USAID Kenya (APHIA*Plus* Nuru ya Bonde) Quarterly Progress Report January – March 2013

A section of OVC in Kajiado county and their caregivers receiving solar powered lanterns distributed by ESM through leveraged resources in February 2013

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(01 January – 31 March 2013)

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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

AAC	-	Area Advisory Council
ADT	-	Anti-retroviral Dispensing Tool
AMSTAL	-	Active Management of Third Stage of Labour
ANC	-	Ante Natal Care
APHIA*plus*	-	AIDS Population & Health Integrated Assistance Project People Centered,
ART	-	Anti Retroviral Therapy
AWP	-	Annual Work Plan
BCC	-	Behavior Change Communication
BEONC		Basic Essential Obstetric and New Born Care
CBD	-	Community Based Distributor
CBOs	-	Community Based Organizations
CCC	-	Comprehensive Care Centre
CD4	-	Cluster of Differentiation 4
CHEW	-	Community Health Extension Worker
CHIS	-	Community Health Information System
CHV	-	Community Health Volunteer
CHW	-	Community Health Worker
CLTS	-	Community Led Total Sanitation
CME	-	Continuous Medical Education
CS	-	Community Strategy
CT	-	Counseling and Testing
CUs	-	Community Health Units
CWC	-	Child Welfare Clinic
CYP	-	Couple Year of Protection
DASCO	-	District AIDS and STI Coordinator
DBS	-	Dried Blood Spot
DH	-	District Hospital
DHIS	-	District Health Information System
DHMT	-	District Health Management Team
DHSF	-	District Health Stakeholders Forum
DIC	-	Drop in Centre
DMoH	-	District Medical Officer of Health
DQA	-	Data Quality Audit
DQASO	-	District Quality Assurance and Standards Officer
DTLC	-	District TB and Leprosy Coordinator
EBI	-	Evidenced Based Information
EID	-	Early Infant Diagnosis
EMR	-	Electronic Medical Records
EONC	-	Emergency Obstetric and Neonatal Care
FACS	-	Flow Automated Cell Sorting
FANC	-	Focused Ante-Natal Care
FHI360	-	Family Health International
FP	-	Family Planning
GOK	-	Government of Kenya
GS Kenya	-	Gold Star Kenya
HAART	-	Highly Active Antiretroviral Therapy
HBC	-	Home Based Care
HBTC	-	Home Based Testing and Counseling
HC	-	Health Communication
HCM	-	Health Communication & Marketing
HCT	-	HIV Counseling and Testing
HCW	-	Health Care Worker
HEI	-	HIV Exposed Infant

HFG	-	HIV Free Generation
HH	-	Household
HIV/AIDS	-	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMT	-	Health Management Team
HRIO	-	Health Records Information Officer
IBP	-	Individualized Birth Plan
ICF-TB	-	Intensive Case Finding
IMCI	-	Integrated Management of Childhood Illnesses
IUCD	-	Intrauterine Contraceptive Device
JFFLS	-	Junior Farmer Fields and Life Skills
KEMRI	-	Kenya Medical Research Institute
KICD	-	Kenya Institute of Curriculum Development
LAPM FP	-	Long Acting and Permanent Methods of Family Planning
LIPs	-	Local Implementing Partners
LMG	-	Leadership Management and Governance Local leadership, Universal access, Sustainability
LSE	-	Life Skills Education
M&E	-	Monitoring and Evaluation
MARPS	-	Most at Risk Populations
MNCH -	-	Maternal Newborn and Child Health
MOA	-	Ministry of Agriculture
MOE	-	Ministry of Education
MOH	-	Ministry of Health
MoPHS-	-	Ministry of Public Health & Sanitation
MOU	-	Memorandum of Understanding
MOYAS	-	Ministry of Youth Affairs
MPDR	-	Maternal and Perinatal Death Review
MSM	-	Men who have Sex with Men
MUAC	-	Mid Upper Arm Circumference
NASCOP	-	National AIDS and STI Control Program
NHIF	-	National Hospital Insurance Fund
NHP	-	Nutrition Health Program
NOPE	-	National Organization of Peer Educators
NVP	-	Nevirapine
OI	-	Opportunistic Infection
OJT	-	On-the-Job-Training
OLMIS	-	OVC Longitudinal Management Information System
OPD	-	Outpatient Department
ORT	-	Oral Rehydration Therapy
OSY	-	Out of School Youth
OVC	-	Orphans and Vulnerable Children
PCR	-	Polymerase Chain Reaction
PEP	-	Post-Exposure Prophylaxis
PGH	-	Provincial General Hospital
PITC	-	Provider Initiated Testing & Counseling
PLHIV	-	People Living with HIV
PMT	-	Project Management Team
PMTCT	-	Prevention of Mother-to-Child Transmission
PRC	-	Post Rape Care
PRP	-	Performance Reimbursement Plan
PwP	-	Prevention with Positives
QA/QI	-	Quality Assurance/Quality Improvement
QIP	-	Quarterly Implementation Plan
RH/FP	-	Reproductive Health/Family Planning
SCMS	-	Supply Chain Managements Systems

SDH	-	Social Determinants of Health
SGBV	-	Sexual & Gender Based Violence
SILC	-	Savings and Internal Lending Communities
STI	-	Sexually Transmitted Infections
SW	-	Sex Workers
TAC	-	Teacher Advisory Center
TB	-	Tuberculosis
TQA	-	Technical Quality Assessment
USAID	-	United States Agency for International Development
USG	-	US Government
VIA VILLI	-	Visual Inspection Acetic Acid/Visual Inspection Lugols Iodine
VMMC	-	Voluntary Medical Male Circumcision
WASH	-	Water Sanitation and Hygiene
WEF	-	Women Enterprise Fund
WHO	-	World Health Organization
YFS	-	Youth Friendly Services

I. APHIA*Plus* Nuru ya Bonde Executive Summary

The APHIA*Plu*s Nuru ya Bonde is a five-year program whose goal is to improve health outcomes and impacts through sustainable country led programs and partnerships. Specifically the project aims to increase the use of quality services, products and information and to address social determinants of health to improve the wellbeing of targeted communities and population in five (5) out of the 14 counties in Rift Valley Province namely Baringo, Nakuru, Narok, Laikipia and Kajiado.. The project is currently in the third year of implementation. This report highlights the achievements of the first quarter (January – March) 2013.

Development of Year III County implementation plans: The development of County implementation plans, drawing down from the overall project work plan, commenced within the quarter. The process focused on allocation of quarterly and district specific targets highlighting processes to be implemented in order to achieve overall project objectives. The execution of planned activities will be reviewed on a quarterly basis. This was followed by a dissemination of the project work plan to implementing partners (IPs), who were also guided to develop their annual implementation plans. The signing of joint work plans with MOH was also finalized with the quarter.

Program Management Team (PMT) support Supervision and County Quarterly Review
The PMT conducted field support supervision visits to Nakuru and Laikipia counties to review project performance, quality of implementation and provide guidance to field based staff and partners; monitor implementation of project work plan; review technical assistance needs highlighting constraints and their solutions; and address administrative issues relating to project implementation. In addition, the counties held county quarterly performance review covering the period Oct-Dec 2012. One of the key issues emphasized the use of baseline data to support to articulate outcomes and the contribution of the project Action plans to address gaps were put in place for implementation.

A. Qualitative Impact

During the reporting period, Health Communication (HC) activities were carried out in all the five project counties. In partnership with GOK departments and community groups, several communication materials were developed aimed at expanding high impact interventions across the project. These include: a fact sheet for Community Health Workers (CHWs) with key messages in 20 thematic areas, guidelines for facilitating community dialogue meetings for Community Health Extension Workers (CHEWs), a module on HIV and AIDS for peer educators. HC team finalized the curricula for youth in transport sector and pastoralist communities, pre-tested a Sexual and Gender Based Violence advocacy guide for community leaders, and printed materials earlier developed in partnership with ROADS II and NASCOP to support MARPs interventions including the 100% Condom Use Program.

B. Quantitative Impact

Below is a summary of progress towards the achievement of the project Performance Monitoring Plan (PPMP) targets for year 3 of the project implementation. Greater details are provided in the PPMP in Section III of the report.

	A	B	C	D			E
#	Indicator	Year 3 Targets	YEAR 3 Quarterly Achievement	Cum Yearly Achievements			Percentage (%) Achievements vs Year 3 Targets
			Jan - Mar 13	Year 3	Year 2	Year 1	
1	Improved facility reporting rates in PMTC	95%	90%	90%	84%	89%	95%

2	Number of Community Units established through APHIAplus support	150	141	141	162	28	94%
4	P11.1.D Number of individuals receiving testing and counseling services for HIV and received their test results by age, sex and results at **facility level**	350,000	92,960	92,960	411,890	432,983	27%
5	P11.1.D Number of individuals receiving testing and counseling services for HIV and received their test results by age, sex and results at **community level**	100,000	35,835	35,835	140,343	37,099	36%
6	P.1.1.D Number of pregnant women with known HIV status (includes women who tested for HIV and received their results)	109,946	29,038	29,038	130,049	117,092	26%
7	P.1.2.D Number of HIV positive pregnant women who received ARV to reduce the risk of mother to child transmission	90%	93%	93%	112%	3,374	93%
8	P1.5.D Number of HIV positive pregnant women newly enrolled into HIV care and support services in USG supported sites	80%	54%	54%	47%	999	54%
9	C4.3.N Percentage of health facilities that provide virological testing services for infant diagnosis for HIV exposed infants through Dried Blood Spots	70%	34%	34%	176	105	34%
10	C4.2.D Percentage of infants born to HIV infected mothers who receive prophylaxis to reduce MTCT	80%	80%	80%	116%	75	80%
11	P1.7.N Proportion of infants born to HIV infected mothers who are not infected	95%	92%	92%	90%	93	92%
12	C1.1.D Number of eligible adults and children provided with a minimum of one care service (by age <18, 18+)	95,000	91,285	91,285	86,670	151,092	96%
13	C2.1.D Number of HIV positive adults and children receiving a minimum of one clinical care service (by age <15,15+ and sex	35,000	28,164	28,164	17,466	78,122	80%
14	C2.2.D Number of HIV positive adults and children receiving cotrimoxazole prophylaxis (by age <15,15+ and sex	35,000	28,017	28,017	27,007	34,046	80%
15	T1.4.D Number of adults and children with advanced HIV infection who ever started on ART (by age and sex)	40,957	38,383	38,383	34,670	31,957	94%
16	T1.1.D Number of adults and children with advanced HIV infection newly enrolled on ART by age (<1,<15,15+), sex and pregnancy status	5,000	1,312	1,312	4,536	3,862	26%
18	Couple Years of Protection		28,742	28,742	141,582	111,808	
20	Number of pregnant women who made 1st ANC visits	144,150	25,778	25,778	113,101	107,134	18%
21	Number of women attending at least 4 ANC visits	52,750	9,102	9,102	41,354	36,374	17%
23	Number of deliveries by skilled birth attendants	30,000	12,286	12,286	60,893	48,119	41%
24	Percentage of children under 5 years of age who received Vitamin A from USG-supported programs	537,780	5,230	5,230	276,314	213,908	1%
25	Number of Children under 12 months of age who received DPT3	120,000	29,716	29,716	144,500	112,383	25%
26	P8.1.D Number of intended groups reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	93,100	92,696	92,696	34,626	47,704	100%
27	P8.3.D Number of MARPS reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards (CSW, MSM)	3,800	800	800	4,314	15,279	21%
28	P7.1D Number of people living with HIV/AIDS reached with a minimum package of PWP interventions	10,000	2,409	2,409	9,085	103	24%
30	Number of males circumcised as part of minimum package of MC for HIV prevention services	1,000	-	-	15	100	0%
44	C5.7.D Number of eligible adults and children provided with economic strengthening service	3,000	1,282	1,282	2,908	286	43%

45							
45	Number of vulnerable households provided food and nutrition education	30,476	15,066	15,066	25,663	6,977	49%
46	C5.4.D Number of eligible children provided with education and /or vocational training	35,000	17,824	17,824	33,433	25,302	51%
47	Proportion of households with functional latrines within APHIAPlus supported CHU	70%	86%	86%			86%
48	Percentage of households with hand washing facilities	57%	72%	72%			72%
49	Percentage of households treating water	65%	58%	58%			89%

C. Project Administration

During the quarter, APHIA*plus* Nuru Ya Bonde successfully transitioned OVC project activities in West Pokot, Trans-Nzoia and Elgeyo-Marakwet to AMPATHplus and took up those in Baringo from AMPATHplus project. The project also held consultative meetings with Kabarnet District Hospital (DH) and Marigat Health Center and developed joint work plans for implementation starting 2nd quarter.

In addition, the project held various discussions with Water Reed Project on co-locating Reproductive Health technical staff in Kericho. These discussions are yet to be finalized and action determined.

The Naivasha sub-office commenced operations with a multi-disciplinary team of staff being seconded there to provide onsite project activity implementation and support to MOH. This was also the case for Provincial General Hospital annex office which hosts a clinical mentorship team of Technical Officers (TO), Health Record Information Officer (HRIO) and Community Strategy (CS) field officers. Each team was allocated a vehicle to support its operations.

The project hired service providers for Loitokitok District Hospital to provide the necessary services in the wake of influx of clients from the closed Imbirikani AIDs Village Clinic. Support was also provided for community mobilization activities to educate the community of where to go for care and treatment.

D. Subsequent Quarter's Work Plan

In the subsequent quarter, the project county teams will focus on strengthening the capacity of implementing partners and County/sub-county Health Management Teams (HMT) and facility HMT to deliver quality services including social determinants of health (SDH) intervention. The project plans to intensify activities in Baringo county (Baringo Central and Marigat districts) by expanding the SDH and Health Communication (HC) interventions as well as decentralizing PMTCT and ART services in the county for increased coverage. A detailed work plan for the next quarter is presented in Section X of this report.

II. KEY ACHIEVEMENTS (Qualitative Impact)

3.0 CONTRIBUTION TO HEALTH SERVICE DELIVERY

RESULT 3: INCREASED USE OF QUALITY HEALTH SERVICES, PRODUCTS, AND INFORMATION

RESULT 3.1: Increase Availability of an Integrated Package of Quality High-Impact Interventions at Community and Health Facility Level

3.1.1 Improved capacity of public sector facilities to provide reliable and consistent high quality package of high impact interventions at community, dispensary, health centre, and district health levels (levels 1-4)

The clinical teams conducted targeted mentorship on technical gaps identified during Technical Quality Assessments (TQA). The mentorship cut across all service intervention areas as HIV testing and Counseling (HTC)/Prevention of Mother to Child Transmission (PMTCT)/Anti-Retroviral Therapy (ART)/Tuberclosis (TB) including Reproductive Health (RH)/Family Planning (FP) and Maternal Neonatal Child Health (MNCH) covering a variety of topics including Emergency Obstetric Care (EOC) **,** AMTSL, use of the Partograph in monitoring labour, neonatal resuscitation, infection prevention and control, reporting and completion of MOH recording and reporting tools, the revised ART and PMTCT guidelines, patient monitoring, ART reportable indicators, modalities of strengthening intra-facility linkages and integration of services, TB intensified case finding, and adherence counseling. This in turn empowered the health care workers (HCW) to provide quality services.

Baringo County: During the quarter, 33 health care workers (HCWs) were mentored on dry blood spot (DBS) for viral load and early infant diagnosis (EID) and rapid HIV testing procedure. As a result, the Eldama Ravine DH CCC started collection of viral load samples and taking to KEMRI laboratory in Nairobi. In addition, the HCWs at Eldama Ravine and Kabartonjo DHs MCH departments are performing DBS collection for EID without referring clients to the main hospital laboratory.

After assessing capacity gaps of six HCWs in six facilities in Baringo North District, the project found out that HCWs providing HTC had not been trained on HTC service provision. Their names have been forwarded to FUNZO for training consideration. Eight facilities were also provided with updated national job aids, standard operating procedures (SOPs) and guidelines on pediatric and adult ART, PMTCT, HTC, retesting algorithm, family planning (FP), pharmaco-vigilance and pediatric ART dosing chart. Mentorship also focused on pharmacy and laboratory reporting in Eldama Ravine District Hospital. In, pharmacy ARV Dispensing Tool (ADT) data cleaning and reconstruction was done. This was necessitated by the inconsistency in reports from the pharmacy and reports from MoH 731 and 711A. In the laboratory, one laboratory staff was oriented on how to use the Facility Consumption Data Report and Request (F-CDRR) reporting tool to avoid stock out due to late submission of the reports to Logistics Management Unit (LMU).

Kajiado County: The project offered technical support to health care workers in the county through clinical mentorship and orientations to address gaps identified during the TQA process. As a result, 26 health facilities in Oloitokitok District are offering prophylactic ARVs to HIV positive ANC clients. TQA and follow up visits were conducted in two health facilities Entasopia and Kitengela health centers. Other activities included; orienting and mentoring 31 HCWs from four ART satellite sites on record keeping, reporting and assessing eligible clients for nutritional support; 22 nurses from 12 facilities on active management of third stage of labour; 37 HCWs from 28 dispensaries and health centers on commodity management through accurate quantification and reporting of consumption. They were also provided with SOPs and job aids.

Continuous Medical Education (CME) was given to 17 HCWs at Ngong Sub-district Hospital (SDH) focusing on provision of integrated follow up and management of HIV-exposed infants (HEI). The CME included PMTCT updates, longitudinal follow up of HEI and integration of ART and RH. In order to continually monitor the quality of HIV testing in the region, five more service-providers were enrolled in the 10th round of the HIV proficiency-testing program at Kitengela Medical Centre and Bissil HC.

Laikipia County: Linkages between community and health facilities have been strengthened through additional training of community health workers from six CUs on FP and MNCH. Thirty one health care workers from eight health facilities were mentored on HIV testing and retesting of clients in the ANC and maternity, while linking the departments to pharmacy to ensure uninterrupted access to ARVs. As a consequence of the continuous mentorship, the facility multi-disciplinary team at Nanyuki DH has been meeting every month and have supported integration of ART and RH services in MNCH.

Nakuru County: The project conducted TQA at 15 health facilities. Findings from this exercise formed the basis of subsequent mentorship and support supervision to the health facilities. Repeat TQAs were also conducted in eight facilities which indicated improvement in delivery of some services as well as stagnation in others - services that had stagnated included; HTC due to stock out of test kits, ART due to drug shortages and TB/HIV and laboratory because of inadequate infrastructure. Feedback was given to the managers of the facilities and the health care providers after which actions plan were developed to r address the identified gaps..

Following stock outs and short expiry of ARV's experienced in health facilities, the teams supported re-distribution of ARV's to seven facilities within the county. In addition, ADT installation was done at three facilities namely Elburgon DH, Mother Kevin and Naivasha DH. This effort will improve efficiency in ordering, timely reporting and patient scheduling.

. PGH Nakuru was provided with a DBS kit for EID to support the PMTCT HEI follow-up and linked to Supply Chain Management System (SCMS) for access to sample collection consumables. To enable scaling up of viral load testing, the project facilitated PGH Nakuru to start doing DBS for adults with suspected treatment failure. On job training (OJT) was done, and the relevant commodities supplied. The project also purchased a new uninterrupted power supply (UPS) for the Facscalibur CD4 analyzer to prevent the equipment break down in case of electrical power surge that is regularly experienced at PGH.

Narok County: Repeat TQA was conducted in eight facilities in Narok North District. Incorrect reporting of ART data, especially calculation of the patients currently on ART was the most common finding. This was addressed through mentorship and support supervision. Follow up

mentorship in 12 other facilities addressed the gaps noted in earlier TQA assessments, and a total 35 HCWs were mentored. Mentorship on commodity management was conducted at Narok DH and Ololulunga MNCHs to improve supply of EID commodities and avert missed opportunities to test HEI. The project supported redistribution of ARVs and supplemental RTKs in 15 facilities that experienced acute shortages and those with short expiry drugs. CMEs were conducted at Narok DH and Ololulunga DH to ensure patients are appropriately monitoring patients for ART treatment failure. The facilities were linked to KEMRI and are accessing DBS for viral load. Renovation of the CCC waiting bay and laboratory at Narok DH and a consultation room and pharmacy room at Ololulunga DH commenced in the quarter.

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

During the quarter under review, 24 sub-counties and 18 facility HMTs signed the joint work plans. The Project teams held discussions with these teams to develop the quarterly implementation plans (QIP) for the first quarter of the year. The delay in undertaking some of the activities for the quarter was occasioned by electioneering activities.

