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# USAID Kenya (APHIAPlus Nuru ya Bonde) Quarterly Progress Report April – June 2013



*Photo showing MFMMHC and APHIAPlus staff with Mama Lorna a QI member in her kitchen garden and high yielding potato farm*

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**(APHIAPlus Nuru ya Bonde)**  
**FY 2013 Q2 PROGRESS REPORT**

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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
AMPATH	-	Academic Model Providing Access to Healthcare
AMSTAL	-	Active Management of Third Stage of Labour
ANC	-	Ante Natal Care
APHIA <sup>plus</sup>	-	AIDS Population & Health Integrated Assistance Project People Centered,
ART	-	Anti Retroviral Therapy
AWP	-	Annual Work Plan
BCC	-	Behavior Change Communication
CaCx	-	Carcinoma of the Cervix
CBD	-	Community Based Distributor
CCC	-	Comprehensive Care Centre
CD4	-	Cluster of Differentiation 4
CDC	-	Centre for Disease Control
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
CU <sub>s</sub>	-	Community Health Units
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
EBI	-	Evidenced-Based Intervention
EID	-	Early Infant Diagnosis
EMR	-	Electronic Medical Records
EQA	-	External Quality Assurance
FACS	-	Flow Automated Cell Sorting
FANC	-	Focused Ante-Natal Care
FANIKISHA	-	USAID funded Institutional Strengthening Project
FBP	-	Food by Prescription
FHI360	-	Family Health International
FP	-	Family Planning
GOK	-	Government of Kenya
HAART	-	Highly Active Antiretroviral Therapy
HC	-	Health Communication
HCBC	-	Home Community Based Care
HCT	-	HIV Counseling and Testing
HCW	-	Health Care Worker
HEI	-	HIV Exposed Infant
HFG	-	HIV Free Generation
HH	-	Household
HIM	-	Healthy Images of Manhood

HIV/AIDS	-	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMT	-	Health Management Team
HRIO	-	Health Records Information Officer
IGA	-	Income Generation Activity
IMAM	-	Integrated Management of Acute Malnutrition
IMCI	-	Integrated Management of Childhood Illnesses
IPD	-	In-Patient Department
I-TECH	-	International Training & Education Centre for Health
IUCD	-	Intrauterine Contraceptive Device
IYCF	-	Infant and Young Child Feeding
JFFLS	-	Junior Farmer Fields and Life Skills
KEMRI	-	Kenya Medical Research Institute
KEMSA	-	Kenya Medical Supplies Agency
NHRL	-	National HIV Reference Laboratory
KQMH	-	Kenya Quality Model for Health
LAPM FP	-	Long Acting and Permanent Methods of Family Planning
LIPs	-	Local Implementing Partners
LSE	-	Life Skills Education
LVCT	-	Liverpool Care and Treatment
M&E	-	Monitoring and Evaluation
MARPs	-	Most at Risk Populations
MCHIP	-	Maternal and Child Health Integrated Program
MNCH	-	Maternal Newborn and Child Health
MOE	-	Ministry of Education
MOH	-	Ministry of Health
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
NHIF	-	National Hospital Insurance Fund
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
PEPFAR	-	President's Emergency Plan For AIDS Relief
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
PPMP	-	Project Performance Monitoring Plan
PRC	-	Post Rape Care
PRP	-	Performance Reimbursement Plan
PSI	-	Population Services International
PwP	-	Prevention with Positives
QA/QI	-	Quality Assurance/Quality Improvement
RH/FP	-	Reproductive Health/Family Planning
RRI	-	Rapid Results Initiative

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
TB	-	Tuberculosis
TQA	-	Technical Quality Assessment
USAID	-	United States Agency for International Development
USG	-	US Government
VCT	-	Voluntary Counseling and Testing
VIA VILLI	-	Visual Inspection Acetic Acid/Visual Inspection Lugols Iodine
VMMC	-	Voluntary Medical Male Circumcision
WASH	-	Water Sanitation and Hygiene
WHO	-	World Health Organization
YEDF	-	Youth Enterprise Development Fund
YFS	-	Youth Friendly Services

## **I. APHIAPlus NURU YA BONDE EXECUTIVE SUMMARY**

APHIAPlus Nuru ya Bonde is a five-year program whose goal is to improve health outcomes and impacts through sustainable country-led programs and partnerships. Specifically the project aims to increase the use of quality services, products and information and to address social determinants of health to improve the wellbeing of targeted communities and population in five 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 second quarter (April – June) 2013.

