Support MOH to establish/strengthen PRC centers 6. Collaborate with key stakeholders including Provincial Administration, Legal system and internal security to establish and strengthen Gender & Child Protection Unit services	Done. OJT conducted in 8 and CMEs in 2 facilities. Site support supervision conducted. MOH Supported to establish 64 facilities. Collaboration with Provincial Administration and legal system done	Competing activities by MOH	OJT and CMEs will be scaled up to cover more facilities

		P12.2.D	People reached by an individual , small group or community level intervention or service that explicitly addresses gender based violence and coercion related to HIV/AIDS by sex and age	Conduct community dialogues and health action days to address SGBV at CUs	Done. Sensitization of SGBV conducted in CU during community dialogue days		Scaling up will be done during the quarter
				Build the capacity of CHWs to establish alcoholic anonymous clubs at community level	Not done	Mapping of alcoholic prone zones	Planned for this quarter
		P12.3.D	People reached by an individual , small group or community level intervention or service that explicitly addresses legal rights and	Strengthen the capacity of local organization to address and advocate against harmful cultural practices including Female genital mutilation (FGM)	Ongoing		

			protection of women and girls impacted by HIV/AIDS by sex and age					
4.6.1 Improved financial managerial and technical capacity of indigenous organizations serving social and health needs of marginalized, poor and underserved populations	NA	USAID IP	Improved organizational capacity among local implementing partners	USAID IP	Assess local implementing organizations institutional capacity and develop capacity building plans	Done. Conducted compliance capacity assessments and capacity building for 6 local organizations and developed action plans		
					Provide TA to the organizations to implement the capacity building plans	Done. Provided TA to one organization in development of HR and Financial policy manuals as well formation of a board of directors for governance.		
					Train local implementing partners on organizational, financial and technical skills	Done. Partners have been trained in financial management and various technical trainings		
4.6.2 Districts, sub-districts and village	AOP Result: Governance structures strengthened	MOH AOP	Districts with functional Health Stakehold	MOH-AOP	Orientation of selected DHMTs and dissemination of national DHSF guidelines	Not Done		No new DHMT

health committees plan and coordinate implementation of effective multi-sectorial partnerships for health			ers Forum (DHSF)		Support DHSF meetings	Done. 4 Supported		
4.6.3 Women, youth, children and MARPs groups meaningfully participate in the design, delivery and monitoring of interventions on their behalf	Result: Gender equity women empowerment	AOP Level 1 - Indicator 13	MARPs established	MOYAS strategic plan 2007/2012/Department of children – annual	Establish MARPs fora to advocate access to health services	Done. 11 groups for FSWs established		
	Result: Youth empowerment participation		Women and youth represented in community health committees according to national guidelines	Workplan 2010/2011, MOH AOP	Train CU committees on how to strengthen youth, children, MARPs, PLHIV and women participation in the intervention planning cycle	Not Done	These activities are specified within the Key Skills Module, which could only be undertaken after the yet to be completed Basic Skills Module	Planned for Y3
					Support children parliament through the Children's Department	On going		
4.6.4 Increased social inclusion and	Cohort 4 & 5	P8.22.N	Population with accepting attitudes towards	MOH AOP, MOYAS strategic plan 2007/2012/Department of	- Train community health workers on stigma reduction	Not Done	Key Skills modules needed to be preceded by the basic skills	Planned for Y3

reduced stigma and discrimination of MARPs			PLHA, sex workers, MSM	children – annual Work plan 2010/2011			modules which took longer than expected.	
					- Create community awareness on the needs of PLHIV,SW,MSM	On going		
					- Provide psycho social support for PLHIV to overcome self-stigma	Not Done		
					-Promote formation of support groups for MARPs	On going		
					-Provide integrated services at targeted moonlight outreaches for MARPs (truck drivers, sex workers, MSM, street families)	On going		
					Build the capacity of support groups on group management	Not Done	Build the capacity of support groups on group management	

ANNEX 11: SUCCESS STORY

Transforming Lives through SILC

Savings and Internal Lending Communities (SILC) is methodology which focuses on strengthening the livelihoods of household that are middle level of vulnerability. SILC is anchored on the social capital of these households that are in middle level of vulnerability.

APHIAPlus trained IP staff to roll out the SILC methodology to the households. During the quarter under review, KCIU through its SILC Field Agents formed SILC groups in their different sites of operation. One of the beneficiaries of SILC is Magdalene Leken.

Magdalene tested positive in September 2011. She went home devastated by the news and disclosed to her husband. To add insult to injury, the husband sent her packing and married another woman soon after. By this time, Magdalene had 5 children who were made vulnerable since they had to leave their home to re-start their lives.

Magdalene sought help from KCIU Kajiado office. She shared her story with the field staff who provided her with psychosocial support, and encouraged her. By this time, Magdalene was living with a well-wisher. When SILC group was formed in June 2012, she immediately joined. As per Jinue Self Help Group (the name of SILC Group) rules, one can only save between Ksh 50 to 500 and a social fund of Kshs 20 per week.

Magdalene borrowed Ksh 500 which she used to start her charcoal business. She used the money to buy charcoal (20 Kg tin) which she sold and repaid the loan. Subsequently, she borrowed ksh 1200 which she used to buy one sack of charcoal and now her borrowing is between ksh 2000 and 2500.

Since she started this business, she has since rented her own house which she is able to pay the rent comfortably. She is also been able to support her 5 children (1 male and 4 female) with scholastic materials and also provide food for them.

Below Magdalene at her work place in Jua Kali area in Majengo Kajiado

Link to external markets brings a smile to Evelyn's Family

Evelyn Atieno 38 is a mother of 2 who moved into Kware slums in 1983 from her rural area in Kisumu. Life had not been easy for this single mother; in 2008 she was diagnosed with HIV/AIDS after getting TB infection. She was immediately put on medication. Her illness jeopardized and compromised the future of her family. The family sunk into poverty with children dropping out of school.



Magdalene Leken; A SILC Beneficiary Selling

Even in her poor health, Evelyn continued to do casual work such as washing clothes for well-off neighbors and on part time basis, she could go to a kind enough good Samaritan neighbor who had

the skills to train her on bead work and weaving. The two women would burn mid-night oil making beads and after 3 months of the training, Evelyn was able to start her own beadwork business with Kshs 300 borrowed from a neighbor, she bought some beads, strings and few other items to start her bead work business.

