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The authors' views expressed in this report do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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Acronyms and Abbreviations

AMTLS	-	Active Management of Third Stage of labour
ANC	-	Ante Natal Care
AWP	-	Annual Work Plan
APHIA*plus*	-	AIDS Population & Health Integrated Assistance Project People Centered, Local leadership, Universal access, Sustainability
ART	-	Anti Retroviral Therapy
BCC	-	Behavior Change Communication
CaCx	-	Cancer of the Cervix
CACC	-	Community AIDS Control Coordinator
CBHIS	-	Community Based Health Information System
CBOs	-	Community Based Organizations
CCC	-	Comprehensive Care Centre
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
CPT	-	Cotrimoxazole Preventive Therapy
CT	-	Counseling and Testing
CUs	-	Community Health Units
CYP	-	Couple Year of Protection
DASCO	-	District AIDS and STI Control Coordinator
DIC	-	Drop in Center
DBS	-	Dried Blood Spot
DHIS	-	District Health Information System
DHMT	-	District Health Management Team
DHSF	-	District Health Stakeholders Forum
DMLT	-	District Medical Laboratory Technologist -
DQA	-	Data Quality Audit
EID	-	Early Infant Diagnosis
eMTCT	-	Elimination of Mother to Child Transmission
ESM	-	Evangelizing Sisters of Mary
FACS	-	Flow Automated Cell Sorting
FHI	-	Family Health International
FSW	-	Female Sex Workers
FP	-	Family Planning
GHW	-	Global Hand Washing
GOK	-	Government of Kenya
HAART	-	Highly Active Antiretroviral Therapy
HCBC	-	Home Community Based Care
HCM	-	Health Communication & Marketing
HCT	-	HIV Counseling and Testing
HCT-QM	-	HIV Counseling and Testing Quality Management
HCW	-	Health Care Workers
HFG	-	HIV Free Generation
HIV/AIDS	-	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMIS	-	Health Management Information System
IEC	-	Information Education and Communication
IMCI	-	Integrated Management of Childhood Illnesses
IS	-	Institutional Strengthening
IPT	-	Isoniazid Preventive Therapy
LAAC	-	Local Area Advisory Council

L&D	-	Labor and Delivery
LIPs	-	Local Implementing Partners
LLITNs	-	Long-lasting-insecticide-treated nets
LSE	-	Life Skills Education
M&E	-	Monitoring and Evaluation
MARPS	-	Most at Risk Populations
MC	-	Maternal Care
MNCH -	-	Maternal Newborn and Child Health
MOE	-	Ministry of Education
MOGCSD	-	Ministry of Gender Children and Social Department
MoPHS-	-	Ministry of Public Health & Sanitation
MOH	-	Ministry of Health
MOYAS	-	Ministry of Youth Affairs
MSM	-	Men who Have Sex with Men
NACC	-	National AIDS Control Council
NGOs	-	Non-Governmental Organizations
NHIF	-	National Hospital Insurance Fund
NHRL	-	National HIV and Reference Laboratory
NOPE	-	National Organization of Peer Educators
OJT	-	On-the-Job-Training
OLMIS	-	Orphans and Vulnerable Children Longitudinal Information System
OVC	-	Orphans and Vulnerable Children
PDSA	-	Plan Do Study Act
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
PMT	-	Project Management Team
PMTCT	-	Prevention of Mother-to-Child Transmission
PPMP	-	Project Performance Monitoring Plan
PT	-	Proficiency Testing
PwP	-	Prevention with Positives
QA/QI	-	Quality Assurance/Quality Improvement
RDTs	-	Rapid Diagnostic Tests
RH/FP	-	Reproductive Health/Family Planning
SGBV	-	Sexual & Gender Based Violence
SOP	-	Standard Operating Procedure
SRH	-	Sexual Reproductive Health
STI	-	Sexually Transmitted Infections
TB	-	Tuberculosis
TBA	-	Traditional Birth Attendants
TQA	-	Technical Quality Assessment
USAID	-	United States Agency for International Development
VMMC	-	Voluntary Medical Male Circumcision
Y-PEER	-	Youth-Peer Education Network

I. APHIA*Plus* NURU YA BONDE EXECUTIVE SUMMARY

APHIA*Plus* Nuru ya Bonde is a five-year program designed to 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 fourth quarter of 2012.

Development of APHIA*Plus* 2013 Work Plan and Joint MoH/APHIA*Plus* Work Plans: The APHIA*Plu*s 2013 work plan and budget was developed and submitted during this period using a very participatory bottom-up approach. In addition, APHIA*Plus* project engaged the various DHMTs and HMTs in Narok, Nakuru, Kajiado, Baringo, and Laikipia counties in developing joint work plans covering the period January to December 2013. The process was also participatory. The project teams held onsite meetings with the various DHMTs and HMTs that entailed joint review of the previous performance, challenges encountered in the implementation of 2011/2012 joint work plans, prioritization of joint activities for 2013 and building consensus on the joint work plans and budgets.

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 APHIA*Plus* Nuru ya Bonde project in Nakuru conducted field based supportive supervision to project sites in Nakuru, Narok and Kajiado and Laikipia counties. These visits were aimed at providing hands-on support supervision and strategic guidance to the county based teams and the implementing partners.

PEPFAR Expenditure Analysis Reporting: Following the funder's request to provide financial reports according to the PEPFAR elements for the period of October 2011 to September 2012, the project conducted a two-day work shop to train the LIP staff on the PEPFAR expenditure analysis reporting. The participants were drawn from the LIPs' finance and program departments. They were taken through practical sessions on how to do periodic PEPFAR expenditure analysis and reporting of the same. The LIPs managed to prepare and submit their respective PEPFAR expenditure analysis reports.

A. Qualitative Impact

The National World AIDS Day (WAD) celebration was marked on 1st of December in Nakuru with the Vice President as the chief guest. The event's theme was *"Getting to Zero: zero new HIV infections, zero discrimination, zero AIDS related deaths"*. The event was used as an opportunity to review the progress made in Kenya in HIV prevention, treatment care and support services, and identify gaps to be addressed with key focus on innovative

sustainable financing options for HIV services. APHIA*Plus* worked closely with National AIDS Control Council (NACC) in planning, coordination and provision of financial support for various activities. The project provided full support for HTC conducted in various districts prior to the main event as well as set up HTC tents at Afraha-B Stadium in Nakuru where the national event was marked, all in collaboration with District AIDS and STI Control Coordinators (DASCOs), Constituency AIDS Control Coordinators (CACCs) and NACC's provincial office.

APHIA*P*lus NYaB supported 16 orientations in ten (10) districts, covering topics on Prevention with positives (PwP), TB screening tools, MTC, data quality and use for data for decision making, phlebotomy using the "closed system" and Standard Operating Procedures (SOP) writing, Partograph, AMTSL, and supportive supervision for heads of departments. A total of 285 health care workers were reached through these orientations.

During this quarter the project carried out one management sensitization meeting for 29 managers of Sian Agriflora. As a result the management released 18 employees who were subsequently trained as peer educators. Similar peer education training was conducted for Finlay's Horticultural Company in Naivasha where 24 peer educators were trained. To date 290 peer educators have been trained from ten (10) Nakuru County workplaces. As a result of this, companies under the project have capacity to conduct HIV peer education sessions for their employees.

B. Quantitative Impact

Below is a summary of progress towards the achievement of the Project Performance Monitoring Plan (PPMP) targets for Year 2 of the project implementation. There is a general decrease in the achievements for some clinical indicators which is attributed to the transition from North Rift Counties starting October 2012. Greater details are provided in the PPMP in Section III of the report.

- A total of 23, 592, women received HIV counseling and testing for prevention of mother to child transmission (PMTCT) and received their results through 495 sites. This leads to a total of 130, 049 women tested so far, 108% achievement against the annual target.
- 648 partners of women who attended antenatal clinic were tested for HIV.
- A total of 743 samples were transported and tested for Early Infant Diagnosis.
- A total of 54,159 new and re-visit family planning (FP) acceptors were served, reaching a couple year of protection (CYP) of 22,698. This leads to a total CYP of 141, 582 a 94% achievement against the annual target.
- A total of 8,472 attended the fourth ante-natal clinic (ANC) visit during the quarter against 18,914 first ANC visits. This leads to a 55% achievement against annual target for fourth ANC visits and 75% for first visits.
- A total of 17,722 intended groups were reached with individual and/or small group interventions that are evidence-based or meet minimum standards. This leads to a 51% achievement against the annual target.

- A total of 2,528 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 1,058 individuals were newly initiated into antiretroviral therapy (ART) leading to 4,536 (77%) achievement against the annual target and 17,466 were receiving ART by the end of the quarter. This is a 58% achievement against the annual target.
- A total of 69, 231 OVC were served by the end of December with various services. This leads to a 76% achievement against the annual target.

C. Project Administration

During the quarter under review 20 Program Assistants were hired provide the much needed quality assurance at needs assessment, service provision and data collection to implementing partners. In addition, the project hired a Procurement Officer to fast track the procurement of OVC material benefits in response to identified needs.

Having established 150 CUs in the course of last year, the Project has realized that provision of CHWs stipends has become a large ticket item in the project budget. This cost is a challenge and the project will pilot organizing CHWs into groups that engage in economic activities utilizing part of the stipend that will be sustained over time beyond the life of project.

During the quarter, APHIA*plus* successfully transitioned facility based care and treatment activities and Community Strategy activities in West Pokot, Trans-Nzoia and Elgeyo-Marakwet to AMPATH*Plus*. In addition, the project engaged KEMRI-Walter Reed Project in discussion on handing over of OVC in Nandi County by the end of 2013.

Subsequent Quarter's Work Plan

In the subsequent quarter, the project year three work plans will be disseminated to project staff and implementing partners. The project will continue to provide support and work with both MOH and community implementing partners to ensure achievements of annual work plan objectives. Specific emphasis will be laid on monitoring and documenting project outcomes. A detailed work plan for the first quarter of year three is presented in Section X of this report.

II. KEY ACHIEVEMENTS (Qualitative Impact)

This section presents the narrative description of key qualitative achievements for the Oct-Dec 2012 period. The results are presented following structure of the project sorted out by five (5) Counties namely Baringo, Laikipia, Narok, Nakuru and Kajiado. Some results cover activities in North Rift Counties where the project was partly working during this period.

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)

Baringo: The project supported East Pokot DHMTs to conduct their quarterly supervision, during which five (5) facilities and ten (10) health care workers (HCWs) were contacted. Facility in-charges feedback meetings were also supported in Trans Nzoia East, Kwanza and Central Pokot. The project also supported the Baringo North and East Pokot DHMTs to conduct their baseline site assessment and mentorship during which eight (8) facilities were reached, and ten (10) HCWs were mentored.

The project also supported Pokot North and East DHMTs to conduct their quarterly Data Quality Assessments (DQA), nine (9) facilities were reached during the exercise and 35 HCWs mentored to address the gaps noted. The DQA enabled the DHMT to identify capacity gaps in terms of recording, reporting and use of data for decision making and come up with an action plan to address these gaps. The project facilitated distribution of the M&E tools to all the facilities in the districts in the county.

The mentorship team further conducted On-Job-Training (OJT) on use of rapid HIV testing procedures and phlebotomy using the “closed system” and laboratory SOP writing for Kasisit, Chemolingot DH and Kipsaraman.

During the reporting period, services providers from all the supported APHIA*plus* districts who were enrolled to participate in the October 2012 Proficiency Testing (PT) were sensitized in a one day HTC Quality Management sensitization. The sensitizations were conducted in all the counties of the North Rift region (Baringo, Elgeyo Marakwet, Trans-Nzoia, and West Pokot). A total of 151 service providers attended the five (5) sensitizations for which the objective was to equip service providers with skills, attitudes, knowledge and practice to conduct PT correctly and to record all the findings in the provided forms as expected by the National HIV Reference Laboratory (NHRL). The topics covered in the sensitizations included: HIV testing SOPs (Principle, Algorithm and testing procedures); external Quality assessment in HIV Testing; new PT submission form and data management. In the results of the PT conducted in the month of June 2012, 49% of the service providers received unsatisfactory results mostly as consequence of them not following SOPs. The

cadres sensitized comprised nurses, clinical officers, laboratory technologists, and doctors, DASCOs, DMLTs and PHTs. In total, 130 PT panels were distributed after sensitization in all the supported districts and results forwarded to Nairobi.

Kajiado: An OJT on commodity management was carried out in Ngong SDH and has improved pharmacovigilance reporting rates. In order to improve the quality of HIV testing and address earlier poor performance in HIV proficiency testing, a one-day HTC orientation was conducted for 55 health care workers drawn from various health facilities in the county. A total of 21 PT panels were tested and results sent back to NHRL to compare concordance between HTC providers and the National laboratories and a feedback provided on the quality of service provision. In addition, three (3) counselor support supervision sessions were conducted. Other orientation sessions done this quarter included Pharmacovigilance – 21 participants, Partography/AMTSL – 35, Nutritional assessment in the setting of HIV – 42, and review of revised MOH reporting tools – 34, Essential newborn care – 30, Facilitative supervision – 17, and Intensified TB case finding - 15. Eleven quality assurance champions from Ngong Sub-district hospital were supported for an exchange visit to Riruta satellite health center.

Laikipia: Routine TQA was carried out at 14 facilities within the region whose findings formed the basis for mentorship. Additionally, DQA was carried out at four (4) facilities. Clinical mentorship and on-job training was done at these sites. Mentorship logbooks and checklists for RH/FP and Cervical Cancer screening were introduced at Nanyuki D.H. Mentorship teams and facility multidisciplinary teams continue to address the challenges of service integration/linkages and incomplete and inconsistent use of national HMIS tools at most of the facilities. Supportive supervision in Laikipia North district covered all the 10 health facilities. Job aids, national HMIS tools, SOPs and other missing service delivery related items were supplied soon after.

The main hospital in the region, Nanyuki DH started implementation of Standards Based Management and Recognition (SBM-R) during the quarter to address the quality of care in RH, FP and PMTCT services. One observed practice session to HTC providers was carried out to ensure adherence to standards and guidelines. Orientations were held to address the PT panels' failures. In Laikipia, 49 service providers including six (6) DHMT attended the sensitizations that provided opportunity to improve their competencies. Some challenges that were noted: in one region support staff that had not been trained was registered for PT and received the panels and that HIV testing and counseling was not taken seriously as some people modified the procedures.

Narok: A TQA and DQA were accomplished in five (5) health facilities in Narok North and in Narok South respectively, gaps identified such as inadequate documentation of services statistics and knowledge of MOH recording tools were addressed. Service providers from 13 facilities within the region were mentored on a variety of topics including Emergency Obstetric Care**,** AMTSL, use of the partograph in monitoring labour, reporting and completion of MOH reports, the revised ART guidelines, PMTCT guidelines, ART reportable indicators, modalities of strengthening intra-facility linkages between HIV testing and care, TB intensified case finding, and adherence counseling/adherence preparation of

patients. A total of 35 staff were mentored. The team worked with the district authorities to replenish the HMIS tools at facilities that had run out and to distribute the revised tools.

Two counselors support supervisions were conducted in Narok North where 22 counselors attended the meetings whose topics included burn out and performance gaps to improve the quality of HTC service. The client exit interviews were analyzed and the challenges prioritized identified such as condom demonstration, timing the testing session, discussions on disclosure and benefit of partner testing addressed. The counselors then developed a plan of action to address the challenges to correct the gaps. The results of the PT indicated that 49% failed to pass the proficiency test. To remedy this, 46 HCWs were oriented on HTC quality management in Narok County. APHIA*Plus* offered field support supervision to MVCT activities at the community level and reinforced the core principles of quality HTC. A total of 276 client exit interviews were collected analyzed and discussed at Sintakara community unit. The participants responses indicated that: 7% said the service providers did not address their HIV concerns; 4.8% said they did not consent for the HIV test; 4.5% said they did not understand how to read their HIV test result; 17.4 % said the time taken was either too long or too short; 4.8% said they were not shown their test result as soon as it was ready though 95% indicated that overall their rating of services was very good.

Nakuru: The project supported Naivasha, Nakuru Central, Rongai and Molo DHMTs to conduct their quarterly supervision to facilities within their jurisdiction. During this exercise, 26 facilities (15 health centres and 11 dispensaries) and 49 HCW were contacted.

The project also supported the Rongai and Naivasha DHMTs to conduct their quarterly mentorship (Rongai and Naivasha). Seven facilities were reached, and 15 HCWs were mentored on data management, PMTCT and adult ART provision.