**Program Management Team (PMT) support supervision:** The APHIAPlus PMT and District Health Management Teams (DHMTs) provided support supervision to the project supported activities with an aim of enhancing more sustainable practices and strategies that would help the implementers deliver quality service to the community.

**County quarterly review meetings:** The five counties held quarterly review meetings to review project performance for the period of January – March 2013. Among the key issues discussed was data analysis, use of data for decision making to improve quality and project performance at county level. Each county determined action to take in order to improve in the area of data analysis and use of that data for decision making.

**LIP quarterly performance review:** Feedback meetings were held with all Implementing Partners (IPs). The purpose of the meetings was to deliberate on approaches to improve delivery of Social Determinants of Health (SDH) and health communication services as well as data analysis, outcome reporting and documentation.

**Capacity building of LIPs:** Through collaboration with the FANIKISHA project, 19 APHIAPlus Nuru ya Bonde (NyB) IPs were trained on project management and performance monitoring. The IPs developed performance monitoring plans (PMPs) to guide project implementation and tracking of outcomes.

### **A. Qualitative Impact**

**US Ambassador and USAID PMT visit:** The APHIAPlus project hosted a delegation of the USAID Program Monitoring Team (PMT) and the American Ambassador to Kenya in Laikipia County. USAID and PMT support supervision teams visited Laikipia County and visited five ART sites namely, Kalalu Dispensary, Ndindika Health Centre (HC), Oljabet HC, Rumuruti Sub-district Hospital (SDH) and St. Joseph’s Catholic Dispensary. In addition, they visited five Community Units (CUs) and other SDH interventions at community and household (HH) level.

**National/international day celebrations:** During the quarter, the project supported the Department of Children Services to commemorate the World Orphans’ Day and the Day of the African Child (DAC) in the five counties. This year’s theme for the DAC was “Eliminating harmful social and cultural practices: our collective responsibility.” Orphans and Vulnerable Children (OVC), their caregivers and community members were sensitized on the effects of harmful social and cultural practices that hinder child development and their quality of life. In addition, in Narok County, the project supported the commemoration of the International Women’s and World Malaria Days.

**Linkages:** Through increased linkages with the Government of Kenya (GOK) line ministries and other partners, the project facilitated service delivery to vulnerable households through: integrated health outreaches during the “Malezi Bora” week, training of vulnerable HH on modern farming technologies, sensitization of Community Health Volunteers (CHV) on nutrition and mid-upper arm circumference (MUAC) assessment and referral of malnourishment cases for nutritional care and treatment. In addition, 32 (50% females) OVC were enrolled in vocational training through Save the Children’s Child Lead the Way project.

**Staff Capacity Development:** Several training opportunities were provided to project staff to improve their technical capacity as follows; project management training organized by FUNZO, Sexual and Gender-Based Violence (SGBV) for key populations organized by LVCT with support from PEPFAR through CDC, and Quality Assurance (QA)/Quality Improvement (QI) for peer education and outreach by NASCOP in partnership with FHI 360 supported by CDC.

### **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	J	D	E	F	H
#	Indicator	Year 3 Targets	YEAR 3		Cum Yearly Achievements			Percentage (%) Achievements vs Year 3 Targets
			Quarterly Achievement	Quarterly Achievement	Year 3	Year 2	Year 1	
			Jan - Mar 13	Apr - Jun 13				
1	Improved facility reporting rates in PMTC	95%	90%	83%	173%	84%	89%	182%
2	Number of Community Units established through APHIAplus support	150	141	141	282	162	28	188%
3	P11.1.D Number of individuals receiving testing and counseling services for HIV and received their test results by age, sex and results at <b>facility level</b>	350,000	92,960	81,091	174,051	411,890	432,983	50%
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 <b>community level</b>	100,000	35,835	26,774	62,609	140,343	37,099	63%
5	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	31,598	60,636	130,049	117,092	55%
6	P.1.2.D Number of HIV positive pregnant women who received ARV to reduce the risk of mother to child transmission	90%	93%	119%	119%	112%	3,374	93%
7	P1.5.D Number of HIV positive pregnant women newly enrolled into HIV care and support services in USG supported sites	80%	54%	64%	64%	47%	999	54%
8	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%	35%	35%	176	105	34%
9	C4.2.D Percentage of infants born to HIV infected mothers who receive prophylaxis to reduce MTCT	80%	80%	100%	100%	116%	75	80%
9	P1.7.N Proportion of infants born to HIV infected mothers who are not infected	95%	92%	89%	92%	90%	93	92%