Evelyn marketed her products through hawking them within the slums; however, her average income from the sales never surpassed Kshs 1000. This income was too little to pay rent, provide for basic needs and enable her to provide education for her children

During the month of January 2012, Evelyn was lucky because USAID support reached her household through APHIAplus Nuru ya Bonde and ESM partnership. Evelyn was chosen by the community as their community health volunteer. Additionally, her children were eligible for the project's support; hence they were enrolled back to school.

In July 2012, the ESM project was able to link her with an organization called Giacomo Giacomo in Italy together with 6 other caregivers who do beadwork and weaving to sell their wares.



Evelyn Atieno with Sr. Maria and Fides Mwenda, ESM staff

Following this link, during the months of July to September 2012, Evelyn was able to make products worth Kshs 4500 (Part of the money she used to expand her bead work business was Kshs 850 loan that she got from her Matonyoko SILC group which has 19 members). The in sales totaled to Kshs 12,900; Evelyn made over 100% in profit. Life for Evelyn and her family has drastically improved; she was able to pay school fees for her first born, buy books, shoes and some new clothes. She also paid her loan in full at her SILC group.

More so, with the revenues got from the expanded business, she is able to live positively and engage in a dignified economic empowerment activity.

She was able to purchase some stock materials to make more beads as ESM project continues to send more products to Italy. The future looks bright for Evelyn and her family.

ANNEX III: REPORTING RATES JUL –SEP 2012

MOH 711 - May: Jul to Sep 12'																			
County/District Name	May-12					Jul-12					Aug-12					Sep-12			
	Actual Reports	Expected Reports	Percent	Reports On Time	Percent On Time	Actual Reports	Expected Reports	Percent	Reports On Time	Percent On Time	Actual Reports	Expected Reports	Percent	Reports On Time	Percent On Time	Actual Reports	Expected Reports	Percent	Reports On Time
Baringo North	29	37	78.4	29	78.4	32	37	86.5	21	56.8	33	37	89.2	23	62.2	36	37	97.3	30
East Pokot	12	19	63.2	12	63.2	11	19	57.9	11	57.9	14	19	73.7	14	73.7	13	19	68.4	13
Koibatek	25	25	100	25	100	26	26	100	26	100	26	26	100	26	100	26	26	100	26
Mogotio	18	18	100	18	100	18	20	90	18	90	18	20	90	18	90	19	20	95	19
Baringo County	84	99	85%	84	85%	87	102	85%	76	75%	91	102	89%	81	79%	94	102	92%	88
Keiyo South	13	19	68.4	13	68.4	26	30	86.7	26	86.7	24	30	80	23	76.7	29	30	96.7	28
Marakwet East	25	25	100	24	96	25	27	92.6	23	85.2	25	27	92.6	24	88.9	26	27	96.3	26
Marakwet West	34	35	97.1	33	94.3	34	35	97.1	33	94.3	34	35	97.1	33	94.3	31	35	88.6	30
Elgeyo-Marakwet County	72	79	91%	70	89%	85	92	92%	82	89%	83	92	90%	80	87%	86	92	93%	84
Kajiado Central	30	44	68.2	30	68.2	36	39	92.3	34	87.2	31	39	79.5	31	79.5	35	39	89.7	35
Kajiado North	27	31	87.1	27	87.1	75	88	85.2	71	80.7	81	88	92	75	85.2	81	88	92	77
Loitokitok	74	89	83.1	73	82	32	32	100	31	96.9	32	32	100	29	90.6	32	32	100	32
Kajiado County	131	164	80	130	99	143	159	90	136	86	144	159	91	135	85	148	159	93	144
Laikipia North	9	9	100	9	100	13	13	100	13	100	13	13	100	13	100	13	13	100	13
Laikipia Central	14	16	87.5	14	87.5	16	18	88.9	16	88.9	18	18	100	18	100	17	18	94.4	16
Laikipia East	12	13	92.3	12	92.3	9	9	100	9	100	9	9	100	9	100	9	9	100	9
Laikipia West	24	25	96	23	92	24	25	96	22	88	24	25	96	24	96	24	25	96	24
Nyahururu	12	13	92.3	12	92.3	13	14	92.9	12	85.7	13	14	92.9	13	92.9	13	14	92.9	2
Laikipia County	71	76	93	70	99	75	79	95	72	91	77	79	98	77	98	76	79	96	64
Gilgil	14	17	82.4	14	82.4	19	22	86.4	18	81.8	18	22	81.8	18	81.8	19	22	86.4	19
Kuresoi	62	64	96.9	54	84.4	30	32	93.8	26	81.3	30	32	93.8	29	90.6	31	32	96.9	31
Molo	13	15	86.7	0	0	18	19	94.7	16	84.2	18	19	94.7	16	84.2	18	19	94.7	17
Naivasha	23	29	79.3	1	3.4	43	48	89.6	42	87.5	45	48	93.8	45	93.8	47	48	97.9	47
Nakuru Central	30	30	100	30	100	65	70	92.9	64	91.4	69	70	98.6	69	98.6	65	70	92.9	64
Nakuru North	19	20	95	19	95	24	26	92.3	23	88.5	24	26	92.3	24	92.3	25	26	96.2	25
Njoro	42	46	91.3	26	56.5	30	30	100	30	100	30	30	100	30	100	30	30	100	30
Rongai	24	24	100	24	100	27	27	100	27	100	27	27	100	27	100	27	27	100	27

MOH 711 - May: Jul to Sep 12'