A variety of activities were facilitated to improve providers' capacity to deliver quality health services. These activities included supporting seven (7) orientations in five (5) districts, ranging from pharmacovigilance, safe phlebotomy, partograph completion, Active Management of Third Stage of Labour (AMTSL), commodity management of ARVs, Adult ART and 4th edition of the revised ART guidelines and HIV HMIS and the new generation indicators. Emphasis was placed on the importance of phlebotomy, viral load techniques, specimen collection, safety and infection control, post exposure prophylaxis with practical sessions for the participants in specimen collection. With these empowered service providers, the program anticipates improvement in forecasting of commodities as well as the harvesting of quality samples for viral load and Dried Blood Spot (DBS) testing.

APHIA*Plus* supported the distribution of PT panels to all the registered service providers in the districts to facilitate testing and returning to NHRL for confirmation of results. The results indicated that 49% of all the service providers who performed the tests failed. To remedy this situation, an orientation of HTC was provided strengthening the areas of weakness that had been identified from the PT. A total of 132 service providers were sensitized and carried out the PT that were collected and sent back to NHRL.

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

During the quarter, all the DHMTs and HMTs in the project counties were engaged in reviewing and amending the joint work plans which form the basis of the memorandum of understanding between themselves and the project for the year 2013 to improve the quality of services and overall care to clients and patients.

Kajiado: Joint supportive supervision were carried out in Oloitokitok district where six (6) health facilities (Emumwenyi, Ilchallai, Fatima, Imurtot, Njukini and Olgulului Health Centres) were visited while seven (7) facilities (Oloolua, Lodoariak, Olooseos, ICROSS, Oloosirkon, Kipeto dispensaries, Ongata Rongai HC) were supervised in Kajiado North.
One DHSF meeting brought together 30 different health stakeholders who shared experiences, challenges and progress in implementing the intended activities in Kajiado North.

Laikipia: The project supported four (4) DHMTs to conduct their quarterly supervision, during which 21 facilities and 77 HCW were contacted. Facility in-charges feedback meetings were also supported in Laikipia North and Nyahururu districts.

Narok: At Ololulunga DH a DQA feedback meeting was held with the HMT. One of the issues impeding quality of care was low uptake of HIV testing occasioned by the few testing points and lack of personnel. The staffing needs for the facility have been shared with the Capacity project and the facility challenged to utilize the staff they have to ameliorate the situation.

Nakuru: These work plans will form the basis the project's collaborative work with them towards improvement of quality of services and overall care to clients and patients. The Naivasha and Rongai DHMTs were supported to conduct their quarterly District Health Stakeholder Forum (DHSF) meetings**.**

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

In an effort to strengthen capacity to record, report and use data for decision making, several activities were conducted at district, facility and community level during the quarter across all the five (5) counties. TQA and DQA were conducted to identify gaps that informed mentorship plans and support to the MOH and implementing partners. The objectives of the mentorships visits were: to administer the M&E supervision checklist, to check the availability and use of reporting tools and registers and to provide mentorship on the gaps identified from the reports and registers. The project continued to implement the performance reimbursement plan for DHRIO across all districts as a strategy to improve reporting rates in DHIS and quality of data. This strategy has recorded improvements in reporting rates for some districts however during the quarter the national nurses strike affected reporting in several facilities. East Pokot on the other hand was greatly affected by insecurity leading to non-reporting for two months of the quarter. At community level partners and CHW and volunteers also continued to receive support to strengthen reporting systems. In addition, the project worked with NASCOP to distribute national reporting tools to all districts. Detailed results are presented below for each county.

Laikipia: A total of 29 out 64 (45 %) of facilities were visited for mentorship during the quarter, this represent 32% increase coverage of facilities. The issues identified included poor filling of registers, most of the facilities visited in Laikipia West had ANC registers but were not in use, use of old maternity register, missing MOH 731, MOH 711A, ANC, PNC and maternity registers, other tools missing included MOH 717 and MOH 710. Tools were supplied and use of new ANC and maternity registers initiated in five (5) facilities. In each facility, action plan to address the gaps was developed and feedback session held with the health care workers.

Under Health Communication, the two partners (GSK and NOPE) were visited and oriented on the HC-1 system (two staffs) on how to do data entry, cleaning and reporting the data. All the two LIPs successfully reported using the new system in the quarter. 18 peer educators (FSW) were trained on the reporting tools e.g. HC-1 and referrals forms.

In OVC the two (2) LIPs LIFA and Caritas were visited for mentorship. Five (5) field officers were taken through OVC activities tracker which uncovered the number of OVC filling items available and missing. The team streamed lined the job descriptions of the IP partners' staff to ensure accountability and accurate reporting. This has enhanced the level of commitment and understanding of roles between the IP staffs and further improved reporting.

In community strategy, 22 CHWs were mentored on filling MOH 514 and MOH 513 during the CHWs monthly meeting in Lukosero CU in Laikipia North. Five (5) CHEWs were mentored on filing of referral forms and also discussed the quality and use of data on the MOH 516. There was an improvement in the number of HCW workers mentored.

A total of 55 health care workers (eight lab techs, six RCOs, 33 Nurses, three HRIOs, five VCT counselors) were mentored on filling of different registers, compiling of MOH 711A and 731 reports.

North Rift: During the quarter, mentorship activities were restricted to Baringo North and East Pokot considering that APHIA*Plus* was transitioning from Marakwet, Keiyo South, Kwanza, Trans Nzoia East, West Pokot, Central Pokot and North Pokot districts to AMPATHPlus. In this respect, no mentorship was conducted in health facilities from the mentioned districts. However, during the quarter under review, mentorship was conducted in 5 facilities (Nginyang HC, Tangulbei HC, Kolowa HC, Chemolingot DH and Kabartonjo DH) out of 56 facilities in Baringo North and East Pokot Districts. Eleven staff spread across different departments (HTC, MCH and CCC) on the appropriate use of the revised tools and an understanding of the reporting indicators. Missing tools were provided.

North Rift Region has five (5) local implementing partners, four (4) of the partners are providing OVC/HCBC services and five (2) implementing partners (Handicap International and Christian Community Services) are providing Health communication services. Mentorship to the OVC/HCBC implementing partners was aimed at fast tracking data entry into the OLMIS, coming up with strategies to clear data entry backlog, development of reporting data flow and responsibility of the field staff and reviewing the overall performance of the IP. As a result of the mentorship, the implementing partners were able to clear OVC F1A entry backlog (pending data up to September 2012), partners were able to develop different monitoring templates (Performance monitoring for OVCs in boarding schools, CHWs reporting rate tracker), partners have also been able to conduct verification of services

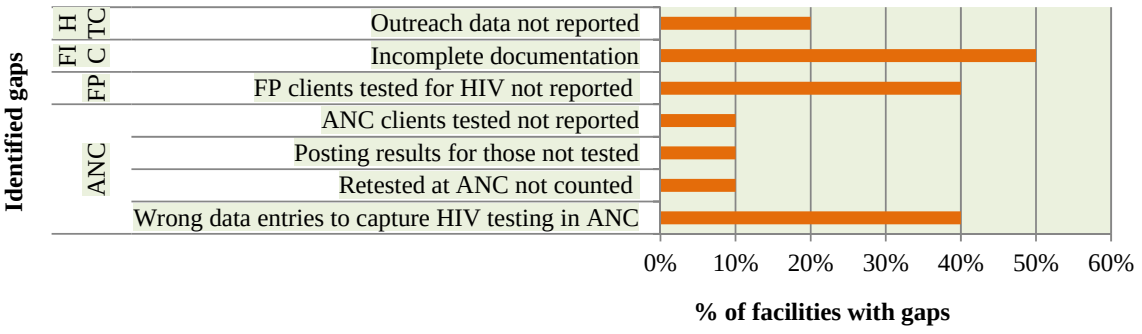
provided to OVCs to ensure integrity of reported data. Mentorship for the Health Communication implementing partners focused on understanding the reporting requirements of the HC1 and the HC1 database system.

During this reporting period, 25 implementing staff (CDE six (6) staff, CCS nine (9) staff, CDK five (5) staff, HI one (1) staff and MFMM four (4) staff) were mentored on data quality assessments, quality improvements, understanding reporting indicators and processes. All the OVC implementing partners were visited by both the M&E officer and also by the senior data manager to monitor quality of implementation of the OLMIS.

Kajiado: Within the reporting period, monthly mentorship was conducted to HCWs in all the three district hospitals as well as in 20 (16%) tier 2 &3 facilities. This percentage was however short of expected target (40%) due transport challenges and numerous gaps that required that a long time is spent on site. Issues identified included omission of some of the HTC data especially from YFS, outreaches and family planning, inconsistent data entry and reporting of PMTCT data and tabulation of care and treatment data. A total of seven (7) HTC counselors were mentored on reporting HTC data with emphasis on consolidating HTC data from all testing counseling service delivery points including outreaches, YFS, in patient PITC; ten (10) PMTCT HCWs were mentored on documentation and reporting of ANC & Maternity mothers tested for HIV and their HIV status; 6 service providers at CCC mentored on documentation and reporting of cumulative clients on care and treatment against clients currently on care and treatment.

Three (3) DHMT members were facilitated to conduct DQAs in 10 Health facilities. The team comprised of DASCO, DPHN and DHRIO. Sites visited were Kimana HC, Olorika Dispensary, Nkama Dispensary; Entarara HC, Emumwenyi Dispensary, Rombo HC, Namelok HC, Isinet Dispensary, Iltilal HC and Immurtot HC. Kimana health center emerged the best in the DQA and was awarded with a trophy courtesy of APHIA*plus* for recognition of the work well done. Graph 1 below illustrates findings from the (10) health facilities.

Graph 1: % of facilities with specific type of data quality issues



From the graph, most facilities (50%) had gaps in documentation that mainly involved lack of updated source documents. Based on these findings, the DHMT for Loitoktok organized for an exchange visit for the worst three performing health facilities during the DQA to learn from Kimana health Centre. These were; Elangata, Isinet and Emumwenyi health facilities.

APHIA*Plus* initially supported four (4) implementing partners, however, an additional implementing partner was brought on board and within the reporting period there were five (5) LIPs supporting the OVC project. Eleven (11) officers from a new implementing partner

(AJAM) that had been brought on board were oriented on use of OLMIS. The officers included the data clerks and project assistants from the four CBOs under the IP. From the training, the partner started data entry using the OLMIS. During these visits random data verification was done using source documents and data entered into OLMIS. The M&E officers in liaison with SDM constantly supported the data clerks to address technical issues that may have impeded quality use of OLMIS.

Narok: 15 staff from 11 facilities were mentored in the production of cohort summaries for reports which were also used to populate MOH 731. Another 20 health care providers were mentored on how to generate MOH 515, 711A and MOH731. The monthly data verification checklist was administered in Narok district hospital and Ololulunga district hospital.

All OVC implementing partners [NADINEF & ENOCOW] were visited for mentorship. In addition to this, partner were assisted to back up their data in OLMIS; generate reports, shared threads files send by data manger and trouble shouting.

In order to ensure that standard reporting tools are available and are used to capture data for community programs. APHIAPlus M&E rolled out new HC system for use at SASA, MARPS and NADINEF HC programs. The four IP were mentored during the quarter. SASA [two staff], MARPS [two staff] and NADINEF [two staff] were mentored on use of updated HC system.

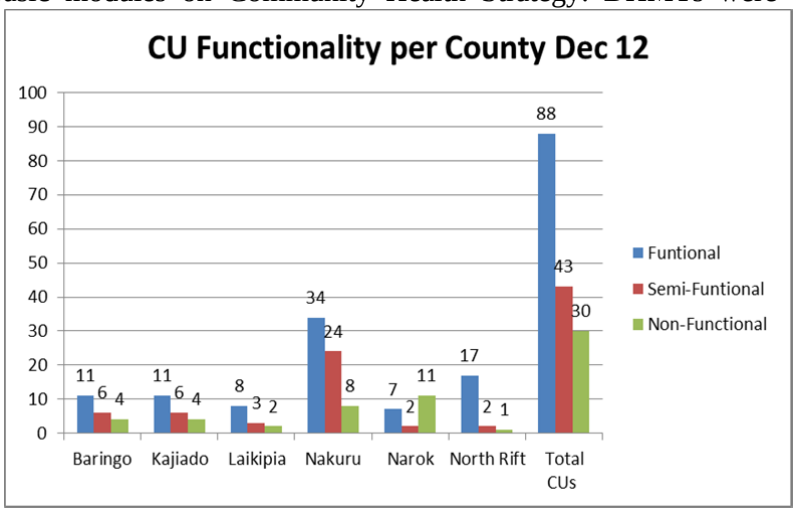
Nakuru: The Molo DHMT was supported to conduct their quarterly Data Quality Audit (DQA) for seven (7) facilities. This enabled the DHMT to identify capacity gaps in terms of recording, reporting and use of data for decision making and come up with action plans to address the gaps.

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

During the year the number of community units increased 114 in the first quarter to 161 units at the end of the year as illustrated in the graph below. The number of functional community units increased to 88 from 74 the previous quarter. Twenty four new units were established bringing during the quarter increasing the number of non-functional units. See graph below.

Nakuru: The County has 34 functional units, 24 semi-functional units and eight (8) non-functional units. The non-functional units were initiated during the quarter under review. In addition, the project trained 450 CHWs (300 women and 150 Men) and 234 CHCs (78 women and 156 men) on basic modules on Community Health Strategy. DHMTs were supported to provide supervision to Community Units at level one in two districts of Subukia and Gilgil.

Two CUs were provided with 10 Bicycles each through the link health facility while all the CHWs were provided with branded T-shirts as a



Graph 2: CU Functionality By County Dec 2012 1

motivation. During the same period, 50 CHWs from two Community Units were trained on RH/ FP.

Kajiado: The County has 11 functional units, six (6) semi-functional units and four (4) non-functional units. During the reporting period, 225 CHWs from nine community units were trained on basic skills while 25 CHWs were trained on Family Planning. The CHWs were provided with bags, T shirts and bicycles; this boosted their morale significantly.

Laikipia: The County has eight (8) functional units, three (3) semi-functional units and two (2) non-functional units. During the reporting period, 300 CHWs were trained on basic modules on community strategy.

Narok: There are seven functional CUs, two semi-functional and 11 non-functional CUs in Narok County. During the reporting period, 100 CHWs and 52 CHCs from ten (10) CUs were trained in community strategy and oriented to their roles. The project supported the DHMT to participate in the training and ensure quality.

Baringo: The County has 11 functional units, six (6) semi-functional units and four (4) non-functional units. During the quarter under review, 100 CHWs (60 women and 40 men) and 52 CHCs (17 women and 35 men) were trained on Community Health Strategy. All the CUs held monthly feedback meetings to discuss data generated from the households. Monthly meetings for Community Units were supported by the project and facilitated by CHEWs.

North Rift Region: The region of North Rift encompasses Trans Nzoia and the West Pokot districts. There are 19 functional and one (1) non-functional CU in this region. This intervention was transitioned to AMPATH during the period under review. However, regular activities such as monthly health action days and quarterly dialogue days including monthly feedback meetings took place. In addition, exit meetings were held to ensure smooth transition of the intervention to the incoming project.

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

Kajiado: A session was held for to 17 private practitioners to review of the current PMTCT guidelines.

Narok: Working with the private health sector, the project facilitated Ewaso Ngiro dispensary to transport DBS for discordant couples to National HIV Reference Laboratory, trained staff on biosafety in blood collection (Baraka, Ewaso Ngiro). Additionally, DBS kits and DBS and rapid testing kits were supplied to Entasekerra-Loita community health center.

Nakuru: The project engaged with the non-public health services providers reaching a total of 58 such facilities comprising individual providers, medical centers, faith based clinics and fully fledged private hospitals within Nakuru County in terms of mentorship, orientations and CMEs.

Aside from capacity building, Meridian Medical Centre and Evans Sunrise hospital were supported to conduct static integrated outreaches in Nakuru central and tested a total of 159 client's.. Twelve individual service providers were incorporated into the public sector program for Viral Load analysis and referred 27 samples to the Kenya Medical Research

Institute (KEMRI) P3 lab and three (3) sites referred five (5) samples for Early Infant Diagnosis (EID) at Walter Reed Labs in Kericho.

The project also supported continuous medical education (CME) in both the private and public sectors on the various topics such as PMTCT, TB/HIV co-infection, the revised ART guidelines among others. In the same period two (2) continuous professional development (CPD) forums for sharing of scientific knowledge in various diseases related illness were supported. The forums reached five (5) specialists, 40 doctors and 25 clinical officers and covered various topics that included Screening for Cardiovascular diseases and Symposium on Best Practices and recent advances in HIV/AIDS with expectation that the content covered in the CPD sessions will influence their service delivery practice.