10	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	98,462	98,462	86,670	151,092	104%
11	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	29,810	29,810	17,466	78,122	85%
12	C2.2.D Number of HIV positive adults and children receiving cotrimoxazole prophylaxis (by age <15,15+ and sex	35,000	28,017	29,489	29,489	27,007	34,046	84%
13	T1.4.D Number of adults and children with advanced HIV infection who ever started on ART (by age and sex)	40,957	38,597	*39,664	36,777	34,670	31,957	90%
14	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	1,067	2,379	4,536	3,862	48%
15	Couple Years of Protection		28,742	33,126	61,866	141,582	111,808	
16	Number of pregnant women who made 1st ANC visits	144,150	25,778	27,706	53,484	113,101	107,134	37%
17	Number of women attending at least 4 ANC visits	52,750	9,102	10,453	19,555	41,354	36,374	37%
18	Number of deliveries by skilled birth attendants	30,000	12,286	16,140	28,426	60,893	48,119	95%
19	Percentage of children under 5 years of age who received Vitamin A from USG-supported programs	537,780	40,677	73,154	113,831	276,314	213,908	21%
20	Number of Children under 12 months of age who received DPT3	120,000	29,716	31,049	60,765	144,500	112,383	51%
21	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	31,704	124,400	34,626	47,704	134%
22	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	1,434	2,234	4,314	15,279	59%
23	P7.1D Number of people living with HIV/AIDS reached with a minimum package of PWP interventions	10,000	2,409	8,758	11,541	9,085	103	115%
24	Number of males circumcised as part of minimum package of MC for HIV prevention services	1,000	-	78	78	15	100	8%
25	C5.7.D Number of eligible adults and children provided with economic strengthening service	3,000	1,282	11,866	13,148	2,908	286	438%
26	Number of vulnerable households provided food and nutrition education	30,476	15,066	61,204	76,270	25,663	6,977	250%
27	C5.4.D Number of eligible children provided with education and /or vocational training	35,000	17,824	17,928	35,752	33,433	25,302	102%
28	Proportion of households with functional latrines within APHIAPlus supported CHU	70%	86%	71%	71%			86%
29	Percentage of households with hand washing facilities	57%	72%	72%	72%			72%
30	Percentage of households treating water	65%	58%	79%	79%			122%

\* Numbers include North Rift cumulative, pending directions from USAID

## **C. Project Administration**

### **Programmatic transitions**

AMPATH and APHIAPlus NyB held a meeting to discuss the transition of care and treatment and OVC interventions in the North Rift from APHIAPlus NyB to AMPATH and those in Baringo from AMPATH to APHIAplus NyB. Both projects acknowledged that care and treatment interventions had been transitioned well pending finalizing the importation of data from AMPATH (Electronic Medical Records) EMR to the I-TECH EMR. However, the OVC intervention had not been transitioned as well. Thereafter, both projects worked on an agreed-upon transition report that was shared with USAID.

During the quarter, the project hired the AMPATHplus staff (service providers) formerly stationed at Kabarnet District Hospital and Marigat Sub-district Hospital to continue service delivery in the ART clinics to avoid disruption of ART service provision during the transition phase.

Under the leadership and guidance of the USAID/Kenya Mission, APHIAPlus NyB and MCHIP held discussions regarding programming in East Pokot District. The projects agreed that APHIAPlus will continue providing HIV/AIDS services in the district while MCHIP will focus on MNCH, RH/FP, nutrition and community strategy.