County/District Name	May-12					Jul-12					Aug-12					Sep-12			
	Actual Reports	Expected Reports	Percent	Reports On Time	Percent On Time	Actual Reports	Expected Reports	Percent	Reports On Time	Percent On Time	Actual Reports	Expected Reports	Percent	Reports On Time	Percent On Time	Actual Reports	Expected Reports	Percent	Reports On Time
Subukia	26	33	78.8	26	78.8	14	15	93.3	14	93.3	14	15	93.3	14	93.3	15	15	100	15
Nakuru County	253	278	91	194	77	270	289	93	260	90	275	289	95	272	94	277	289	96	275
Narok North	13	13	100	0	0	35	36	97.2	33	91.7	36	36	100	34	94.4	36	36	100	36
Narok South	32	35	91.4	31	88.6	38	43	88.4	37	86	40	43	93	38	88.4	42	43	97.7	42
Narok County	45	48	94	31	89	73	79	92	70	178	76	79	96	72	183	78	79	99	78
Trans Nzoia East	22	23	95.7	21	91.3	19	19	100	19	100	19	19	100	19	100	18	19	94.7	18
Kwanza	30	40	75	29	72.5	31	40	77.5	31	77.5	32	40	80	32	80	28	40	70	28
Trans-Nzoia County	52	63	83%	50	79%	50	59	85%	50	85%	51	59	86%	51	86%	46	59	78%	46
Pokot South	14	15	93.3	13	86.7	15	15	100	15	100	15	15	100	14	93.3	15	15	100	15
Pokot Central	29	31	93.5	29	93.5	13	14	92.9	13	92.9	14	14	100	13	92.9	13	14	92.9	13
Pokot North	6	6	100	5	83.3	5	7	71.4	5	71.4	6	7	85.7	6	85.7	5	7	71.4	5
West Pokot	10	12	83.3	10	83.3	31	31	100	31	100	31	31	100	29	93.5	31	31	100	31
West Pokot County	59	64	92	57	97	64	67	96	64	96	66	67	99	62	93	64	67	96	64
Total All	767	871	88%	686	79%	847	926	91%	810	87%	863	926	93%	830	90%	869	926	94%	843

ANNEX IV: VALIDATION RESULTS MOH711A VS 731

Comparison between MOH 711 & MOH 731 Aug & Sep 2012 for the six facilities '

Indicator / Tool	Molo DH						Eldama Ravine DH			
	MOH 711		MOH 731		Variation		MOH 711		MOH 731	
Months	Aug	Sep	Aug	Sep	Aug	Sep	Aug	Sep	Aug	Sep
Number Couples Tested	7	18	14	25	-7	-7	8	8	0	0
ANC Clients Tested for HIV Total	163	165	0	0	163	165	78	78	0	0
Number of infants provided with ARV prophylaxis at Mat	12	0	0	0	12	0	2	2	0	0
Cummulative Number of Persons started started on ARVs at this facility	0	1548	1542	1548	-1542	0	810	810	810	810
Number of Patients starting ARVs within the month by WHO	23	6	23	4	0	2	9	9	9	9

ANNEX V: TRAVEL REPORT JUL- SEP 2012

Travel Date	Destination	Reason for Travel	Person
1 st – 5 th July 2012	Nairobi	Orientation	Richard Odindo, Kennedy Odera, Florence Mawere, Catherine Bonde, Janet Muema, Kimeto Simotwo, Paul Adipo, Romeo Kithuka
1 st – 7 th July 2012	Laikipia	Provide support during TQA & membership activities in Laikipia West	Sadat Nyinge
1 st – 7 th July 2012	Loitokitok	Provide support during TQA & mentorship activities in Loitokitok district	Tobias Otieno
1 st – 13 th July 2012	Laikipia West	TQA & mentorship activities in Laikipia West & data reconstruction at Ndindika and Rumuruti district hospital	Simon Kamau, Christine Irungu, Joyce Maina
1 st – 31 st July 2012	Nakuru	Work from Nakuru office awaiting relocation to Kericho County	James Oyieko
2 nd – 3 rd July 2012	Nakuru	Drive LVCT staff to Nakuru to attend monthly review meeting	Keke Mwarabu
2 nd – 5 th July 2012	Naivasha	Attend DHIS training for DHRIOs & HRIOs	Gladys Chebole, Peter Njoka, Bernard Otieno, Brenda Opanga, Dunstan Achwoka
2 nd – 6 th July 2012	Kwanza	Support Community strategy team to conduct orientation to the community units	David Lumbo
3 rd – 4 th July	Nakuru	Drive health Communication and HTC teams to Nakuru for various program meetings	Tom Dado
3 rd – 5 th July 2012	Nairobi	June GFAS monthly financials closing for Nakuru office	Peter Ongeta, Patricia Kombe, Simon Otieno
3 rd – 6 th July 2012	Laikipia	Carry out HCBC activities at Caritas, LIFA, Naretisho, DCCG CBO, Enduata CBO, Kimanjo and Ilpolei CBO	Eliud Okumu, George Karisa
3 rd – 6 th July 2012	Laikipia West	DQA activities at Ndindika & Rumuruti District hospitals	Thomas Ondimu
4 th – 5 th July	Nairobi	Attend a meeting with the Country Director & Equity Bank on discussions on possible partnership	Charity Muturi, Josphat Buluku
4 th – 5 th July 2012	Nanyuki	Drive NOPE staff to Nanyuki for a staff retreat	Francis Muritu
4 th – 5 th July 2012	Nairobi	To conduct interviews	Ruth Odhiambo
4 th – 6 th July 2012	Narok	Site visits and to network the system and upgrade for the IPs	Joel Kuria, Stephen Gichuki, Kombo Kironda
5 th – 6 th July	Kajiado	Drive staff Kennedy Omuga to initiate accelerated HTC in Kajiado district and support community strategy team to conduct CHWs meetings in Esokota and Olkiloriti	Anthony Nyamweru (driver)
5 th – 6 th July 2012	Kajiado/Nairobi	Drive staff – John Ndiritu to Ngong for MARPS activities and pick the Finance team from Nairobi to Nakuru	Tobias Otieno