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

During the quarter under review, the project continued to build the capacity of CHEWs and CHC to effectively manage the Community Units (CUs), analyze data collected by the CHWs, interpreting the data thus being able to use data for decision making in order to improve the health of the community.

Nakuru: As a result of the efforts of trained CHW, there was an increase in family planning uptake from 25% to 45% after the training on RH/FP at Bondeni community unit. The overall average CU reporting rate in the County improved to 76% . This can easily be seen in three cardinal parameters in the score card; 91% of the units in the County held their quarterly dialogue days, 92.4% held monthly Health Action days and 82% achieved a reporting rate above 80%**.**

Kajiado: During the quarter priority was given to building the capacity of CHW. This resulted in an improvement in cardinal parameters in the score card; 66.7% units held their quarterly dialogue days, 28.6% held monthly health action days and 23.8% achieved a reporting rate above 80%

Laikipia: In Laikipia County, eight (8) CUs are reporting and updating data on chalk board and are holding monthly action days and quarterly dialogue days. These events are supported and facilitated by DHMT and CHEWs. To ensure sustainability most of the CUs have initiated sustainable projects such as farming for business. Two CUs have acquired land from the link health facility for maize farming for sale in the coming season. 69.2% of the units in held their quarterly dialogue days, monthly Health Action days and achieved a reporting rate above 80%.

Narok: Overall the CUs have registered improvement in the following three critical parameters in the score card; 35% of CUs held their quarterly dialogue days and monthly health action days and achieved a reporting rate above 80%**.**

Baringo: Over 2,500 people were tested for HIV and given results through integrated support from other teams within the project. Out of this number 45% were new testers. All the cases that turned positive were placed on effective referrals for care and support to respective facilities. The efforts in strengthening the capacity of CHW are demonstrated in improvement in three critical parameters in the score card; 95.2% held their quarterly dialogue days, 61.9% held health action days and 57.1% of the Units in achieved a reporting rate above 80%.

In Emining CU people who do not know their HIV status reduced from 74% to 44% by the end of the quarter. This was as a result of HBTC interventions within the CU supported by the project including referrals by CHWs. In the same unit, the number of mothers who are exclusively breast feeding increased from 35% to 57%. This is as a result of mother support groups. In Chepseon CU, pregnant mothers attending the fourth ANC visit improved from 36% to 71%. The percentage of mothers delivering at home in Arama CU has reduced from 86% to 54%. There are many Traditional Birth Attendants (TBAs) in this community and the project through HCWs and the CHEWs are recruiting the TBAs to support in ANC and skilled delivery referrals. In Shauri CU children not fully immunized dropped from 35% to 18%.

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)

Facility HIV Counseling and Testing

Baringo: APHIA*Plus* Nuru ya Bonde supported the MOH to scale up coverage and access to HTC uptake through various approaches such (MVCT, HBTC, facility led household testing and counseling and HTC targeting OVC. During the reporting period, APHIA*plus* supported MOH to conduct HIV testing and counseling in Central Pokot, Keiyo South, Trans-Nzoia East, Baringo North and East Pokot and 4243 individuals accessed HTC services. APHIAplus supported the MOH to conduct HBTC in Maridadi community unit increasing access and uptake of HTC services. A total of 571 clients were tested and received test results. Feedback was given to the community on the performance of the unit. All the eight (8) positive clients are on care and treatment.

Kajiado: During the reporting quarter, a total of 8,302 clients (4,345 new testers) were counseled, tested and received their test results increasing knowledge of HIV status of whom 72 (0.9%) tested positive. However, 37 of those who tested positive were re-testers. A total of 56 of those who tested positive were confirmed to be on care and treatment at various facilities in the county. People with disabilities (21) were sensitized to create awareness on HIV/AIDS, counseled and tested to know their HIV status. A total of 769 MARPS (FSWs 444, truck drivers 230, IDUs 21, MSM 16 and prisoners 58) were counseled and tested and received results.

Laikipia: APHIA*Plus* supported the MOH to conduct HTC outreaches in hard to reach areas targeting the most at risk populations. A total of 4431 (M-2,047; F-2,384) were tested and received the results increasing knowledge of HIV status. The project supported the MOH to conduct HBTC in Oljabet community unit to take services closure to the community. A total of 2,059 (M-941; F-1118) accessed, tested and received the results. Out of those tested, the 19 clients who tested positive were enrolled in care and treatment. Caritas, one of the project's local implementing partners, was supported to conduct HTC for OVC where 285 children were provided with testing. Additionally, the MOH was supported to conduct HTC activities during World AIDS Day in Nanyuki and Nyahururu.

Narok: To improve the quality of HIV testing and counseling, an orientation was conducted on HIV proficiency testing was conducted for the 10 facilities enrolled in the national proficiency-testing program. On-job training and coaching was conducted for 30 staff drawn from various health facilities on how collect quality DBS samples. The HTC room at Narok DH outpatient department was renovated to create extra testing rooms and a pediatric weighing scale delivered to the MCH. Colour coded bins and liners for infection prevention were provided to both Narok DH and Ololulunga DH. A total of 17 outreaches were conducted during the quarter. APHIA*Plus* supported NADINEF (a project partner) to conduct HTC to OVC in their care to ensure the status of all children is known for better service delivery. A total of 550 OVCs were tested and received their test results in Olopito CU.

During the reporting quarter, a total of 5,739 clients were counseled, tested and received their test results. The 50 (0.9%) clients who tested positive were referred to the nearest facility for care and treatment. A follow up of these referred clients showed that 37 were enrolled in care and treatment, while the remaining 13 are still being follow up to ensure they enroll. Home based testing and counseling was conducted in Sintakara community unit where community health workers mobilized the community for uptake of HTC services.

Nakuru: HTC strategies used were 54 integrated HTC outreaches, 2 HBTC, 3 work places, 35 MVCT and one (1) moonlight outreach. A total of 6,425 of whom 3441(M-1505; F-1936) 53.6% were tested and received their results. Of these, 50 (M-21; F-29) 0.8% tested positive and were referred to the nearest facility for care and treatment. The districts were supported to conduct HTC during World AIDS Day. APHIA*Plus* supported the MOH to conduct HTC during the 16 days gender activism week including on the final day in Nakuru and. supported the Deliverance church to conduct HIV testing for OVC where 157 children were tested to determine their HIV status.

Community PwP intervention*:* Support to FSW continued with the six (6) support groups holding monthly meetings through which PWP messages are passed. The support groups have a total of 108 FSW.

PMTCT and EID

The project continued 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. In addition, support for the shipment of CD4, EID samples from health facilities to courier points for onward transportation to central laboratories for processing, continued in all the counties. An interrogation of the infants who have tested positive is ongoing, to determine if there were any missed opportunities, in order to reduce the positivity rate further as the project aims towards the elimination target.

Baringo: A total of 1,324 1st ANC attendees were served and 1,322 (92.6%) mothers were tested during ANC and received their results, of whom 18 (1.4%) tested positive for HIV. Of those tested positive, 16 (88.9%) were issued with maternal ARV prophylaxis. In maternity 169 women were tested and received results. A total of eight (4.7%) were HIV positive. In total 112.5% (9%) mothers, due to issuance to known positive mothers) of the HIV positive mothers in maternity were issued with prophylaxis. 11(137.5%) of the infants in maternity were issued with NVP prophylaxis. The higher than 100% issuance is due to the children delivered of known positive mothers.

A total of 675 CD4 samples from 25 facilities, were shipped to the hub sites for processing. A total of 92 DBS samples were analyzed from 23 facilities in the county of which eight (8) were positive, giving positivity rate of 8.7%. In this period, four (4) new EID sites were established.

Kajiado: A total of 3,598 1st ANC attendees were served and of these 3,923 (109%) mothers were tested during ANC and received their results, of whom 2.4% tested positive for HIV. Of those tested positive, 106 (110.4%) were issued with maternal ARV prophylaxis. In maternity 787 women were tested and received results. A total of 39 (5%) were HIV positive. In total 94% of the HIV positive mothers in maternity were issued with prophylaxis. 43(110.3%) of the infants in maternity were issued with NVP prophylaxis. A total of 770 CD4 and 207 DBS samples were shipped to the central laboratories from 20 facilities. Of the DBS samples sent, 31 (15% seropositivity) were positive and further follow-up is being made to determine the factors that led to this. SMS printers were installed in six (6) facilities i.e. Kitengela HC, Oloitokitok DH, Magadi hospital, Ongata Rongai HC, Namanga HC and Ngong SDH in order to reduce the turnaround time of EID results.

Laikipia: A total of 1,841 pregnant women attended the 1st ANC clinic. Of these 2,102 (109%) mothers were tested and received their results. Forty (1.9%) tested positive for HIV. Of those tested positive, 32 (80%) were issued with maternal ARV prophylaxis. In maternity 518 women were tested and received results. A total of seven (1.4%) infants tested HIV positive. In total 22 (due to issuance to known positive mothers) of the HIV positive mothers in maternity were issued with prophylaxis. Nine (128.6%) of the infants in maternity were issued with NVP prophylaxis.

The project continued to support the shipment of CD4, EID samples to Nanyuki and Nyahururu DH for four (4) districts. A total of 457 CD4 samples from 10 facilities, were shipped to the hub sites for processing. Of the 41 EID samples analyzed from three (3) facilities in the county two (2) were positive, giving positivity rate of 4.9%.

To further strengthen laboratory networking for CD4 and DNA-PCR, and reduce turnaround time, three (3) SMS printers were installed at Nanyuki D.H, Rumuruti D.H. and Ndindika HC and a second network established in Nyahururu DH to serve Laikipia West. Two facilities were supported with mobile phones to enhance tracking of defaulters and minimize the number of patients lost to care.

Narok: A total of 3,174 1st ANC attendees were served and of these 3,193 (100.6%) mothers were tested during ANC and received their results, of whom (1.5%) tested positive for HIV. Of those tested positive, 42 (87.5%) were issued with maternal ARV prophylaxis. In maternity 519 women were tested and received results. A total of 14 (2.7%) were HIV positive. In total 221.4% of the HIV positive mothers in maternity were issued with prophylaxis. 28 (200%) of the infants in maternity were issued with NVP prophylaxis.

The project continued to support the shipment of CD4, EID samples to Walter Reed Kericho and Nakuru PGH respectively for two (2) districts. The number of sites being supported to transport DBS samples increased from 10 to 20 during this quarter. A total of 112 CD4 samples from 13 facilities were shipped. A total of 35 EID samples were analyzed from four (4) facilities in the county of which eight (8) were positive, giving positivity rate of 22.9%. , Two (2) SMS printers were installed at Narok DH and Nairegie Enkare HC to improve access to timely diagnosis of HIV in children.

Nakuru: A total of 8,977 1st ANC attendees were served and 8,316 (92.6%) mothers were tested during ANC and received their results, of whom 303(3.6%) tested positive for HIV. Of those tested positive, 255 (84.2%) were issued with maternal ARV prophylaxis. In maternity 1,859 women were tested and received results. A total of 79 (4.2%) were HIV positive. In total 145.6% of the HIV positive mothers in maternity were issued with prophylaxis, the unexpected results are due to issuance of prophylaxis to known positive mothers). A total of 188 (238%) of the infants in maternity were issued with NVP prophylaxis.

The targeted mentorship emphasized on the national guidelines. It also focused on integration of HIV services, especially PMTCT services within MCH. Other areas covered included ART prophylaxis in PMTC, EID of HIV exposed infants (HEI), pediatric HIV, when to start ARVs, when to switch, patient monitoring, indications for viral load, and screening for non-communicable diseases in HIV. A total of 46 HCW were reached. The project is still working with UNICEF in two (2) districts within the region piloting the Elimination of Prevention of Mother to Child Transmission (eMTCT) project by offering technical assistance to service providers on the same.

Shipment of EID samples from health facilities to Kericho or KEMRI, Nairobi in nine (9) districts continued during the quarter. In this reporting period, a total of 389 samples were submitted for analysis from 23 facilities in the county; three (3) of them were spoilt and of the ones tested, 26 were positive, giving a positive rate of 6.7%. The project, working with in collaboration with the Centers for Disease Control (CDC) Kenya had SMS printers installed at 13 sites within the county.

HIV Care and Treatment

The multi-disciplinary mentorship teams continued to offer targeted clinical mentorship, to improve the knowledge and skills of HCWs so as to offer better quality of services, improve data reporting, and use of data for decision making in facilities.

Baringo: The targeted mentorship in various service areas emphasized on the national guidelines. Integration of HIV services was also emphasized especially on HTC, PMTCT/EID and post exposure prophylaxis services. The team carried out a baseline TQA to establish the type of services offered at five (5) facilities in Baringo North Districts and mentored 10 HCWs to address the immediate gaps identified. Job aids were distributed to seven (7) sites (Kabartonjo DH, Kolowa HC, Tangulbei HC, TOT DH, Arror HC, Kipsaraman Mission HC, Nginyang HC) during the mentorship.

During the reporting quarter a total of 54 (30 W, 24 M) persons were initiated on ART following the national guidelines. This raised the number of those who ever started ART treatment to 1087 (669 female and 448 male). The mentorship team is carrying out an assessment with the aim of mapping out and scaling up more ART facilities in the region that they have transitioned to.

Seven facilities in the region received a phone loaded with prepaid airtime in addition to the registers, to assist in defaulter tracing. The tracking is done in liaison with the CHWs especially for those not reachable on phone, thereby needing physical tracing.

The project also focused on mentorship in relation to commodity support to seven (7) HCWs and supportive supervision on pharmacy reporting, forecasting and quantification of ART and OI drugs at the central sites at district hospitals. Orientation on the formation and functions of the medical therapeutic committee was conducted to 61 HCWs at Kapenguria, Chebiemit, Tot and Chemolingot DHs.

Kajiado: In order to maintain high quality health care services in the county TQA assessment and feedback was carried out at 13 health facilities. The gaps identified were addressed and those that require long-term solutions contributed to the action items in the facility work plans for year 3.

Clinical mentorship was conducted in Ngong SDH, Oloitokitok district hospital, Bissil HC and Kajiado DH where 24 health care workers were mentored. Thematic areas of mentorship included filing and use of the revised partograph, correct use of MOH registers, cold chain management, review of revised PMTCT guidelines and essential newborn care, patient follow up and early warning indicators for treatment failure among others. An assortment of job aids was distributed to facilities to compliment the mentorship efforts.

ART data reconstruction was done at Ongata Rongai, Namanga and Isinya Health Centers that had incomplete and missing records in the registers. Following up on the knowledge and skills gaps identified through mentorship, continuous medical education (CME) sessions were conducted for service providers at the various facilities namely Anti-retroviral treatment failure at Kajiado DH were 15 providers attended; DBS sample collections at Ongata Rongai HC – 15 participants and PMTCT highlights at Ngong SDH attended by 27 participants.

In the reporting period, 159 (107 females and 52 male) patients were initiated on ART having met the WHO and/or CD4 criteria. This was about 72% of the targeted 221 for the quarter. The nurses and doctors' strike significantly affected service delivery in this region as hospitals and clinics had few health care workers on duty. The number of patients on ART in Oloitokitok DH and surrounding health centers is expected to rise sharply following closure of the Imbirikani clinic.

The team participated in the management of the crisis in Oloitokitok following the sudden closure of the privately run African Infectious Disease clinic at Imbirikani which was managing more than 5,400 HIV positive clients among others services. Mitigation measures effected included hiring of eight (8) temporary health care workers five (5) for Loitokitok DH and three (3) for Kimana HC, provision of four (4) computers, a printer and a tent for a make shift CCC waiting area.

Laikipia: Clinical mentorship focusing on reporting and completion of MOH reports in 13 facilities was done. The areas covered in the mentorship included new concepts in the revised ART guidelines, PMTCT guidelines, ART reportable indicators, modalities of strengthening intra-facility linkages between HIV testing and care, TB intensified case finding, and adherence counseling /adherence preparation of patients; 35 staff were mentored. Two additional facilities were supported with mobile phones to enhance tracking of defaulters and minimize the number of patients lost to the program.

Within the ten (10) health facilities offering ART, 87 new patients (54 females & 33 Males) were started on ART. The county has a total of 2,066. The cumulative retention rate, out of the 2,776 ever started on ART is 74%. With active defaulter tracing and prospective cohort follow up, one year retention rate is above 80% (82.9% for July - September 2011 cohort & 81% for October - December Cohort). Efforts in clinical mentorship, adherence counseling and defaulter tracing will ensure retention of patients above the national standards.