Baringo County: During the quarter under review, the project held discussions with Baringo Central and Marigat districts that were formerly received support from AMPATHplus and started developing the joint work plans. In addition, baseline facility assessments were done jointly with the MOH for 41 health facilities in the two districts. Of the 41 facilities; 10 facilities (8 Baringo Central, 2 Marigat) offer maternity services, 14 Facilities (10 Baringo Central, 4 Marigat) offer laboratory service, 36 facilities (24 Baringo Central,12 Marigat) offer ANC services and three sites offer ART/Comprehensive PMTCT (2 Baringo Central, 1 Marigat). The following were issues jointly agreed upon as areas that needed to be addressed;

- Support MNCH intervention in six CUs and outreaches targeting hard to reach areas in order to improve MCH service uptake,
- Redistribute test kits and orient DHMTs in commodity forecasting and reporting,
- Distribute tools and mentor HCWs on MOH data recording and reporting tool,
- Decentralize ART and PMTCT services to nine other facilities.

Kajiado County: Oloitokitok DHMT conducted supportive supervision in ten health facilities and reached 21 service providers. Incomplete documentation using standard MOH tools was the key finding and this informed the follow-on mentorship by the project. The project supported one District Health Sector Forum (DHSF) meeting attended by 35 health stakeholders where data quality and reporting was discussed among other issues.

Laikipia County: The project supported Laikipia East DHMT to conduct supportive supervision to ten health facilities and one outreach. The other DHMTs had competing tasks and therefore did not conduct supervision activities in this quarter.

Nakuru County: The project supported Gilgil DHMT to conduct supportive supervision to 11 facilities reaching 33 HCW (17 females, 16 male). Staff from Nakuru Central district were supported to visit Kiambu District Hospital for a benchmarking the mentor mothers program. Following the gaps identified by WHO during accreditation process, the project facilitated three laboratory staff from Nakuru PGH to undertake bench marking at the National HIV reference laboratory on sample collection, shipment and processing for Viral load. The facility had suspended offering of VL services, but have since then resumed after the benchmarking.

Narok County: 13 members of Ololulunga DH HMT were given orientation on supportive supervision to equip them with the requisite skills to support HCWs and focus on quality service delivery.

The Narok North DHMT conducted supportive supervision to 31 rural health facilities reaching 56 healthcare workers. Accessibility of facilities by the community was poor due to the long distances between facilities coupled with a poor road network that gets cut off during the rainy season. In addition, the project supported one DHSF meeting in Narok bringing together all the health stakeholders.

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

During the reporting period, the project continued to support the MOH and local implementing partners to strengthen recording, reporting and use of data. On key activity was an assessment conducted by Futures Group targeting 30 ART sites targeted for EMR roll out. Findings were disseminated and plans are underway to visit the facilities to finalize plans for implementation. Other activities included capacity assessments using different approaches such at the TQA, DQA and M&E monthly site checklists across the five counties. Gaps identified were addressed accordingly as detailed below.

Baringo County: The project has been strengthening MOH capacity to report and use data in four districts in this county. During the reporting period, the work was extended to two more districts including Marigat and Baringo Central districts. This was initiated by establishing formal working relations in February 2013 followed by baseline assessments in a total of 41facilities these districts to inform planning for technical assistance. Major gaps were noted in ART data quality in Marigat. In order to strengthen recording, reporting and use of data in this county several activities were undertaken. Visits were conducted to monitor availability of tools and assess gaps in capacity of staff using the monthly checklist as well as TQA. Due to insecurity reason no visits were made to East Pokot District during this reporting period. TQA were done in six facilities in Baringo North. Following these assessments standard tools were distributed to 27 facilities in Koibatek, 22 in Mogotio and two facilities in Baringo North received indicator manuals. As a result 90% of facilities are using correct standard MOH tools. In addition, a total of 14 health workers (3 Koibatek; 2 Mogotio; 9 Baringo North) were mentored on correct use of various standard tools.

The project continued to recognize performance of DHRIOs in the county in order to strengthen the correct and timely data recording and reporting. Koibatek district continued to lead in the Performance Reimbursement Plan (PRP) maintaining 99% rate across all months. The strategy has led to improvement in overall performance in districts such as East Pokot with the performance increasing from 54% in January to 78% in March 2013.

A piloted coding system which links the CHWs, villages and HHs in Koibatek /Mogotio districts was rolled out to all districts in the county where CHWs; villages and HHs have been allocated unique codes. This is aimed at improving registration and documentation for the CHWs and the households they are serving. The county is also piloting use of maps to plot households. CHWs are required to develop maps of the HHs they are serving starting with their own household. All households with pregnant and lactating women including those with toilets and hand washing facilities are marked with unique colours. CHWs will be updating the data on the map on monthly basis.

Kajiado County: The project conducted data review meetings and mentored service providers on documentation and reporting in selected health facilities. Site visits were conducted in the three districts in the county where a total of 16 facilities were visited. Using the standard M&E site visit tool gaps were identified in terms of documentation, availability of tools and accuracy of reports generated. Most of the facilities were found to be lacking data collection tools yet they are available at the DMOH office. Measures were put in place to distribute tools to service delivery points. The visits also enabled the department identify gaps that informed agenda for targeted mentorship in the various facilities. A total of 38 health care providers were mentored on documentation in the various source documents and report compilation. The visits also provided an opportunity for the team to verify and correct reports generated by facilities. One of the cross cutting challenges encountered was in HTC where services were provided but collation of data for the various points proved a challenge to health care providers.

In order to strengthen the use of data for decision making at facility level, the project in collaboration of the DHMT rolled out monthly data review meeting at Kitengela HC. The meeting indicated that facility managers need basic data analysis and presentation skills to enhance their capacity. The project plans to mentor health workers on basic data analysis to improve their capacity to interpret data and use for day to day decision making. This process is to be rolled out to three health centres in the coming quarter.

The project attended facility in-charges meeting in Kajiado Central District where key performance indicators based on the Annual Work Plan (AWP) was shared and ways to improve service delivery discussed. The agenda for the meeting needed improvement to enhance utilization of data. The project intends to share a data review template to improve on the quality of the review meeting with the ultimate objective of ensuring better use of data for decision making.

The project further facilitated a two-day program review meeting which was attended by key staff from all the five Local Implementing Partners (LIP) and three Community Based Organizations (CBO) implementing in Kajiado County. The meeting provided a platform for not only peer reviews but also learning on promising best practices. During the meeting the staff was oriented on the new quarterly reporting template and attendant requirements.

During this reporting period, the project facilitated program and data quality assessments for three Implementing Partners (IPs). The exercise conducted at Evangelizing Sisters of Mary (ESM), Beacon of Hope (BOH) and Deliverance Church (DC) Ngong was aimed at engaging partner staff in reviewing processes and systems in service delivery, data management and documentation as well as support supervision to CHV and HHs. During the assessments, the following issues were identified; some OVC monitoring forms were not duly verified by staff, priority needs filled in the forms were not consistent with those captured in (OVC longitudinal management information system (OLMIS), non-adherence to OVC filing system and that a significant number of files are yet to be updated. It was further established that some critical source documents in file such as registration forms were not completely filled. There was inconsistent documentation of staff meetings, CHV meetings, and field activities including supervision done at HH level by staff. The project team provided immediate feedback and engaged the IP and CBO staff on how to improve the situation. Key among the recommendations made include that the IPs should strengthen internal routine data quality audits, improve on documentation, strengthen referral system for leveraged services, conduct more visits to beneficiary HHs while providing supportive supervision to CHVs, and improve on filing of OVC documents.

In addition, the project M&E team attended three meetings with CHVs and CHWs implementing Community Strategy and OVC attended by a total of 72 CHV to address recording and reporting challenges. They were trained on completing the OVC monitoring form and timely submission of the same as well as priority needs assessment and identification, appropriate and quality service provision at the household level. This has led to an improvement in quality of recording; in terms of completeness, names, priority needs identification and service provision.

In order to strengthen the CHIS, a total of 1074 data collection tools were distributed to 21 community units besides providing mentorship on collection, analysis and interpretation of data. The CHWs from Sajiloni CU were also supplied with CHW monthly commodity tracking forms for monitoring the distribution of family planning commodities. The CHEWs have also been mentored on how to use the data collected from the community units for decision making, to support in planning for outreaches, dialogue days and action days.

Laikipia County: A total of 22 (32 %) facilities in the county (Laikipia Central 4, Laikipia East 4, Laikipia North 3, Laikipia West 5 and Nyahururu 6) were visited for mentorship and support supervision during the quarter. Assessments conducted found several gaps including incorrect filling of registers, nine (9) facilities visited had new registers which were not in use, use of old maternity and HTC registers, missing MOH 711A, MOH 405, MOH 406, MOH 257, MOH 717 and MOH 710. The missing tools were supplied, health care workers were mentored on filling the tools, and use of new ANC and maternity registers was initiated in nine facilities. In each facility, action plans were developed to address the gaps and feedback sessions held with the health care workers. A total of 30 health care workers; Laikipia Central five, Laikipia East six, Laikipia North five, Laikipia West seven and Nyahururu seven were mentored in the quarter. The cadres mentored included; laboratory technicians, RCOs, Nurses, HRIOs and VCT counselors with mentorship focusing on filling of different registers, compiling of MOH 711A and 731 reports. ART data reconstruction was done in Ngobit dispensary in Laikipia Central to address gaps.

All (100%) of the health communication implementing partners, in the county were visited and three project staff oriented on data entry, cleaning and report generation using the HC-1 reporting system. The two partners successfully reported using this system and Ms Excel data use template in the quarter.

Under the SDH/OVC intervention all the two IPs (LIFA and Caritas) based in Laikipia East were visited for mentorship during the quarter. As part of data verification, reports were generated from the OLMIS and compared with the physical documents in the OVC files. Findings included: OVC missing CHV, duplicate OVC, over age OVC in the OLMIS and delayed entry and submission of reports. Following these findings three (1 LIFA, 2 Caritas) data clerks were trained to generate reports from OLMIS to assist in cleaning the OVC data and to realign the OVC records to the right CBOs and CHVs. As a result partners were able to generate and review data before sharing; a strategy that has led to improvement in data quality.

The eleven CUs in the county were supported to strengthen reporting and data use during monthly data review meetings at CU/facility level. As a result, CHCs have been able to use data to assess performance of CHW and use this to reimburse their stipends leading to a 80% reporting rate. The project also supported the analysis and use of data from community health workers (CHWs) and uploading to DHIS CU level through the DHRIOs. The project also

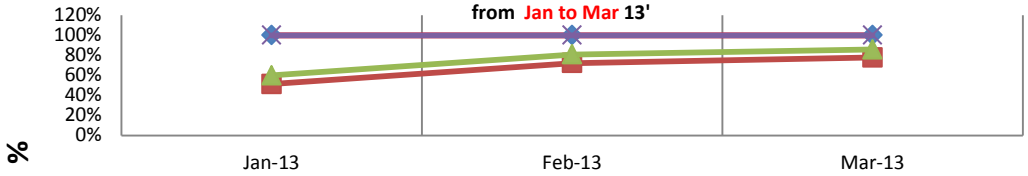
provided four CUs with phones for mobilization by CHEWs and CHWs manning customer care desks at facilities for defaulter tracing.

Nakuru County: During the quarter, repeat TQAs were conducted in six facilities in the County namely Nakuru PGH, Mogotio HC, Subukia, Bahati, Gilgil and Naivasha DH. There was marked improvement in quality of services across the interventions e.g. in Subukia HC in PMTCT by 12%, ART 41% and TB 42% between Apr 12' and Jan 13'. The assessment found that most standard tools were available at the facilities and some staffs were not using the tools correctly. Missing tools were provided where they were found missing including TB screening forms, daily activity register, patient tracking registers and CCC cards.

In an effort to address the noted gaps at the facility, two planning meetings were held with PGH staff (HRIO, CCC, PMTCT, HTC and TB representatives) to address reporting and data quality challenges. An orientation on the revised MOH tools to 20 HCWs has also been planned the first week of May 2013. In addition, mentorship was done to ensure staff understood indicator definitions, how to complete the tools and conduct cohort analysis in different CCCs. Site visits were also made to follow-up on ART data quality in the quarter. In three facilities staff were supported to update ART registers and reconstruction of records done in Piave and Nakuru PGH. A total of 21 health care workers were mentored on different aspects of reporting leading to improved recording and summary reporting including cohort reporting for some sites such as Kabarak HC.

In addition, a total of 14 health facilities were visited in the county where the M&E supervision checklist was administered to monitor availability, correct use and complete use of standard tools. As shown in the Figure 1 below, results from two facilities in the county indicate an improvement in availability of tools from January to March 2013.

Fig 1: Availability and Correct use of HTC, ART, PMTCT & TB M&E tools at Bahati and Subukia from Jan to Mar 13'



	Jan-13	Feb-13	Mar-13
HTC	100%	100%	100%
PMTCT	51%	72%	78%
ART	60%	81%	86%
TB	100%	100%	100%

An OLMIS data quality assessment was done to identify gaps to inform system strengthening among for five IPs in the county. Among four IPs in Nakuru Central, the issues found included corruption of files during transmission, unending exit/entry/mop-up and data not provided for synchronization. There was lack of clear targets for CHV, inaccurate data and weak data verification processes in one of the partners in Naivasha. Four [4] persons mentored in Nakuru Central District can now export data, document data entry process and account for all their OVCs while in Naivasha the partner has since set clear targets for the CHVs and strengthened data verification process that include regular household visits.

Under Health Communication six implementing partners namely FAIR, ICL, FHOK HC, NOPE, KNOTE and GSK were trained on use of the HC system for data entry, cleaning, review and

reporting. The system was further upgraded and linked to live HC Live excel pivot table to enhance data review and use by partners. This has increased the quality by minimizing errors and promoting data ownership and data.

Efforts to strengthen use of data were made during the quarter. This included participation in data review meetings both at project and implementing partner's level. Performance review meetings were held for both OVC and HC implementing partners to review reporting rates, service provision rates and quality of data. Fifty eight (58) OVC TO and IP staff were given feedback on OLMIS data audit and strategies on how to improve reporting rates and data quality discussed. Twenty one field staff from WOFAK were updated on their role in improving OLMIS output, how OLMIS works and reporting rates. Field officers are now aware of maintaining basic OLMIS system requirement and increase reporting rates. From an analysis of the quarterly report for the partner, there were noted improvements in OVC reporting by the partner.

At the project level, a Nakuru County data review meeting focusing on reviewing the county data together with the technical teams was held. The meeting sought to review the progress of the teams with respect to achieving set targets. Inputs were given by the technical team members present and APHIAPlus Nuru Ya Bonde project Management Team (PMT) representatives for improvement.

In Naivasha, data analysis for community strategy has led to keen interest in data by the project officer. As result, field officer for Naivasha/Gilgil initiated use of data to form part of "talking wall" at CU level.

Narok County: The project continued to assess quality of facility data using the M& E monthly checklist and assess technical capacity using the TQA in the two districts in the county. The checklist was administered in ten (10) health facilities in the two districts while TQA was done in eight (8) facilities in Narok North district. The facilities included Olchorro HC, Olpusimoru dispensary, Sakutiek HC, Enaiborr Ajijik dispensary, Oletukat dispensary, Ntulele dispensary, Ilaiser dispensary and Entontol dispensary. In order to address the noted gaps in recording and reporting a total of 56 staff were mentored from 17 health facilities (8 in Narok North and 9 Narok South). Specifically, [9] staff in Narok and [6] Ololulunga district hospitals were mentored on generation of cohort summaries. Data reconstruction was also supported in Sakutiek HC, Loita Health Community HC, Olokurto HC and Sekenani HC.

In addition, the project monitored the performance of district reporting rates for MOH {515, 710,711A, 731 and 717} and quality of data through the PRP on monthly basis. The monitoring showed a significant improvement in MOH 515 and MOH710 reporting rates from 65% to 85% and 85% to 95% respectively. A total of eight (8) community units were trained in Narok South and are now functional and expected to be reporting every month.

At community level, five (5) staff (NOPE-2, GSK-1 & NADINEF-2), were mentored on use of HC reporting system including data cleaning, verification, back up data using portable hard disks, install and update anti-virus in their respective computers at workplace.

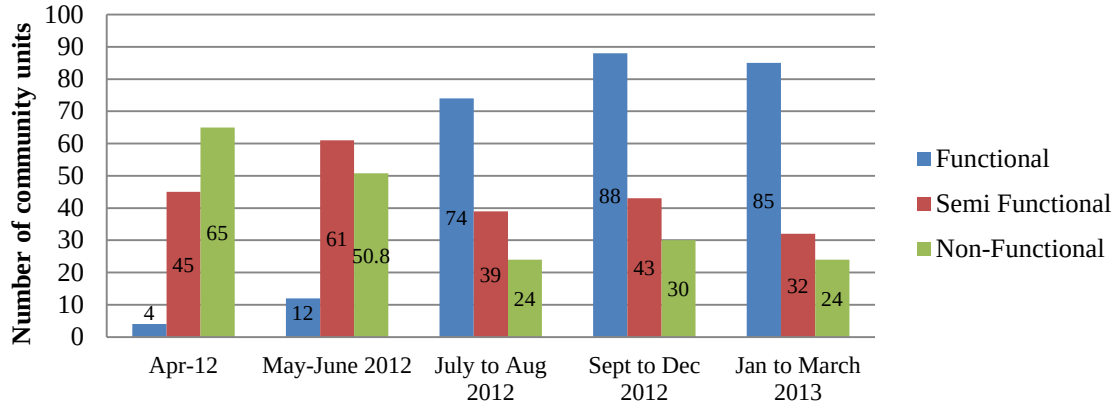
Further, ten staff from SDH implementing partners were mentored on using OLMIS to report. An OLMIS data audit was carried out during the quarter to assess the data quality for all CBOs in NADINEF and ENOCOW. Key results included; duplicate records, OVC not exited in the system, missing records, number of OVC in the OLMIS not matching with CHVs, and

mismatched records. Following the gap analysis, an action plan was developed for implementation by the IPs.

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

The project continued to support 141 community units in all the five counties. As illustrated in Figure 2 below 85 CUs are functional while 32 are semi-functional and 24 are non-functional.

Fig 2 : CU Functionality Status as of March 2013



The transition of North Rift activities to AMPATH*plus* led to the reduced number of units supported from 161 in the last quarter to 141 in the quarter under review.

To improve the quality of facilitation of dialogue days, the project health communication team provided a two-day orientation to 118 CHEWs on how to facilitate dialogue sessions.. In addition participants were provided with a resource guide on facilitation. The teams are now using the skills gained to effectively facilitate dialogue days in their respective CUs.

Baringo County: The project supports 21 CUs in this county out of which 67% (14) of are fully functional and 33% (7) are semi-functional. During the quarter under review, the project continued to enhance the capacity of CHW in these units to deliver quality services. The project supported the training of 37 CHWs (54% females) from Emining CU on MNCH and family planning.

Kajiado County: This county has 21 CUs supported by the project, 19% (4) of which are fully functional, 67% (14) semi functional and 14% (3) non-functional. During the quarter, the project supported CHWs and CHCs to conduct monthly feedback and planning meetings. This resulted in the improvement of CU reporting rate from 53% to 78% in Kajiado Central District and 66% to 83% in Kajiado North District.

Through the support of the project, home based testing and counseling (HBTC) was undertaken where 514 individuals (79% females) were counseled tested and provided with results within their homes. All of them had negative test results for HIV. Enkii Community Unit was successful in bidding for the National AIDS Control Council (NACC) Total War Against AIDs (TOWA) round (V) funds to implement HIV/AIDs activities within their catchment area, they were awarded Kshs 700,000 grant for a period of one year. Following the funding, the CU conducts

HTC outreaches in the community further contributing to the improved access to HTC services in the county.

Laikipia County: The county has 13 CUs of which 85% (11) are functional, 15% (2) semi-functional and none is non-functional. During the quarter, the project supported the Laikipia DHMT to carry out support supervision at CU level; they provided guidance on areas that needed improvement. The DHMT was impressed by the presence of talking walls /photos/charts/graphs that showed the progress of key indicators and the tabulation of the data on the CU chalkboards. The project management team (PMT) also conducted joint support supervision in the County with representative from the Division of Community Health services (MOPHS), PMOHs office Rift Valley and members of the DHMT.

Nakuru County: There are 66 CUs in the County out of which 56% (38) are functional, 33% (22) are semi-functional and 9% (6) are non-functional. The project supported 30 CHWs from 15 community units in the district on OVC/HCBC and life skills in order to integrate the OVC activities within the CU structures. The project will monitor this initiative and learn lessons for application to other areas.