5 th – 6 th July 2012	Narok	Conduct site visits for IPs in Narok	Irene Muteti,
5 th – 8 th July 2012	Nakuru	Orientation	Paul Adipo
5 th – 13 th July	Nakuru	Orientation	Catherine Bonde, Florence Mawere, Kimeto Tumo
5 th – 19 th July 2012	Nakuru	Relocation	Richard Odindo, Kennedy Odera, Romeo Wendi, Janet Ndunge
6 th July 2012	Nairobi	To attend M&E Strategy and PMP Development meeting – USAID Activity	Linda Muyumbu, Tobias Otieno
8 th – 10 th July 2012	Nakuru	Attend and participate in the training of new OVC database	Janet Onyalo, Peter Njoka,
8 th – 11 th July 2012	Laikipia West	Drive staff to Ndindika & Rumuruti for data reconstruction and support OVC partners on the OVC LDBMIS	Sadat Nyinge
8 th – 13 th July 2012	Loitokitok	Data reconstruction in Loitokitok district	Paul Adipo
8 th – 13 th July 2012	Loitokitok	To complete TQA and mentorship activities in Loitokitok DH	Judith Dzombo, Samuel Kibonge, Tobias Otieno, Qabale Nura
9 th July 2012	Nairobi	Take vehicle KBQ 059U to be fitted with an extra fuel tank	Samuel Ngumah
9 th July 2012	Nairobi	Attend a meeting at AMREF CO	Duncan Ager
9 th – 10 th July 2012	Nakuru	Service/repair KAZ 567G	Nicodemus Mwangui
9 th – 10 th July 2012	Nakuru	Attend and participate in the training of new OVC database	Maurice Obuya
9 th – 11 th July 2012	Nakuru	To attend a training on the new OVC system/M&E Officers meeting	Kenneth Otieno, Maurice Obuya, Patrick Kisonkoi & Davies Chibindo
9 th – 13 th July 2012	Baringo North	Conduct TQA and introduce the new Clinical team to Health facilities	Tom Dado, Evans Majune, Irene Oppondo, Joan Okiring, Jonah Kibet, John Kiprof
10 th – 13 th July 2012	Laikipia	Data reconstruction, support OVC partners on the OVC LDBMIS in Laikipia	Bernard Otieno, Thomas Ondimu
10 th – 14 th July 2012	Kaptega/Ekogoro	Support the community strategy teams conduct trainings & supervision for CHWs	David Lumbo
11 th July 2012	Nairobi	Collect vehicle KABQ 059U from the garage and pick staff (Finance team) from Nairobi to Nakuru	Samuel Ngumah
11 th July 2012	Nairobi	Attend a meeting with ITECH project to discuss their plan to roll-out the ART EMR in selected areas in rift Valley	Linda Muyumbu
11 th – 12 th July 2012	Nyahururu	Provide support to the clinical team in Laikipia West during data reconstruction in Ndindika & Rumuruti hospitals	Nicodemus Mwangui
12 th – 13 th July 2012	Kajiado C	Support accelerated HTC activities	Keke Mwarabu

12 th – 13 th July 2012	Nakuru	Attend and participate in the TQA progress report & M&E meeting	Peter Njoka, George Mulewa, Maurice Obuya, Joel Kipees, Jane Muriuki, Janet Onyalo, Qabale Nura
12 th – 14 th July 2012	Nanyuki	To meet OVC partners in Laikipia to support them on the way forward after the vulnerability assessment	Joel Kuria, Irene Muteti, Stephen Gichuki, Kombo Kironda
13 th – 14 th July 2012	Ngong/Nanyuki	Drive staff to Ngong after clinical team meeting and proceed to Nanyuki to pick Joel Kuria after visits to partners in Laikipia	Samson Kaba
13 th – 26 th July 2012	Eldoret	Relocation	Catherine Bonde
13 th – 26 th July 2012	Narok	Relocation to work station	Florence Mawere
13 th – 26 th July 2012	Nanyuki	Relocation to work station	Kimeto Simotwo
15 th – 18 th July 2012	Nakuru	Attend TQA meeting with Dr. Otto Chabikuli	John Kiprop, Peter Njoka, Joel Kipees, Maurice Obuya, Simon Mugo,
15 th – 20 th July 2012	Nakuru	Work on OVC LDBMIS	Samwel Njiraini (consultant)
15 th – 21 st July 2012	Dar es Salaam	Participate in Africa Regional Finance and operations training	Peter Ongeta
15 th – 21 st July 2012	Nakuru	Orientation and attending a meeting with dr. Otto Chabikli	Paul Adipo
16 th July 2012	Narok/Naivasha	Conduct an assessment in readiness for launch of services at the DISC of Narok & Naivasha	Benjamin Cheboi, George Ndungu
16 th – 17 th July 2012	Nairobi	Drive staff to Nairobi for various program meetings – (Duncan Ager, Stephen Gichuki) and pick Dr. Otto Chabikuli from Nairobi to Nakuru	Josphat Buluku
16 th – 17 th July 2012	Nakuru	To support health communication team activities	David Lumbo
16 th – 17 th July 2012	Nakuru	Drive staff to Nakuru for a TQA meeting and service/repair vehicle KAT 906E	Davies Chibindo
17 th July 2012	Nairobi	Take KBQ 245P to Nairobi for fitting an extra fuel tank	Tobias Otieno
17 th – 18 th July 2012	Nairobi/Ngong	Attend MNCH- Nutrition meeting in Nairobi & proceed to Ngong for a meeting with the Clinical team	Violet Ambundo
17 th – 20 th July 2012	Laikipia	Conduct support supervision with provincial RH coordinator and DASCO/DRHC of respective districts for youth friendly and DISC services	Benjamin Cheboi, George Ndungu
17 th – 20 th July 2012	Nyahururu	TQA activities & data reconstruction at Ndindika & Rumuruti Hospitals	Bernard Otieno, Samuel Ngumah, Joyce Maina, Christine Irungu,
18 th July 2012	Nairobi	Drive Linda Muyumbu to Nairobi to attend a USAID meeting on Quality improvement and pick Violet Ambundo from Ngong after a meeting with the clinical team	Josphat Buluku
18 th – 19 th July 2012	Nairobi	Attend USAID technical meeting on quality improvement and service standards for HIV/AIDS care, treatment and PMTCT meeting	Linda Muyumbu