Narok: In collaboration with the FUNZO project 34 health care workers were trained in adult ART. The project mentorship team oriented 30 health care workers on the revised national

ART guidelines. During the quarter 86 patients were initiated on ARVs against a target of 133. Cohort analysis in the two main ART sites in the region (Narok DH & Ololulunga DH) show a low one-year retention rate (between 49 and 69%). Patient education and active defaulter tracing mechanisms through phone contacts and linkage to community units has been strengthened to address the challenges of adherence to treatment within the nomadic community. The mentorship team facilitated the training of ten (10) laboratory staff on biosafety in blood collection and oriented them on commodity management, development of SOPs and internal quality control. Distribution of MOH laboratory data collection and reporting tools was coupled with redistribution of laboratory consumables e.g. vacutainers.

Nakuru: Mentorship was conducted jointly in the 13 high volume public sector and four (4) private sector facilities to address gaps and challenges identified from the Technical Quality Assessment (TQA) done in quarter two. A follow up TQA in these facilities started during this quarter and will continue through the first quarter of 2013. The follow up TQA results illustrated below show a marked improvement across most of the areas assessed for Molo and Bahati District Hospital within a six months period.

Fig1: TQA Results Molo District (Comp July 2012& Jan 2013)

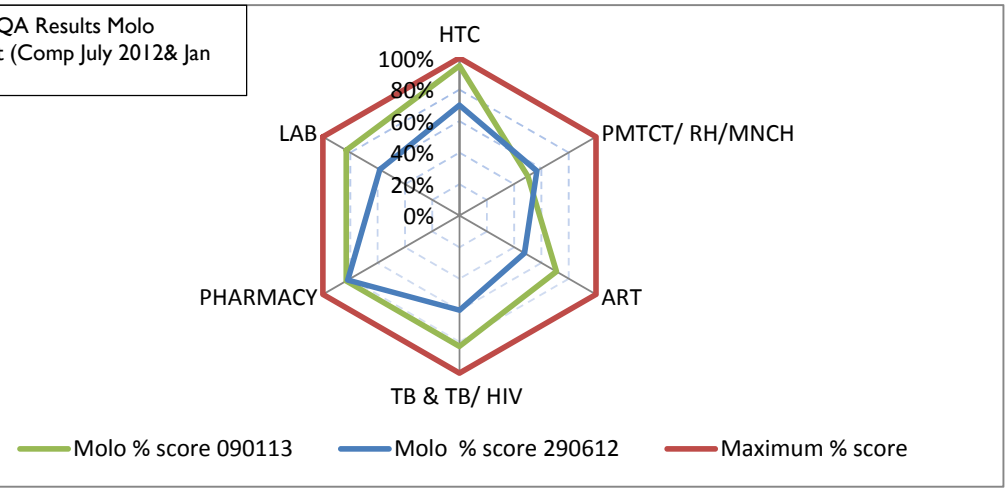
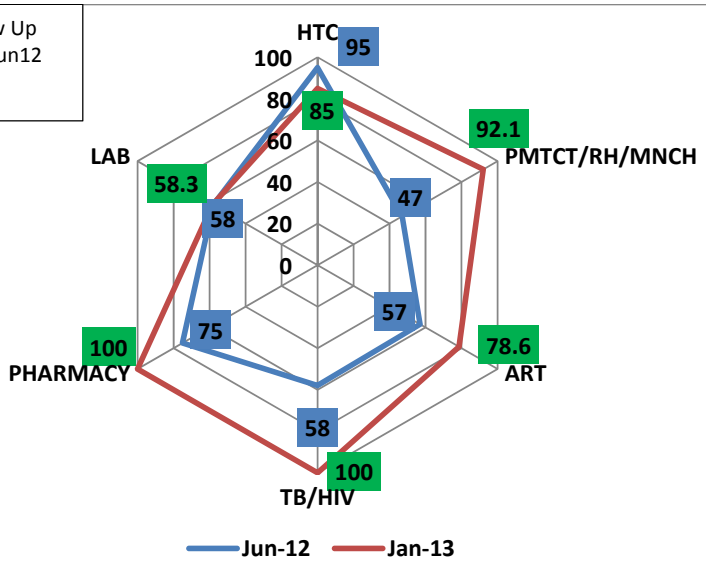


Fig 2: Baseline and Follow Up TQA Results Bahati DH (Jun12 and Jan13)



A total of 670 patients were initiated on ARV treatment during the quarter. This compares with the previous quarter where 630 new patients were initiated on ART. However, this was 72% of the target for the quarter owing partly to the protracted health care workers' strike, stock out of HIV test kits, and the festive season thus slowing of activities. One-year retention on ART for the facilities monitored is 78.1% in October to December 2011 cohort and 69.8 % for the July - Sep 2011 cohort. Intensified psychosocial assessment, adherence preparation and counseling as well as active defaulter tracing are some of the mechanisms put in place to ensure retention of over 80% of patients who start ARV treatment.

A total of 13 facilities received a phone loaded with prepaid airtime in addition to registers, to enable them trace defaulters. The tracking is done in liaison with the community health workers (CHWs) especially for those not reachable on phone, thereby needing to be physically traced.

3.1.9 Increased availability of screening and treatment for TB

Narok: Adult and pediatric TB intensified case finding/screening cards were distributed in health facilities and MARPs and the transport sector drop in this county to ensure proper recording and case finding. In addition, 25 HCW in 15 facilities in Narok North and South districts were mentored on the 5Is of TB/HIV integration.

Kajiado: 15 service providers were oriented on TB including the TB screening tools in Loitokitok district.

Laikipia: Distribution of adult and pediatric TB intensified case finding/screening cards was coupled with mentorship of 22 health care workers in 10 facilities. Two multi-disciplinary team meetings held at Nanyuki DH resolved to start TB-HIV integration at the facility in order to reduce the defaulter rates and optimize care for the co-infected patients.

Nakuru: Mentorship on management of TB, TB/HIV co-infection and the 5Is continued within the region. This was done alongside distribution of TB screening tools for pediatrics and adults.

Baringo: The mentorship team conducted orientation for 33 HCWs on TB screening tools and management in West Pokot District. This was in addition to mentorship on documentation of the TB register and indicators.

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

Baringo: FP commodities, i.e. implanon, COCs and condoms were redistributed from Alale GOK H/C to Kapenguria DH to enhance utilization and avoid expiry of such commodities in one facility. There was restocking of FP supplies during the quarter although in small quantities. Staff were also sensitized on commodity management in order to avoid stock outs as a result of poor management of commodities and enhance accountability. A total of 33 HCWs were also sensitized on the benefits of using long-term methods especially to the clients, since it's cost effective and has fewer side effects. This was done during the in-charges meeting in Trans Nzoia East district.

Kajiado: A total of 26 CHWs from Sajiloni CU were trained on the technical module on family planning to enable them become CBDs of these methods. This was a three day training which empowered the CHWs to be able to counsel families on various available FP methods and dispense or refer where applicable. In addition, the CHWs underwent the 10 day

community module. Starting January, this team should be able to receive and distribute some of the FP commodities - condoms and FP pills.

Laikipia: The main hospital in the region, Nanyuki DH started implementation of a standard based management and recognition (SBM-R) system in order to improve the quality of reproductive health services including PMTCT.

Narok: To address the shortages of LAMS commodities, ten (10) pieces of Jadelle and SINO implants respectively were provided to Narok DH. Redistribution of excess FP commodities from rural health facilities to high volume facilities was also supported to avoid losses through expiry.

Nakuru: 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.

On-job-training on CaCx screening and DBS collection, storage and packaging procedure were conducted at Elburgon Sub-District Hospital, Naivasha DH, Gilgil DH and various private sectors facilities. At Elburgon SDH, the providers were also oriented on the integration of FP and HIV.

In addition, the project supported targeted RH outreaches that included screening for cancer of the cervix - CaCx in Elburgon, Molo and Kiambogo areas. A total of 436 clients were screened during these activities. The results had 13 clients with positive lesions, nine (9) of whom were referred for further management, while four (4) were had cryotherapy performed on site. HIV counseling and testing was performed as part of the exercise and three (3) clients who tested positive for HIVwere referred to facilities for care.

To increase the uptake of FP services in level one; 20 CHWs in Bondeni and Emining CUs were trained as CBDs during the pretesting of FP technical modules. These CHWs will in addition to condom distribution, now be able to dispense oral contraceptive pills to clients at house hold level and refer others to the link facility for long term methods. During the quarter, PGH Nakuru was identified as a pilot site for FP- SBM-R. Health care providers have been trained in the SBM-R FP process, the facility has done a baseline assessment and follow up visits will be conducted in the coming quarter.

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

Baringo: Both public and private facilities have had staff trained (Doctors, Nurses and Clinical Officers) on improving the conducting of deliveries. During the quarter there was continued mentorship in Kapenguria DH maternity for six (6) staff on AMTSL, partograph use and infection prevention. This was aimed at enhancing the quality of management of mothers in labour, as well as enhancing skills in management of postpartum hemorrhage which is a major cause of maternal mortality in the country. The facility has a functional MPDR which was supported to conduct review of the deaths and developed action plans to avert more deaths. The committee conducts monthly reviews of the action plan and their effectiveness.

Kajiado: 34 Level II and III service providers from Loitokitok and Kajiado district were oriented on the latest pantographs and management of third stage labor (AMTSL). Through

this orientation, the health care workers were given a brief summary of the latest guidelines on essential care of the newborns.

In addition, a total of 39 level 2 and 3 HCWs from Loitokitok and Kajiado central were oriented on nutrition assessment. The purpose of the orientation was to enable health workers to quickly and accurately identify, classify and select appropriate treatment for acute malnutrition cases; Improve inventory management and foster good storage practices of commodity issued in nutrition care; and accurately record and account for commodities used in nutrition care.

Laikipia: 18 health care workers were sensitized during the two on-job training and orientation of health care workers on AMTSL carried out at Nanyuki DH and Rumuruti SDH.The main hospital in the region, Nanyuki DH started implementation of a Standard-based management and recognition (SBM-R) system in order to improve the quality of reproductive health services including PMTCT.

Narok: The County continued to receive support in mentorship on use of partograph, AMSTL and new born care at facility level.

Nakuru: Through the Reproductive Health Officers the project continued to support mentorship on Partograph, AMSTL and new born care at facility level. Orientations on PNC services continued to be supported at facility level. In Langalanga HC and Gilgil hospital 36 services providers were reached.

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

Baringo/North Rift Region: Mentorship was conducted to six (6) maternity unit staff on emergency tray to ensure it contains all the essential emergency drugs well labeled, and to ensure it's complete at all times. The staff were also mentored on ensuring that resuscitation equipment e.g. resuscitaire, suction machine, ambu bags etc. were functional and ready for use at all times. Kwanza HC established a newborn unit within its new maternity wing as a result of mentorship during the quarter.

During the quarter, the project supported six (6) integrated outreaches in the hard to reach areas, one (1) in West Pokot and two (2) in Pokot North. The integrated package which included immunization was aimed at improving access to immunization services to the underserved communities as well as reducing the drop-out rates. Children under five years were vaccinated during these outreaches with various vaccine antigens. Shortages of antigens were not reported during the quarter.

Mentorship was also conducted for five (5) HCW on forecasting to ensure that there are no stock outs of the antigens and other supplies. HCWs were also mentored on analyzing the immunization chart in order to build their capacity to calculate the drop outs of the key immunization indicators such as Penta Valent Pneumococcal and measles.

Through the integrated HIV and nutrition program in Kapenguria DH, pregnant women, lactating women and children continued to receive food supplements to enhance their nutrition status. Nutritional status assessment was conducted in MCH and those found to have malnutrition or at risk of malnutrition referred to the nutritionist for counseling and follow up.

Kajiado: A total 39 level II and II HCWs from Loitokitok and Kajiado central were oriented on nutrition assessment. The purpose of the orientation was to enable health workers to quickly and accurately identify, classify and select appropriate treatment for acute malnutrition cases; improve inventory management and foster good storage practices of commodity issued in nutrition care; and accurately record and account for commodities used in nutrition care.

Laikipia: Mentorship on newborn care was carried out in Nanyuki DH, Rumuruti SDH and Ndindika health center.

Narok: Six integrated outreaches were carried out in the hard-to-reach areas of Narok south and 700 children were immunized

Nakuru: The project supported integrated outreaches in underserved regions in the county. Services offered included immunization; growth monitoring, deworming and ANC. Health care providers in facilities were trained on IMCI and most facilities now have IMCI charts displayed to enhance management of childhood illnesses. Several facilities also had functional ORT corners and SOPs on management of diarrhoea, and good breastfeeding practices well displayed on the walls during site visits. However, during the quarter, there was no reported upsurge of diarrhoeal cases. Health care providers continued to provide health education to clients and patients on hygiene and hand washing.

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

The results under this section include efforts made to expand coverage of high impact interventions for the project target population from the facility and community level. Results from the facility level are presented first followed by those from the community level.

Kajiado: Six integrated outreaches were carried out in order to reach the nomadic and socio-economically disadvantaged communities at Oltiasika (Olemasusu), Olorika (Tiririka), Oloirien (Kipet) and Sajiloni.

Laikipia: In order to reach the vulnerable and socially disadvantaged, two integrated outreaches were held in the Drop in Centers (DICs) during World Aids day resulting in the transport sector DIC screening 17 clients for cervical cancer and testing 10 for HIV.

Narok: In this quarter, six (6) integrated outreaches were carried out in the hard-to-reach areas of Narok South and 700 children were immunized. The project worked with MARPS to ensure FP/cervical cancer screening services are offered in the DIC and conducted outreaches to hot spots.

Nakuru: In order to improve the capacity of public sector facilities to provide reliable and consistent high quality package of high impact interventions at community level, APHIA*Plus* supported the DHMTs in Gilgil, Nakuru Central, Naivasha and Rongai to conduct a total of eight (8) integrated outreaches. The services offered were immunization, ANC, RH/FP, deworming, growth monitoring and HTC linking to proximal facilities.

The Workplace Program

Nakuru

Partnership Agreement: Following a sensitization meeting last quarter for 19 Aquila farm managers a partnership agreement has been drafted for review by the farm and signing by Aquila and APHIA*Plus*. The partnership agreement will allow peer educators to carry out sessions with mentorship and supervision support from APHIA*Plus*. The Aquila workplace program coordinator will share progress during quarterly networking fora.

Community Units: To enhance the reach to dependents of the employees from workplaces within employees' residential quarters the project secured commitment from two companies in Nakuru County (Migotiyo Sisal Estate and Oserian Development company) for the establishment of community units (CUs) within their quarters. In addition, five companies with established support groups from Nakuru County had their support group leaders trained on PwP.

HTC outreaches: HIV Testing and Counseling outreaches were carried out in three companies this quarter reaching 569 employees. For many workers who are underpaid and therefore involved in multiple concurrent partnership that are transactional in nature, HTC is a means to reduce the anxiety arising from fear of exposure to infection and a necessary step prior to entering into a new relationship.

Workplace Networking Fora: One networking forum was convened for the focal point persons from the Naivasha workplaces in Naivasha. During the meeting the focal point persons shared progress made so far by each workplace and the challenges each was facing. The meeting explored the support each company was providing to the staffs who are HIV positive and the challenges they faced handing HIV positive staff. The meeting was an important cross learning fora.

Laikipia: During the quarter the project carried out seven management sensitization sessions reaching 120 managers of Finlay's Horticultural farm. Following this sensitization a draft partnership agreement was drawn and shared with the farm's management for their review and signing.

Kajiado: During the quarter under review, the project carried out two management sensitization meetings, reaching 22 managers of Tata Chemicals Magadi. The outcome of the meetings was a call for a revision to the existing partnership agreement to incorporate the community leaders to be sensitized on the Sexual Offences Act to deter them from presiding over child marriages. These marriages do result from affairs between staff and school girls. The community leader are now able to see the need to provide separate and supervised accommodation for children from neighboring villages who seek education at Magadi township schools. Currently both boys and girls are left to share housing allocated to the various group ranches by the company.

Training of Peer Educators: Following the sensitization sessions six committee members, 20 peer educators were trained for Tata Chemicals Magadi Soda Company. The training events involved the company's health facility staff. As a resulted of the training, a way has been

paved for the commencement of professional peer education in the workplace and adaptation of other relevant evidence based interventions as appropriate.