The project also linked two CUs in the county to World Vision who provided training on maternal and child health to CHW. The skills gained will enable CHWs to identify danger signs early and refer to improve the MNCH indicators in the community. In addition, 12 CHWs community unit were trained on WASH and three in TB.

Narok County: Narok County has 20 community units supported by the project. Out of the 20 CUs; 60% (12) are functional and 40% (8) are semi-functional. During the quarter under review, a total of 196 CHWs (65% males) from eight CUs in Narok South were trained on basic modules.

The project supported six integrated outreaches (two per month) where HTC, immunization for both children and ANC clients, treatment of minor ailments and FP services were offered reaching a total of 600 individuals from hard to reach areas. Integrated outreaches were prioritized because of low immunization coverage and the frequent measles cases reported in Narok South. In addition, the project distributed 12 bicycles to two CUs to enable CHWs to reach out to community members living in the farthest corners of the CUs catchment areas more easily.

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

The project is currently working with private sector in four counties namely, Kajiado, Laikipia, Nakuru and Narok. Work in Baringo has not yet been initiated.

Kajiado County: Following previous TQAs at Kitengela Medical Services and in consultation with the District Medical Laboratory Technologist (DMLT), a process was initiated to link the facility to KEMSA for supply of RTKs. Additionally, three HTC providers in the facility were registered for HIV proficiency testing. The pharmaceutical technologists were mentored on pharmacovigilance reporting and filling of pharmacy reporting tools. Pharmacy SOPs and job aids were distributed including 731summary tools, HTC and PMTCT in five private facilities.

Laikipia County: During this quarter under review the project together with the DHMT supported the Cottage hospital in Nanyuki and mentored five health care workers on correct use of Pre-ART and ART register including PMTCT and ANC registers, the HCW were also mentored to understand indicators on cumulative and current data elements and the outcome of this process reflected authentic data on the actual number of patients on treatment.

Nakuru County: Twenty one private providers in the county signed memorandum of understandings (MOU) that clearly define their roles and the role of the project in improving service delivery at their facilities. The process of institutionalizing the MOU's will continue in the coming months to expand the network further and reach at least 60 sites within the county.

In the same period, 35 private sites within the county were supported to access rapid test kits to accelerate facility wide HIV counseling and testing. The private providers were also engaged further to strengthen forecasting for the essential commodities and report using the facility consumption reports for requisition and accountability purpose. Fifteen out of the 35 sites were then linked to SCMS at the national level to enable them access the rapid test kits..

To enable providers accelerate ART patient monitoring, four sites were linked to access the Roche DBS kits to enable them collect and refer the viral load samples to KEMRI p3 lab in Mbagathi. OJT was conducted for HCWs from these facilities on sample collection, packaging and shipment of DBS for adults viral load samples. By the end of the quarter, 17 viral load samples had been referred to KEMRI from six sites while three EID samples were referred to the Walter Reed Kericho laboratory from two sites. Other whole blood samples for CD4 (7) and viral Load (4) were referred to Lancet and Nyumbani labs respectively with the collection points at Evans Sunrise Hospital and AMEC laboratories.

The program in the same period continued to strengthen access to ARVs for adults, pediatrics, PMTCT and post exposure prophylaxis (PEP). In Naivasha and Gilgil districts, private providers accessed the medicines from the government central site (Naivasha DH) while the ones in Nakuru town (17 ART sites and four PMTCT sites) received supplies from AMURT PEPFAR pharmacy in Nairobi.

The project supported Afraha Maternity and Nursing home to initiate PMTCT services by mentoring two HCW on PMTCT according to national guidelines. As a result four HIV infected pregnant women were identified, all received prophylaxis and the HEI were scheduled for follow up at the same facility.

Eleven private providers were supported to reconstruct the MOH 711A summary tool data in 17 private facilities in Nakuru Central and Gilgil districts. This process of data cleaning resulted in data reflecting the actual number of patients reported in the ART indicators at each of the sites supported.

Narok County: The team engaged with the managements of five private facilities (four in Narok North and one in Narok South) on provision of a package of high quality, high impact interventions**.** All five were supplied with reporting and recording tools as well as testing kits. Mentorship was offered on HIV care. Nalepo Medical Clinic will begin to give ART services in the next quarter, while Entasekera is already offering ART service while the other two, Maasai Nursing Home and Fountain Medical Clinic still choose to refer all HIV positive clients for care at Narok District Hospital. This was attributed to the lack of will by the healthcare workers at the facility as well as perceived increased workload. The project will continue to engage the

management, mentor the staff and strengthen documentation in the subsequent quarter to scale up the ART services.

The project mentored nine HCWs from Loita Community Health and Education Centre (Entasekera) on the use of cervical cancer screening tools, HEI register and cards, ANC and maternity register, cohort summaries and correct reporting of the ART section of the MOH 711A. In addition, a CME on reproductive health cancers and DBS sample collection was also conducted in the same facility.

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

The project identified seven key impact indicators to monitor progress of functional CUs in promoting healthy behaviors, practices and adoption of those practices within the community. The key impact indicators are; households treating water, latrine coverage, hand washing, immunization coverage, four ANC visits, skilled deliveries and HIV status knowledge in the community. Overall, community dialogue days were conducted in 85.7% of the CUs; this is an improvement from 66.7% dialogue days in the last quarter. There was also improvement in the proportion of CU holding monthly health action days from 28.6% in the previous quarter to 85.7% in this quarter.

Baringo County: The project supported all 21 CUs the units to meet some key functional parameters. Integrated outreaches and health action days were carried out by the health facilities linked with the CUs. Services offered included HTC, immunization, deworming and minor treatment of minor illnesses. In summary skilled deliveries increased from 56.2% to 65.4%. Mothers who completed the fourth ANC visits increased from 77.3% to 79.3% while immunization coverage within the 21 CUs increased from 78.4% to 89% this quarter.

WASH indicators in the 21 supported CUs improved as follows; latrine coverage increased from 74.8% to 78.4% (16,516 out of the total 21,057 households (HHs), HHs treating water increased from 41.9% |(8815) to 51.9% (10,936) , HHs with hand washing facilities increased from 33.3% (7012) to 39.3% (11,291).

Kajiado County: All the CUs across the county developed referral charts to strengthen the referrals. The referral charts shall facilitate community-facility referrals and vice versa and will be updated quarterly. CHWs conducted health education on household water treatment, distributed chlorine tabs and promoted construction of latrines in the community. These led to improvement in the proportion of HHs that treated drinking water from 67% in the previous quarter to 72% in this reporting quarter.

Laikipia County: In a bid to promote preventive health behaviors and follow up referrals, the project supported four CUs with mobile phones for tracking referrals; follow up of missed appointments and for mobilization by the CHEWs. Two CUs initiated customer care desks at the link facility. The customer care desks are manned by the CHWs on a rotational basis. At the customer care desk, the CHWs ensures order in maintained on clients queues, weighing of mothers and children coming for ANC and child welfare clinics (CWCs) respectively, keeping track of clients given referrals (ANC and CWC), health education to the waiting clients and general inquiries. Due to disclosure challenges, HIV clients are however tracked from the CCC.

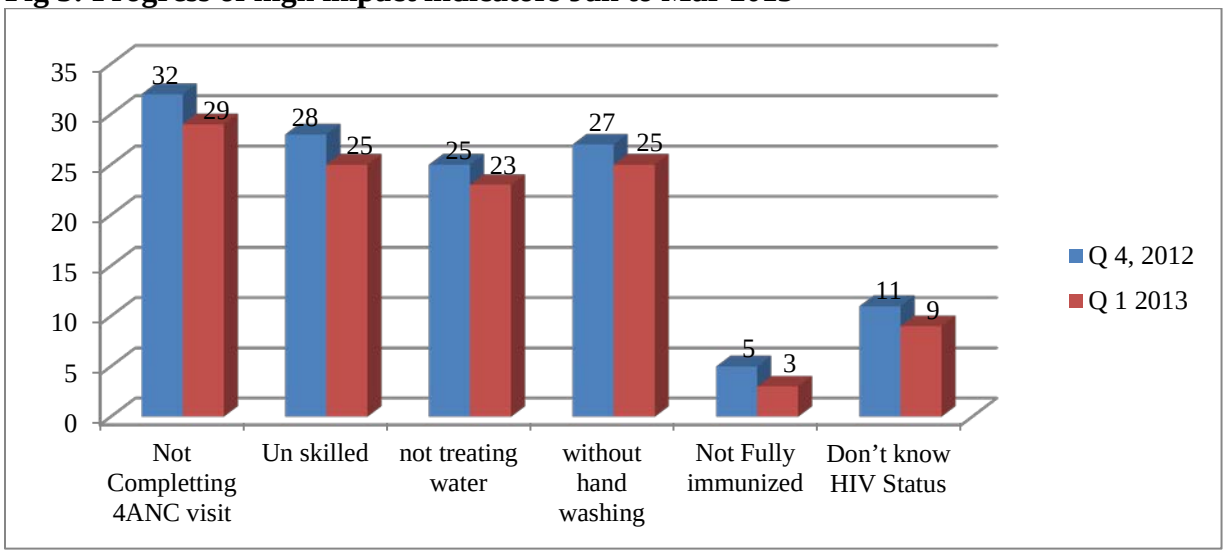
The project linked with Global Fund funded TB project on TB prevention and control and trained selected CHWs from the CUs on TB to effectively educate the community on TB, refer persons for facility based screening and carry out defaulter tracing. Additionally, CHWs from six CUs were trained as community based distributors (CBDs) of contraceptives. They are supplied with commodities from the health facilities for distribution.

Out of 14,790 HHs in the 11 CUs, 73% (10,808) are treating water, 63% (9,404) of households have hand washing facilities and 94% (14,050) of the households have latrines. On MNCH indicators, out of 197 cumulative births in the entire county during the quarter, 66% (130) were assisted skilled deliveries. Further, out of 197 live births, 95% (188) of the women completed four ANC visits. The total number of children not fully immunized was 550 and 121 (22%) were traced and referred for immunization service.

Nakuru County: During the quarter under review, the project support focused on specific activities at HH level which included; deworming, vitamin A supplementation, hand washing, immunization, family planning and demonstration of leaky tins. Community Units within Nakuru County have a total population of 329,251 people and 69,225 households (HH).

As shown in the Figure 3 below, there was a general improvement in high impact indicators during the quarter including a reduction in proportion of pregnant women not completing 4th ANC visits and unskilled births. The percentage of those who do not know their status reduced from 11% in the previous quarter to 9% in the quarter under review while the percentage of the HHs without hand washing facilities reduced from 27% in the previous quarter to 25%. HHs not treating water reduced from 25% to 23%while the percentage of children not fully immunized as of age reduced from 5% to 3%.

Fig 3: Progress of high impact indicators Jan to Mar 2013



Additionally, the project supported Kiamaina and Ahero CUs with 37 bicycles to facilitate mobility of CHWs within the CUs.

Narok County: The number of people who knew their HIV status in Narok South during the reporting period increased from 5,641 to 8,246 as a result of HBTC activities in February and March in Olchorro community unit. In addition, six health facilities supplied the CHWs with basic CHW kit with commodities. The project also mentored six CHEWs from three CUs on FP

and helped in the distribution of the monthly reporting tools (m4 tools) for CHWs who were trained as CBDs.

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:
During the quarter under review, the project supported 482 facilities to provide HTC to 92,960 individuals (27% of the annual target of 350,000) and 83% quarterly target of 112,500. More than half of the individuals 65% (60,837) were tested through PITC with 89% testing throughout patient department. (Of those tested, 3,873 individuals were tested positive recording a prevalence rate of 4.7 % of whom 2,246 (58%) were enrolled into care. A total of 35,835 clients were tested in the community and of those who tested positive 226, 58% were transitioned to care. Reasons for those who did not transition to care include: some opted to be enrolled in facilities outside the county while others declined to be enrolled. During the quarter the region experienced a major shortage of HIV test kits occasioned by delayed resupply from the supply chain. The project supplemented the supply RTKs from a buffer stock of 32, 000 kits test strips received from Direct Relief for PMTCT to 122 facilities as a stop gap measure between September last year and March 2013.

In addition, mentorship was provided to HCWs focusing on integration of HTC across departments, rapid HIV testing procedures and the national algorithm, commodity management, quality documentation and timely report submission across the counties. The HMTs were also sensitized on the need for integration within other service sites in the facilities.

Baringo County: The project is currently supporting 144 facilities to provide facility HTC services in the county. During the quarter, six facilities in Baringo North District were provided with HTC testing procedures, national testing algorithm, job aids, retesting guides and HTC interpretation charts to enable them to perform the test in accordance with the national guidelines. In addition, eight staff were enrolled into proficiency testing - a national program that validates the use, procedures and safety of HIV test kits used in HIV testing, to enhance skill of the HCWs in providing HTC services.During the reporting period, a total of 10,774 individuals were tested in Baringo County, out of whom 202 were positive (HIV prevalence of 1.9%). Of those tested 205 were couples and 1024 were children aged 15 years and below. One couple tested positive while three (3) were found to be discordant. Of those aged <15 years, nine (9), 6 males and 3 females were positive. 77% of those testing positive were enrolled on care.

Kajiado County: A total of 28,241 were tested in Kajiado County and 706 tested positive (HIV prevalence of 249%). 1,453 were couples and 1884 were children aged 15 years and below. Eleven (11) couples tested positive while sixteen (16) were found to be discordant. Of those aged below 15 years, nine (37), 20 males and 17 females were positive. 70% of those testing positive were enrolled on care To alleviate the shortage of HIV RTKs in the county and ensure that ANC clients know their HIV status, 4,000 HIV test kits were distributed to 17 facilities in Kajiado North and 18 in Oloitokitok districts.

Laikipia County: A total of 5084 were tested in Laikipia County, out of which 166 were positive (HIV prevalence of 3.3%). 109 were couples and 381 were children aged 15 years and below. No couple tested positive while ten (10) were found to be discordant. Of the children, twelve (12), 6 males and 6 females were positive. All of those testing positive were enrolled on

care. Eighteen (18) health care workers from the county participated in the round nine HIV proficiency testing where two had unsatisfactory performance occasioned by non-adherence to the testing algorithm. Mentorship has thus been done to correct the individuals concerned and to ensure 100% performance in the round 10 proficiency testing.

Nakuru County: A total of 37,992 were tested in Nakuru County, out of which 2073 were positive (HIV prevalence of 5.5%). Out of those tested, 952 were couples and 2155 were children aged 15 years and below. Sixteen (16) couples tested positive while seventy eight (78) were found to be discordant. Of those aged <15 years, one hundred and fifty three (153), 83 males and 70 females were positive. 62% of those testing positive were enrolled on care.

Following stock outs, late deliveries by KEMSA, and short expiries of ARV's experienced in health facilities, the team supported re-distribution of ARV's in facilities in seven facilities, in six districts (Gilgil, Molo, Kuresoi, Nakuru North, Njoro, and Nakuru Central) within Nakuru County. In addition, facilitates from seven districts (Marigat, Baringo North, Koibatek, Gilgil, Nakuru Central, Njoro and Kuresoi) were supported to generate quality FMAPS and FCDRR which led to better quantification. ADT installation was done in two districts (Nakuru Central and Molo) and ADT in Eldama Ravine and Naivasha district hospitals were repaired. In Molo DH, HTC counselors were deployed to provide testing in the OPD throughout the day to address gaps identified in the previous quarter. Other technical gap addressed in HTC included mentorship on the national testing algorithm s and scale up of pediatric PITC as per national guidelines.

Narok County: A total of 10,869 were tested in Narok County, out of which 423 were positive (HIV prevalence of 3.9%). Out of the total number of people tested in Narok 254 were couples and 1686 were children aged 15 years and below. Eleven (11) couples tested positive while three (3) were found to be discordant. Of those aged <15 years, eighty seven (87), 40 males and 47females were positive. 44% of those testing positive were enrolled on care.

Through mentorship, the project facilitated the resumption of HTC services in labour and delivery at Narok and Ololunga DH to cover the weekends so as to avoid missed opportunities. HTC counselors' meetings were held to ensure that all departments of the hospital offer HIV testing. There was a shortage of test kits across the region and the project stepped in by re-distributing and supply of 2,100 supplemental RTKs to health facilities in the county. To ensure continuous PMTCT/EID services, 19 DBS kits were ordered and distributed to the EID sites. Two staff from Narok DH were mentored on Viral Load (VL) specimen collection and have started offering DBS viral load to the patients failing ART.

Community HIV Testing and Counseling

The project supported community HTC through various approaches and provided testing to 35,835 individuals which is 36% of the yearly target of 100,000.

Baringo County: The project supported MoH to increase access to HTC services at the community level through various HTC strategies. Targeted couple testing during Easter festive season in Poror CU in Koibatek district provided an opportunity for more couples to know their status.

During the reporting period, the project supported MOPHS in Baringo North, East Pokot, Koibatek and Mogotio districts to conduct HTC utilizing door to door strategy. A total of 2,204 (56% females) were tested and received their results of whom 53.1% were testing for the first

time. Of the number tested, 27.3 % of those tested were youth. The good performance of community HTC in the county was attributed to HTC activities that were planned in densely populated CUs.

Kajiado County: The project supported the MOH to increase coverage of HTC in the three districts by conducting 16 outreaches including the World tuberculosis day. Quality assurance was provided in five facilities and feedback given to the facilities on the gaps noted and suggested the way forward. In addition, the DHMTs were supported to conduct support supervision during the outreaches to ensure quality of services is provided to the clients. Client exit interviews were conducted and feedback given to the counselors and DHMT to improve on the gaps noted.

A total of 7,357 (53% males) were counseled and tested and received their results of whom 57.4% (4,229 -57% males) were new testers. There were 40 (75% females) clients who tested positive. Of these 15 (37.5%) had already enrolled in care and treatment in various facilities. A total of 493 most at risk persons including truck drivers, female sex workers, prisoners and a few men who have sex with men were reached during the exercise and now know their status. A total of 716 couples benefited and two had discordant results and were linked to care. A total of 2,479 people (49.8% males), 33.6% of whom were youth were reached with these HTC services.

Laikipia County: During the quarter, APHIA*Plus* supported the MOH to conduct six MVCT, one HBTC, one work place and two moonlights increasing coverage in all the districts of Laikipia. HTC targeting 473 OVCs was conducted to increase knowledge of status for the children supported in the project. A total of 79 (75% females) tested positive out of which, 60 (75.9%) are enrolled in care at different facilities.

A total of 7,649 (53% females) 98.7% were tested and received their test results. Of those tested, 2614 (34.1%) were new testers. The project teams working closely with DHMT are following up reasons why more individuals are choosing to re-test. One hundred and forty three couples were reached and the four that had discordant results were linked to care.

Community testing was carried out through various approaches. There was a district variation in the number of people tested and prevalence rates, as depicted in the Fig 4a and b below Laikipia East district is the most populous of the five districts in Laikipia and has a proportionately higher number of urban dwellers in Nanyuki. On average the prevalence is higher in Laikipia East. This population distribution informs facility and community prevention interventions.

Fig 4a: HTC results by age Jan to Mar2013

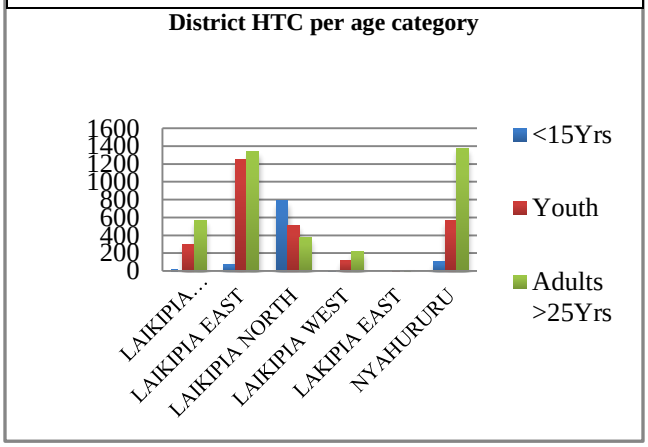
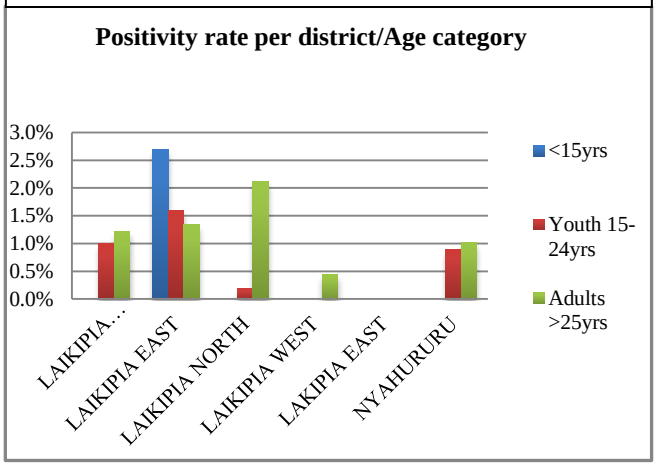


Fig 4b: HIV positivity rate by age Jan to Mar2013



Nakuru County: The project supported the MOH to conduct 50 community outreaches, aimed at improving access and HTC coverage. It also collaborated with FHI 360/USAID ROADS II project to carry out HTC for long distance track drivers at the Pipeline trucks stop. HTC was also conducted at five tertiary institutions targeting young people.