18 th – 20 th July	Nakuru	Attend a TQA debrief meeting	Maurice Obuya, Joel Kipees,
19 th July 2012	Nairobi	Drive Mercy Maina back to Nairobi and pick Linda Muyumbu from Nairobi after attending a USAID meeting	George Karisa
19 th – 21 st July 2012	Nakuru	Attend a TQA debrief meeting with Dr. Otto	Judith Dzombo, Qabale Nura, Samuel Kibonge, Janet Onyalo, John Kiprop, Jane Muriuki, Florence Mawere, Irene Oppondo
19 th – 21 st July 2012	Nakuru	Transportation of bicycles to the following health centers and dispensaries – Kapkures, Mogotio, Barut, Emining, Chemasis, Lengenet, Karunga, Nyadundo and Athinai in preparation for the USAID visit	Davies Chibindo
19 th – 21 st July 2012	Nakuru/Eldoret	Hold meetings with Dr. Otto and the Care & treatment team	Dr. Joel Rakwar
19 th – 21 st July 2012	Narok	Conduct head teachers sensitization meetings	Ian Wanyoike, Sadat Nyinge
21 st – 22 nd July 2012	Nakuru	Tow vehicle KAZ 567G after it broke down	Nicodemus Mwangui
22 nd – 24 th July 2012	Kitale/Eldoret	To Kitale to conduct sensitization meetings for head teachers	Sadat Nyinge, Ian Wanyoike
22 nd – 28 th July 2012	Laikipia	Data reconstruction & mentorship at Rumuruti	Samson Kaba, Simon Mugo, Joyce Maina, Christine Irungu, Bernard Otieno, Kimeto tumo,
22 nd July – 4 th August	Ngong	New hire – reporting to work station	Paul Adipo
23 rd – 27 th July 2012	Nakuru	Work on OVC LDMIS	Samwel Njiraini
23 rd – 27 th July 2012	Nakuru	Participate in the USAID visit for APHIAplus Nuru ya Bonde – Nakuru County	Patrick Muthee
23 rd July – 5 th August 2012	Nakuru	New Hire	Dr. Joel Rakwar
24 th July 2012	Nairobi	Attend an entry audit planning meeting with AMREF, FHI and Deloitte	Peter Ongeta
25 th – 26 th July 2012	Kajiado	Conduct TQA (focusing on Pharmacy) and data quality audit for Kajiado hospital	Samuel Kibonge, Keke Mwarabu
25 th – 26 th July	Naivasha	Preparation for USAID visit	Julius Ekeya
25 th – 28 th July 2012	Naivasha	Participate in AWP training for South Rift	Lorina Kagosha, Joel Kipees, Wycliffe Kokonya, Fredrick Githongo,
25 th – 28 th July 2012	Kitale/Kapenguria	Provide TA during head teachers sensitization training in West Pokot	Ian Wanyoike, Simeon Koech
26 th – 27 th July 2012	Nyahururu	To attend CHEWs meeting and distribute bags to CHWs	Sarah Kosgei, Nicodemus Mwangui
26 th – 27 th July 2012	Nakuru	Regional Laboratory stakeholders meeting in Nakuru	Catherine Bonde,
29 th – 30 th July 2012	Mombasa	Participate in the ICRH USAID audit	Simon Otieno

29 th – 30 th July 2012	Nakuru	Drive Bernard Okello from Nakuru to Nanyuki on transfer	Nicodemus Mwangui
29 th July – 1 st August 2012	Nairobi	Attend a Multi-sectoral GBV HIV workshop-strengthening GBV & HIV prevention & service meeting	Charity Muturi
29 th July – 3 rd August 2012	Eldoret	Handing over and orientation on the data management assistant roles & responsibilities	Gladys Chebole
29 th July – 3 rd August 2012	Loitokitok	To complete pending DQA activities, support DHIS, clinical mentorship in Murtot, rombo, Kimana and Loitokitok district hospital	Qabale Nura, Janet Onyalo, Samuel Kibonge, George Ndungu, Judith Dzombo
29 th July – 12 th August 2012	Nanyuki	Transfer to Nanyuki	Bernard Otieno
30 th July – 1 st August 2012	Pokot/Kacheliba	Conduct TQA and DQA for KachlibaDH, introduce the new team to the DHMT for Pokot North and also review the Kachliba HMT and DHMT work plans	Simeon Koech, John Kiprop, Catherine Bonde, Jonah Kibet, Evans Majune, Irene Oppondo, Joan Okiring, Peter Njoka,
30 th July – 1 st August	Narok	Orientation and offer TA to the HC projects	Richard Odindo
30 th July – 1 st August 2012	Nakuru	Work on OVC LDMIS	Samwel Njiraini
30 th July – 3 rd August 2012	North Rift	Orientation and offer technical assistance to the HC projects	Kennedy Odera
30 th July – 3 rd August 2012	David Lumbo	Support the CS team consolidate information on CHW performance evaluation for June 7 July in order for the project to pay pending stipend	David Lumbo
31 st July	Nairobi	Attend MARPs TWG meeting	Rachael Manyeki, Samuel Ngumah
31 st July – 2 nd August 2012	Nairobi/Ngong	Attend MARPs TWG meeting in Nairobi and proceed to Ngong to follow-up on the handing over process of the MARPs program to the new staff	John Ndiritu
1 st – 3 rd August 2012	Nairobi	To participate at the International conference on gender based violence at Kenyatta university	Simon Ochieng, George Kimathi
1 st – 4 th August 2012	Nairobi	New hire – Orientation	Fredrick Odhiambo, Christopher Murage,
1 st August – 24 th September 2012	Nakuru	Work from Nakuru office awaiting relocation to Kericho	James Oyieko
2 nd – 3 rd August 2012	Kitale/Eldoret	Have meetings with CDK & EDE on Multi-year scope of work budget	Peter Ongeta, Sadat Nyinge
2 nd – 3 rd August 2012	Nakuru	Attend HTC quarterly review meeting	Andrew Wafula, Pete Ondara
2 nd – 8 th August 2012	Ngong	Conduct meetings with GSN Members on CME	Maureen Okola
2 nd – 10 th August 2012	Laikipia	Kalalu CU- HBTC feedback meeting and referral tracking, meeting with HTC service providers-mentorship and OJT at the youth Centre, to sweet waters CU- feasibility study on CU before start of HBTC activities, mobilization by CHWS ON HBTC uptake and start of HBTC in sweet waters community unit, Laikipia North HTC outreach and to Lamuria health centre meet discordant couples – orient them on discordant couples frame work.	David Kihiu, George Karisa