Factsheets: As a way of standardizing messages across the workplaces in the same region, the project developed 10 one page factsheets in line with the Healthy Images of Manhood peer educators training manual. The fact sheets are currently being used.

The Youth Program

Nakuru: The project worked with partners to conduct outreaches in Nakuru and Naivasha areas to create awareness and stimulate demand for SRH services being offered through health service delivery points. This resulted in an increase in young people seeking services in the five service outlets (DICs) and during outreaches. In the same period**,** clear plans for supportive supervision, mentorship and network building among religious leaders were established. The project worked with partners to increase their capacity to implement Family Life Education activities, targeting couples in religious settings**.** To increase the capacity of schools to deliver LSE orientation was done for 234 head teachers and education managers and training 56 teachers from 28 schools in the county.

AA clubs: In order to address the issue of alcohol abuse among matatu crew, FHOK established 3 AA clubs with a membership of **135** matatu crew members. More young people in the program are increasingly willing to join the AA groups in the project sites

Quarterly Couples meetings: There was combined couple sessions organized that would see spouses from different routes meet and share ideas. The facilitator took them through communication skills as well as entrepreneurship skills. A total of **132** couples were reached which led to increased uptake of FP/RH services in the project sites.

Laikipia: Mentorship, refresher training and supportive supervision was carried out to increase the capacity of peer educators to reach to their peers with targeted health information. Outreaches were conducted in Timau, Naro Moru and Mweirire areas to create awareness and stimulate demand for SRH services being offered through health service delivery points leading to an increase in the number of young people who sought services offered the five service outlets (DICs) and during outreaches.

Kajiado: Similar activities were carried out in Kajiado to increase the capacity of peer educators to reach to their peers with targeted health information with reaches conducted in Kiserian, Matasia and Bulbul areas to create awareness and stimulate demand for SRH services being offered through health service delivery points. The program in Kajiado County has been able through the peer educators with assistance from DISC coordinators to facilitate sessions on reproductive health, linking SASA centers as well as the district hospitals and distribution of IEC materials.

Narok: Outreaches were conducted in Ololunga, Sokenani, Mulot and Naeriangare areas to create awareness and stimulate demand for sexual and reproductive health (SRH) services being offered through health service delivery points. This increased the number of young people who sought services offered in the five service outlets (DICs) and during outreaches.

To increase the capacity of schools to deliver life skills education (LSE) successfully c 140 head teachers and education managers were oriented and training 56 teachers from 28 schools conducted.

The Most At Risk Population (MARPS) Program

Nakuru: The capacity of peer educators (Female Sex Workers (FSW) and Men Who have sex with Men (MSM) was strengthened through refresher training during monthly meetings, support supervision and provision of materials to scale up and improve the quality of sessions they held with their peers as based on the national peer educator curriculum. The MOH continued to receive support to provide services to MARPs and conduct outreaches in Naivasha, Gilgil and Rongai areas. The partners worked with the Community Advisory Committee on SW intervention to conduct quarterly stakeholder sensitization sessions, focusing on the needs of MARPs, SGBV and Economic Empowerment. In partnership with the department of Adult Education, literacy classes for SW who are interested in furthering their education were started in Naivasha. There are currently 26 FSW enrolled and the first group of ten (10) are expected to register for KCPE in the next quarter

Laikipia: Similar activities were conducted in Laikipia in addition to a one day GBV sensitization forum for SWs as part of the 16 days of activism against SGBV. A total of 58 male and female sex workers attended the forum. The session focused on educating the participants SGBV, post rape care services and HTC.

Kajiado: The project continued to work and support the MOH to provide services to MARPs and conduct outreaches in Bulbul and Matasia areas.

Narok: The MOH continued to provide services to MARPs and conduct outreaches in Narosura and Ololaimutia areas with support from the project. In addition, twenty (20) FSW peer educators underwent a five (5) day peer education training based on the National Sex Workers Peer education training curriculum. The peer educators in turn reached out to 315 peers out of whom 176 sought different services including HTC, STI screening and treatment and FP services.

Baringo/North Rift Region

Life Skills Education: This was the last quarter of implementation for the program in North Rift region. In anticipation of project close out in North Rift, the program held two meetings with the county education officers in Trans Nzoia and West Pokot to inform them of the changes and identify what activities can be conducted towards the close out. Upon their request, the Ministry of Education Officials were introduced to AMPATH to explore continuity of LSE activities in the two counties. The project shared out LSE materials to be distributed to the schools in the region and it is expected the head teachers who had been sensitized in LSE will initiate activities in their schools.

Expanding Health Services through Community radio*:* During the period under review, the program continued to support two local radio stations in the county as a means of

reaching out to the masses. Nine (9) sessions were conducted at both Saposema and Imani FM radio stations.

Health service promotion through magnet theatre: Magnet theatre teams conducted 13 sessions to mobilize and sensitize the general population on various MOH prevention services. Three MT sessions were conducted during the World AIDS day. During the event, 40 (14 male and 26 female). Clients were counseled and tested. Two HIV positive clients were referred to the CCC for continuum of care and treatment.

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

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

Popular mobilization using Community Radio: Several activities were done to empower some of the target populations economically to deal with economic barriers to access and utilize health services. In *Kajiado* County, four (4) groups of SWs have been formed in the region for economic empowerment purposes. The groups are currently engaging in table banking and are currently undergoing capacity building to enable them access funds from the Women Enterprise Fund to enable them to access alternative for livelihoods beyond sex work. In Laikipia County four registered MARPS groups with six other upcoming groups. Two groups are successfully implementing SILC. Among MARPs in Nakuru county, economic empowerment initiatives continued in the quarter with forty (40) SWs participating in crafts classes where they learn crocheting and bead work, 72 SWs are also involved in savings and credit through three table banking groups and two SILC groups.

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

The project in consultation with DHMTs developed a concept note and established eight (8) BCC committees in five counties namely Kajiado (1), Nakuru (2), Laikipia (2) Narok (2) and Baringo (1). The BCC coordinating committees are proposed be a sub-committee of District Health Stakeholders Forum (DSHF). The committees will report to DHSF during the quarterly meetings and keep the DHMT abreast of their deliberations and activities. The overall mandate of the BCC Committee is to provide overall coordination and championing of all behavior change communication activities in the districts.

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

OVC/HCBC:

Nakuru: 19,685 OVCs were supported with three or more services and 2,334 with one or two services. As a result of the support 8,575 OVCs are accessing education support, 21,756 were supported to access health services, 18,781 received food and nutrition information and food items and 27,556 received protection and PSS. A total of 2,996 HCBC clients were served this quarter through linkages and referrals to health facilities for clinical care, and other support.

During the quarter the Ministry of Health and KANCO held adherence sessions for the guardians and parents who are HIV positive. This has led to improvement in terms of adherence to care and treatment. Due to mobilization by CHWs, seven (7) new PLHIV support groups were formed with a total of 84 members. The groups responded to the total wellbeing of the members through psychosocial support, experience sharing as well as knowledge on issues related to positive living.

Kajiado: the County has five (5) OVC LIPs. 7,293 were served with various services during the quarter. The OVC in the County received various services according to the needs identified in the HHs during the monitoring by Community Health Workers. Some 193 HCBC HHs benefited from food donations and nutritional support through Evangelizing Sisters of Mary (ESM). The team also linked 134 HHs with economic empowerment initiatives including SILC and table banking. The HCBC support interventions have resulted in increased disclosure and enrolment of PLHIV for HCBC services. For instance, ESM registered an increase in HCBC enrolment by 150 PLHIV clients for HCBC services in this quarter thus recording an enrolment of 448 clients compared to 298 in September 2012. All the new clients received food support and health messages from staff and CHVs during the quarter.

Laikipia County: this County is currently supporting 9,198 OVCs. 6,734 OVC were provided the 6+1 services. Older OVC in the program were supported with vocational training and OVC/PLHIV households supported to start HES activities. During the quarter 6,113 OVC were served with three or more services and 621 OVC were served with two or one service. The CHWs continued to provide health education linking clients to health facility.

Narok County: Narok County has two LIPs. During the quarter, 8,302 OVC were served with various services under the 6+1 core services. 7,511 OVC received three or more services and 791 OVC were served with two or one service. Under the HCBC program NADINEF is serving 110 clients and ENOCOW is supporting 41 clients. During the quarter these clients were provided with psychosocial support in terms of counseling, referral to the CCC and some were given nutritional support in terms of high valued nutritional porridge.

Baringo County/North Rift Region: 9, 767 OVC in North Rift were provided with 6 + 1 services as stipulated by PEPFAR and the minimum service standards for quality improvement. 9,250 OVC received three or more services and 512 OVC received 1 or 2 services. During the quarter HCBC clients continued to get services through home visits conducted by CHWs. In Trans Nzoia 590 clients were seen at the health facilities. 62 defaulting clients were traced and linked back to treatment.

CCC-HCBC Link Desks Activities:

The link desks aim to improve retention to care through CHWs manning the desks, support defaulter tracing and strengthen communities and facilities referral system to address comprehensive clients' needs. The CHVs carryout a number of activities including adherence counseling services/ nutrition counseling, referral and linkage of clients to CHWs, organizing home visits and follow ups, adherence support, directing clients for particular services like PMTCT,RH/FP and HIV testing for other family members.

Nakuru County: A total of 58 CHWs and CCC in- charges were oriented in establishing the link desks. Through this effort, 7,061 clients were served at the desk, linked and referred to different services. 284 defaulters were traced and information given to the CCCs.

Kajiado County: During the reporting period, the program supported MOPHS in facilitating sensitization sessions on link desks for HCW at Kajiado DH and Namanga HC where 25 staffs were reached. The sessions helped enhance awareness and commitment in supporting link desk activities in those facilities. In both sites, link desk will start operations from January 2013.

The link desks in other facilities have helped increase access to health care and treatment in various sites. For instance, the Ongata Rongai health centre desk witnessed an impressive performance where 165 clients were served through the desk by end of November 2012, barely two months after establishment. This indicates that Link desks continue to provide relatively more conducive avenues for community members seeking health care services. Through the Link desks, some OVC have also been assisted to receive nutritional food and vitamin supplements. Cumulatively, 3008 (347M, 2661F) passed through the five desks and received referrals and various services. :

Baringo/North Rift Region: Catholic Diocese of Eldoret supports six (6) operational link desks at the facility level manned by 18 CHVs who operate the desks on alternate days. In Nandi Central one support group was formed as a result of link desk referral services. In Elgeyo Marakwet at Chebiemit site, 14 OVCs aged 11 – 14 years of age who are on ARVs have disclosed their status with the help of their caregivers.

Group therapies were conducted at the desks and the topics covered included management of opportunistic infections, alcohol and drug intervention, disclosure of status to family members and community, stigma reduction, safe sex, will writing and nutrition. These therapies enable the clients to interact with one another at the same time-share experience and learn from each other. Use of mobile of phones provided by the project at the link desk, enabled tracing of 12 defaulters

3.1.13 Expanded Coverage of high interventions for women and men of reproductive age, youth vulnerable groups, MARPS:

Community PWP Activities

Nakuru County: A total of 1,423 PLHIV were reached with CPWP messages within the quarter. The messages were provided at the household and support group level, supported by the trained CPWP service providers, aiming to reduce HIV re-infection, improve FP increase rates of disclosure, stigma reduction, strengthen monitoring of referrals, improve adherence to

treatment and support. As a result, 54 PLHIV disclosed their status to their families and 136 were referred for care and treatment services.

Kajiado County: The program supported five days training for 15 PLHIV on CPwP through ESM in Rongai. Cumulatively, the program has trained 24 PLHIV on CPwP. During this reporting period, 65 PLHIV were reached with PwP interventions in Rongai. The CPwP service providers' training for the 15 group leaders conducted in Rongai has helped them develop skills in delivering the messages appropriately. The enhanced capacity enabled them reach 31 discordant couples with appropriate messages

Laikipia County: 15 support groups (10 from LIFA and 5 from CARITAs) were taken through a guided PwP message delivery by the project staff. 224 PLHIVs participated in these meetings and were assigned roles to cascade the information to targeted households hence reaching out to 572 HH with 1,036 OVCs. Testimonies from 13 PLHIVs who participated in the PwP forums indicates reduction in stigma, improved self- care, enhanced disclosure and improved self- awareness as well as increased participation in public forums as a result of enhanced public speaking skills.

Narok County: 53 support group members received sessions on partner disclosure, child testing, adherence and discordant counseling. During the quarter, there was increased enrolment of membership within the only support group from 7 to 12 (42%). The client enrolment by the program also increased from 62 to 153 through PwP intervention.

Baringo/North Rift Region: 31 support group members trained in CPwP in Trans Nzoia continue to support clients through health education talks at the link facility waiting bays. 308 PLHIV in support groups were reached with CPwP messages while 279 clients reached at the link facility waiting bays. As a result there is reported increased enrollment of PLHIV to existing and formation of new support groups. Three (3) caregiver groups have so far been formed, in addition to the older four (4) that are going on with PWP. In West Pokot, as a result of the sensitization on enrollment to NHIF for the West Pokot CHVs, 11 CHVs enrolled to the scheme during the monthly meeting. This has served as the best example to the community in accessing medical scheme.

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

Nakuru County: 149 support groups participated in SILC within the quarter representing a total of 1,952 OVC/HCBC households.144 members took out loans to pay school fees for 109 OVC, 52 members took out loans to initiate small scale micro enterprise ventures that include rearing of local poultry, selling of vegetables and charcoal.

114 CHWs were trained on various income generating activities such as blanket making and soap making who will in turn pass the skills to OVC households with the aim of increasing income at the household level and meet their basic needs.

Kajiado County: Through the partners, the program supports 140 SILC groups (increase of 52 this quarter) whose memberships are drawn from OVC and HCBC HHs. In total 2,212 caregivers are participating in SILC groups with collective cumulative savings amounting to Kshs. 2,671,238 only. As at end of December 2012, a total of 922 participants were servicing their loans. Majority of SILC loan beneficiaries are engaged in small scale entrepreneurial activities ranging from selling groceries to managing shops. The benefits trickle down to the OVC due to increased income levels which allows the caregivers to plan and secure basic household commodities, pay school fees and buy some HH assets. In Ngong for instance, 54

SILC participants reported that they have been able to pay school fees for their children and improve on food security at HH level.

Laikipia County: Support groups in this county are engaged in the establishment of the kitchen gardens and demonstration plots, development of saving plans and engagement in local poultry, farming and small scale business entrepreneurships. 27 participants were trained on livelihood support initiatives.. This reached out to 102 targeted HH with significant change evident within 11 households who are involved in local poultry rearing, bee keeping and kitchen gardens.

Seven (7) households from the Likii and Majengo slums initiated small scale businesses of groceries from which proceeds have been used to support OVCs with scholastic materials. Hope of the New Gate support group was used as a pilot site and provided with a water tank to establish a kitchen garden to act as a learning site for other HHs. 32 Households have benefited and have each initiated a kitchen garden.

The engagement of Self Help Africa has seen seven (7) support groups receive seven (7) water tanks and training on micro entrepreneurship development in addition to an exchange visit to Wambugu Farm in Nyeri. The support groups are engaging in the establishment of the kitchen gardens and demonstration plots, have developed plans for savings and engagement in local poultry, farming and small scale business entrepreneurships.

17 support groups with 480 members have continued saving and loaning within the SILC methodologies. Five (5) of the support groups are still receiving training on SILC methodologies while five (5) have been able to save and loan each other an amount totaling to Kshs. 67,790 during the quarter. The groups include Likii Love, Hope of the New Gate, Kalalu, Bethsaida and Kahurura. Five groups were able to save and loan each other an amount totaling to Kshs. 67,790. 11 members of this SILC groups have expanded their small scale businesses and managing to meet basic needs of their families. Two (2) SILC agents have continued with their active role on training and mentorship of the SILC groups and held a total of 12 sessions in the quarter reaching out to 298 SILC group members.

Narok County: The project continued to facilitate the community to enhance economic growth by supporting SILC Agents to transfer skills to the care givers and other community members registered in groups. By the end of the year Narok County had a total of 42 SILC groups that is 32 for NADINEF and 10 for ENOCOW. The group with the highest savings had a total of Ksh 83,500 so far. Generally, most of the members of the groups are care givers who have been encouraged to join so that they can meet the needs of the households being supported by the program. For example one care giver was able to buy two goats which she later sold and managed to offset school fees balance for her children. This kind of economic growth within the household will lead to community depending on themselves in meeting their daily needs. Some of the care givers are now independent since they are able to meet some of the household basic needs. (testimony from one care giver who was able to buy two goats using the SILC loan and later sold them after one year at a higher price and used the money to offset school fees for her children). One household at Narosora has now 15 goats from one goat given to them during APHIA II project

Baringo County/North Rift Region: 36 new SILC groups were formed during the quarter bringing the total number of support groups to 86. More support groups have been able to start saving and borrowing which in turn up lifts the standard of living of the household.