In total 14,285 (50%) individuals were counseled and tested and received their results of which 6,762 (53%) 47.3% were new testers. The total number that were positive clients were 138 (65%) of which 107 (77.5%) have since been confirmed as having commenced care at various health facilities. A total of 872 couples benefited from HTC and 10 had discordant results and were linked to the facilities for care.

Narok County: APHIA*Plus* Nuru Ya Bonde supported the MOH to conduct MVCT, HBTC and integrated HTC increasing availability, coverage and targeting the hard to reach populations. HBTC was supported in Olchoro community unit targetting men, adolescent and rural residents who are underserved by the formal health care system. HTC was supported during the World TB day increasing awareness, access and uptake of services to identify infections earlier for care and treatment.

Additionally, the project supported the DHMT to conduct field support supervision to Olchoro HBTC and three facilities to monitor the quality of service provision and provided feedback to the service providers. In addition, the project supported the distribution of PT panels to the service providers to gauge their performance of quality service provision to the clients. The annual HTC target for the county is 17,105. In this reporting period, the county achieved 27.3% of the annual target. A total of 4,668 (53% female) were tested and received their test results of whom 43.6% (2037) were new testers with an equal proportion of males and females Of those tested, 22 clients tested positive and 20 (90.9%) are on care in different facilities. Eighty two (M29 F53) people from most at risk populations such as female sex workers, truck drivers were also reached with services. A total of 294 couples benefited from the service all of whom were concordant.

Prevention of Mother to Child Transmission and Early Infant Diagnosis (PMTCT and EID)

The project supported 482 sites to provide PMTCT services. A total of 29,038 pregnant women received counseling and testing (26% of annual target of 109,946) with a HIV prevalence rate of 2.9% (663).Of the HIV positive women 358 (54%) were enrolled into care. The low rate of enrollment into care is due to poor indicator understanding by HCW, poor linkages and poor data collection and collation in facilities that have integrated PMTCT into MCH services. In many instances, the mothers are enrolled in care in MCH, however their records are not reflected in the pre-ART register. The project team is working to strengthen intra-facility linkages to ensure all mothers who test positive are transitioned into care. Overall, the HIV positivity rate of exposed infants has reduced from 10% in the previous quarter to 8% in the quarter under review. Moving forward the project is rolling out Kenya Mother Mentor Program in five facilities to strengthen the follow-up of mother baby pairs.

Baringo County: Baringo County has 101 facilities offering ANC services with 58 offering PMTCT services. The project staff conducted a baseline facility site assessment in Baringo Central and Marigat districts and 13 sites have been earmarked for initiation of PMTCT services. This will result to a total of 74 comprehensive PMTCT sites in the county. A total of 3,510 ANC mothers were tested in this quarter and of these, 65 tested HIV positive. Sixty two (95.4 %) of

those positive got maternal ARV prophylaxis while 100% of the infants in maternity got NVP prophylaxis. Of the positive mothers, 23 (35.4%) were enrolled in care.

The project conducted mentorship on PMCT and EID in the region to build capacity of HCW based on gaps identified during the TQAs that were conducted at the facilities. Five infants had their DBS samples collected through an on-job-training (OJT) conducted at the MCH in Kabartonjo and Eldama Ravine DHs. A total of 33 health care workers were mentored on DBS collection for EID. In total 45 DBS for EID were sent to AMPATH and Walter Reed reference laboratory for analysis of which two were positive giving a positivity rate of 4.4%. Both babies were started on HAART. In addition, the project decentralized comprehensive PMTCT services to four additional facilities in Baringo North District.

Kajiado County: Mentorship on PMTCT national guidelines was provided to 39 in 18 facilities.. Twelve (12) HCWs were given OJT on DBS sample collection. During the quarter, 16 facilities collected DBS samples out of the 112 sites offering PMTCT services. The project is working closely with sub-county HMTs to address the challenges facing sites in DBS sample collection. Continuous mentorship efforts on PMTCT coupled with integrated outreaches in the hard to reach areas has contributed to the declining rate of MTCT from 15% in the previous quarter to 8.4% this quarter. All the seven HIV positive children have been enrolled in care and started on HAART according to national guidelines.

Laikipia County: The project supports 59 PMTCT sites in the county and most of these were not retesting mothers in the third trimester. In the reporting period, ten (10) facilities that were not re-testing were mentored on the same and begun offering the service. Reporting tools (HEI cards and registers, ANC register, maternity register, and PNC registers) were distributed to 23 PMTCT sites. Several orientations and OJT covering documentation and reporting, identification of HEI to promote longitudinal care and follow-up of mother-baby pairs, DBS collection, and use of the HEI registers for documentation were provided to 49 HCWs. Out of 67 HIV-exposed infants tested using PCR, six (8.9%) were positive. Five out of the six children have been enrolled and started on HAART. The remaining child is being traced. Four HCWs from two facilities were sensitized on DBS collection for EID and an SMS printer installed in St. Joseph's Catholic Dispensary to improve turn-around time for EID PCR results.

Nakuru County: The county has 200 facilities offering PMTCT services. Sixty eight HCWs from the nine districts in the county were mentored on PMTCT care by adoption of the MCH model to cater for mother/baby pairs identified. An interrogation of the HEI positive DBS results for the fourth quarter of 2012 for PGH, Naivasha DH, Gilgil DH, Rongai, Kiawamu, Subukia and Kapkures HC was done in order to establish what may have contributed to the exposed infants being infected and in order to put measures place to reduce the positivity rates. Subsequently the team mentored HCWs on provision of continued counseling for positive mothers, having facility based support groups, following up the mother baby pairs in MCH rather than sending them to CCC, and intensified monitoring and tracking in conjunction with CHWs.

In total 11,349 mothers attended 1st ANC visit in this reporting period of whom 9,841 (87 %) were counseled and tested for HIV and 252 had positive results, giving a positivity rate of 3 % in ANC. In maternity, 1,889 mothers were tested of whom 50 (3%) tested HIV positive. Only 36% of the HIV infected PMTCT mothers were enrolled into care. The project is strengthening intra-facility linkages to ensure all mothers on follow up in MCH are recorded in the pre ART and ART registers, and also mentoring HCWs on PMTCT indicators and use of standard MOH reporting and recording tools related to PMTCT.

Maternal ARV prophylaxis uptake at ANC for mothers was 272 (108%) this quarter and 208 (83 %) of the mothers were given infant NVP at ANC. Maternity ARVs uptake for mothers was 190 % while for the infant uptake was 314%. The greater than 100% prophylaxis rates is occasioned by the fact that the reporting tool in use MOH 711A only captures the mothers tested at that visit as the denominator, while the mothers who get prophylaxis are both the newly tested, and those who are known positive but not on any prophylaxis/treatment. The project is supporting the HCWs in transitioning to the MOH 731 reporting tool, which captures both newly positives and known positives as a denominator as a corrective measure. Partner testing at ANC was 3% out of whom 280 (2.1%) turned HIV positive and were linked to care and treatment clinic.

The county has 68 EID sites, and of these 24 (35%) sent samples to the central labs this quarter. An interrogation of the facilities that did not send any sample is on-going to determine if they did not have any exposed children or if they are referring such clients due to inability of their respective HCWs to manage them or if it is an issue related to lack of commodities to conduct the service, so that measures can be put in place to address the identified challenges. The project facilitated the transportation of 439 DBS samples from 24 facilities from the nine districts for EID to the PCR laboratories in this reporting period. Of these samples, four were rejected, 32 (7.4%) were positive. An interrogation of the positive results will be carried out in the 2nd quarter and support given as needed.

Narok County: During the quarter, three more facilities were mentored and linked to central sites for supply of prophylactic ARVs. Out of the 23 facilities, 10 sent 61 DBS samples in the quarter compared to a total of 35 samples sent in the previous quarter. The incidence rate was 13.3%, a decline from the previous quarter's rate of 22.9%. Facilities with babies born to HIV positive mothers have been mentored to send DBS samples for the HEI 6 weeks after birth to enhance EID to improve integration and quality of care. Mother-baby pairs are being followed up in MCH for up to 18 months at Narok DH. (Narok DH is the only facility that has fully integrated ART in MCH. However, follow up of the mother-baby pair for 18 months is happening in all the other PMTCT sites

HIV Care and Treatment

The project supported 120 ART sites with a total of 22,227 clients currently on ART against an annual target of 25,151 clients. In this reporting period, 2,246 clients were enrolled into care and 1,312 (26% of the annual target) started on ART which is 67% of those eligible. Mentorship provided focused on transitioning of patients from care into treatment using WHO staging and CD4 monitoring. Additionally, mentorship was also provided on pharmacy reporting, forecasting and quantification of ART and OI drugs in the central sites at district hospitals. Further mentorship on pharmacovigilance and distribution of pharmacovigilance tools, inventory management tools, medication use, counseling checklists and alert cards was done in seven districts (Molo, Nakuru Central, Nakuru North, Gilgil, Baringo Central, Baringo North, Koibatek and Mogotio). ADT installation was done in two districts (Nakuru Central and Molo) and ADT in Eldama Ravine and Naivasha district hospitals were repaired. During the quarter the region experienced CD4 reagents stock outs which hampered patient monitoring. The project liaised with SCMS and KEMSA for re-supply of these commodities.

Following the gaps identified by WHO during accreditation process, the project facilitated three laboratory staff from Nakuru PGH to undertake bench marking at the National HIV reference laboratory on sample collection, shipment and processing for Viral load. The facility had suspended offering of VL services, but have since then resumed after the benchmarking.

Baringo County: The project supported 14 ART sites in Baringo county with a total of 2,592 clients on care and 2,153 on ARV treatment. During the quarter under review, 119 new clients were started on HAART. The project continued with mentorship activities, CMEs in various topics, distribution and dissemination of SOPs, job aids and reporting tools. Decentralization of antiretroviral therapy (ART) services to two sites in Baringo North occurred to improve access to these services. Following the facility baseline assessments done in Marigat and Baringo Central districts to assess capacity of facilities to provide quality services, the project has earmarked a further nine facilities for decentralization of ART services.

Twenty five HCWs (including nurses, laboratory technologists, pharmacist, clinical officers and counselors) from Koibatek district were mentored on DBS for viral load collection. Seven clients had their viral samples shipped to KEMRI reference laboratory in Nairobi and one client had his ARV regimen changed from first line to second line.

A total of 485 CD4 and 32 viral load samples were shipped to the AMPATH, Nakuru PGH and KEMRI laboratory. From these tests, 97 clients were started on ARVs based on CD4 count results while six clients had their treatment regimen changed from first line to second line regimen based on the viral load results. This is a low number of CD4 tests considering that there are 6,126 clients on care in this county. The low number of tests performed is due in part to the inconsistency in testing for CD4 occasioned by inconsistent supply of CD4 testing reagents to the testing laboratory by the supply chain mechanism.

Kajiado County: During the quarter, 169 new patients were started on ARVs against a target of 150. The target has been revised upwards since the facilities around Oloitokitok are now absorbing patients who sought ART from the defunct Imbirikani African Infectious Disease Village clinic. The project in collaboration with the MOH plans to decentralize ART services to eight more facilities in order to increase access in the expansive county. In addition, 20 facilities were supported to transport CD4/DBS specimen to the regional hubs and KEMRI. However, the irregular supply of CD4 reagents led to interruption of services.

Two health facilities i.e. Lenkisim and Iltilal were assessed for readiness to offer ART services. The assessment report was submitted to NASCOP by the DASCO through the DMoHs' office and the project has initiated capacity-building process in readiness for service provision.

Laikipia County: A total of 108 patients were started on ART in the quarter. OJT and mentorship was done at all the 10 ART sites reaching 23 HCWs working at the CCCs. The focus of the mentorship included: management of adverse drug reactions, adherence monitoring, management of opportunistic infections and use of MOH data collection and reporting tools (MOH 711A and MOH 731, blue cards, ART and pre-ART registers, HEI cards). In addition, a CME on HIV and OIs held at Nanyuki DH reached 40 HCWs. The CME was aimed at sensitizing clinicians on early detection and treatment of OIs.

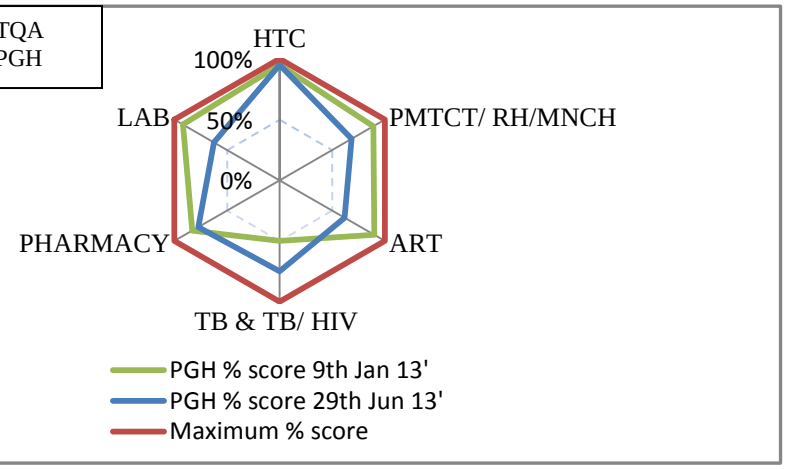
Laboratory networking for CD4 monitoring has been stepped up in the ART sites facilities by linking them to the regional hubs; 980 CD4 samples were processed during the quarter.

Defaulter tracing efforts have been initiated in most ART sites combining phone tracing and use of CHWs within CUs. Three facilities have instituted the defaulter tracing system: Nanyuki DH, Rumuruti SDH and Ndindika HC. At Nanyuki and Rumuruti DH a total of 64 patients had

defaulted treatment and 34 were traced and returned to treatment. Tracking of the remaining patients will continued to establish their outcomes.

Nakuru County: The county has 51 ART supported by the project. During the quarter under review, the multi-disciplinary team conducted TQA at 15 health facilities in seven districts. This was followed up by targeted mentorship informed by the findings. Repeat TQAs were also conducted in six facilities of which improvement of some of the services was recorded while other service areas had stagnated. Services that had stagnated included; HTC - due to stock out of test kits, ART due to drug shortages (caused by poor quantification of orders and late supply of the same) and TB/HIV and lab because of inadequate infrastructure, shortage of test kits thus no testing, incomplete filling of registers, and delay in initiation of ART among patient cards sampled, which issues are being addressed in part by mentorship. Feedback of the TQA was given to the managers of the facilities and the health care providers after which actions plan were drawn for addressing the identified gaps as a team to foster ownership and sustainability. The follow-up TQA results for Nakuru PGH are illustrated in Figure 5 below. From the repeat TQA at PGH Nakuru, there's a marked improvement in the capacity and quality of services in the laboratory, PMTCT, ART within the six months period.

Fig 5: Pre and Post TQA Results for Nakuru PGH



The project re-distributed drugs and test kits from Nakuru Central district stores to Gilgil and Elburgon DH and started supporting minor renovations of Gilgil and Naivasha CCCs. Due to the critical shortage of staff faced by Njoro Health Centre, the project clinical staff offered services to CCC clients during clinic days twice a week in addition to mentorship to HCWs. This improved patient management, monitoring and standards of care, especially identification of clients with treatment failure and recording of services offered at the site. The project also decentralized ART services to four facilities in three districts (Nakuru Central, Njoro and Nakuru North). Follow-up mentorship and coaching to HCW will be conducted to ensure eligible patients are graduated to ART. A total of 4,024 CD4 samples and 12 viral load samples were shipped to laboratory hubs for testing this quarter from sites in the county.

A total of 1,238 patients (93% of quarter 1 target) were newly enrolled into care after testing positive and 822 patients (104% of the target) started on ARV treatment. One-year retention on ART for the facilities monitored is 75.8% in Jan to Mar 2012 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.

Defaulter tracking activities continued across the supported facilities in the nine districts. This was by calls and physical tracing in liaison with CHWs.

Narok County: In order to improve access to ART in the vast county the project supported the MOH to decentralize services to 12 more facilities bringing the total number of ART sites in the county to 25. The new sites have started enrolling patients on care. Mentorship is ongoing to build their capacity to offer quality services in line with the national standards. The project also linked with Funzo Kenya and 30 HCWs were trained in paediatric ART.

One hundred and eighty four patients were newly enrolled into care after testing positive. Additionally, 61 (76.3% of the quarterly target) patients were started on ART. Ololulunga DH and Narok DH had 56.6% and 55% one year retention rate for patients on ART respectively for the period of January to March 2012 cohort. Intensified psychosocial assessment, adherence preparation and counseling as well as active defaulter tracing and decentralization of ART services are some of the mechanisms put in place to ensure retention of over 80% of patients who start ARV treatment.

3.1.9 Increased availability of screening and treatment for TB

Baringo County: 62 tuberculosis (TB) cases were detected in the quarter across the county, of whom 80% were tested for HIV, with a TB/HIV co-infection rate of rate of 27%. All were initiated on cotrimoxazole preventive therapy.

Kajiado County: Distribution of TB intensive case finding (ICF) tools and mentorship was done in all the 17 supported ART sites. The project supported and attended all monthly CCC stakeholders meetings in Ngong SDH. As a result, a weekly TB/HIV clinic day to cater for co-infected patients was set aside for each Wednesday. Three hundred and thirty one new cases of TB were detected and of these 310 (94%) were tested for HIV.

Laikipia County: Mentorship, OJT and sensitization of HCWs through CMEs on TB screening, diagnosis and treatment was done during the quarter. A total of 156 HIV infected patients were diagnosed with TB and 123 were tested for HIV. The TB-HIV co-infection rate in the county was 41% (50 out of 123). Efforts have been put in Nanyuki DH to have TB/HIV services integrated in a one-stop shop model**.** Discussions with the DTLC, TB nurse and CCC in-charge have been held to implement this. Other gaps identified were relative lack of ART knowledge among the staff running TB clinics and documentation challenges if the TB patients were to be attended in CCC thereby hindering TB/HIV integration. Notably, Rumuruti and Ndindika DH have achieved total TB/HIV integration where TB-HIV co-infected patients offered services in a harmonized one-stop clinic.

Nakuru County: The project provided mentorship on use of TB screening tools- ICF card, TB/HIV integration, management of TB/HIV coinfection and infection prevention and control. The ICF tools were distributed to the sites in Nakuru Central District where thirty HCW were sensitized on their use during clinical encounters made by the patient. A total of 696 TB cases were detected in the quarter across the county. 81% of them were tested for HIV, and TB/HIV co-infection rate was 35%. 94% were initiated on CPT. The project will intensify efforts in this area to ensure increased uptake of testing for TB patients.

Narok County: The project distributed adult and pediatric ICF/TB cards in 15 sites in Narok North and eight in Narok South and mentored 12 HCW workers. As a result the clients at these facilities are being screened for TB at each visit. The team also mentored HCWs on the 5Is in TB management with special emphasis on initiation of ART for co-infected patients. The team did mentorship on integration of TB/ART services in order to reduce waiting and encourage adherence. Ololulunga DH has fully integrated TB-HIV services in a *one-stop shop model* that encourages up-take of ART while minimizing nosocomial TB infection among the HIV infected patients.

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

The project continued to strengthen integration of HTC services into MCH/ FP services. This is aimed at reducing missed opportunities and increasing uptake of HTC service at the facilities. The project staff disseminated national FP job aids, SOPs and cervical cancer screening guidelines in facilities visited during the quarter. In the quarter, five service providers at Njoro, Rongai and Bahati DH were mentored on LAPM and advocacy mechanisms to promote their use. In the quarter, the project reached 67,500 RH clients. This translated to a total of 28,742 CYPs (72% of quarter one target). The bulk of clients consisted of revisits, with only 31.8% being new. Among females, the most popular contraceptive method was injectables (70%), implants and IUDs, constituted 7.1% of the total clientele. The contribution of IUDs and implants constituted about 50% of the CYP (8,403), In addition, 10,754 clients were reached by CBD in three CUs i.e., Bondeni, Sajilon and Emining.