5 th – 9 th August 2012	Nakuru	Attend ASRH update meeting & discuss integration of Community RH/CBD activities in the existing functional CUs	Judith Dzombo, Jane Muriuki, Joan Okiring, Irene Oppondo, Joyce Maina,
5 th – 18 th August 2012	Nakuru	New Hire	Sarah Were, Christopher Murage, Fredrick Odhiambo
6 th – 7 th August 2012	Nairobi	Have a meeting with CRS and attend a USAID meeting	Ruth Odhiambo, Josphat Buluku
7 th August 2012	Narok	Attend workplace meeting in Narok	Simon Ochieng, Samuel Ngumah
7 th – 8 th August 2012	Ngong	To attend a court proceeding in Kibera following Robbery at the Ngong office	Maureen Imbayi
7 th – 8 th August	Nairobi	Attend a USAID meeting	Ruth Odhiambo
7 th – 9 th August 2012	Nyahururu	To Ngarua, Kinamba and Oljabet CUs in preparation for the visit by CS project officers, field visits to the three CUs	Sarah Kosgei, Nicodemus Mwangui
7 th – 10 th August 2012	Nyahururu	Attend monthly meeting and conduct field visits in Laikipia West	Duncan Ager, Stephen Chebii, Moses Emalu, Sarah Kosgei, Francis Muritu
7 th – 10 th August 2012	Nanyuki	Familiarization with the MARPs interventions in Laikipia and hold discussions on pilot draft curriculum and reporting and data quality issues	Richard Odindo, Samson Kaba
8 th – 10 th August 2012	Nachecheyet/ Tamugh	To assist the Community Strategy tem in distribution on bags to CHWs and mentoring the units on functionality	Tom Dado
9 th – 10 th August 2012	Kacheliba/ Kwanza	Support the annual work plan meetings for West Pokot and Kwanza districts	Catherine Bonde, Evans Majune, John Kiprop,
10 th – 11 th August 2012	Kisumu	Drive staff to funyula to attend Linda Muyumbu's father's funeral	Josphat Buluku
12 th – 18 th August 2012	Machakos	Attend workshop to finalize couple HTC curriculum	Thomas Ondimu
13 th – 14 th August 2012	Pokot	Support the annual work plan meeting for West & Central Pokot	Evan Majune, Simeon Koech
13 th – 15 th August 2012	Eldoret/Nairobi	Take vehicle KBD 926W for service & drop Janet Ndunge to Eldoret on transfer, 14 th /15 th – drive staff to Nairobi (P Ongeta & D Ager to participate in AMREF & gold Star APHIAplus Audit exit interviews	George Ndungu
13 th – 17 th August 2012	Nanyuki	Laboratory mentorship at Nanyuki District hospital	Romeo Kithuka
13 th – 17 th August 2012	Nakuru	Provide support during USG partners OLMIS learning visit	Samwel Njiraini
13 th – 27 th August 2012	Eldoret	Transfer from Nakuru to Eldoret	Janet Ndunge
14 th – 15 th August 2012	Nairobi	Participate in AMREF & Gold Star APHIAplus Audit exit meeting	Peter Ongeta
14 th – 16 th August 2012	Narok/Eldoret	To provide TA to NADINEF during the development of their Multi-year scope of work and attend a TOT training in North Rift	Kennedy Odera, Samuel Ngumah

14 th – 17 th August 2012	Loitokitok	Participate in Loitokitok BCC SC inaugural meeting, introduce HC team to Loitokitok DHMT representatives & the Ltk QI meeting	Lorina Kagosha
14 th – 17 th August 2012	Loitokitok	To attend and facilitate sessions in the BCC steering committee meeting	Richard Odindo, Kombo Kironda
15 th – 17 th August 2012	Loitokitok	Drive the OVC/HCBC team for QI meeting	Keke Mwarabu
15 th – 17 th August 2012	Kwanza district	Support the CS team to conduct support supervision activities in households	Simeon Koech
16 th August 2012	Nairobi	Attend FHI360 Senior Mgt Meeting	Ruth Odhiambo
16 th – 17 th August 2012	Nakuru	Attend a Clinical team meeting in Nakuru	Joel Kipees, Qabale Nura, Simon Mugo, John Kiprop, Davies Chibindo,
16 th – 18 th August 2012	Eldoret/Kitale	Drive Humphrey Munene to Eldoret for HC activities, service vehicle KAZ 983G and provide support to Health communication team in Kitale/West Pokot	Tobias Otieno
17 th – 30 th August 2012	Nakuru/Ngong	New Hire; attend clinical team meeting in Nakuru and relocate to Ngong	Peter Katsutsu
20 th – 24 th August 2012	Nairobi	Attend SME Course	Kennedy Odera
20 th August – 9 th September	Nakuru	Transfer	Christine Mwamsidu
21 st August 2012	Nairobi	Have a meeting with Sarah Searle, TO from FHI360 HQ on MARPs QA project	Rachael Manyeki, John Ndiritu
21 st – 22 nd August 2012	Nairobi	Attend a USAID prevention partners meeting	Richard Odindo
21 st – 22 nd August 2012	Nairobi	Attend close out meeting for ICRH, AMREF & review GS Kenya Audit report	Peter Ongeta
21 st – 23 rd August 2012	Chemolingot	Support the AWP meeting in Pokot East	Kennedy Yogo, Tom Dado
21 st – 24 th August 2012	Pokot East	Support AWP in Pokot East, Follow-up on TQA/DQA action plan in Chemolingot DH and Kabartonjo DH	Peter Njoka, Jonah Kibet, John Kiprop, Irene Oppondo, Catherine Bonde,
21 st – 24 th August 2012	Nakuru/Kajiado	Provide TA & mentorship to Kajiado DH & Ngong DH (Laboratory)	Florence Mawere
21 st – 24 th August 2012	Pokot	Pokot North & Central integrated outreach	Evans Majune, Joan Okiring, Simeon Koech, Janet Ndunge,
21 st – 25 th August 2012	Nairobi	Attend the KMMP TOT for implementing partners workshop	Thomas Ondimu, Eliza Wachuka, James Oyioko
22 nd August 2012	Eldoret	Attend a meeting with Kenya Pipeline Eldoret	Simon Ochieng, Bernard Odhiambo
23 rd – 24 th August 2012	Nanyuki	To meet OVC partners in Laikipia to support them on the way forward after the vulnerability assessment	Irene Muteti, Stephen Gichuki, George Ndungu
24 th – 27 th August 2012	Kitale	To facilitate head teachers sensitization meetings in West Pokot	Ian Wanyoike, David Njengere (KIE), Reuben Makunda (KIE), Dickson Oyioko (MOE)

26 th – 28 th August 2012	Laikipia West	Mentorship activities at Rumuruti and Ndindika DH	Simon Mugo, Joyce Maina, Bernard Otieno, Kimeto Tumo, Christine Irungu, Nicodemus Mwangui,
26 th – 29 th August 2012	North Rift	Support the North Rift Partners to upgrade their OLMIS system	Joel Kuria
27 th August 2012	Nairobi	Attend National orientation for KMMP TOTs workshop	Thomas Ondimu
27 th – 28 th August 2012	Narok	Carry out compliance review visit to ENOCOW and NADINEF	Sarah Were, Christopher K. Murage, Samuel Ngumah
27 th – 28 th August 2012	Nairobi	To Kajiado for Pediatric supervision at Kajiado DH alongside NASCOP team and proceed to Nairobi to HIV stakeholders forum	Dr. Everline Ashiono
27 th – 28 th August 2012	Eldoret	Take vehicle KAZ 564G to Toyota Eldoret for service/Repairs	Samson Kaba
27 th – 29 th August 2012	Baringo	Attend CHEWs meeting and support supervision in Chemolingot and Marigat CUS	Stephen Chebii
27 th – 29 th August 2012	Pokot West	Data Audit in West & North Pokot	Evans Majune, Joan Okiring, Catherine Bonde, Janet Muema, Simeon Koech,
27 th – 29 th August 2012	Kajiado Central	Provide support during VC HTC activities at Olloyiankalani and Olooyusian & OVC HTC activities	Keke Mwarabu
28 th August 2012	Nairobi	To pre-test the assessment tool for the peer education and outreach standards with the UoN Sex Workers Outreach Program (SWOP)	John Ndiritu, Tobias Otieno
28 th – 29 th August 2012	Nairobi	Pick Margaret Kaseje & Cynthia Karari from Nairobi to Nakuru to attend a GS Kenya staff meeting	George Karisa