In Nandi East, the CHVs mobilized caregivers to form Common Interest Goods (CIG) for purposes of being facilitated to gain financial literacy. Kamelil support Group in Tindiret district began training on financial literacy. The training has enabled the participants to

improve their economic status through introduction of IGAs and has improved the livelihood of their families. Chepkunyuk support group has so far accessed loan from Kenya women trust fund and have started buying and selling maize. 10 caregivers in Kosoiywo joined support groups and have started keeping poultry for them economic and nutritional support.

In Trans Nzoia 28 support groups were visited and eight (8) of them were trained on the Savings and Internal Lending Communities. Eight (8) groups are conducting saving and lending, four (4) groups are still undergoing SILC phases training. Three (3) SILC groups graduated during the quarter. Three (3) support groups were linked to MoA for training on small scale farming and improved agricultural methods to maximize yields. One support group was linked to the fisheries department for support in looking for better fish prices.

During this reporting period MFMHC provided economic opportunity and strengthening to 628 OVC and their households. This intervention is mainly in the form of giving support in establishing kitchen gardens, referrals to SILC groups and business skills training. The linking of caregivers to SILC has seen the transformation of the financial fortunes of the household. This quarter 57 caregivers have joined SILC groups benefiting 86 OVCs (44 male, 42 female) in the project. SILC members were able to pay school fees for their children both in primary and secondary, especially those who joined the SILC groups earlier. They have sufficient food in their households and some have invested in small businesses.

The support group in Kapenguria leased a portion of its piece of land, the proceeds of this together with the maize and carrots harvested have been used to offset some loan balance owed by the group. The project staff conducted a visit to four households in Kongelai; the issues discussed highlighted importance of incorporating community resources in addressing their needs. This discussion changed the caregivers' attitude towards donor funding, and helped them see the need to embark to community led fundraising approaches to cater for OVC basic needs.

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

Laikipia County: The project has continued to mentor households investing in various income sources on local market identification and utilization for revenue generation. 300 HH that had been profiled by the project for financial literacy by Equity bank and linkage to AMIRAN Kenya limited were targeted by the IP staff for mentorship on economic empowerment as they await the involvement of Equity bank and AMIRAN Kenya in the year 2013.

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

Nakuru County: The Nakuru PGH farm supported 42 households with local vegetables during the quarter. The project leveraged food donations from the community, provincial administration and private institutions benefiting a total 614 households.

The project supported trainings for 12 primary schools on JFFLS in the last quarter. As a result 8 schools have initiated school farming activities and life skills sessions where a total of 240 children are participating in the life skills clubs.

Kamathatha Primary School in Gilgil has started rabbit keeping and has already built a rabbit pen for four rabbits in preparation for stocking with rabbits. The structure was supported by the school management committee. One of the schools has allocated a ¼ acre of the school land to JFFLS club to start passion fruit farming. The planting is to start in January.

A total of 46 CHWs were trained on nutrition assessment. The CHWs are expected to pass the same knowledge to the caregivers at the households during the monthly home visits. MUAC Nutrition Assessment was done among 2,573 OVC (1,280 males and 1,293 females) of which 240 (129 males: 111females-) were found to have moderate mal nutrition and referred for FBP commodities at the site.

Kajiado County: During this reporting period, through BOH 42 caregivers were facilitated on a tour of Ngong' Agricultural Training Centre to learn about rabbit keeping, fish farming, kitchen gardening, green house technology among others. In addition, 181 caregivers participated in a business forum in Rongai. The business forum was facilitated in collaboration with Equity Bank, MOGCSD and ETISENSE Consultants.

Through NIA, 150 HHs benefited from monthly food rations in Kajiado and Isinya area. An estimated 250 OVC have been able to attend school comfortably while some of the beneficiary caregivers attend to their IGAs. In Rongai, MOA facilitated sensitization session for five support groups' leaders on available opportunities through the Ministry. Through concerted efforts in collaboration with MOA Extension officers in Mulot, 12 HHs are currently harvesting vegetables and tomatoes from their kitchen gardens thus meeting basic food requirements for their families. The program also registered improved quality of health particularly among 41 OVC who are on HIV care over the past three months in Rongai. These were referred and registered for food and Vitamin A supplements especially at BoH clinic, Fatima HC and Ongata Rongai HC. In Loitoktok, 21 OVC HHs benefited from agricultural extension support on use of correct seeds and fertilizer application.

The program supports JFFLS activities in 16 schools in collaboration with MOE. During this reporting period, the patrons who were trained last quarter initiated the clubs and learning sessions. Three JFFLS with a membership of 120 (53 boys, 67 girls) were monitored in Rongai and Nkaimorunya. The clubs have prepared the agricultural farms and one of them received seeds and extension support from Rongai Division Agriculture Officer. As a result of monitoring and supportive supervision to JFFLS, two patrons have managed to expand their network and collaboration. One of the clubs has secured seeds from MOA thus enabling participants acquire practical knowledge and skills in crop planting and spacing. Elsewhere, another JFFLS is currently practicing intensive farming where members learn various methods of farming including fish farming

Laikipia: OVC/HCBC HHs continued establishing kitchen gardens for food Security.111 households have been reached with information on nutrition and education leading to enhanced knowledge through the nutritional counseling sessions. Further training of the patrons and volunteers on the WASH and nutrition was significant in ensuring that information acquired by JFFL club members was being practiced at the respective homes.

28 participants were trained on nutrition to cascade training and education to households. 111 households have been reached with information on nutrition and education leading to enhanced knowledge through the nutritional counseling sessions. 24 HHs were linked to well -wishers who supported them with food stuffs. This significantly reduced hunger amongst the OVC HHs in the dry areas of Laikipia North.

Narok: Identification and formation of JFFLS Clubs in eight (8) schools was done during the period under review. Most of the schools have held at least two sessions and other activities are scheduled to start when schools open in January 2013. Kikuyian primary school at Nairagi Enkare has prepared a nursery for cabbages, spinaches and onions. The JFFLS program started in most schools has also helped to encourage the caregivers to practice small scale farming of vegetables and fruits at their backyards. The club members from two schools

have been able to produce cabbages, kales and carrots which they carry home and sell some to sustain the clubs. The extension workers are able to carry out follow ups with project staff on a monthly basis to track the progress of the JFLLS activities.

Baringo County/ North Rift Region: The CHVs with support from site supervisors provided nutritional education to 2,689 OVC (1414 male and 1275 female) and their families. The CHVs have encouraged the caregivers to initiate kitchen gardening, poultry keeping and mixed farming. This is a way of promoting food security within OVC households. MFMMHC also provided nutritional support to 15 OVCs (8 male, 7 female) during the post - test club meetings. This support was in the form of lunch and each child provided with 2kg of nutritional flour.

The Quality Improvement team at Tindinyo site has set up a demonstration plot for potato farming as a learning point for the caregivers. The QI team has rolled out the process with 13 households in Tindinyo site. The main objective of the QI team is to increase access to food to the OVC within the household and hence promote food security.

During a nutritional assessment in Nandi East district seven OVC were assessed using MUAC and one was found to be malnourished. The boy was referred to Nandi Hills district hospital. The CHV continues with frequent visits to ensure adherence to the diet counseling provided. In Trans Nzoia County 29 OVC were identified for nutrition supplementation during an earlier assessment by CHWs. Follow up feedback meetings were held with the District Nutritionists and outreaches were conducted. Through the outreach the guardians were educated on good nutrition and were issued with 82 Kgs porridge flour for the 18 OVC.

In West Pokot County, CHVs conducted MUAC assessment to ascertain the nutritional status of OVC in the county. A total of 696 OVC were reached and assessed for nutrition support. The assessments were conducted in OVC households and churches by CHVs. 70 OVC were referred to the health facilities for food by prescription.

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

Nakuru County: The project supported the 8,575 OVC with educational support. 281 OVC benefited from schools fees support, 2,766 received school uniforms, 4,125 girls received sanitary pads and 36 OVC are continuing with vocational training. This support reduced some of the barriers that hinder OVC from continuously attending and completing school. 6,558 OVC received life skills messages in order to increase their self-esteem and reduce their risk of pursuing HIV-risky behaviors or adopting negative coping behaviors.

Kajiado County: OVC were supported with schools fees, uniforms, sanitary pads and other scholastic material. Project staff conducted routine visits to 28 schools during this reporting period. As a result of improved relations between the teachers and project staff, three (3) OVC who had disciplinary cases have received necessary guidance and support to concentrate in the studies. Reports from teachers indicate that as a result of education support for instance, 12 girls at Nkaimorunya Secondary school have been consistent in school attendance and that their class performance and attendance improved remarkably.

Elsewhere, a form one male student who was supported with school fees and guidance registered an improvement academic performance from a low of 702 marks (B minus) to a high of 1023 marks (A plain) at Bishop Mazzoldi Secondary school. One of the girls who has also been receiving support (sanitary towels, school fees and guidance) from the project also registered progressive improvement. The girl has scored 353 marks in KCPE 2012 while she scored 314 and 291 marks in second and first terms respectively. Consequently she has

qualified for the 2013 Wings to Fly scholarship program (cut off is 350 marks) and the project will support her and many other eligible students to apply.

Laikipia County: The OVC in the county were supported with education materials including fees, uniforms and sanitary pads for girls. This has lead to an improvement in school attendance and performance. Life skills sessions were provided by the 10 volunteers through JFFLS fortnight sessions reaching out to 427 OVCs.

During the quarter, the JFFL volunteers from 10 schools continued with their fortnight weekly JFFLS sessions in schools and conducted various sessions on life skills and agriculture. Support supervision was conducted to five (5) JFFLs clubs in five pilot schools by the MoA officials who supported them in drawing out of work plans for the nextterm. All the 10 schools participating in JFFLS have developed a plan for resource mobilization. Patrons and volunteers were further trained on the WASH and nutrition and the information acquired by JFFL club members is being practiced at the respective homes.

During the quarter, eight (8) OVCs) were supported in vocational training in areas of driving, dress making and hair dressing. 1,195 OVCs received uniforms with 59 OVCs being supported with school fees. This has led to improved school attendance and performance. Life skills sessions have been provided by the 10 JFFL volunteers through JFFL fortnight sessions reaching out to 427 OVCs. The distribution of sanitary pads to 68 girls played a key role in girl child retention at school.

Baringo All the OVCs in the project who have been getting support so as to continue with their education have improved significantly in class performance. During this reporting period, 138 OVC in standard eight who are supported by the program in various primary schools in Nandi Central, Keiyo South and Marakwet districts sat for their Kenya Certificate of Primary Education. 94 OVCs received general services like referrals for enrolment for those who were out of school, referrals for career counselling for OVC who are in secondary school and those who have finished high school and are going to college. The site supervisors organised educational talks with OVC in secondary schools during the health action days

During the presentation of the school fees cheques, the project staffs and stakeholders involved urged the caregivers, CHVs and school teachers involved to make efforts to monitor the progress of the OVC in their schools as well as advocate and solicit for OVC education support from government and private bursaries where applicable. The CHV were also sensitized on their role on increasing enrollment among school going children. Two OVC were supported with the help of Parish Aids Coordinating Committee members to complete their vocational education at St. Joseph's Vocational Institute: by mobilizing community members for a harambee. During the December holiday in West Pokot, the CHVs and the project staff had one-on-one sessions with 15 OVC majority of which were adolescents who were open enough to share their challenges and were supported and provided with life skills. The purpose of these sessions was to enable them understand the risk of engaging in sexual behaviors that may predispose them to HIV, STIs and unplanned pregnancies.

4.4.1. Enhancing access to improved water supply and sanitation

Nakuru: 1,286 OVC HHs were reached with WASH messages during the quarter. These messages were provided by trained CHWs during monthly home visits. 81 households have initiated tippy taps using locally available resources. During the quarter, Ministry of Public Health and Sanitation together with various implementing partners organized the Global hand

washing day. The theme of the event was *"Help more child reach their 5th Birthday"*. A total of 39 CHWs in Mogotio took part in a community sensitization meeting at the chief's camp and created awareness on the role of sanitation and hand washing in reduction of water borne diseases, a total of 52 community members were in attendance. The CHWs built a demonstration tippy tap during the meeting.

Kajiado: Global Hand-washing (GHW) day was observed in the quarter. During the event some beneficiaries were mobilized and took part in activities aimed at encouraging hand washing with soap as a preventive measure. Participants were sensitized on germs and how they can cause diseases. Thirty-seven (37) registered OVC participated in the GHW day event.

In Rongai, nine (9) HHs were sensitized on pit latrine cleanliness and environmental hygiene through ESM staff. Slum dwellers from Kware were mobilized to clean their environment through collecting wastes and sweeping. As a result, the families and particularly the OVC can now play in a clean and healthy environment thus minimizing incidences of disease and injuries

Laikipia: The program held training to 25 participants on PHAST providing them with essential knowledge to support WASH interventions at the household level. As a result of this, 59 households were sensitized on the importance of hand washing and proper use of toilets. Similarly, 101 households were sensitized on hand washing during the station days organized by LIFA CBO. The integration of WASH activities into JFFLS has led to construction of three (3) tippy taps at Muthaiga Primary school where children are observing hygiene practices. In addition, 15 JFFL participants have replicated the same at the HH level in Etheri village have done the same. Eight (8) support groups were provided with eight (8) water tanks by Self- Help Africa for improved access to clean and safe water.

Narok County: The program continues to enhance WASH activities to ensure that the households adapt proper hygiene practices. During the quarter, seven (7) field officers who were trained to conduct a WASH assessment also trained the CHVs who subsequently conducted an assessment.

Baringo County/North Rift Region: Two OVC Technical Officers were trained on WASH integration in HIV. They are fully equipped with the rationale for having WASH in HIV and the four major intervention areas which are hand washing, water treatment, fecal management and menstrual management. These skills will be rolled down to the community in Baringo County. Currently CHVs conduct hygiene promotion at household level during home visits on monthly basis. 43 HH were identified and supplied with water guard and chlorine for water treatment while 21 HH were supported to come up with hand wash facilities (leaky tins) using locally available materials. During the hand wash month, five (5) CHWs went to schools to sensitize students in primary schools on importance of hand washing, reaching 315 pupils in three (3) schools. Other activities that took place during the supported home visits included: distribution of water guard, for drinking water treatment and installation of leaky tins by the latrines for hand washing after visiting the toilet.

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

Nakuru County: 3,819 care givers were sensitized on child rights and protection and 65 children in Naivasha sensitized on their rights. 238 OVC without birth certificates were linked with the registrar of births and processing of their certificates is ongoing. 45 OVC received birth certificates within the quarter. Through sensitization of CHWs on child rights,

during home visits 16 OVC cases of abuse were identified and referred for legal services to the local administration.

Kajiado County: During this reporting period, 62 new certificates were received and a further 44 applications submitted for processing. BoH has worked closely with the Chiefs and their Assistants in establishing a referral system that will help caregivers apply for and acquire national IDs. So far, three caregivers have benefited through the process. In Rongai Division, 49 caregivers were sensitized on child protection through BoH. The sessions were conducted by trained paralegals and the police. Through the support of paralegals and LAACs in various sites, three girls have been rescued from early marriages and readmitted in schools. In particular, a 13 year old girl was rescued from early marriage in Kajiado with support from the DCs and Police. The 'husband' has since been arrested and the girl admitted to a rehabilitation centre. The other two cases were also taken up in Rongai where one 16 year old was rescued from early marriage and enrolled into a vocational training course.

Laikipia: Sensitization on child protection was provided to CHVs during the CHV review meeting; this ensured the CHV continued to educate the community on child rights and community responsibility on child protection. Locational AAC members from Nanyuki location participated in two meetings and shared on a plan for linkages with the AACs. The causes of silence on child abuse were addressed with the AAC promising rapid response and support to such cases when they arise. 47 OVCs were supported and issued with birth certificates with sensitization held to 327 caregivers on the significance of birth certificates.