Baringo County: The project is utilizing a two pronged approach to improve uptake of FP/RH services in the county. This includes focusing on strengthening integration of HTC services into MCH/FP services in order to reduce missed opportunities and increase uptake of HTC service at the facilities, and working closely with the CHWs within the CUs to educate and mobilize the community. Baringo County has low uptake of FP services and skilled deliveries largely due to the socio-cultural beliefs among the communities in the region. In the quarter, the project reached 5,555 RH clients. This translated to a total of 2,318 CYPs. The bulk of clients consisted of revisits, with only 39% being new.

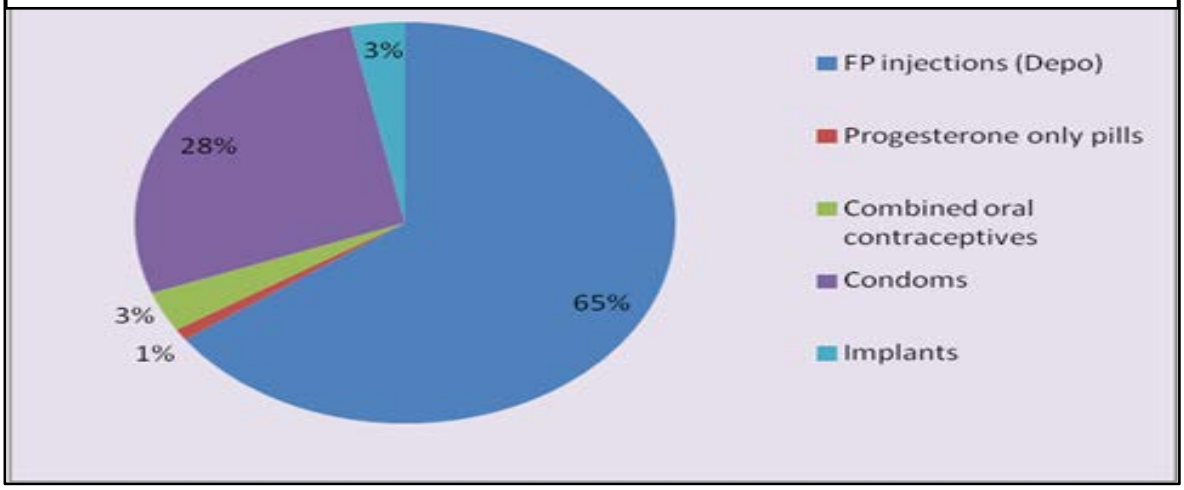
The project also collaborated with Mumberes Dairy Cooperative Society and Ministry of Public Health and Sanitation to offer health care services to dairy farmers and their clients during the dairy farmer's field day in Mumberes location. Services offered included: health education (70), preventive services (iron supplement for pregnant mothers, deworming for under five year old (four reached) and for over five year old (34 reached), curative (diagnosis and treatment of minor illnesses) , HTC services (23 counseled and tested), FP (1 client offered IUCD, 1 implant insertion, 1 IUCD checkup and 2 for injectable method), reproductive cancer screening (six clients screened for breast cancer and five screened for cervical cancer using VIA/VILLI), FANC (two clients reached with first visit and five clients were revisit clients), and PMTCT (two pregnant mothers counseled and tested for HIV). In the reporting period, 15 HCWs were mentored on FP services particularly on LAPM. The project also supported commodity management for HCWs with special focus on short expiry commodities and redistribution done through the district Pharmacist in Baringo North. The affected commodities included emergency pills, combined oral contraceptives, and progesterone only pills.

Kajiado County: Service providers from five health facilities (Olorika, Nkama, Oldonyo Ibor, Ichalai and Olgulului) were mentored on cervical cancer screening. These sites are currently

providing the services and reporting. A total of 14 clients were screened at these facilities with negative results. The county's CYP is 5,565.

CHWs from Sajiloni community unit conducted community based distribution of FP commodities including counseling couples. During this quarter, the CHWs reached 215 women equivalent to 37% of women aged 15-49 years in the CU with different FP methods - 65% of them opted to use injectables and only 1% chose the progesterone only pills as shown in Figure 5 below. The women, who chose the implant, were referred to Kajiado DH for the service.

Fig 5: Family planning uptake at Sajiloni CU



Laikipia County: The quarter saw intensified clinical mentorship and OJT to 46 health care providers from 23 health facilities on ANC uptake, skilled deliveries, Ca cervix screening, LAPM and targeted post natal care. Fifteen HCWs were sensitized on CaCx screening at Nanyuki D.H in the quarter and provided with log-books and checklists for the same. The project staff continued to offer technical support to CHWs in their monthly feedback meeting at Rumuruti and Oljabet CUs. At Nanyuki DH, provision of color-coded bins at the MCH and pharmacy department has contributed to best practices in infection prevention. In the quarter, the project reached 7,458 RH clients. This translated to a total of 4181 CYPs.

The DIC serving youth in the transport sector, did an integrated CaCx screening where 39 clients were screened using VIA VILLI, 48 clients screened for breast cancer 19 tested for HIV and four provided long acting FP methods (Jadelle). Out of those screened, two had cervical lesions, three breast lumps and four had STIs and were appropriately referred for further management at the health facility.

Nakuru County: In the reporting quarter, the project reached 33,822 RH clients. This translated to a total of 15,047 CYP (78% of quarterlytarget). The bulk of clients consisted of revisits, with only 31% being new. Among females, the most popular contraceptive method was injectables (70%), implants and IUDs, constituted 7.1% of the total clientele. The contribution of IUDs and implants constituted about 50% of the CYP (8,403). In Rongai, it was noted that there's no male involvement in FP in the district hence low acceptors amongst women of reproductive age. Action plans on the gaps identified have been made.

Narok County: Mentorship on LAPMs was provided to six health care workers from Ngoswani, Sogoo and Sakutiek health centers. To address the skills gap in this area by the providers, OJT has been scheduled in the coming quarter to enable them effectively provide the services. During the quarter, 1,550 new clients and 3,522 revisit clients accessed FP services. The project supported redistribution of FP commodities from rural health facilities to the district hospital and other high volume health centres to avert their expiry and stock-outs.

Eleven HCWs from four facilities (Loita Entasekera, Olorte, Olchooro and Morijo Loita) were mentored on CaCx screening. Subsequently, these dispensaries have started these services and screened a total of 25 women during the quarter using VIA/VILLI method.

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

The project, through the RH technical officers continued to support mentorship on Partograph, focused antenatal care (FANC), Individualized birth plan(IBP), active management of third stage of labour (AMSTL) and essential new born care at facility level. During the reporting period, 25,778 pregnant went for first ANC visit which is 18% of the annual target. The program is having outreaches and working with CUs to increase number of women attending ANC. 12,286 women had skilled deliveries, representing 41% of this year's target

Baringo County: Three HCWs were mentored on Maternal and Perinatal Death Review (MPDR) registers at Kabartonjo DH and MPDR forum revamped during the quarter having reviewed one maternal death. During the reporting period, 2798 pregnant went for first ANC visit which is 58% of the quarterly target. The program is having outreaches and working with CUs to increase number of women attending ANC. 1732 women had skilled deliveries, representing 97% of the quarterly target.

The project trained CHWs in Emining CU in line with the national CHW curriculum to provide community based services on MNCH/FP and to strengthen the community-facility linkage. In addition, the CHWs were trained on tier one service delivery, with special focus on maternal child health services to include: FANC, IBP, danger signs during pregnancy, skilled birth attendance, FP, breastfeeding, nutrition, Community Integrated Management of Child Illnesses (C-IMCI), immunization, water and sanitation, referral system and documentation.

Kajiado County: The project conducted mentorship on PMTCT/MNCH integration, newborn care and monitoring mothers in labor using the partographs across 13 health facilities in which 31 HCWs were mentored.

The number of deliveries conducted under skilled attendants was 1,909 (38% of the YR 3 target). Challenges of traditional birth attendants are still experienced in several parts of the county especially Kajiado central.

Laikipia County: Low education levels, poor access to health care facilities and the socio-cultural practices of the communities in the county hamper access to skilled birth attendants. During the quarter, deliveries conducted by skilled attendants were 752 which represent 26% of the annual target. Through the CUs, the project and the MOH targets to increase the number proportion of deliveries under skilled attendants to above 60%. The community-facility referral system has been established through the community units.

The maternity units visited during this reporting period for mentorship had the essential drugs needed for management of obstetric and perinatal emergencies. Mentorship was conducted focusing on correct documentation, records keeping and use of partographs in monitoring labour. Only four out of the 23 maternity units visited had complete patient records in the maternity files. The project liaised with the hospital administrators to support the maternity units with patient files and continuation sheets to ensure patient information is captured and recorded appropriately. The facility multi-disciplinary team at Nanyuki DH was tasked to coordinate perinatal and maternal mortality audits and come up with facility specific measures to prevent maternal mortality.

Nakuru County: During the quarter, the project supported the Maternal Newborn & Child health (MNCH) Rapid Results Initiative (RRI) for South Rift districts to mainstream high impact interventions in maternal and child health. During the supervision, a total of 12 health facilities was reached, mentored and prepared for the end-line survey in mid February 2013.

In addition, a rapid assessment for MNCH services was conducted at Bahati DH and Rongai Health Centre; and feedback shared with HMTs that informed service improvement and ongoing mentorship activities. As a follow-up, RH rapid assessments were also undertaken in five districts (Nakuru Central, Molo, Rongai, Njoro and Kuresoi) to guide and structure RH interventions. A total of 17 health care workers (all females) were mentored. Identification of RH specific gaps followed by specific intervention including mentorship and related quality improvement activities are ongoing.

During the reporting period, 11,357 pregnant went for first ANC visit which is 81% of the quarterly target. The program is having outreaches and working with CUs to increase number of women attending ANC. 1732 women had skilled deliveries, representing 101.5% of the quarterly target.

Narok County: During the quarter, six HCWs from were mentored on provision of LAPM of FP; 10 HCWs from Narok DH and five from Ololulunga DH were mentored on proper filling of ANC, maternity, cervical cancer screening, HEI registers and HEI cards and 11 HCWs from Loita Entasekera, Olorte and Morijo Loita on CaCx. In addition, the project supported the redistribution of FP commodities from facilities with adequate to excess stocks to those lacking e.g., from the rural facilities to the district hospitals.

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

During the reporting period, the project RH mentors continued with mentorship focusing on essential newborn care, newborn resuscitation, management of common childhood emergencies including diarrhea, and prevention of childhood illnesses. They also supported establishment of ORT corners in facilities that had none. 29,716 children received DPT3 vaccine. This represents 24.8% of the annual target.

Baringo County: Project staff mentored three HCWs at Kabartonjo DH on management of diarrheal diseases and current Expanded Program on Immunization (EPI) operations. The HCWs did not have adequate skills in the management of diarrhea in children under-five years of age and the EPI schedule. The Oral Rehydration Therapy (ORT) corner that had been nonfunctional

in Kabartonjo as staff did not see its need as they were referring patients to the wards was revived during the quarter and the HCWs managed five children at the ORT corner during the quarter under review. In addition, HCWs in Poi, Barwessa, Kasisit, Bartabwa and Bartolimo dispensaries were also mentored on management of diarrheal diseases in children under-five year and on the requirements of ORT corners. Two ORT corners were established at Poi and Kasisit dispensaries. A total of 21 facilities now have functional ORT corners.

Kajiado County: A total of 15 HCWs in nine health facilities were mentored on active monitoring of labour through partographs and essential newborn care including resuscitation. 57 facilities were visited during mentorship and support supervision and it was noted that more than half of the facilities lacked adequate equipment for essential care package. The main gaps included non-functional/lack of both infant and adult ambubags and newborn suckers and incomplete/lack of ORT corners. Mentorship was done to address these gaps and action taken up with the DHMTs for supply of equipment for provision of quality EONC services.

In order to reach the most disadvantaged groups, the project supported six integrated outreaches Kajiado North – in Embolei in Euaso Division, Oltiasika (Olemasusu) Olorika (Tiririka), in Oloitokitok and Sajiloni communities in Kajiado central which are more than 15 Kms from their respective link health facilities, are highly populated with poor infrastructure. During the outreaches, 349 children were dewormed, 278 adults and children treated for minor ailments. 424 children were immunized.

Laikipia County: Mentorship on newborn care and resuscitation was conducted in 11 health facilities two of which lacked essential drugs and resuscitation equipment but were supplied from Nanyuki DH. During the mentorship, growth monitoring was on was identified as a service gap and this served to inform the focus of the mentorship teams in the subsequent quarters. Eight of 11 facilities visited for mentorship had functional ORT corners and the three lacking an ORT corner were mentored and supported to establish one.

The six CUs in the county were provided with chlorine tablets for water treatment to supply the homesteads and they also educated the community on how to treat water.

Nakuru County: The project supported the newborn care orientation training of 32 service providers at PGH-Nakuru, with the objective to improve newborn resuscitation and reduction of neonatal mortality rates that currently contribute more than half of the infant mortality rate at the health facility. The workshop recommended enhanced in-house mentorship to improve newborn care interventions, capacity building of peripheral health facilities to improve emergency referral and response and improvement of in-house referral mechanism and access to 24-hour senior review. Three maternity unit staff were oriented on emergency tray to ensure it contains all the essential emergency drugs well labeled. In addition, they were sensitized on the need to have the tray and resuscitation equipment functional, clean and ready for use at all times.

The project supported three integrated outreaches in Gilgil and Rongai, serving 335 clients with the following services immunizations, HTC, FP, ANC, growth monitoring, deworming and vitamin A supplementation. Patients with various ailments were also treated or referred accordingly. There's also water scarcity in Rongai as evidenced by poor hygiene and isolated cases of scabies. Action plans on the gaps identified have been made. The team continued sensitizing HCWs on IMCI. Most facilities have IMCI charts displayed to enhance management of common childhood illnesses. 99 facilities also have functional ORT corners and SOPs on management of diarrhea.

Narok County: Mentorship on newborn resuscitation was carried out at Narok DH and Ololulunga DH in which eight health care workers were mentored. This coupled with active management of labour through partography, is aimed at preventing neonatal deaths due to preventable causes.

Additionally, 16 HCWs from 10 rural health facilities were mentored and oriented to establish ORT corners for appropriate management of childhood diarrhoeal illnesses. The ten new facilities with ORT corners is an addition to the 19 existing ORT corners in the county. The project plans to facilitate establishment of ORT corners in the remaining health facilities in the county. The project supported six integrated mobile outreaches in Melelo and Chepalungu in Narok South, a hard to reach area, where 600 persons were served. 289 children were immunized during the outreaches.

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

Work Place Program

The workplace intervention currently covers 21 workplaces in four counties with an estimated 20,000 employees. The project is yet to establish work place interventions in Baringo county but started discussions with potential partners during the quarter. A total of 1,640 workers were enrolled out of whom 771 were reached workers this quarter. However, efforts are underway to ensure increased reach among the 20,000 workers through a rapid response initiative that will be carried out in the next two quarters. Below are details of progress in various counties.

Baringo County: A consultative and introductory meeting was held in Ravine Roses, where modalities and possibilities of a partnership were discussed. APHIA*plus* Nuru ya Bonde will facilitate focus group discussions with employees on impediments to fidelity, correct and consistent condom use and utilization of other reproductive health services including family planning with the aim of helping workers develop skills for overcoming these barriers and improving uptake of the services.

Kajiado County: The workplace program at the Olkejuado County Council and Tata Chemicals Magadi Limited in target council staff, most of whom are rangers manning the Amboseli national park and revenue clerks. The council procured male and female condom dispensers that were installed in twenty one (21) sites in the seven divisional offices. Forty eight county council staff were reached (64.5% males) and 10,000 condoms distributed.

Laikipia County: The project in conjunction with the Ministry of Labour office in Laikipia East identified a number of workplaces to engage in the coming quarter. A workplace partnership is being established with Finlay's Laikipia**.**

Nakuru County: Integrated outreaches to workplaces were conducted in two flower farms, Panda and Tulaga flowers. 176 workers were tested out of who 19 were first time testers. None of them tested positive. Aquila Flowers is focusing on addressing not only HIV but also other issues such as alcohol use and other factors that it has identified as negatively affecting staff productivity. Health promotion activities continued in seven other flower farms in the district and as a result, four service delivery outreaches are planned for the next quarter to provide HTC, RH/FP services among others.

Carzan flowers signed a partnership agreement with the APHIAplus project within this quarter and trained 18 peer educators. HTC was provided where 287 individuals were tested (151F, 136M). Out of these 59 (52.5% males) were new testers. Four (50% males) tested positive and were appropriately referred. This quarter the project engaged six professional peer educators who carried out 10 sessions with four groups of 25 participants each for six consecutive Saturday sessions.

Narok County: Two professional peer educators from Narok County were identified and inducted this quarter in readiness to conduct outreaches to small workplaces in Narok County next quarter. The small workplaces include 10 medium size hotels with 20 to 35 employees each, the seven banks employing 15 to 20 employees each, the supermarkets, colleges, female casual laborers in the french beans farms, and male quarry workers. The target group will be reached with a 45 minutes VOICE/VOCES like condom promotion evidence based intervention (EBI) session.

Youth Program

The out of school youth (OSY) intervention continued in all five (5) counties reaching 2,526 young people with the recommended peer education sessions. This was a 51% achievement of the quarterly target and 9.7% of the annual target. This is due to the low pace of activities occasioned by the electioneering period and contracting process at the beginning of the year.

The in-school youth intervention continued in 278 primary schools with a total of 87,440 pupils enrolled. This is 163% of the annual target (53, 600). The high enrolled numbers are attributed to the accelerated roll out of activities during the quarter under review The program will continue supporting enrollment and quality improvement of the LSE intervention..

Baringo County: The project conducted three consultative and introductory meetings to discuss youth interventions between the project technical staff and youth stakeholders including Ministry of Youth Affairs and Sports and Youth Enterprise Development Fund officials in the constituencies. Joint quarterly work plan was developed to ensure smooth coordination of youth programs in the county.

Kajiado County: In this quarter, the project initiated the out of school youth (OSY) program in Loitokitok district. 363 out of a target of 625 transport sector youth were reached. Integrated services were offered including STI, TB screening and referral for TB management and HTC. All these services were accessed by 399 clients; 247 male and 152 female. A total of 31,623 condoms were distributed; out of these, 980 were female condoms. In addition, five youth groups were identified as an entry point to the OSY interventions and were sensitized on the project.

The Loitokitok DHMT and HMT were sensitized on the out of school youth interventions which sought to improve service uptake at the Youth Friendly Centre in the hospital as well as promote healthy behaviors and address social determinants of health among youth. Three CUs have been oriented on the youth out of school interventions which will be implemented within the CUs in in the next quarter.

Laikipia County: Peer education sessions were conducted and 369 youths enrolled for sessions out of which 35 (84 males and 17 females) completed the minimum package during the quarter. In addition, 36 clients were screened for STI; 39 screened for cervical cancer and three clients found with pre – cancerous lesions and referred to Nanyuki District Hospital.

Further, 238 youths were reached with sexual gender based violence (SGBV) information and education during the peer education sessions among whom 38 of them were couples. Twelve (12) condom distribution points (CDPs) in Nanyuki town were established, through which 18,444 condoms were dispensed. Peer educators distributed 10,540 male and 180 female condoms.

Narok County:

Youth in the informal sector: In Narok, SASA center activities were moved to the more spacious Youth Empowerment Center. A total of 275 clients were given services of which 64 were newly enrolled, six were referred to CCC, two were given post exposure prophylaxis (PEP), 33 received follow up services and 11 clients screened for TB while 21 clients received FP.

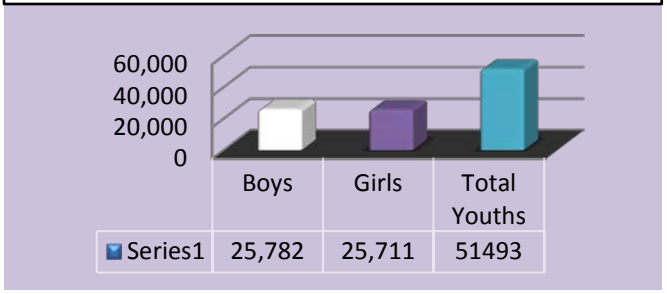
The 34 trained youth peer educators managed to distribute 5,953 male condoms and 10 female condoms. Other services offered included; HTC to 146 (106 males and 40 females) out of which four individuals tested reactive and referred to the CCC; family planning to six females and cervical cancer and STI screening to 14 clients.