### **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 a 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 worked with the various DHMTs and Health Management Teams (HMTs) to implement the Kenya Quality Model for Health (KQMH) and provided mentorship to Health Care Workers (HCW) at various facilities. A total of 92 HCW were oriented in KQMH from six districts and nine facilities. In addition, 321 HCW were mentored, 610 oriented and 229 reached through Continuous Medical Education (CME) in various technical areas to improve their capacity for quality service delivery. The mentorship focused on HIV testing and Counseling (HTC), Prevention of Mother to Child Transmission (PMTCT), Anti-Retroviral Therapy (ART), Tuberculosis (TB), Reproductive Health (RH)/Family Planning (FP) and Maternal Newborn Child Health (MNCH).

Technical Quality Assessment (TQAs) were carried out in two facilities in Kajiado County and RH assessments were also conducted in 32 facilities in the five counties. The assessments are aimed at improving service delivery in HIV/RH/MNCH.

**Baringo County:** During the quarter under review, project technical officers supported the initiation of KQMH by orienting 42 Health Care Workers (HCW) from three out of the six districts in the county. The DHMT members were charged to oversee the establishment of Quality of Care (QOC) teams to implement KQMH strategy in every district. Two districts (Marigat and Baringo North) have formed the QOC teams.

Through the collaborative activities between the project and the Ministry of Health (MOH), 37 DHMT members (Baringo Central - 6, Baringo North - 5, East Pokot - 3, Koibatek - 10, Marigat - 7 and Mogotio - 6) were oriented on various technical areas to ensure sustainability of mentorship. Resulting from this, joint mentorship activities were conducted in five districts, reaching 21 facilities and mentoring 78 HCW in various technical areas.

**Kajiado County:** During the quarter under review, the project conducted TQAs at two health facilities, namely Entasopia and Kitengela HCs. In addition, the project oriented 15 HCW at Ngong District Hospital (DH) on KQMH. Other orientations supported in the county included: commodity management, data for decision making, Dried Blood Spot (DBS) sample collection, integrated management and follow-up of HIV Exposed Infant (HEI), integration of HIV and RH and active management of the third stage of labour (AMTSL). Five CMEs reaching 124 HCW were also conducted featuring PMTCT updates, longitudinal follow up of HEI and integration of ART and RH. In addition, 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:** During the quarter under review, 97 HCW from 19 facilities were mentored on various service delivery aspects. Another 41 HCW were oriented on biosafety and health commodity management. As a result of the on-going mentorship and orientations on commodity management, no facility suffered a stock-out due to non-reporting or poor quantification. Additionally, four facilities (Ndindika HC, Ngarua HC, Oljabet HC and Kalalu dispensary) were renovated. In the reporting quarter, 19 outreaches were conducted and 1,147 patients treated for minor illnesses, 119 under five years children immunized, and 136 women provided with FP services.

**Nakuru County:** During the quarter under review, 35 HCW from four districts (Nakuru North, Nakuru Central, Molo and Njoro), including facility and district managers, were sensitized on KQMH. Molo and Njoro districts and Nakuru Provincial General Hospital (PGH) were selected as the model sites, and training of quality improvement teams/coaches is scheduled to take place in the next quarter.

The project, together with DHMTs/district mentors, mentored 146 HCW from 50 facilities, focusing on improving quality of services at Comprehensive Care Centres (CCCs) and RH/MNCH, improving data quality and adherence to national guidelines for various services. Due to mentorship efforts, HCW are able to review patient outcomes, e.g., generating cohort analysis for both on treatment and HEI, evaluate for treatment failure, and integrate cancer of the cervix (Ca Cx) screening in HIV care and RH. Additionally, 610 HCW were given orientations in sample biosafety, nutritional assessment and Integrated Management of Acute Malnutrition (IMAM), new ART guidelines, youth friendly services, new HIV generation tools, orientation on TB screening tools, facilitative supervision, HTC guidelines, Kenya Expanded Programme on Immunization (KEPI) management, commodity management and Prevention with Positives (PwP).

**Narok County:** During the quarter under review, 35 HCW were oriented on laboratory biosafety and quality sample collection and transportation, management of health commodities and provision of quality HTC. In addition, seven CMEs on management of TB in an HIV setting, management of obstetric emergencies and paediatric emergency triage assessment and treatment were conducted reaching 105 HCW.