29 th – 31 st August 2012	Nakuru	Attend all program/Technical staff meeting	Catherine Bonde, Christine Katana, Joan Emoh Okiring, Christine Irungu, Bernard Otieno, Evans Majune, Florence Mawere, Fredrick Githongo John Kiprop, Irene Opondo, Jane Muriuki, Janet Ndunge, Joel Kipees, Jonah Kibet, Joyce Maina, Judith Dzombo, Kennedy Yogo, Kimeto tumo, Lorina Kagosha, Maurice Obuya, Peter Njoka, Samuel Kibonge, Samuel Mugo, Wycliffe Kokonya, Ruth Kamau, Tabitha Wanjiru, Ruth Kanini, Edith Nyawira, Naftaly Karimi, Qabale Nura, Janet Onyalo, Paul Adipo, Keke Mwarabu, Nicodemus Mwangui, tom Dado, Davies Chibindo, Simeon Koech, George Mulewa, David Lumbo, Peter Katsustsu
30 th August 2012	Kajiado	Paediatric supervision at Kajiado DH	Violet Ambundo
30 th August 2012	Kajiado	Participate in various workplace activities	Simon Ochieng
30 th – 31 st August 2012	Nairobi	Drive Dr. Margaret Kaseje & Cynthia Karari back to Nairobi after attending Gold Star Kenya Meeting in Nakuru	George Karisa
31 st August – 1 st September 2012	Nairobi	Drive staff back to Ngong & Nairobi after attending Technical & Program staff meeting in Nakuru	Kombo Kironda
2 nd – 8 th September 2012	Mombasa	Attend Newborn Training skills training	Irene Opondo, Judith Dzombo,
3 rd – 5 th September 2012	Loitokitok/Na kuru	Support OVC HTC support supervision, drawing September HTC work plan with DHMT representatives and drop off HTC and SGBV TO in Nakuru for program review meeting	Keke Mwarabu
3 rd – 7 th September 2012	Kajiado	Data Audit at Kajiado DH	Dr. Everline Ashiono, Samson Kaba
3 rd – 9 th September	Loitokitok	Verification of data for APR – Loitokitok	Paul Adipo
4 th – 7 th September 2012	Kajiado C, Loitokitok	DQA at Kajiado & Loitokitok District Hospitals	Peter Katsutsu
4 th – 9 th September	Eldoret	Attend a quarterly meeting for CEOs of the Strategic Partners within the APHIAplus consortium to review progress of the APHIAplus project	Ruth Odhiambo, Charity Muturi, Tobias Otieno, George Karisa, Peter Ongeta, Dr. Joel Rakwar

3 rd – 17 th September 2012	Nakuru	New Hire	Dickson Mugendi
4 th – 17 th September 2012	Eldoret	Transfer to Eldoret	Gladys Chebole
5 th September 2012	Eldoret	Attend Strategic Partners meeting in Eldoret	Rachael Manyeki, Sadat Nyinge,
5 th – 6 th September 2012	Laikipia West	Carry out DQA activities	Simon Kamau
5 th – 7 th September 2012	Kitale	Data audit in West Pokot, Trans-Nzoia & Kwana	Janet Ndunge Muema
5 th – 7 th September 2012	Tot/Aror	Mentorship RRI schedule for ART data quality assessment in Marakwet East, West, Tot & aror	John Kiprop, Catherine Bonde, Jonah Kibet, Irene Oppondo, Simeon Koech,
5 th – 18 th September 2012	Kapenguria	Transfer from Eldoret to Kapenguria	Tom Dado, Evans Majune, Joan Okiring,
6 th – 7 th September 2012	Naivasha, Ngong	Participate in the Y-PEER network meeting in Naivasha, Orientation on quality improvement program for DISCs in Naivasha & Kajiado, attend a meeting for the development of the NOPE TA plans for APHIAplus Nuru ya Bonde	Richard Odindo, Samuel Ngumah,
6 th – 7 th September 2012	Nakuru	Attend M&E Officers & HRIO transition meeting	Maurice Obuya, Janet Onyalo, Bernard Otieno, Peter Njoka, Gladys Chebole
6 th – 7 th September 2012	Kisumu	Take LPOs to Kisumu for the CD's approval	Tobias Otieno
7 th September 2012	Nairobi	Attend OLMIS TWG meeting	Joel Kuria
9 th – 10 th September 2012	Nairobi	To participate in CSO IS Standards TWG and CRG meeting	Kennedy Yogo
9 th – 13 th September 2012	Kajiado	Carry out compliance review visit for Beacon of Hope and E.S.M and also do an introductory visit to AJAM	Christopher Murage, Sarah Were
10 th – 11 th September 2012	Kisumu	Attend USAID/AMPATH & APHIAplus meeting	Ruth Odhiambo, Charity Muturi, Josphat Buluku
10 th – 14 th September 2012	Dar Es Salaam	Attend Implementation of FHI360's Updated PMTCT Global Technical workshop	Dunstan Achwoka, Linda Muyumbu, Everline Ashiono
10 th – 14 th September 2012	Nanyuki	To sensitize managers of Finlays Nanyuki on Workplace HIV program	Simon Ochieng
11 th – 12 th September 2012	Eldoret	Have meeting with sub-guarantees on partnership management issues (CDK & CCS)	Charity Muturi
11 th – 14 th September 2012	Nairobi, Kajiado	Visit AJAM to give basic information on compliance matters and conduct a detailed finance orientation and for attend a meeting with ICL and PATH	Peter Ongeta
11 th – 14 th September 2012	Eldoret	Service vehicle KBQ 456P and support North Rift office	Kombo Kironda
12 th – 13 th September 2012	Narok	Conduct SGBV facility mentorship in Narok South & north and conduct facility assessment	Lydia Murugi, Keke Mwarabu
12 th – 13 th September 2012	Nairobi	To participate in the National Launch of the PEO Standards for Sex Workers	John Ndiritu, Rachael Manyeki
12 th – 13 th September 2012	Nairobi	To attend a USAID OVC and M&E partners meeting	Joel Kuria, Stephen Gichuki, Tobias Otieno