***Economic Empowerment*:** Through the partnership with the Equity Foundation and Youth Enterprise Development Fund, the program rolled out financial literacy education amongst the OSY reaching 618 youth (males 406, female 212).

***Gates Festival*:** 14 youth groups working with the project participated in the Gates Festival which is rolled out in partnership with HFG Kenya. During this festival 432 condoms were distributed, 290 youths (males 164 and 126 females) reached with messages on drugs and drugs abuse and 110 youths (males 72 and 38 females) reached with HIV prevention messages.

In- School program (LSE): 278 teachers from 139 schools were trained and started implementing the activities. A total of 17,867 boys and 16,826 girls were enrolled in program and continue to access the LSE even in the coming quarters. Most of the schools have slotted LSE in the school timetable.

Fig 6: Number of youth enrolled on LSE Jan –Mar2013



Nakuru County:

***Youth in School*:** Using the Kenya Institute of Curriculum Development (KICD, formerly KIE), the project is supporting the Ministry of Education (MOE) to strengthen the provision of Life Skills Education in 285 primary and 135 secondary schools in Nakuru County. During the quarter under review, the following activities were undertaken;

- Formed a 25 member county coordinating committee
- Trained 211 teachers from 109 schools on life skills education
- Disseminated KIE life skills education syllabus and teachers handbook
- Provided supportive supervision to 45 schools
- Trained 10 DQASOs, 10 TAC tutors and 10 zonal QASOs on reporting and supervision
- Enrolled 51,493 children in the LSE program (25,782 males – 50.06% and 25,711 females – 49.94%) as illustrated in the Figure 6 above.

***Youth in Transport Sector**:* During the reporting period, 198 (59F, 39M) were reached through peer education using approved program curriculum. Service provision was intensified by conducting integrated service outreaches and mobilization in the DICs. In addition, 4,042 (72% males) accessed SRH services. 26, 776 male condoms were dispensed at various sites.

***Youth Out of School*:** 2,286 sessions were conducted this quarter reaching a total of 2,849 peers, with a minimum of the eight mandatory sessions using the youth peer education. PE activity guide, and supplementary materials from resource and youth friendly centers at MOH facilities. Every group of peers completing the mandatory sessions are taken through economic empowerment sessions aimed at addressing economic stability as a social determinant of good health and behavioral choices. Condom demand among the peers improved with 22,585 male and 155 female condoms distributed.

Adolescent Mothers: Trained adolescent mothers continued to hold weekly session with their peers. During the quarter, six adolescent mothers reached 308 peers in Naivasha and Gilgil. Young mothers continued to benefit with information on healthy and safe motherhood, good and affordable nutrition methods, PMTCT and other emerging chronic diseases particular breast and cervical cancer. Through an integrated outreach, 15 young mothers received HTC services and four were referred for family planning services.

***Street youth**:* Through the safe space model the project reached the street youth through resource centers interventions and organized outreaches. In the period under review, 15 outreaches were conducted with a key aim of linking the street youth to the safe space. 119 street youth (98% males) were reached through the outreaches in Gilgil, Naivasha and Mai-Mahiu, out of who 49 (98% males) were linked to the safe space at the resource and information center. Referrals for health services were made for 20 street youth as follows; eight female youths for family planning services, four for treatment of minor ailments and eight for TB screening. 14 street youth received HTC at the resource information centers. Through the resource and information centers, 176 street youth attended sessions on personal hygiene, HIV prevention with an emphasis on condom use to the older youth and life skills.

***Youth in tertiary institution*:** Through peer education in three institutions 591 (324 males and 267 females) were reached; 715 (405 male and 310 female) were tested for HIV, one female was reactive and referred for care and treatment. 25.3% of the total students tested were new testers. 22 YPLHIV completed were reached with prevention with positive intervention using the community PwP manual.

Youth Friendly Services: During the quarter, discussions on matters affecting the youth were organized for HCW at YFS centers at PGH Nakuru, Naivasha, and Gilgil. T*he talks covered the following topics; drug and substance abuse, STI and HIV & AIDS prevention*, prostate and prostate cancer, healthy love relationships and family planning. Targeted outreaches were conducted to youth friendly clinics in three sites during which STI screening and treatment, cervical cancer screening, FP and RH cancer screening were provided. During the quarter one of the youth focal persons in Bahati participated in a National cohesion meeting where she was trained as a TOT in peace building. The youth focal person reached 250 young with peace advocacy among other services.

The RH mentorship team attended and supported a 3-day Sexual & Gender Based Violence (SGBV) training together with the SGBV focal person for healthcare providers and community

leaders. The training was part of the regional preparedness for post-election period. Mechanisms were put in place to expedite care and response to sexual violence survivors. Among the leaders targeted were local chiefs, community leaders and the community health workers.

Financial Literacy: Continued focus on economic interventions for youth out of school has seen 40 youth (39 female, one male) from an urban settlement area (Karagita) in Naivasha receive financial literacy education courtesy of Equity Bank. In addition, an informal group of 18 youth from Karagita were linked to MOYAS to facilitate registration of a youth group to enable them access the youth enterprise fund. Two peer educators benefitted from the Africa Youth Trust (AYT) trainings in entrepreneurship and are running successful enterprises in vending milk and chicken rearing. Another peer educator secured his first job after writing winning curriculum vitae (CV) and excelling in the interview process. This is attributed to a training conducted in partnership with AYT on CV writing and interview skills for young people.

Most at Risk Populations (MARPs) program

The MARPs' intervention focuses on both female and male sex workers in four counties namely Kajiado, Laikipia, Nakuru and Narok. There are an estimated 6,800 to 9,000 sex workers operating in approximately 722 hotspots in these counties. The region is served by four drop-in centres located in Naivasha, Nakuru, Narok and Nanyuki towns. The project has trained 200 female sex workers (FSW) and 25 men who have sex with men (MSM) peer educators promoting behaviour change among their peers.

During the quarter under review, 1,260 FSW and 56 MSM were enrolled for peer education sessions out of whom 774 (61%) FSW and 26 (46%) MSM respectively completed the recommended six sessions. The numbers also represent a 20% achievement for the annual MARPs target (3,800). As a result of the peer education sessions, 1,239 FSW visited the drop in centres or participated in the integrated outreaches organized by the project and accessed the following services; 705 SW accessed HIV testing services with 37 (5.2%) testing HIV positive and were linked to health facilities for HIV care and treatment; 484 were provided FP services while 1,131 were screened for STIs with 197 (17.4%) accessing treatment for various STIs. Below are details of progress per county.

Baringo County: A rapid mapping exercise of SW hotspots was conducted in Kampi Samaki and Marigat which estimated that there were approximately 250 FSW in the area. In partnership with Marigat DH, one integrated outreach was conducted in the area for a group of 15 FSW who were provided with risk assessment and risk reduction counseling, STI screening and treatment, cervical cancer screening and HIV testing where one tested positive and was linked to Marigat DH..

Kajiado County: A total of 134 female sex workers (FSWs) were reached with individual/small group interventions in Ngong division, Kajiado North District. In liaison with the MoPHS, the project supported four integrated outreaches targeting FSWs in the quarter. 56 clients received HTC and FP services ranging from injectable, contraceptive pills, and counseling on FP; 9% (5) five of these were first testers. STI screening was done for 35 clients; nine were referred for treatment at the Ngong SDH-

The project has 25 condom outlets established in the FSW program coverage area. A total of 13,658 condoms (13,248 male and 410 female) were distributed through the peers, integrated

outreaches and condom outlets in the region. In the quarter, thirty six (36) eligible children of FSWs were linked to the OVC program.

Laikipia County: The MARPS peer educators were supplied with peer education manuals for reference when conducting sessions. 282 FSW and 45 MSM were enrolled for peer sessions in the quarter. 211 FSW and 13 MSM completed the six required sessions. This was a 153% achievement against the quarter's target of 150 FSW set for the region. Two outreaches were conducted where 17 clients tested for HIV and 30 screened for cervical cancer and STI. 29 had negative results and one pre-cancerous lesion detected and subsequently referred to Nanyuki District Hospital.

During the reporting period, 309 (194 new clients 115 revisits) clients were served at the DIC with the following services; HTC to 115 FSW and one MSM of which two tested positive; risk assessment and reduction planning to 309 FSW; family planning to 149 clients (injectables 84, pills 53, Implants 12) and STI screening to 241 clients out of which 30 were treated for various STIs (vaginosis 5, PID 4, candidiasis 6, warts 1, trichomoniasis 2, UTI 6, Cervicitis 6).

Narok County: During the quarter, 190 FSW were enrolled in peer education sessions with 105 completing the recommended six sessions. 275 clients visited the drop-in-centre for various biomedical services with a majority (211) being repeat visitors for risk assessments, HIV testing and FP services. The project supported the transfer of one sex worker assaulted by a client to the Nairobi Women's hospital from the Narok District Hospital for further treatment. The FSW living with HIV have been linked to the HCBC program while their children are also supported through the OVC program. Currently there are 11 children of FSW enrolled with the OVC program.

Nakuru County: The FSW intervention in this county focuses on both female and male sex workers in Nakuru, Naivasha and Gilgil towns as well as Salgaa and Kikopey truck stops. There are an estimated 5,308 sex workers operating in approximately 522 hotspots with approximately 4,300 of the FSWs operating from Nakuru town. The project has trained 140 FSW peer educators. The region is served by two (2) drop-in centres located in Naivasha and Nakuru towns.

Materials developed earlier in partnership with ROADS II project and NASCOP to promote adoption of healthy behaviors among MARPs were printed and distribution is underway (see picture of sample of materials developed to promote safe sex among MSM in Annex II). Peer education sessions continued this quarter with 516 SWs enrolled in the group sessions. A total of 335 completed the six recommended sessions based on the National Peer Educator's Reference Manual for Sex Workers. Provision of various biomedical services continued in all sites through the DIC and integrated outreaches jointly conducted with the Ministry of Health. Four outreaches were conducted providing services to 154 sex workers in the various hotspots. Services provided at the DICs and during outreaches included HTC to 455 SW out of whom 6.2% (28) tested positive, family planning services provided to 249 SW and cervical cancer screening to 69 SW out of who two were suspicious and were referred for further testing.

Alcohol interventions for FSW continued through the community based alcoholics anonymous groups. Forty seven (47) FSWs have consistently participated in the groups reporting good progress with seven of them having stopped alcohol use. Eight (8) sex workers were trained on facilitating AA groups in partnership with the ROADS II project and will be supported to

establish groups in Pipeline area of Nakuru which has attracted a huge population of sex workers due to the high number of trucks stopping in the area.

Community Prevention with Positives (C-PwP)

The project continued to work through CPwP TOTs to reach PLHIV support group members and individuals with key messages on HIV disclosure, alcohol and drugs abuse, drugs adherence, families, partners and child HIV testing, and TB screening to empower individuals live positive lives, access medical care and promote treatment adherence. A total of 6,548 PLHIV (4,520, 2028 M) were reached with 13 key messages on CPwP interventions out of the targeted 4,265 (2915F, 1350M).

CPwP activities increased clients' knowledge on the importance of knowing their HIV status of their children and partners. As a result, 57 PLHIV partners underwent HIV counseling and testing 60 individuals disclosed to close family members and 16 discordant couples knew their HIV status. This has helped to reduce stigma hence promoting support and care at the family level.

Baringo County: During the quarter, 67 people living with HIV (46F, 21M) were reached with all the 13 key messages for community prevention with positives (CPwP) and they all had reference charts to use.

Kajiado County: Twenty four (24) CPwP service providers trained last quarter reached a total of 2,332 people (1,453F, 878M) with CPwP messages. The clients were taken through seven messages including; adherence, disclosure, condom use, partner testing and counseling, nutrition, stigma and discrimination As a result, 57 PLHIV partners underwent HIV testing and counseling, nine embraced disclosure and four discordant couples knew their HIV status. In addition, 80 HIV positive expectant mothers were enrolled for PMTCT.

Laikipia County: CHWs held home visits to 584 clients (375 women and 209 men) to assess progress and impart messages on disclosure, risk reduction, adherence counseling and community prevention with positives tailor made trainings. During the quarter, a total of 120 clients (F-96 & M-24) were linked to Community Health Africa Trust (CHAT) - a local organization in Laikipia and attended training on proper use of condom, adherence and treatment support to promote CPwP interventions.

Eight (8) support group meetings were held where CPwP messages were provided reaching 394 clients (F-294, M-52). Seven (7) clients demonstrated reduction in stigma and denial as they provided public speaking on stigma and denial. A total of 31 new clients (F-24, M-7) were enrolled to support groups through link desk at the health facilities.

Nakuru County: During the quarter, CPwP TOTs reached PLHIV support group members and individuals with key CPwP messages. A total of 99 support groups with 2,953 PLHIV (73.6% females) out of the quarter target of (3,915) received CPwP messages. As a result of this 83 couples were tested and two people who tested positive were linked to the facility. Twelve (12) couples and another 51 individuals disclosed to close family members. The main challenge experienced was getting the male spouses to participate in these sessions and get tested for HIV**.** Additionally, 4,842 (80%) HCBC clients (73% females) were served out of 6,056 registered clients. 63% of them reported adhering to treatment.

Narok County: A total of 99 (81%) PLHIVs were reached with CPwP messages out of the targeted 350. The messages passed include risk reduction, condom use, and importance of disclosure, adherence, child testing and knowledge of status.

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

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

The project continued to establish BCC sub-committees which will provide overall coordination and championing of all behavior change communication activities in the districts. The established committees provide a forum for the harmonization of messages from all stakeholders on factors that influence health behavior at regional level. During the quarter, the project supported the districts to establish six BCC committees.

During the reporting period, the project oriented a total 140 CHEWs on facilitation of community dialogue sessions. Useful facilitation skills include setting agendas, creating the appropriate group environment, encouraging participation, and leading the group to reach its objectives. Facilitation can play an important role in ensuring a well-run meeting or engagement process.

Baringo County: APHIA*plus* Nuru ya Bonde and Population Services International (PSI) jointly supported the Baringo Central DHMT to hold a district health stakeholders' forum (DHSF) and discuss issues of developing a customized communication strategy.

Kajiado County: Two BCC steering committees (SC) have been established in Kajiado Central and Loitokitok districts. The project is working on establishing one BCC SC in Kajiado North in the following quarter. The project oriented 26 (16% females) CHEWs form Community Units supported by the project on facilitation skills to strengthen their skills in conducting community dialogue.

Laikipia County: Two BCC committee meetings for Laikipia East and Central districts were held in the quarter. 26 CHEWs (46% female) from CUs in Laikipia East, West and central were oriented on facilitating a community dialogue sessions.

Narok County: A BCC committee for Narok North has been established and the CHEWs trained on facilitation of community dialogue days. 25 CHEWs (56% female) in Narok North, and South

Nakuru County: The project in consultation with DHMTs established three (3) BCC committees in three districts namely Nakuru Central, Gilgil and Naivasha. 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. The project oriented 63 (57% females) CHEWs form Community Units supported by the project Gilgil, Nakuru central, Nakuru North and Naivasha sub-counties on facilitation skills to strengthen their skills in conducting community dialogue.

RESULT 3.2: Increased Adoption of Healthy Behaviors

3.3.2 Expanded high-end interventions for populations made vulnerable by Gender and SGBV

APHIAPlus supported the MOH to carry out site support supervision and mentorship to improve the quality of SGBV/PRC services at the facility and referral and linkages from community to facility and from facility to community to ensure continuity of care and support. Out of the 64 health facilities sensitized on sexual gender based violence/post rape care (SGBV/PRC), 29 offer comprehensive post rape care services. A total of 234 survivors of SGBV were attended and provided with quality post rape care services compared to 230 survivors last quarter. 99 community leaders were sensitized on SGBV/PRC increasing community awareness, identification and referral of survivors to various services.

RESULT 3.4: Increased Project Effectiveness through innovative approaches

APHIAplus Nuru Ya Bonde project plans to roll out a pilot on using technology to improve MNCH outcomes in Koibatek District. During the quarter under review, the project held various meetings with Koibatek and Mogotio sub-county HMTs and debriefed them on the findings of the formative assessment. In addition, they participated in drawing up the action plan and identified a technical committee comprising of MOH and Project staff. The initial engagement for mapping of the community units and RH/MNCH assessment was done in the three CU link facilities namely Emining HC, Ngubereti HC and Solian Dispensary. The roll out of community level based activities will start in the next quarter.

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

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

In an effort to reduce economic vulnerability, households were supported to engage in SILC activities to help them sustain provision of essential basic needs to OVC beyond the project life. During the quarter, 37 new SILC groups were formed bringing the total to 412 within the project area. Out of the 412 SILC groups, 345 active SILC groups with 6500 members continued to borrow and lend from their accrued savings totaling Ksh 8,763,604. A total of 5,924 households are currently involved in SILC activities benefiting 15,441 OVC. In addition, 607 households were trained on financial literacy and supported to initiate income generating activities. 314 members were linked to micro finance institutions for credit access.

Baringo County: The project reached 1,349 out of the targeted 1,315 individuals with savings and internal lending communities (SILC) activities in North Rift region. 126 caregivers from 51 households benefited from financial literacy capacity building and 83 caregivers were trained on agribusiness. This has led to five caregivers initiating commercial food production, 37 engaged in mango farming as a business and 86 OVC households are able to meet their daily basic needs as their household incomes have increased.

Kajiado County: During this quarter, ten new SILC groups were formed bringing the total number of SILC groups to 150 compared to 140 reported in the last quarter. The caregivers continued to participate in SILC and took loans which they are using to boost their small businesses. Across the project sites in Kajiado, 485 households are using these small loans to do small businesses including beadwork, grocery, food kiosks and hawking of house wares. They use the profit gained from their small scale businesses to repay the loans and cater for their domestic needs. In addition, 18 caregivers were trained on financial literacy by Equity Foundation. This enabled them manage their finances in a more visionary way and meet their daily needs and manage their small businesses.

Laikipia County: During the quarter, 10 new SILC groups were formed bringing the total to 150. Out of the 150 SILC groups, 96 active SILC groups with 1636 (1468W 168M) members continued to borrow and lend from their accrued savings totaling Ksh 2,669, 930. 2212 households are currently involved in SILC activities benefiting 6636 OVC. In addition, none households were trained on financial literacy, out of which 485 were supported to initiate income generating activities.

Nine support groups were trained by Equity foundation on financial literacy out of which, three groups are now involved in local poultry, tree nursery and bee keeping activities and the other six are active in savings and loans. In addition, 877 people (550 women and 327 men) were trained on kitchen gardening and provided with drought resistant certified seeds. Linkages with the Syngenta Company were enhanced and groups are now training on value addition.

Nakuru County: During the quarter, 11 new SILC groups were formed bringing the total to 145. One hundred and thirty three (133) active SILC groups with 1,835 (428 male 1,427) members continued to borrow and lend from their accrued savings totaling Kshs. 3,972,774. A total of 2,155 households are currently involved in SILC activities benefiting 6,612 OVC. In addition, 250 households were trained on financial literacy, out of which 18 were supported to initiate income generating activities and 174 linked to micro finance institutions for credit access. Members of the 133 active SILC groups are now able to meet their basic needs such as education, health care and improved nutrition. Money borrowed from SILC savings has also enabled many families to start other IGAs which have improved the livelihoods in OVC/HCBC HH.

Narok County: The project reached 1798 HHs out of the targeted 2,000 with savings and internal lending communities (SILC) activities. Support for SILC interventions in OVC

households continued with care givers now able to utilize the loans to develop their small businesses. 168 care givers are now engaged in various IGAs through SILC activities that support 637 OVC (55% females).

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

In collaboration with the Ministry of Agriculture, Self Help Africa and other partners, households received various forms of support geared towards strengthening household food security. A total of 15,390 (99%) out of the targeted 15,391 HHs were provided with nutrition education by CHVs. The caregivers, who were trained, started gardens to enhance food security and nutrition. In addition, the households trained are currently practicing small scale irrigated agriculture.

Baringo County: The project reached 1,163 HHs out of the targeted 950 OVC/HCBC households with nutrition education, food production and storage trainings. A follow up assessment showed 85% of the OVC households reached were found to be food secure with 74% accessing balanced diet from the locally available food while 96% of the OVC reached had the right weight and height for their ages.

The CHVs trained in North Pokot district by nutrition health program (NHP) continued to screen OVC for malnutrition and those found malnourished were referred to facilities for food by prescription. As a result of continuous food security and nutrition education was conducted by the CHVs in the county, a total of 96 households are practicing kitchen gardening, 62% of OVC households are food secure and 73% of OVC had the right weight and height for their ages, while 14% of households established banana and avocado plantation using modern technology.