Six integrated outreaches and 15 HTC outreaches were conducted to address the gaps in health-care access. During the outreaches, 650 children below five years were immunized and 750 dewormed. Additionally, 210 mothers were provided with ANC services, 88 with postnatal services and 150 provided with modern contraceptives.

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

During the quarter under review, the project clinical teams facilitated the implementation of the Joint Work Plans (JWPs) with the 24 DHMTs and 18 HMTs. Through this mechanism, supportive supervision was conducted in all the counties. In addition, facility in-charges meetings were held to review the performance of the respective facilities. Below are the achievements per county.

**Baringo County:** During the quarter under review, the project supported implementation of the activities in the six DHMTs and four HMTs in the county. Review of quarterly implementation plans with five DHMTs (Koibatek, Baringo Central, Baringo North, Mogotio, Marigat) and four HMTs (Eldama Ravine HMT, Kabarnet HMT, Kabartonjo HMT, Marigat HMT) was also

conducted to ensure the implementation is responsive to the dynamics at facility and district level.

The project supported all DHMTs to conduct supportive supervision to 64 health facilities and hold facility in-charges feedback meetings. The county accountant was incorporated in these meetings to assist the facilities streamline Health Sector Services Fund (HSSF) utilization and accounting.

**Kajiado County:** The project supported two DHMT support supervision in Kajiado Central and Oloitokitok districts reaching 21 health facilities. One key finding from these supervision visits was poor documentation of services using standard MOH tools.

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

**Nakuru County:** During the quarter under review, project staff held JWPs review with four DHMTs (Nakuru Central, Nakuru North, Naivasha, Molo) and three HMTs (Langa Langa HC, Bahati DH, Elburgon DH). It was noted that activities with a budget tag were easily conducted as compared to those that didn't need any funds to be implemented.

Eight DHMTs (Nakuru Central, Nakuru North, Kuresoi, Molo, Njoro, Naivasha, Gilgil, and Rongai) were supported to carry out supportive supervision at 62 facilities. The gaps identified were addressed through mentorship. In addition, eight districts (except Subukia) involving 66 facilities and 111 HCW were supported to conduct performance review meetings on district health statistics. Reports were discussed and inconsistencies highlighted for deliberation. Two DHMTs (Molo and Subukia) and two HMTs (Molo and Olenguruone) were to provide feedback to heads of departments on performance-based analysis of health service statistics.

In this quarter, four District Health Stakeholder Forum (DHSF) meetings were held in Nakuru Central, Molo, Gilgil and Naivasha districts. The meetings brought together all stakeholders in the health sector to interact, discuss and plan on health progress as well chart a way forward on emerging issues in the respective districts.

Client exit interviews were supported in seven facilities in Nakuru Central, Naivasha, and Molo districts and action plans drawn for improvements in areas with gaps. The project also supported renovation of the CCCs at Naivasha DH, Gilgil DH and Keringet HC.

**Narok County:** The project supported supportive supervision in Narok South and North to 37 health facilities. The main gap identified during the supportive supervision was poor documentation of service statistics leading to poor use of data for decision-making. As a result, two facility in-charge meetings were held to draft an action plan tailored to facility needs and capacity gaps. The action items identified and agreed upon, formed the basis of performance appraisals for the health facility in-charges and the departmental leads.

Two DHSF's were held in the quarter, one for Narok North and one for Narok South. For Narok South, the DHSF resulted in an increase in the number of outreach sites from two to six after the gap was identified during the meeting.

### **3.1.3 Strengthened monitoring and evaluation capacity to record, report and use data for decision making**

During the quarter under review, the project held meetings with I-TECH to discuss modalities of rolling out the EMR system in Baringo County. Memorandum of Understanding (MOU) with Futures Group and I-TECH detailing the modalities of implementing the EMR systems were formalized. As a result the EMR system was deployed in 10 sites (3 I-TECH and 7 Futures Group). However, the use is low because patient data has not been completely updated. In addition, the patient data for sites in Baringo County was not migrated in to the system due to conflicting data dictionaries between the ITEC EMR and the AMPATH EMR. Additionally, the project developed data use charts to promote data use at facility level. Printing of the data use charts will be completed in the next quarter.