Three (3) OVC households were provided with iron sheets to renovate their houses with additional support from the community well-wishers. These has resulted into safer places to live in and thus increased performance in academic work and reduced exposure to vulnerability and risks. Significance of safer environment sensitization continued at household level. Nine (9) OVCs were provided with mosquito nets, 124 counseled and tested with three (3) being referred for treatment. This was done in collaboration with the MoH during the station days and organized mobile VCT sessions.11 OVCs were supported to access treatment through payment of bills. A total of 1,541 OVCs benefited from blankets while 523 OVCs received mattresses. Sensitization on NHIF was done to 10 households in collaboration with officers from the NHIF office. Consequently, there has been increased access to health care and reduction of disease burden to the households. Two (2) HH registered for the NHIF and are currently covered for medical care.

Narok: During this reporting period a total of 79 OVC were supported to acquire a birth registration certificates, 73 from NADINEF and six (6) from ENOCOW. Two boys in one of the household were supported by the program staff through referral by the CHV for counseling. This helped to restore harmony in the household of which and children are happy and going on with normal life.

.The local AACs are now able to conduct capacity building to the partners working with children and guide them appropriately when there are legal and social protection issues. The two girls rescued in the last quarter were supported with counseling to sustain psychological health. The groups trained on child protection were also sensitized on the new FGM act which will guide the paralegals in dealing with the issue amicably

Baringo / North Rift Region: During this reporting period 94 OVC from Marakwet had their birth certificates processed by the program.142 OVC received birth certificates while over 200 hundred have awaiting clearance and collection at the births and registration in Trans Nzoia East and West Pokot offices. 40 additional birth certificates are due for distribution to 40 OVC in the next quarter.

During this quarter, MFMMHC provided 595 OVC with protection support. These services included referrals for birth registration, child rights education and referrals for legal services. MFMMHC has liaised with the registrar of births to collectively carry out the registration of OVCs at the location and this has shortened the long process of getting birth registration certificates. So far 108 OVCs have received their certificates and were able to enrol for school on time. In Nandi central at Tindinyo site a man who had married a 14 year old girl was arrested by the combined efforts of the community members and the LAAC members. The girl is now back in school and the man is still remanded. This was done after the LAAC sensitized the community on child rights

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

During this quarter, the project amended and executed 22 sub agreements (. 20 for local implementing partners and two (2) for strategic partners within the APHIA*Plus* consortium). The purpose for the amendments was to extend their period of performance. Subsequent sub-agreement amendments to increase obligation amounts of funds will be done in the period of January – March 2013.

Reviews were carried out for implementing partners to ascertain their compliance with donor regulations, sub-award conditions and good practice. The review exercise also served to identify weak areas in partners' management systems with the aim of providing technical assistance to overcome these weaknesses. Partners were made aware of the risks associated with failure to comply with the necessary regulations and requirements, and encouraged to embrace good practices. To assist partners to enhance accountability for resources, the project enlightened partners on the importance of having a whistle blower policy and also assisted partners to develop vendor policies. The partners reviewed were; Catholic Diocese of Ngong, Living in Faith Association, Narok District Forum on HIV and AIDS, Enaitoti Olmaa Coalition for Women, Mother Francisca Mission Maternity and Health Care, Handicap International, Catholic Diocese of Eldoret.

Capacity building activities were conducted in the following areas:

- Internal controls, where two LIPs that were reviewed were given assistance to develop policy and procedure manuals;
- Human resource management, in the areas of performance management, accounting for staff time and maintenance of staff records;
- Financial management and
- Management of fixed assets.

In addition, two local implementing partners underwent an internal audit. These partners are; Self Help Africa and Deliverance Church, Nakuru. The compliance team will be developing action plans and carrying out follow-up visits to assist the partners implement audit recommendations.

A regional quality improvement sharing forum was held for the Rift valley APHIA*Plus* and AMPATH*Plus* partners, where the main aim was reviewing the progress of Quality Improvement (QI) teams in mainstreaming QI in OVC care and support. Four local level QI

meetings were conducted within the quarter where teams were mentored on analysis of Child Status Index (CSI) data, prioritization of problems and development of specific objectives for their PDSA cycles. The teams were further supported to restructure their teams to enhance community involvement in the QI process.

Lessons Learnt

- Management sensitization is critical for successful implementation of health communication activities in the workplace. However, though the support of senior management is secured, mid-level managers are not always cooperative and even work to frustrate the efforts.
- With regular engagement of senior facility management and staff, sustainability and ownership is being addressed.
- Facilitation of supportive supervision has enabled the district teams get a better picture of the state of services delivery within their jurisdictions.
- Joint planning and timely implementation of activities has strengthened the relation between the project and its service delivery partners especially the MOH.
- Strengthening of linkages with the community, CHWs and support groups has potential to promote ART adherence, patient retention on care and treatment and uptake of health interventions.
- Continuous engagement and mentoring of private providers assistants on the tools and new generation indicators plays a big role in enhancing documentation.

III. PROGRAM PROGRESS (Quantitative Impact)

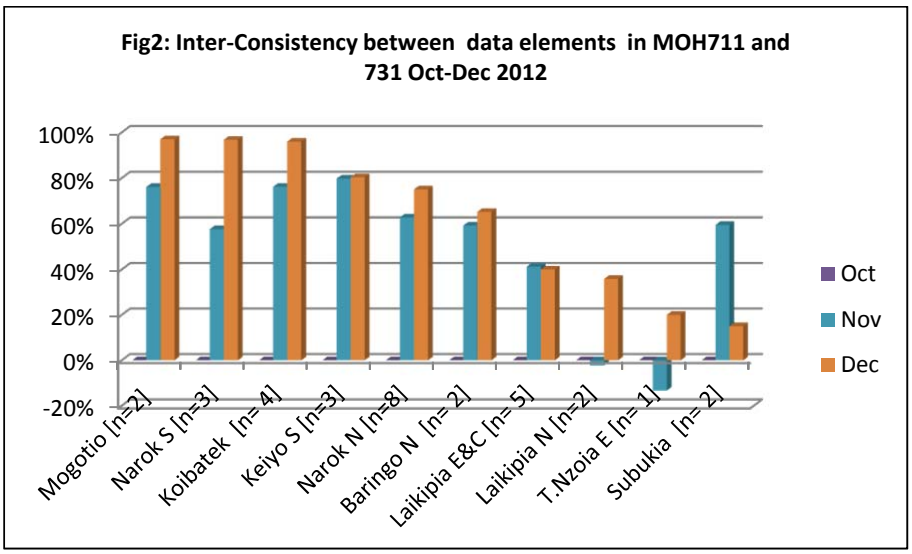
APHIAplus Nuru Ya Bonde PMP Oct - Dec 2012 (15th Feb 2013).xlsx

IV. PERFORMANCE MONITORING

During the quarter, the project continued to conduct several performance monitoring activities geared towards strengthening the capacity of facility and community health workers to record, report and use data for program improvement. The activities included site visits to facilities and implementing partners to monitor availability and use of standard data collection tools, training needs and quality of data. A SOP developed to standardize the approach of site visits to facilities by M&E staff was piloted in 42 of health facilities. The SOP is aimed at building the capacity of staff and partners in strengthening the project M&E system is a standardized manner; serve as a guide on the steps to follow in conducting regular site visits and how to administer the checklist and describing how to record and report results from the site visits. According to the SOP the M&E staffs are expected to visit at least 10 sites in month to administer the checklist. From the pilot, the results indicate over reporting on ART indicators and under reporting on PMTCT indicators as illustrated below: To address the reporting gaps the Multi-Disciplinary Team (MDT) has been visiting facilities just before the national reporting timeline to mentor health workers on indicator definitions and how to complete the summary reports.

		Results		
Program Area	Verified Indicators	Reported	Recounted	Ratio of Recounted Vs Reported
HTC-PITC	Number of individuals receiving testing and counseling and received their test results through PITC	811	734	90.5
	Number of individuals who tested HIV+ through PITC	48	42	87.5
HTC-VCT	Number of individuals receiving testing and counseling and received their test results through VCT	851	645	75.8
	Number of individuals who tested HIV+ through VCT	52	46	88.5
PMTCT-ANC	Number of pregnant women who received HIV counseling and testing for PMTCT in ANC	403	344	85.4
	Number of pregnant women who tested HIV+ in ANC	9	8	88.9
	Number of HIV pregnant women who received ARV prophylaxis for PMTCT in ANC	10	8	80.0
	Number of pregnant women issued with Infant ARV prophylaxis in ANC	12	6	50.0
PMTCT-L&D	Number of pregnant women who received HIV counseling and testing for PMTCT in L&D	188	219	116.5
	Number of pregnant women who tested HIV+ in L&D	9	16	177.8
	Number of HIV pregnant women who received ARV prophylaxis for PMTCT in L&D	11	10	90.9
	Number of babies issued with Infant ARV prophylaxis in L&D	17	13	76.5
Care and Treatment	Number of new individuals (adults and children) initiating ART	15	9	60.0
	Number of individuals (adults and children) who ever started ART at this facility	2071	449	21.7
	Number of individuals (adults or children) currently on ART at this facility	1174	230	19.6
	Number of individuals adults and children) receiving cotrimoxazole prophylaxis	659	355	53.9

In addition to site visits, monitoring was also done to determine the quality of data reported for between common data elements reported in MOH 731 and MOH 711A. The table below shows mixed results for different districts. There was an improvement in the consistency for the two reports from Oct to Dec for Mogotio 76% to 97%; Narok 58% to 97%; and Koibatek districts 75% to 97%. Subukia district on the other hand had a drop in the consistency from 59% in Nov to 15% in December.



In order to improve the quality of data between the two reports, the project developed and piloted a job aid for health workers to improve on reporting on these indicators. The job aids (attached) will be printed and disseminated first to 40 priority sites in the next quarter.

V. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

The project continued to link with other USAID programs in the reporting period. The project staff participated in the Provincial Community Strategy stake holders' forum that was attended by AMPATHPlus, WRP, APHIAplus IMARISHA and many others that implement programs in Rift valley province. APHIA*Plus* Nuru ya Bonde project also participated in the 3rd FANIKISHA WG workshop that aimed at reviewing the draft and finalizing the Kenya CSO IS Standards and Indicators. It is expected that once document is complete APHIA*Plus* Nuru ya Bonde will take leadership in rolling it out to its current and future local implementing partners. In addition, the youth program continued to link with other USAID programs including HFG which seeks to mobilize young people for health services and knowledge through G-PANGE youth lifestyle and The Yes Youth Can program The program LIPs are also encouraged to apply for the TAHIDI fund under this national mechanism.

VI. PROGRESS ON LINKS WITH GOK AGENCIES

The project continued to work with different GOK ministries to achieve its objectives and that of the government right from policy to implementation level. The project participated in the development and piloting of CHC and CHWs curriculum and leveraged on the GoK staff to conduct trainings of DHMT, CHEWs, CHC and CHWs geared towards improving quality of service delivery. It also continued supporting the GoK in implementing the pilot EMTCT program in Nakuru Central and Rongai districts. In Narok County the project partnered with NASCOP to conduct a moonlight outreach testing 1089 people and with the adult education department to mobilize sex workers interested in furthering their education to enrol for adult education classes. A total of 26 SW enrolled and the first group of 10 is expected to register for the national exams in the next quarter. The youth program is also working with a number of GOK line ministries to strengthen their capacity for program co-ordination. This includes MOYAS, MOH, YEDF and MOE. Under the workplace program, the project began to work with Naivasha District Gender Office, Naivasha District Health and Safety Office and Naivasha Youth Friendly Services Coordinator in undertaking the 16 days of activism activities and World AIDS day activities within the Naivasha workplaces. These linkages will be strengthened further in the subsequent reporting periods.

VII. PROGRESS ON USAID FORWARD

Plans are in place to build the capacity of implementing partners through collaboration with FANIKISHA. The institutional capacity building is aimed at strengthening both technical and organizational management systems to increase their competitiveness in project implementation and fund raising.

VIII. SUSTAINABILITY AND EXIT STRATEGY

To ensure sustainability most of the CUs have initiated sustainable projects such as farming for business. Two CUs have acquired land from the link health facility for maize farming for sale in the coming season. Baringo County has some CUs that have demonstrated excellence towards establishing sustainable projects that have evidence of benefits towards improving individual CHWs income and wellbeing. The CUs have initiated both agricultural and livestock farming with sound returns. Through piloting sustainable projects with a few

Community Units, one CU made sales of KES 100,000 from tomatoes in the month of December 2012. Other crops they tried with good returns included water melon, onions, Sunflower farming and rabbit rearing as one of the most captivating and high profit making IGA. These sites have become Centre of learning to the other Communities on self-initiated livelihood projects. Many CUs are now in the planning stages of initiating the same for self-reliability.

The MARPS project has been supporting twelve community and self-help groups while the youth program DISCs are being transitioned to the Youth empowerment center which is GOK structure as sustainability and exit strategy. This will involve negotiating with County Directors of Youth Affairs to allow the project to second staff to the empowerment centers.

In the workplaces, HIV and AIDS is one of the topics covered under health and safety by the workplaces. The project is working to make this topic comprehensive and well integrated as a way of ensuring workplace HIV and AIDS program sustainability.

X. SUBSQUENT QUARTER'S (JAN TO MAR 2013) WORK PLAN

Program Management
Planning meeting with FANIKISHA to plan targeted institutional capacity strengthening for local implementing partners
Dissemination of Year 3 annual project work plan
Support local implementing partner annual work plan development
RESULT 3: Increased use of quality health services, products, and information
Clinical services
Conduct RH/MNCH assessments in the 5 counties
Recruitment and placement of mentor mothers in Nakuru County
Work with the new county structures to operationalize their functions
Conduct Technical Quality Assessments (TQA) in 40 priority sites
Scaling up of nutritional assessments in 5 counties
Community strategy
Link with APHIAplus strategic partners to train five (5) CU Champions on technical skills
Capacity building of CHEWs on facilitating dialogue days
Health communication
Reviewing the Healthy Images of Manhood (HIM) sessions from 10 to six a number that will be manageable to workplaces -One workshop
Nakuru County message development workshops – Naivasha, Njoro and Rongai districts- 2 workshops
Hold Community Units start up meetings in two workplaces-3 meetings
80 Peer educators retrained based on thee NASCOP SW peer educators training curriculum
Support of SW on group formation and development. # New groups formed and # of existing sex workers group meeting regularly-2 per county
MARPs Fora established (1 forum per county)
Link sex workers to economic empowerment activities Nakuru 150 :Laikipia 120: Narok 120: Kajiado: 90
Transition seven (7) SASA Centers to YEC/YFS
Training of 250 peer educators on Road safety and First Aid

Integrated services outreaches-20 campaigns held
Selection and train 265 additional schools (1030 teachers)
Planning meetings with CQASO, Narok, Meeting with OVC team – 2 meeting
Training 3 ZQASOs on LSE M & E
Monitoring and Evaluation
Conduct a M&E capacity assessment of implementing partners
Meeting to review Performance Reimbursement Plan (PRP) with P/DHRO
Disseminate MOH711 and 731 reporting job aids to 40 facilities
Disseminate results of household vulnerability assessment to project staff and implementing partners
RESULT 4.0 : Social determinants of health addressed to improve the well-being of targeted communities and populations
Designing targeted interventions using HH vulnerability analysis
Technical capacity assessment for all OVC implementing partners
Continuous provision of targeted technical assistance implementing partners
Data cleaning for registered OVC exited OVC and active OVC

XI: FINANCIAL INFORMATION

Cash Flow Report and Financial Projections (Pipeline Burn-Rate)

FAMILY HEALTH INTERNATIONAL
Summary Budget vs Actual Expenditure Report
Program Title: AID-623-A-11-00007-00 (APHIAplus - Rift Valley Province)

For the period January 1, 2012 to December 31, 2012

Obligation	FY 12 Total Budget	1st Quarter Actual Expenditures	2nd Quarter Projected Expenditures	3rd Quarter Projected Expenditures	4th Quarter Projected Expenditures	Total FY 12 Expenditures	Exp %	Jan 1, 11- Dec 31, 12 Actual Expenses
Salary and Wages	2,463,964	500,962	515,011	704,260	675,774	2,396,007	97%	4,009,162
Fringe Benefits	733,820	175,533	83,402	68,297	192,054	519,286	71%	835,477
Travel, Transport, Per Diem	242,398	83,521	97,969	-18,992	117,773	280,272	116%	567,841
Equipment and Supplies	185,400	2,621	81,919	68,912	60,278	213,730	115%	488,425
Subcontracts								
Allowances								
Participant Training								
Construction								
Other Direct Costs	752,219	482,006	33,571	780,622	1,011,796	2,307,995	307%	4,334,200
Sub-grants	10,266,242	1,855,123	2,182,347	2,375,458	1,876,994	8,289,922	81%	13,662,660
Overhead								
G&A	1,355,958	379,675	324,729	583,792	642,280	1,930,477	142%	3,223,779
Material Overhead						0		
Total	16,000,000	3,479,441.2	3,318,948.6	4,562,349.5	4,576,949.1	15,937,688.5	100%	27,121,545

FY 2013 Projection

Obligation	FY 13 Total Budget	1st Quarter Projected Expenditures	2nd Quarter Projected Expenditures	3rd Quarter Projected Expenditures	4th Quarter Projected Expenditures	Total FY 12 Expenditures	
		Jan-Mar 13	Apr-Jun 13	Jul-Sept 13			
Salary and Wages	2,384,796	596,199	596,199	596,199	596,199	2,384,796	
Fringe Benefits	840,926	210,232	210,232	210,232	210,232	840,926	
Travel, Transport, Per Diem	451,758	112,940	118,586	124,516	95,716	451,758	-
Equipment and Supplies	23,340	7,780	7,780	7,780	-	23,340	
Subcontracts						-	
Allowances						-	
Participant Training						-	
Construction						-	
Other Direct Costs	1,132,395	297,254	312,116	327,722	195,303	1,132,395	-
Sub-grants	4,345,731	1,086,433	1,097,297	1,097,297.08	1,077,445	4,358,472	
CS	929,984	232,496	232,496	232,496	232,496	929,984	-
G&A	2,217,668	554,417	564,926	573,204	511,231	2,203,777	
SSM	173,412	43,353	44,002	44,002	43,206	174,562	
Total	12,500,010	3,141,102	3,183,634	3,213,447	2,961,827	12,500,010	

XII. PROJECT ADMINISTRATION

Constraints and Critical issues

Having faced the challenge of timely service provision particularly for direct OVC benefits in previous quarters, the project hired a procurement officer to fast track the response of the project to the OVC needs. This process is now on track.