In addition, the project reached 778 households in Nandi Central District with food and nutrition education. As a result, 233 OVC households established kitchen gardens. Junior farmer field and life skills (JFF&LS) activities were rolled out in three schools and 117 OVC (67F, 50M) are actively engaged in the clubs. As a result of the JFF&LS activities in schools, 12 OVC households planted high yielding potato variety that led to increased food availability within the households where 67 OVC (36F, 31M) resided.

Kajiado County: The project supported formation of 16 JFF&LS clubs in schools of which nine, with a pupil population of 329 (55% girls) remained active. In addition, 24 CHVs were trained on basic nutrition skills that included identification of malnourished cases using MUAC and effective referrals for the identified malnourished children.

Laikipia County: During the quarter, the project reached 2,752 HHs with nutrition education out of the targeted 2,876. A total of 877 people (63% females) benefited from trainings on kitchen gardening through which they received drought resistant seeds of sorghum, millet, peas and maize seeds to respond to food security needs. Training on modern farming technologies for crop production was offered by MOA while Self Help African provided drip irrigation kits training. Three of the trained groups have established a demonstration farm of vegetables such as spinach, beetroot, onions, kale, and amaranths for HH consumption and for sale.

Nakuru County: A total of 1,637 HHs were reached with nutrition education out of the targeted 1,300 during the quarter, 385 caregivers were trained on kitchen gardening with a focus on urban and peri urban farming methods for households in Naivasha. As a result, 173 new households started kitchen gardens this quarter resulting to a total of 2,273 households with active kitchen gardens that aim at enhancing food security and nutrition.

Under TOWA round 4, a total of eight support groups with 240 members in Gilgil were supported with 12 local breed chicks per group in 2012. Out of the groups supported, five groups breed the chicks and currently have a vibrant poultry rearing business with over 2,000 chickens.

Ravine Roses support group in Koibatek was supported with a greenhouse by Karen Roses- a local flower farm in the area on a cost sharing basis. The flower farm donated Ksh 50,000 and the group members contributed the remainder to purchase and construct the greenhouse from SILC savings. The group was trained on greenhouse technology in October 2012 by the MOA extension officer and Karen Roses green house manager. To date, they have been able to earn Kshs 15,000 from the sales of tomatoes, spinach and local vegetables. This has enabled 18 households with 48 OVC be able to purchase scholastic materials for their children and other household needs as well as support the households by rotational supply of vegetables from their green house. 45 households were linked to MOA and received irish potatoes seeds and fertilizers.

Out of a total of 389 CHVs trained on nutrition assessment through NHP, a total of 2,207 caregivers were provided with nutrition education. In Rongai 326 OVC and 14 adults were screened with nine underweight cases and one severely malnourished case referred to the health facility for rehabilitation. As a result of the nutrition education provided by the CHVs, 87.5 % (490) OVC households now have sufficient food all year round with 88 % (1,623) OVC in those households having the right weight and height for their age.

In Kuresoi, 26 CHVs were oriented on nutrition screening and provided nutrition education to 148 households where 340 OVC were screened. 57 children were found to be underweight and were referred to Kuresoi health center for nutrition counseling. Through the NHP project, OVC households in Kuresoi were assessed and 96.8% (304) of the households were found to have sufficient food all year round. 94.4% (888) OVC had the right weight and height for their age. 532 households received nutrition education.

Narok County: During the quarter 156 OVC (74F, 82M) were reached through the JFFLS in Narok North. Some club members have already started practicing at the household level with seven (7) households doing multi-storey gardening while 13 households have prepared kitchen gardens. These activities are expected to improve on food security within the households and also improve on nutrition since the gardens contain both vegetables and fruits.

During monthly meetings 335 community health volunteers (123 M and 214 F) were sensitized on the importance of planting drought resistance crops and fast maturing crops. The volunteers are expected to sensitize the care givers during monthly meeting.

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

The project targeted to support 8,614 OVC (69% females) with school fees during the quarter. A total of 19,989 OVC (51% boys) received school fees support directly from the project, through Equity Bank's Wings to Fly, Kenya Commercial Bank (KCB) and other stakeholders.

Baringo County: A total of 536 OVC (58% girls) received school fees support in North Rift region during the quarter. 513 OVC were supported directly by the project while 23 were supported by other stakeholders. Four OVC were supported through Equity Bank's Wings to Fly, while Kenya Commercial Bank (KCB) also paid school fees for two OVC in Nandi East district. In addition, a local community based organization (Imani) also paid school fees for two OVC and three OVC were supported by the local churches. Two girls and three boys who benefited from vocational training support from the project completed the trainings and are currently engaged in tailoring and masonry business respectively. 93% of the OVC registered in Baringo County are enrolled in school and regularly attend class.

Kajiado County: During the reporting period, 519 OVC received school fees;-303 OVC were supported directly by the project and 216 OVC by private donors and the Church. Out of the 259 OVC who sat KCPE last year, 63% (163) scored 251 marks and above. Out of these number 12 students who scored 350 marks and above benefited from scholarship programs namely Equity

bank "Wings to fly" (11) and KCB Foundation (one) thus securing full sponsorships for secondary and university education.

Laikipia County: During the quarter 54% (1,724) OVC were provided witheducation support which included school fees, uniforms, sanitary pads, scholastic materials and vocational training fees. External support from *"Wings to fly"* project from Equity Bank was provided to one boy admitted to Nyahururu High school while Club40 provided full sponsorship to one boy from Nanyuki high school.

Nakuru County: A total of 979 OVC (535 females) supported by the project sat for the K.C.P.E. with 43% (420) attaining 250 marks and above. 22 (male 14 female 8) benefited from the USAID funded Wings to Fly Equity Foundation scholarship for secondary school education. 115 (66M, 49F) students received school fees support from CDF, nine received partial scholarship from Rongai Secondary School, 13 OVC (5M, 8Fs) from Islamic Organization WAMY, eight OVC from other sources that included Keroche Breweries, Family Bank and Full Gospel Church Maella.

Narok County: During the quarter eight (8) OVC (2F, 6M) were supported through scholarships for vocational training and 133 OVC, (50F, 83M) were supported with school fees subsidy

4.4.1. Enhancing access to improved water supply and sanitation (water, sanitation and hygiene)

Baringo County; In North Rift region, the project reached 392 households with water, sanitation and hygiene (WASH) messages. 126 households use treated water, 182 have hand washing facilities, 23 functional latrines were constructed, and 196 OVC benefitted from water guard and water filters

In Nandi Central district, there were 95 schools with functional roof catchment tanks, washing facilities and functional latrines being used by the children. Teachers in these schools passed on sanitation and personal hygiene messages geared towards preventing some common diseases like diarrhea and others. Eleven (11%) of OVC households are using treated water. Ninety (90%) percent of the OVC households have functional latrines in project implementing sites.

Kajiado County: Through community units and OVC interventions, there was notable improvement in water and sanitation activities in the county in this quarter compared to the previous quarter. The proportion of HHs that treats drinking water increased from 67% in the previous quarter to 72% in this reporting period. This is attributed to collaboration with the District Public Health officials who provided chlorine tabs to CHWs for distribution to households.

The project supported capacity building for 97 CHVs on WASH*plus*. The sessions were facilitated by WASH TOTs who trained in the last year. As a result, CHVs reached 394 HHs with WASH messages.

Laikipia County: In collaboration with Tumaini Children's home, CARITAS distributed two water tanks to Nturukuma primary school providing clean and safe water to 357 pupils. Seven (7) HH were issued with water guard for treating water with all the households reporting effective use for water treatment.

The project has been able to support the CHWs to conduct household education on hand washing at household level and in schools, educate households on appropriate treatment and storage of drinking water and importance of sanitation and latrine use. Out of 14,790 households in the 11 CUs, 72% (10,808) of the households are treating water, 63% (9,404) of households have hand washing facilities and 94% (14,050) of the households have latrines.

Nakuru County: In collaboration with the USAID funded WASH*plus* project, 37 MOPHS and APHIA*plus* staff were trained on community led total sanitation (CLTS). Three villages with the lowest latrine coverage were selected for the triggering process.

To improve hygiene and sanitation within households, in collaboration with the MOPHS and WASH*plus* project 54% (4,783) of OVC households out of 8,915 were reached with WASH messages during the quarter. Key WASH messages included hand washing, water treatment, proper disposal of feacal waste and menstrual management. 754 new households constructed leaky tins. A total of 4,091households had leaky tins while 956 new households reported treating water.

Narok County: During quarter one, the project conducted an assessment in 593 households to establish water and hygiene practices in the households. The aim of the assessment was to establish a baseline for some of the small doable actions that the program can respond into to improve issues of water, hygiene and sanitation in some parts of the Narok County. The assessment was done in Ole polos area at Ololulunga and Narok North along Mao area. The findings indicated that latrine coverage in Narok South stands at 20%. The assessment findings with will form the basis of interventions in the next quarter.

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

The project targeted 84,335 OVC out of whom 66,274 (79 %) were served within the quarter. Out of the OVC served, 59,214% (89%) received 3 or more benefits and 7,060 (11%) received 1 or 2 benefits. This represents 78.6% of the active OVC in the project.

Baringo County: A total of 14,056 (66%) OVC were reached with the core services out of the targeted 21,344. Among these 12,649 (515 females) received three (3) or more services while 1,407 (50% females) received one (1) or two (2) services. The project supported five Area Advisory Council (AAC) meetings. Two girls were rescued from early marriages, 330 OVC were reached with child rights information, and 475 caregivers were reached with information on child protection. In addition, the District Children Officer Nandi East district is currently supporting 111 OVC to get their birth certificates and has recommended cash transfer services to 12 households in the district.

During the quarter, a class seven girl was rescued from forced early marriage with the help of a CHV, a priest and the area chief of Tapodany location. The girl has been enrolled in a boarding primary school while the perpetrators were taken to Kacheliba police station. Reports from the area already indicate a decline from four percent to one percent incidence of early marriages since the administration instituted disciplinary action against offenders.

Kajiado County: A total of 10,878 (78%) OVC were reached with the core services out of the targeted 13,860. Among these 9,057 (50% males) received 3 or more services while 1,821(52% females) received 1 or 2 services. During the quarter OVC vulnerable HHs were sensitized on the importance of registering with NHIF and as a result six HHs with a total of 23 OVC registered with the medical scheme.

The project supported orientation of 16 LIP staffs on child protection during a quarterly review meeting held in Ngong. They have since adopted a code of conduct that project staff are expected to sign by end of April 2013. LIP staffs have continued to work closely with the LAACs to promote children protection initiatives. During the quarter, 102 OVC were assisted to acquire birth certificates. This will help the OVC to sit for national primary and secondary school examinations in addition to the access to their legal protection.

In order to ensure adequate shelter the project supported renovation of four (4) OVC shelters during the reporting period. A group of 24 families of bedridden OVC guardians were supported with house rents in the informal settlements caring for 87 OVC. This ensures that OVC have a

roof over their heads all the time. The rent is only paid for maximum of six months as other interventions are put in place since it is not a sustainable venture. The caregivers are nurtured back to health and supported to start IGAs and join SILC as a more sustainable measure.

Laikipia County: A total of 7,478 (77%) OVC were reached with the core services out of the targeted 9,630. Among these 6,658 (49% females) received three (3) or more services while 820 (52% males) received one (1) or two (2) services.. 47 CHWs (38 M and 9 F) were trained on OVC care and support during regular CHV cluster review meetings for enhanced delivery of quality services to OVC and their households.

Nakuru County: A total of 25,387 (85%) OVC were reached with the core services out of the targeted 29,998. Among these 23,099 (50.4 females) received three (3) or more services while 2,288 (50.4 males) received one (1) or two (2) services. Through the support of 22 active AACs, 59 CHVs were sensitized on child rights and protection and no cases of abuse reported and referred for legal services this quarter.

In supporting social protection for vulnerable households, a total of 57 caregivers (7 male 50 female) were facilitated to register for NHIF (National Hospital Insurance Fund) this quarter. The OVC and their families are now able to access health care services at the government facilities at subsidized rates. Eight (8) households with a total of 33 OVC (14 male 19 female) benefitted from shelter renovation through a revolving fund called Akiba Mashinani Trust.

Narok County: A total of 8,496 (81%) OVC were reached with the core services out of the targeted 10,432. Among these 7,772 (545 males) received three (3) or more services while 724(53% males) received one (1) or two (2) services.

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

Baringo County: During the quarter under review, the project developed clear plans with FANIKISHA project aimed building the institutional capacity of APHIA*Plus* Local implementing partners. Capacity building initiatives focusing on project management, performance monitoring, human resource and, administration and governance are scheduled to take place between April – June 2013.

In addition, the project focused on strengthening the capacity of CHVs on reporting to improve quality of service delivery and reporting, where 60 CHVs in Nandi East District were given refresher training on reporting. In Tinderet District OVC caregivers were oriented on PEPFAR OVC service provision guidelines and urged to support the project implementation through mobilization of local resources to assure sustainability. In Central Pokot District, 16 AAC members and two CHVs were taken through two sessions on quality improvement (QI) process. The teams planned to conduct the child status index (CSI) assessment on legal protection and food security in twenty OVC households in the subsequent quarter.

Kajiado County: Quality Improvement (QI) learning session was held in Eldoret at the end of the quarter. The learning session was attended by three LIPs from the region. QI effort serves as a process for improving OVC programming in line with the National Quality Service standards. Through the QI initiatives some LIPs have been able to improve services to OVC such as securing birth certificates for OVC.

During this reporting period, the project management team conducted data quality audits in three (3) sites. The exercise was conducted at BoH, DC Ngong' and ESM with the goal of strengthening partner capacity in programming.

Laikipia County: During the reporting period, five CBOs under CARITAS were trained on leadership and conflict management and 11 support groups had their capacities assessed. In

addition, five selected pilot support groups were assisted to fill the COBPAR forms leading to timely reporting of the last quarter activities submitted to the CACC Offices.

Ten (10) support groups were mentored on development of objectives, mission and vision statements and functional organizational structures leading to the groups developing strategic plans and reviewed constitutions.

Nakuru County: Four OVC care and support trainings were held within the quarter for 98 CHVs [M-28, F- 70]. The five (5) day training included topics such as the role of CHVs in caring for OVC, the seven components of OVC care, child communication skills as well as monitoring and reporting.

III. PROGRAM PROGRESS (Quantitative Impact)

This section presents quantitative description of the key achievements of the January to March 2013 reporting period. The tables present the basic data of key indicators in the PPMP required to assess progress toward the achievement of the targets in the project. The table for this section have been submitted separately.

IV. MONITORING

During the quarter several performance monitoring activities were carried out across the five counties. These included monitoring the availability and use of standard tools, data quality through assessments, reporting rates, data review and use**.** Monthly sites visits were done to facilities and implementing partners to do this. A total of 59 facilities were visited for supportive supervision. This included 35 were that were visited with the aim of administering the M&E monthly facility checklist to monitor quality of data and availability and use of tools. Analysis of results from monthly data verification shows an improvement in data quality for indicators across different interventions from the past quarter as illustrated in the Figures 6a and 6b below.

Fig 6a: Improvement in PMTCT Monthly Data Quality Oct 12 to Mar13

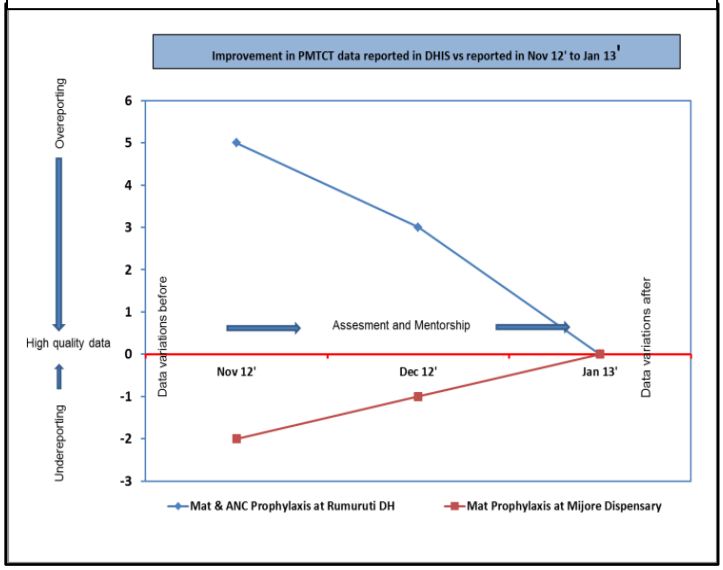
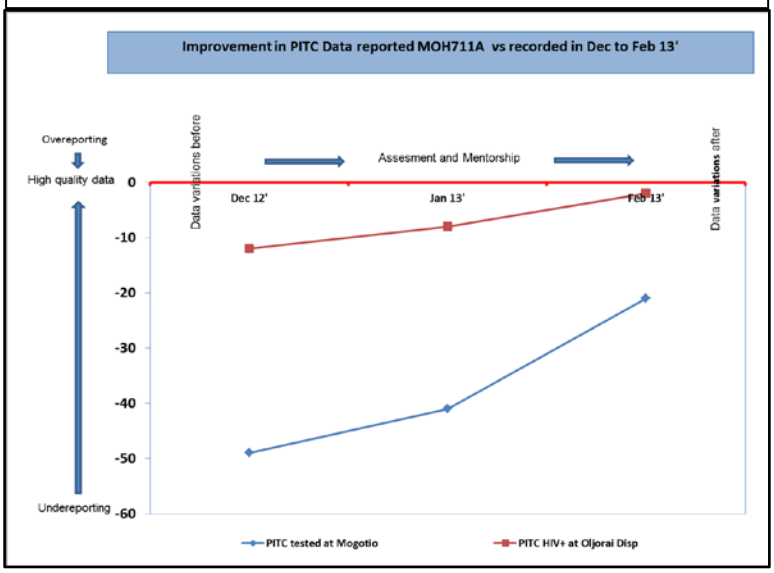


Fig 6b: Improvement in PITC Monthly Data Quality Oct 12 to Mar13



The project continued to implement the PRP to recognize the performance of DHRIO based on improved and timely reporting rates for key reports, consistency of data in MOH711A and 731 and completeness of report. Results from the PRP heat map in Figure 7 below indicate an improvement in performance across all districts from an average of 78% in October to 84% in March 2013 with 59% of the districts achieving more than 80%.

Fig 7: DHRIO Monthly PRP July 2012 to March 2013

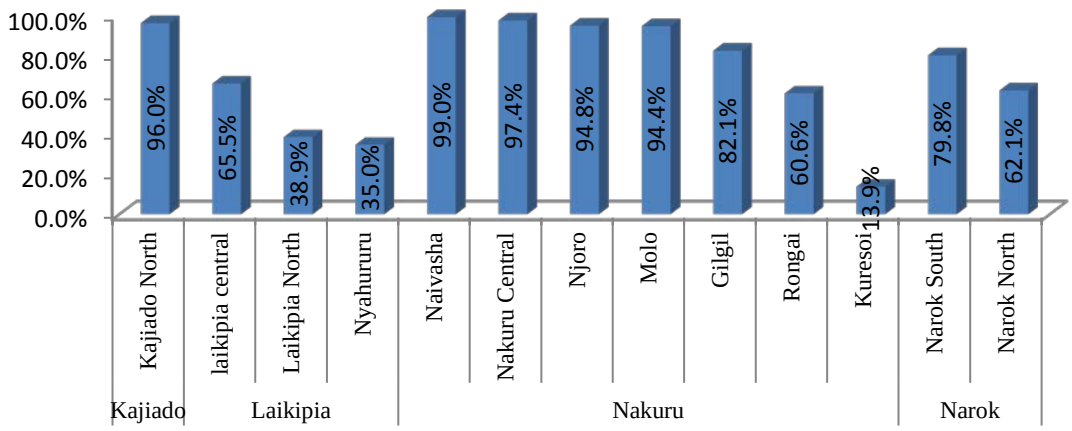
DHRIO's Performance on the PRP Scheme for the period July 2012 - March 2013

County	District	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Baringo	Baringo North	35.2	58.1	77.4	80.0	72.6	61.6	56.0	77.0	79.0
	Koibatek	100.0	100.0	91.7	93.0	100.0	100.0	99.0	98.0	100.0
	Mogotio	73.9	100.0	83.3	82.0	100.0	100.0	100.0	98.0	97.0
	Pokot East/ Baringo East	59.3	71.3	0.0	0.0	63.0	0.0	54.0	57.0	78.0
Kajiado	Kajiado Central	46.2	74.5	82.4	90.0	0.0	67.8	81.0	82.0	74.0
	Kajiado North	77.2	67.5	82.4	90.3	0.0	67.8	78.0	67.0	71.0
	Loitoktok	91.8	90.1	93.5	94.0	92.0	86.8	91.0	93.0	93.0
Laikipia	Laikipia East	89.2	60.6	69.7	93.0	75.9	78.4	80.0	78.0	79.0
	Laikipia North	66.3	92.0	80.7	94.0	87.2	90.9	89.0	91.0	89.0
	Laikipia West	56.6	67.5	66.3	83.3	71.7	73.5	75.0	79.0	79.0
	Nyahururu							47.0	83.0	87.0
Nakuru	Gilgil	78.7	54.6	75.7	86.0	77.9	82.1	77.0	84.0	85.0
	Kuresoi	92.4	100.0	93.0	79.7	0.0	0.0	7.0	23.0	72.0
	Molo	68.9	65.8	72.8	73.0	0.0	78.5	82.0	84.0	82.0
	Naivasha	90.1	100.0	100.0	93.3	88.9	88.1	90.0	88.0	92.0
	Nakuru Central	100.0	100.0	72.2	85.0	72.1	80.0	85.0	83.0	94.0
	Njoro	100.0	100.0	80.8	88.0	0.0	73.8	82.0	92.0	81.0
	Rongai	100.0	100.0	91.7	90.3	92.9	93.1	96.0	98.0	94.0
	Subukia/ Nakuru North	73.7	87.0	66.3	72.3	0.0	87.4	89.0	86.0	91.0
Narok	Narok North	73.8	79.6	79.0	72.0	79.0	80.7	76.0	78.0	69.0
	Narok South	89.1	99.9	86.5	74.0	89.3	82.0	71.0	69.0	79.0
Project	All Districts	78.1	83.3	77.8	81.7	58.1	73.6	76.3	80.3	84.0

Measure Values 0.0 100.0

Continued feedback to DHRIO on their performance has led to improvement of reporting rates including reporting rates on CHIS and a reduction in inconsistency in 26 common data elements in MOH711A and 731 and shown in Figure 8 below.