**Baringo County:** Following the formalization of a working relationship with Baringo Central and Marigat districts, the project started reporting on 29 new facilities in the two districts during the quarter. The use of standard national CCC recording and reporting tools were initiated in Kabarnet, Tenges and Marigat DH that were initially under AMPATH and HCW were mentored on correct use. The introduction was a challenge; however, through continuous support and mentorship the HCW were able to generate MOH731 reports for the month of April.

In order to address inconsistencies in data, 30 HCW were mentored on use of MOH tools (care and treatment, MNCH, and summary reporting tools). As result there was improvement in reporting rates for Marigat district (from 75% to 81%) and Baringo Central districts (66% to 76%) between the first and second quarterly periods. In addition, Emining HC was supported to reconstruct the ART records leading to improvements in patient's records and management system.

During the quarter, the project provided technical guidance to three IPs staff and volunteers on recording, reporting and use of data as well as monitor project implementation. Quarterly review and CHV monthly meetings were used to address outcome reporting and to provide feedback on previous quarter's achievements and performance. Random OVC HH visits were made to ascertain the information collected on reporting tools and address inconsistencies in the report. The LIPs in the county were also mentored on use of the updated version of the OVC Longitudinal Management Information System (OLMIS) to enable them export and import data as well as generate and utilize various reports to monitor their performance.

**Kajiado County:** During the quarter under review, site visits were conducted to 11 facilities in three districts during which the standard monthly M&E checklist was administered. Gaps identified included lack of PEP register; poor collation of HTC data leading to under-reporting; poor documentation in the daily activity register and pre and ART register and challenges in carrying out cohort analysis and understanding of PMTCT indicators. To address the gaps, the project supported distribution of tools to facilities from the DMOH office and mentorship of 30 HCW on documentation and report compilation. The sites visits were also used as an opportunity to verify and correct reports generated from facilities.

The project supported a facility in-charges meeting attended by 45 in-charges and DHMT members in Kajiado North. The meeting focused on improvement of data use in the district to improve key AWP performance indicators. Approaches to improve service delivery were also discussed. The project introduced a data review template to guide and facilitate review of performance to improve use of data. Additionally, the project in collaboration with the D/HMT rolled out monthly data review meetings in six facilities namely, Bissil HC, Kimana HC, Ongata

Rongai, Namanga, Masimba HC and Ngong SDH. Seven facilities conducted monthly data review meetings during the quarter.

To strengthen reporting, the project worked with the DHRIO in Loitokitok District to ensure all data sets were correctly assigned and cleaned including community strategy data. Out of the 11 facilities earmarked for EMR roll out in the County, three had the EMR deployed (Magadi Hospital, Loitokitok and Kajiado DH). Deployment for the remaining sites will be completed in the next quarter after security gaps are addressed.

Three CU in Kajiado North (Loordiak, Oloishobor and Saikeri) were supported to develop data charts for key performance indicators during data review meetings. The process led to improvement in the quality of subsequent reports. At Oloishobor CU, a database for MOH 514 and 515 were installed at a computer at the anchor facility. The generated reports will assist CHEWs and CHW to monitor monthly trends of key indicators.

**Laikipia County:** A total of 22 (32%) facilities were visited for mentorship and support supervision. In addition the monthly site visit checklist was administered to five health facilities in Laikipia Central, East and West to monitor quality of data and availability and use of standard tools. Identified gaps were addressed by providing missing tools e.g. MOH711, 405, 366 and patient files for all ART sites. Also 35 health workers were mentored on filling of different registers and compilation of MOH711A and 731. ART data reconstruction was done in Oljabet HC to address identified gaps in patient records and two HCW mentored on compilation of MOH731. Two DHMTs (Laikipia West and Central) comprising 18 members were trained on DQA process using the District Quality Management Tool module of data audit. This was aimed at enhancing their capacity to conduct data audits at health facility level.

Under the community system, the project carried out support supervision and mentorship to two IP (LIFA and Caritas) on monitoring and evaluation related issues. A total of 16 OVC IPs staff (LIFA and Caritas) were trained on data use for decision making. The project also conducted a RDQA for the two IP implementing health communication interventions. The IPs developed action plans which will be monitored in the next quarter's quarter.