In an effort to improve the quality of service delivery to OVC and their households, the project hired 20 OVC Program Assistants (on a short term basis) and co-located them with the implementing partners to support the implementing partners improve the quality of OVC programming including improving data quality and reporting. The program assistants work closely with OVC technical officers to address implementation gaps noted at households, community and partner level. The quality of service delivery at the partner level is improving due to the on-site, regular and hands-on technical support currently being offered by the Project.

By the end of the quarter under review, the project had supported the establishment of 150 CUs. It has become apparent provision of CHWs stipends has become a large ticket item amounting to USD 1,000,000 in a year. To sustain this kind of cost in the long run is a challenge and the project will pilot organizing CHWs into groups that engage in economic activities utilizing part of the stipend that will be sustained over time beyond the life of project.

Transition of project activities from the North Rift

During the quarter, APHIA*Plus* successful transitioned facility based care and treatment activities and Community Strategy activities in West Pokot, Trans-Nzoia and Elgeyo-Marakwet to AMPATH. The projects held several consultative meetings to understand how each was engaging with government and other stakeholders in the region and developed transition plans. In addition joint site visits, assessments and meeting of DHMTs and HMTs by staff from both projects were conducted. THE OVC/HCBC activities will be transitioned in the next quarter.

A major challenge experienced by the project in the transition from North Rift is that the project did not hold meaningful discussion with Kabarnet and Marigat District Hospital HMTs. This remains an outstanding issue that USAID will need to provide the necessary guidance to move the transition process forward. However successful discussions have been held with all the other DHMTs.

Personnel

During the quarter under review, the project embarked on improving quality of service provision to OVC by increasing contact between the Project technical assistance and the implementing partner. Program Assistants were hired and trained and deployed to work with implementing partners while interfacing with CHWs to provide the much needed quality assurance at needs assessment, service provision and data collection level by CHWs for the next few months. In addition, the project hired a Procurement Officer to fast track the

procurement of OVC material benefits in response to identified needs. Timely service provision to OVC particularly for direct OVC benefits had been identified as a challenge in previous quarters. This process is now on track.

Changes in the Project

During the quarter, APHIA*Plus* successful transitioned facility based care and treatment activities and Community Strategy activities in West Pokot, Trans-Nzoia and Elgeyo-Marakwet to AMPATH. The projects held several consultative meetings to understand how each was engaging with government and other stakeholders in the region and developed transition plans. In addition joint site visits, assessments and meeting of DHMTs and HMTs by staff from both projects were conducted. The OVC/HCBC activities will be transitioned in the next quarter.

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In addition, APHIA*Plus* held a very fruitful meeting with KEMRI Walter Reed Project in Kericho to discuss transition of OVC activities in Nandi County to KEMRI-Walter Reed Project (KEMRI-WRP). This meeting was also attended by the APHIA*Plus* Nuru ya Bonde AOTR from USAID, Dr. Isabella Yonga. KEMRI-Walter Reed Project welcomed the idea and showed willingness to take over the 6,054 OVC currently being supported by APHIA*plus* in Nandi through three LIPs. KEMRI- WRP will factor these OVC in their 2013/2014 Country Operational Plan and effect the transition during the period of October – December 2013.

Contract, Award or Cooperative Agreement Modifications and Amendments

During the quarter under review, APHIA*Plus* Zone 3 (Nuru Ya Bonde) Cooperative Agreement no. 623-A-11-00007 was modified to increase the amount of obligated funds by US $ 12 million to cover the period of January to December 2013

XIII. Information for ANNUAL Reports Only

B. Sub-Awards

Partner Name	Start Date	End Date	Amount US $	Date Last Audit Conducted	Geographic Locations of Implementation (Counties)
AMREF	1-Jan-11	30-Sep-15	1,463,152	September 2012	Nakuru, Narok, Kajiado, Laikipia, Baringo
Catholic Relief Service	1-Jan-11	30-Sep-15	868,853	September 2012	Nakuru, Narok, Kajiado, Laikipia, Baringo
Gold Star Kenya	1-Jan-11	30-Sep-15	611,421	September 2012	Nakuru, Narok, Kajiado, Laikipia, Baringo
Liverpool VCT	1-Jan-11	30-Sep-15	866,597	September 2012	Nakuru, Narok, Kajiado, Laikipia, Baringo
National Organization for Peer Educators	1-Jan-11	30-Sep-15	826,740	September 2012	Nakuru, Narok, Kajiado, Laikipia, Baringo
Reach Out Trust	1-Jan-11	31-Dec-12	24,409		Mombasa
Sapta Centre	1-Jan-11	31-Dec-12	35,059		Mombasa
International Center for Reproductive Health	1-Jan-11	31-Dec-12	574,938	September 2012	Mombasa
Ministry of Public Health and Sanitation	1-Jan-11	31-Dec-12	809,832	September 2012 August 2012	Nakuru, Narok, Kajiado, Laikipia, Baringo
MAAP	1-Jan-11	31-Dec-12	218,128	August 2012	Kajiado
LIFA CBO	1-Jan-11	31-Dec-12	142,394		Laikipia
K-NOTE	1-Jan-11	31-Dec-12	522,402	August 2012	Nakuru
Kenya Council of Imams and Ulamas	1-Jan-11	31-Dec-12	255,640	August 2012	Nakuru, Kajiado, Laikipia, Baringo
I Choose Life - Africa	1-Jan-11	31-Dec-12	175,563		Nakuru, Narok, Laikipia,
Mother Francesca	1-Jan-11	31-Dec-12	149,728		Nandi
Handicap International	1-Jan-11	31-Dec-12	203,852		Trans Nzoia
Family Health Options Kenya	1-Jan-11	31-Dec-12	146,482		Nakuru
FAIR	1-Jan-11	31-Dec-12	970,744	September 2012	Nakuru
Enaitoti Olmaa Naretu Coalition for Women	1-Jan-11	31-Dec-12	135,715		Narok
Deliverance	1-Jan-11	31-Dec-12	111,955		Nakuru

Partner Name	Start Date	End Date	Amount US $	Date Last Audit Conducted	Geographic Locations of Implementation (Counties)
Church Nakuru					
Catholic Diocese of Ngong	1-Jan-11	31-Dec-12	349,151	August 2012	Kajiado
Catholic Diocese of Kitale	1-Jan-11	31-Dec-12	140,341		Trans Nzoia
Narok District Network for HIV/AIDS	1-Jan-11	31-Dec-12	392,958	August 2012	Narok
Catholic Diocese of Eldoret	1-Jan-11	31-Dec-12	148,182		Uasin Gishu, Elgeyo Marakwet, Nandi
Caritas Nyeri	1-Jan-11	31-Dec-12	293,534	August 2012	Laikipia
CCS Eldoret	1-Jan-11	31-Dec-12	339,785	August 2012	Elgeyo Marakwet, West Pokot, Nandi
MOMS: Health Delivery Project RV	1-Jan-11	31-Dec-12	193,444		Nakuru, Narok, Kajiado, Laikipia, Baringo
Catholic Diocese of Nakuru	1-Jan-11	31-Jan-12	168,674		Nakuru, Baringo
Beacon of Hope	1-Jan-11	31-Dec-12	158,863		Kajiado
ESM	1-Jan-12	31-Dec-12	55,624		Kajiado
Self Helf Africa	16-Apr-12	15-Jan-13	84,630		
WOFAK	1-Mar-12	31-Oct-12	146,213		Nakuru
AJAM	1-Aug-12	30-Sep-12	47,252		Kajiado

G. Type of Accounting System Used During Reporting Period

The project used Navision system modified to suit the FHI 360 needs and called "Global Finance and Administration System". No change has been made in the accounting system since the start of the APHIA*Plus* Nuru Ya Bonde Cooperative Agreement in 2011.

Annexes & Attachments

Annex I: Schedule of Future Events

Date	Location	Activity
25-4-2013	All Counties	International Malaria Day
1-12-2013	All Counties	National AIDS Day Celebrations
Feb 2013	Nakuru, Narok, Kajiado, Laikipia, Baringo	Gates Festival

Annex II: List of Deliverable Products

1) The project through one of its OVC implementing partner FAIR carried out a knowledge, attitude, practice and behavior (KAPB) assessment for OVC in ten Drop In Centers in five districts in Nakuru targeting 642 OVCs aged 12-18 years. The purpose of the assessment was to inform the design of an OVC life skill program. Based on the assessment findings the project will strengthen its OVC life skills education program and engage the health care providers to adopt youth friendly approach to service delivery. The information will also be used to improve inter sectorial collaboration between, educational institutions, public administration and social protection tobetter respond to the information and life skills needs among OVCs. Stigma was cited as high among householder and communities interacting with OVCs. The project will endeavor to mitigate the effect of stigma among the target group through community dialogue meetings and training of selected members of the households and among OVCs to redress stigma. *(Assessment tools attached)*

2) **Materials developed:** During the reporting period the project through the Health Communication team developed and pretested five communication items to strengthen delivery of health messages among the different target audiences. The process of developing the different communication materials were involved the target audiences, key stakeholders including the, DHMTs of Laikipia, Narok and Kajiado districts, Division of Community Strategy and the department of Health Communication at the County and sub county levels. The following materials were developed and pretested;
    a. Draft Curricula for youth in Transport sector and pastoralist communities.
    b. Fact sheet for Community Health Workers to support message delivery at household and community level. *(copy to be submitted separately)*
    c. Draft HIV and AIDS Peer Educator's module this will be used by Peer Educators as a reference material.
    d. Draft Module on addressing Gender based violence and coercion among the different targets in the project.

    The following were printed and distributed to CUs.
    e. T-Shirts to CHWs – 4000
    f. Branded bags to CHWs – 3000

3) In addition job aids were developed to aid health care workers in reporting accurately on common indicators on MOH 711A and MOH731 (copies to be submitted separately)

Annex III: Success Stories

Story 1: Providing Health Services Through Farmer Field Days

Top: Sharon Cherutich after receiving health services. Above: Sharon talks to a friend about cancer screening.

Sharon Cherutich Mutai is a businesswoman at Equator Centre, a small but bustling market along the highway connecting Kenya and Uganda through the Rift Valley town of Eldoret.

Normally Sharon, who is in her 30s, is too busy selling potatoes and vegetables to travelers but on this day she has taken time off to attend is a farmer field day at Mumberes Cooperative Society grounds.

"I decided to come when I heard that there would be free health services," says Sharon, accompanied by her friend with a small baby.

Sharon and her friend were 70 people who received various health services during an integrated field. Field days usually bring together only stakeholders in agriculture but this time APHAplus Nuru ya Bonde and Ministry of Health has been involved.

During the field day, 15 health workers from local wealth transformed the cooperatives offices into a clinic.

"I am particularly happy with the chance for us to get medical check-ups," says Sharon, soon after emerging from the Manager's Office, which was set up to serve as the reproductive health clinic.

"She and several other women were screened for cancer. "I used to be scarred of cervical cancer but did not have the courage to go for a screening," she says. "Today I got screened and was very happy to learn that I am not infected. "

Sharon says many people are scared of cancer but they think screening is very expensive. "They think such services are available in big hospitals and not dispensaries," she says. "Today I was screened and learned that cancer screening is offered at local health facilities."

"We learned a lot about cervical cancer and I want to tell other women like me that it is important to get screened because cancer is common. Screening for cancer is a simple, painless test that takes less than five minutes."

After counseling by health care workers at the field day, Sharon and three other women decided to use a modern family planning method for the very first time in their lives. Two others changed methods.

She says: "The health workers told us about the different methods so that we can choose the method that suits each one of us. Personally, I think the coil is good for me. It was my first time to see the coil. I had previously heard about it the coil but did not know what it looked like. I thought it was a big think but today I was surprised to learn that it small and very convenient."

Other services offered included HIV counseling and testing. A total of 23 people were tested for HIV and linked to appropriate services. Others were treated for common illnesses such as malaria, pneumonia, eye and urinary tract infections.

Research has shown that dairy co-operatives in Kenya are a good avenue to reach communities with family planning and other services.

Story 2: Tarisa

An African proverb states that a fruit will never fall far from the tree. Tarisa is a 20 year old second year student at Egerton University Njoro Campus taking Bachelor of Arts, Economics & Statistics; who can be described thus. Tarisa is a face you can't miss when you mention ICL in Egerton.

Meeting her, she would pass for any campus *'Chic'* only that she is quiet and doesn't talk much, just observes and smiles. Behind the smile is a journey of transformation for the 20 year old. *'I love my high school years. They shaped my personality. I was a class cop (prefect). In these capacities I learned the art of building a community of informed students. It was not easy but together with other prefects we did our best.'*

2011, Tarisa Joined Egerton University, with all the stories she heard about campus life, she was a bit skeptical when Alex Nguzo, an ICL peer educator came recruiting peers for his small group interaction. *"After some persuasion, she agreed to come for a few sessions; I thought she said ok just to get rid of me,"* says Nguzo. *" I was surprised when she came to the agreed venue, the ICL Office."* he says. Tarisa diligently came for all the 14 sessions of the curriculum shared by Nguzo.

The journey that began when a peer educator, persuading her at the door to her room, culminated Tarisa to approach the ICL office to request for more information so that she could start a peers group which would meet regularly to tackle issues that might affect them in campus. It's been said that it takes a village to raise a child, Tarisa was taken through peer education by Alex Nguzo however, for her to realize her desire to have a group that addressed issues they face, she was placed under the mentorship of two peer educator supervisors, Monica Wanjiru and Mariam Bulemi to guide her. According to Monica, she describes Tarisa as '*friendly, warm, down-to-earth lady who they had a connection immediately they knew each other'*.

In 2012, Tarisa has established a Behavior Change Communication Group called '*Chanuka' (Kiswahili* word meaning 'to be enlightened') – the group brings together student thespians who sharpen their acting skills. As they meet to practice they spend the first 45 minutes discussing issues that affect them and other young people in campus and how to cope. With this passion to reach out to her peers, ICL encouraged her to do *Cyber Peer*, a computer based peer education training program for young people. Now certified and with access to information from ICL, Tarisa says '*Now, here in ICL, peer education is very much like what we did in High school. Sexual reproductive health issues are definitely an area of interest among the youth.* Her highlight with ICL came during the 2012's first year (freshmen) orientation, she says, "*Being in ICL, hit me that am actually somebody's role model out there...This means for me, that words are simply not enough, Actions are! It is a motivation, just to mention.'*

Watching her mobilize other students to access service during CT drives at Egerton, conduct sessions in her BCCG and take others through the cyber peer certification program, brings the feeling of 'can't wait for 2013 to take this lady through peer education training and have her realize her full potential'.