Fig 8: Percent Reduction in Inter Consistency Rates in 26 Common Data Elements In 6 months Oct-Mar



In addition to the above the project continued to monitor the reporting rates for OVC implementing partners which stood at 85% by the end of the quarter. There was an improvement from the past quarter due to intense visits to all OVC implementing partners during the quarter to address reporting challenges.

As part of monitoring, some members of the project management team made supportive supervision visits to Nakuru and Laikipia County during the quarter where they visited both community and facility activities to assess what was working and areas that needed strengthening. County quarterly progress review meetings were also held for the first time in all counties to review progress made in implementing the work plan and meeting project

targets. The meetings were attended by members of the PMT and were used to monitor how each county is doing.

V. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

The project linked with HFG (HIV Free Generation) to expand services and communication for young people by hosting the National Annual GATE (GPange Annual Talent Explosion) Festival in Nakuru County. Twenty (20) OVC from K- NOTE were supported with vocational training through this linkage. Working with Mercy Corps through "*Yes Youth Can"* program, youth targeted under APHIAplus NyB, were linked to the "Village Bunges" established under "*Yes youth Can"* program for Peace training. The youth will benefit from Tahidi Fund (An innovative fund established by Yes Youth Can program) for economic upward mobility among young people. The project also linked with Health Communication Marketing (HCM) to develop pretest and roll-out national and community level health messages.

The project also partnered with other USG funded projects as follows; FHI360 WASHplus in training CHWs on WASH and project staff on CLTS; NHP in training CHWs on nutrition assessment and referral of malnourished cases for management; with Mercy USA in the implementation of a nutrition program in Kajiado North district through the community units; Equity's Wings to Fly Program in OVC with scholarships and University Research Company (URC) in support QI activities among partners implementing the OVC intervention and with FANIKISHA on CBOs capacity building activities that have been scheduled to start in the next quarter.

VI. PROGRESS ON LINKS WITH GOK AGENCIES

The project worked with the DHMTs to access commodities from the public sector including text kits, FP commodities and drugs for the management of STIs in the project supported DICs and the Youth Empowerment Centers. In addition, the project continues to work with NASCOP in development and progressive adoption of EBIs through participation in various technical working groups (TWG). The Health Communication team has actively participated in the EBI and MARPs TWGs and has adhered to NASCOP reporting requirements.

Partnership with the Youth Enterprise Fund and the Women Enterprise Fund (WEF) has continued in youth empowerment and in expanding choices beyond sex work for the FSWs. Currently; six groups are undergoing mentorship from the WEF in anticipation to accessing funds for various economic ventures.

In partnership with the registrar of birth and deaths and the local administration, the project is assisting OVCs in the program access birth certificates. The project is collaborating with the Ministry of Agriculture for agricultural activities aimed at strengthening livelihoods for vulnerable HHs. APHIAplus is also working with the Ministries of Public Health and Sanitation in various areas such WASHplus, community strategy and at health facilities. The Ministry of Education is also partnering with APHIA*plus* in life skills training and establishment of JFFLs.

VII. PROGRESS ON USAID FORWARD

During the quarter under review, the project held various discussions with FANIKISHA to explore opportunities for building the institutional capacity of the local implementing partners. The initial activities towards this will be implemented in the next quarter.

VIII. SUSTAINABILITY AND EXIT STRATEGY

The project continued building the capacity of the CBOs implementing project activities to provide quality services. The LIPS were trained in financial literacy and resource

mobilization to help them source for resources from other donor agencies and start their own IGAs.

Working closely with the Children's Department, the project continues to strengthen AACs and children protection teams to ensure these Government entities continue to support the communities beyond APHIA*plus*. On the other hand, communities have been equipped with various skills in critical areas such as agriculture, household economic strengthening (SILC) and linked to micro finances and health insurance schemes which empower them to continue improve the economic and health status beyond the project live.

The project continues to provide education and awareness on economic empowerment initiatives to community health workers in community units and community volunteers to develop skills and enterprises to generate income for their families and to sustain health interventions at community level. Savings mobilization and financial literacy education is provided to individuals and groups targeted by the project to ensure mobilized savings within the community are effectively used and saved with the right institutions in order to access credit for enterprise.

IX. GLOBAL DEVELOPMENT ALLIANCE

Not Applicable

X. SUBSQUENT QUARTER'S (APR-JUN 2013) WORK PLAN

Program Management
Training of local implementing partners by FANIKISHA in Project management and performance monitoring
County quarterly review meetings – five Counties
Program management team support supervision to two counties
RESULT 3: Increased use of quality health services, products, and information
Clinical Services
Facilitate further decentralization of ART and PMTCT services in five Counties
Conduct Technical Quality Assessments (TQA) in priority sites and provide feedback in five counties
Facilitate installation of two SMS printers in Baringo to reduce the turnaround time for DBS results
Strengthen the use of reporting tools for proper commodity management in five counties
Roll out KQMH in Nakuru County
Conduct community HTC across the counties
Community Strategy
Conduct CHW technical module trainings on MNCH, RH/FP and PMTCT for select CUs
Routine data activities; dialogue days, action days, monthly meetings
Health Communication
Hot Spot Mapping for MARPs in four counties
Develop Fact Sheets on RH for OVC, SGBV and IEC materials to meet the project needs
Formation of six new SILC groups for MARPs as well as implement and link sex workers to economic empowerment opportunities
Provide TA to four youth empowerment centers to provide youth friendly public health services, Enhance activities for youth out of school at Youth Empowerment Centres(YECs) after transitioning from three SASA Centres and continue with transition of the remaining four SASA centre to YE
Target fisher folk in Lake Naivasha and Kampi ya Samaki in Baringo with BCC interventions using Stepping-Stones EBI
Conduct training of facilitators using Health Choices two EBI to address health communication needs for OVC
Roll out the newly developed curricula for youth in the transport sector and pastoralists
Train MARPs on parenting skills to improve communication with their children
Monitoring and Evaluation
Conduct monthly data quality checks for facilities
Conduct DQA for HC partners
Adaptation of DHIS
Strengthen gap analysis to inform technical assistance and mentorship
Development of roll out of LSE database
Conduct data use workshop for MOH staff
Development of data charts for facilities
RESULT 4.0 : Social determinants of health addressed to improve the well-being of targeted communities and populations

Conducting partners and Households and Support supervision
Complete HHVA analysis
Technical Capacity assessment
Engagement with SHA to conduct the value chain analysis.
Finalize Transition of OVC activities with AMPATH
Finalize Transition of OVC activities with AMPATH
Staff training in project management in collaboration with FANIKISHA
Livelihoods training

XI. FINANCIAL INFORMATION

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

Chart 1: Obligations vs. Current and Projected Expenditures

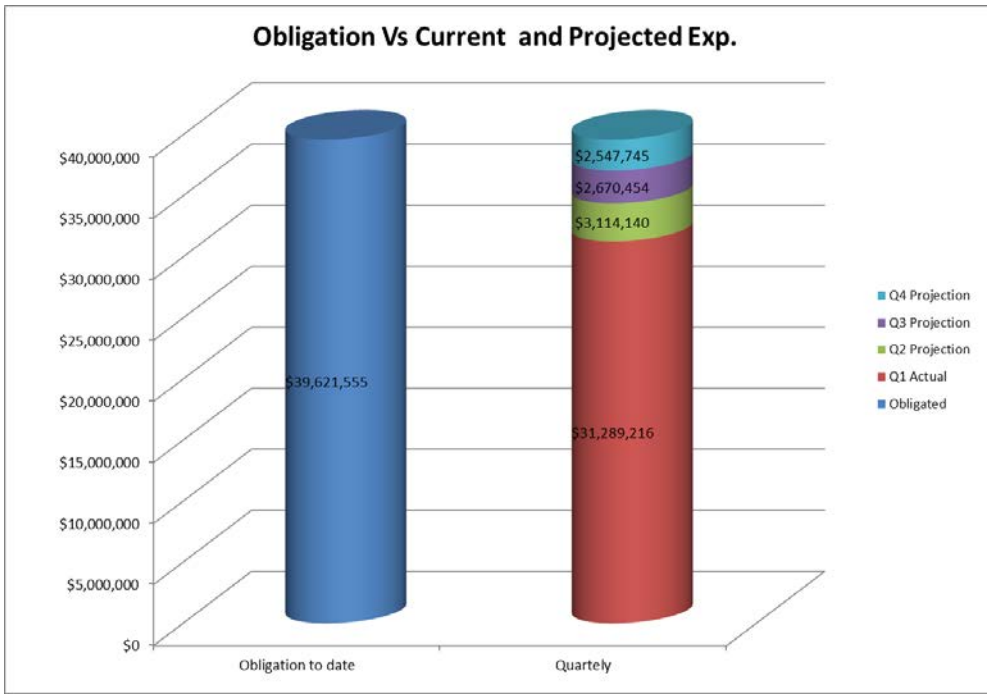


Table 2: Budget Details
T.E.C: $ 55,775,042
Cum Oblig: $39,621,555
Cum Expenditure: $ 31,289,216

Obligation	1st Quarter Actual Expenditures	2nd Quarter Projected Expenditures	3rd Quarter Projected Expenditures	4th Quarter Projected Expenditures
$39,621,555.00	**31,289,216**	**3,114,140**	**2,670,454**	**2,547,745**

Salary and Wages	4,678,086	600,555	523,474	591,843
Fringe Benefits	929,208	210,232	210,232	326,732
Travel, Transport, Per Diem	663,041	118,586	124,516	113,456
Equipment and Supplies	503,749	7,780	236	0
Subcontracts	0	0	0	0
Allowances	0	0	0	0
Participant Training	0	0	0	0

Construction	0	0	0	0
Other Direct Costs	5,411,662	328,305	328,305	328,307
Sub-grants	15,408,934	1,100,000	866,486	632,972
Overhead	0	0	0	0
G&A	3,694,535	748,682	617,206	554,436
Material Overhead				

Budget Notes (Listed below are assumptions, major changes, estimations, or issues intended to provide a better understanding of the numbers)

Salary and Wages	Salaries for the coming quarter will increase slightly as there will be salary merit increments for staff.
Fringe Benefits	Fringe benefits will increase proportionately to the salaries.
Travel, Transport, Per Diem	Travel expenses will increase with accelerated activities in the quarter.
Equipment and Supplies	Equipment and supplies will increase due to purchase of LCDs for field offices.
Subcontracts	
Allowances	
Participant Training	
Construction	
Other Direct Costs	The level of expenditures have been increased because of an additional staff and opening of field office at Karbanet.
Sub-grants	Most of the implementing partners sub agreements have been modified through to various dates within the year and will be busy implementing programs in the next quarter.
Overhead	
G&A	Calculated as per Award conditions.
Material Overhead	

XII. PROJECT ADMINISTRATION

A. Constraints and Critical issues

The project continues to support the Ministry of Health to implement Community Strategy by supporting 141 community units down from 150 because of the ones that were handed over to AMPATH in the North Rift. The cost of maintaining CUs remains a challenge with the CHWs stipends remaining a big cost item.

The MSM intervention in Nakuru town experienced a slow down after the establishment of a new intervention supported by the GFATM through Hope Worldwide Kenya (HWWK). The Project has initiated discussions with HWWK to avoid duplication and maximize on the resources available to the region to ensure comprehensive services are available to the MSM population in the county.

Transitioning of North Rift and Baringo County: During the quarter, the project successfully transfered OVC activities in West Pokot, Trans-Nzoia and Elgeyo-Marakwet to AMPATH*plus*. A total of 8,314 OVC were handed over to AMPATH*plus.* In addition, the IP SDH interventions in Gilgil, WOFAK handed over the implementation to another IP – KNOTE

Reproductive Health/FP in Nandi: The project held various discussions with Water Reed Project on co-locating RH technical staff in Kericho. These discussions are yet to be finalized and action determined.

Opening Satellite Office: The Naivasha sub-office commenced operations with a multi-disciplinary team of staff being seconded there to provide onsite project activity implementation and support to MOH. This was also the case for PGH annex office which hosts a clinical mentorship team of TOs, HRIO and CS field officers. Each team was allocated a vehicle to support its operations.

Hiring of Health Care Workers for Loitokitok DH: The project hired service providers for Loitokitok DH to provide the necessary services in the wake of influx of clients from the closed Imbirikani AIDs Village Clinic. Support was also provided for community mobilization activities to educate the community of where to go for treatment and care.

B. Personnel

The project brought on board an Associate Director for Community Health. This individual will lead the implementation of community Strategy, OVC project interventions and Community Prevention with positives.

Success stories:

1. *Orphaned boy defies odds to join top school*
2. *Mother of three benefits from HIV and cancer tests*
3. *Mother and daughter given new hope*

SS1: Orphaned boy defies odds to join top school

This is the story of John Kungu, a 14-year-old orphan who defied odds to score highly in the final primary school examinations and win a scholarship at a top national school.

"My name is John Kungu. I am 14 years old. I am an orphan and fifth born in a family of 10 children. I live with my mother who works as a casual laborer. I was on and off school most of the time because my mother was unable to buy me uniform and books. I accompanied my mother to work on other people's shambas (small farms).

[In 2010, John was enrolled for support in 2010 and returned to school].

Since I joined the program in 2010, I have received a lot of support including school uniform. My younger sister got sanitary towels….I managed to score 392 marks in Kenya Certificate of Primary Examination (KCPE) last year.

I qualified to join Starehe Boys Centre on February 2013 and, thanks to the help of the program, I secured a scholarship with Equity Bank under their program, Wings to Fly… It is dreams come true!

I want to become an engineer and help my other siblings and the community. I pray and thank USAID through APHIAplus and KCIU (Kenya Council of Imams and Ulamaa) for the support provided"

SS2: Mother of three benefits from HIV and cancer tests

Joyce is a single mother in three her thirties. To support her family, she works as a waitress in one of the bars known to host a large number of sex workers in the suburbs of Nakuru town. The young woman is engaged in sex work.

In June 2012, Joyce was invited to an education session organized by one of the peer educators from her neighborhood at a drop-in centre established with support from USAID's APHIAplus Nuru ya Bonde project.

After listening to a health talk, Joyce joined several other women who volunteered to take an HIV test and be screened for cervical cancer. The results showed she was HIV-positive and had signs suggestive of cancer.

"I felt dizzy," says Joyce. "The only thing in my mind at that moment was what will happen to my children?"

Joyce was referred to the Provincial General hospital where further tests confirmed that she was developing cervical cancer which could be managed. Social workers from APHIAplus counseled Joyce and encouraged her to continue treatment for cancer.

She was also enrolled at the hospital's comprehensive care clinic and recently started taking anti-retroviral medicines (ARVs).

After a short break from work, Joyce has resumed her duties as waitress. Her employer not only ensured she got her job back, but who also contributed towards her medical expenses, along with other well-wishers.

"I have been through a lot, but as long as I'm alive and can see my children grow up …You don't look back, you look forward, and somehow you find the strength you need," says Joyce. "I will forever be grateful for the support I have received from the project and my friends."

Joyce belongs to a support group of people living with or affected by HIV. She is a regular visitor to the drop-in centre where she shares her experience with other sex workers.

APHIAplus Nuru ya Bonde supports drop-in centres that reach out to sex workers to provide health information as well as reproductive health and other services. A network of peer educators has been trained to educate sex workers and refer them for services.

SS3: Mother and daughter given new hope

Florence completed primary school in 2011 but could did not join high school. The last born in a family of four, she lives with her single mother in a mud-walled house in a low-income area in Ongata, Kajiado District.

Her mother, who is living with HIV, could not afford to send Florence to high school or college. The little money the women earn from selling firewood is hardly enough for food and other basic her own needs.

With no hope of a future in school, Florence gave in to bad influence from peers within the slum. She soon started moving around with boys and older men. Sometimes she disappeared from home for days, says her mother.

APHIAplus Nuru ya Bonde community volunteers came across the family during their outreach. In February 2012, they enrolled the mother for HIV care and treatment. Florence was registered for support under the orphans and vulnerable children (OVC) program.

The girl was counseled and agreed to mend her ways. Four months later, she was for tailoring and dressmaking course at a vocational college.

Today Florence and her mother are full of hope. The girl has started practicing her new skills at home and earns money from tailoring.

Florence has a new-found self-awareness. She looks forward to graduating from college, getting married and assisting her mother.

The mother is enrolled for HIV care and treatment at the local health centre.

Through its home- and community-based care program, APHIAplus Nuru ya Bonde continues to support the family. They have been assisted to establish a kitchen garden and sometimes receive food donations.

Florence is one of many young girls in vulnerable circumstances who have been rescued or supported by Evangelising Sisters of Mary, one of the local organizations that work in partnership with APHIAplus Nuru ya Bonde project.

Annex I: Schedule of Future Events

Date	Location	Activity
15th -19th April 2013	Mogotio Youth Empowerment Centre	Peer Education training for Youth Out of School
22nd- 26th April 2013	Kampi ya Samaki- Baringo North	Peer Education training for Youth in the fishing region
15-30th April	Baringo County	Support YEDF training to youth groups on egg hatching incubators
15th -30th April 2013	East Pokot, Ravine, Marigat	Financial Literacy Trainings
4th -26th May	Baringo North, Central, Koibatek	Integrated outreaches with sporting activities
20th June	Kabarnet	County Youth Trade Fair
May	Marigat	Bee Keeping training
June	Eldama-Ravine	Poultry Keeping training
22nd to 25th April 2013	Laikipia County	Technical support supervision
5th to 10th May 2013	Narok County	Technical support supervision
April 2013, June 2013	Narok, Baringo, Nakuru, Kajiado and Laikipia counties	Health action days, counseling and testing outreaches
5th to 9th May 2013.	Nairobi	Make presentations at NACC Biennial Conference at The Kenya School of Monetary Studies on data quality improvement and increasing reporting rates using GIS during;
May 7th 2013 and June 16th 2013	Narok, Baringo, Nakuru, Kajiado and Laikipia counties	World OVC Day, Day of the African Child
May 2013	Narok, Baringo, Nakuru, Kajiado and Laikipia counties All counties	Technical Capacity assessment for OVC implementing partners
May 2013	Narok, Baringo, Nakuru, Kajiado and Laikipia counties	Engagement with SHA to conduct the value chain analysis.
June 2013	Narok, Baringo, Nakuru, Kajiado and Laikipia counties	Conducting partners and Households and Support supervision

Attachment II: List of Deliverable Products

During the quarter the project printed and is currently distributing materials earlier developed in partnership with ROADS II project and NASCOP to promote adoption of health behavior among MARPs. Below is sample of one of such material.