12 th – 13 th September 2012	Nairobi	Attend a meeting with FHI360 Country Director	Ruth Odhiambo, Josphat Buluku
12 th – 14 th September 2012	Nakuru	Attend a Laboratory review meeting on commodity and date management	Florence Mawere
13 th – 14 th September 2012	Narok	Preparation for Al Siemens visit	Ruth Odhiambo, Josphat Buluku
14 th September 2012	Nairobi	Attend transition meeting with WOFAK	Kennedy Yogo
16 th – 17 th September 2012	Narok	Provide TA to CS staff in Narok	Duncan Ager
16 th – 19 th September 2012	Mombasa	Attend Reaching Every District (RED) workshop in Mombasa	Jane Muriuki, Joyce Maina, Christine Irungu, Kimeto Tumo, Nicodemus Mwangui,
16 th – 20 th September 2012	Eldoret/Kitale	To North Rift for Regional JFFLS training, field visits – CDK & CCS, and to CDE to discuss USAID areas of concern as identified in the last visit and review how the partner is making use of the system generated reports	Joel Kuria, Stephen Gichuki, Sadat Nyinge
18 th September 2012	Eldoret	Attend a meeting with AMPATH to discuss transition of APHIAplus Nuru ya Bonde form North Rift and AMPATH from Baringo County	Charity Muturi, Richard Odindo, Dr. Joel Rakwar, Benson Mbuthia, Caleb Osano, Irene Muteti,
18 th – 19 th September 2012	Nakuru	Attend PMT meeting on technical support supervision for Laikipia & Kajiado and intensification of Baringo county activities	Kennedy Yogo,
18 th – 19 th September 2012	Nairobi	Presentation schedule on staff retreat team building facilitators	Wycliffe Kokonya, George Mulewa
18 th – 21 st September 2012	West Pokot	Field visits to Maridadi and Nachecheyet CUs the worst and best units in the region, review progress and plan for quarterly report	Duncan Ager, Stephen Chebii, Sarah Kosgei, Susan Wanjiru, Lenser Opiyo
19 th September 2012	Kisumu	Attend VMMC task force meeting	Anthony Ophwette
19 th – 22 nd September 2012	Nanyuki	Provide TA to service providers at Oljabet community unit and hold a meeting with DCFP, provide TA to service providers conducting OVC activities in Laikipia North, East & Central	David Kihiu
21 st September 2012	Nanyuki	To Nanyuki district hospital to check on MOH joint work plan activity implementation and renovation of OPD	Thomas Ondimu, Beatrice Gatundu
24 th – 28 th September 2012	Laikipia	Attend PMT monitoring visits	Kennedy Odera, John Ndiritu, Joel Kuria, Dr. Jamlick Mutugi, Kombo Kironda, Irene Muteti, Caleb Osano, Duncan
24 th – 28 th September 2012	Kajiado, Loitokitok	PMT monitoring visits	Dr. Joel Rakwar, Linda Muyumbu, Richard Odindo, Tobias Otieno, George Kimathi, Stephen Chebii, Eliud Okumu, Benson Mbuthia

24 th – 28 th September 2012	Pokot	Participate in data quality assessment in care & treatment sites of Central Pokot (Sigor DH, Ortum Mission Hospital, & Kabichbich HC)	Ndunge Muema
24 th – 28 th September 2012	Kajiado, Loitokitok	Mentor staff at Kajiado DH on SOP formulation, guide on preventive maintenance, provide other technical support needs in the laboratory, follow up CD4 networking for Ngong DH, Ebulbu & Ray drop in sites, meet the DMLT on the performance of PT in Kajiado North	Florence Mawere
25 th September 2012	Kisumu	Attend new PEPFAR requirement meeting	Linda Muyumbu, Peter Ongeta
25 th – 27 th September 2012	Loitokitok	Hold an orientation on pharmacovigilance reporting	Samuel Kibonge
25 th – 27 th September 2012	Loitokitok	DQA orientation for Loitokitok DHMT/HMT representatives, train Loitokitok CCC in-charges on use of Activity Sheet, Follow up on action plan for Ltk DH and participate in the PMT meeting with DHMT/HMT	Janet Onyalo
26 th September 2012	Eldoret	Attend AMPATH – APHIAplus transition meeting	Charity Muturi, Dr. Everline Ashiono,
26 th – 27 th September 2012	Nairobi	Attend a meeting with USAID	Ruth Odhiambo, Josphat Buluku
26 th – 27 th September 2012	Loitokitok	Accompany PMT members on project monitoring visits	Paul Adipo, Qabale Nura
26 th – 28 th September 2012	Nairobi	Carry out compliance review for I Choose Life Africa	Sara Were, Christopher Murage
27 th – 28 th September 2012	Nairobi	Attend PEPFAR Kenya Pre APR 2012 Implementing partners meeting	Linda Muyumbu

ANNEX VI: SUB AGREEMENT AMENDMENT SUMMARY JUL-SEP 2012

No.	Type	Name of the Organization	Start Date	End Date	District	Purpose
1.	New SAG	Apostles of Jesus AIDS Ministries (AJAM)	01.08.2012	30.09.2015	Kajiado North	To support the Ngong Hills Cluster (NHC) through its lead organization, Apostles of Jesus AIDS Ministries (AJAM) to implement a comprehensive orphans and vulnerable children and home and community based care (OVC&HCBC) project in Kajiado North district for PLWHAs, whilst addressing social determinants of health.
2.	Amendment	Catholic Diocese of Ngong (CDoN)	01.01.2011	30.09.2015	Loitokitok, Kajiado Central, Kajiado North, Narok North and Narok South	To provide a multi-year sub agreement for Catholic Diocese of Ngong (CDoN) to implement integrated and comprehensive care and support service for OVC and PLWHA while addressing social determinants of health in Narok North and Narok South Districts
3.	Amendment	NADINEF	01.01.2011	30.09.2015	Narok	To provide a multi-

					South and Narok North	year sub agreement for NADINEF 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 Narok North and Narok South Districts
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ANNEX VII: FINANCIAL REPORT JUL-SEP 2012