**Nakuru County:** During the quarter under review, 26 health facilities were visited and the monthly site visit checklist was administered. Some of the gaps identified included missing registers, use of wrong codes in PMTCT and HTC registers, incorrect completion of tools, lack of understanding of indicators and variations between data in the source documents and the report. In addition, a DQA was conducted in Molo DH focusing on all departments' data in the registers and DHIS2. Key findings included non-submission of departmental reports and lack of data verification at service delivery points. The gaps formed the basis of mentorship and support supervision. A total of 123 HCW were mentored to address sites specific gaps as follows; 20 on TB screening and MOH731, 46 on collation of data into MOH515, 11 on ART registers and 24 on correct recording on CCC and MCH tools. In addition, 15 CCC HCW from Nakuru Central, Njoro, Molo and Kuresoi districts received a refresher orientation on revised MOH care and treatment tools and 15 from PGH were oriented on MCH, TB, HTC and CCC tools. This has significantly contributed to an improvement in the quality of data from the facilities in the County. Monthly data consistency rates increased from 67% in Jan 2013 to 84% in June 2013 as illustrated below.

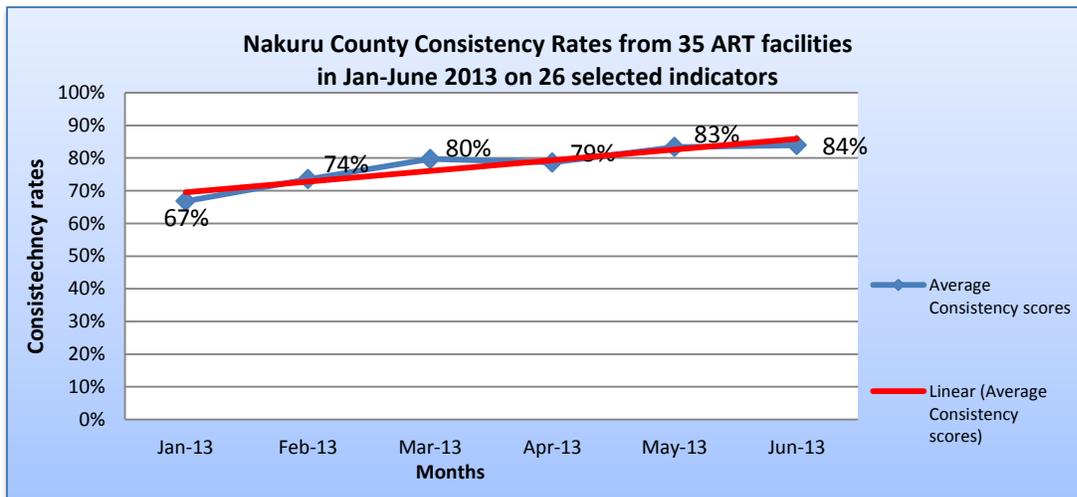


Figure 1: Nakuru County Consistency Rates -35 ART Facilities

The project supported various data review forums and participated in several activities to promote use of data. At facility level, the project supported Naivasha DH and Gilgil districts in analysis of data for quarterly review meetings and 15 HMT members in Molo DH were oriented on data use for decision making. The orientation focused on proper documentation, accurate and timely submission of departmental reports to improve quality of care. The meeting resolved to conduct quarterly departmental data audits. In addition, Nakuru PGH was supported to hold three monthly data review meetings with an aim of having the departmental heads share their monthly reports and review their performance. The meetings have been instrumental in addressing noted challenges in service delivery. For example, two additional HTC counselors were deployed to casualty and TB clinic to increase HTC points at the facility. Further, the project supported quarterly facility data review meetings attended by 38 participants in Nakuru North and 74 in Nakuru Central. From the meetings the DHMTs and HCW workers agreed to review data before submission, ensure timely monthly reporting and use of correct guidelines for recording and reporting. One of the key achievements from these meeting was an improvement in the reporting rates for MOH731 from 82% in the last quarter to 94% in the current reporting period.

Under the community interventions, reporting tools were disseminated and RDQA conducted for IP implementing OVC and health communication interventions in Naivasha and Nakuru Central districts. Four DICs under KNOTE were audited and both programmatic and data quality gaps were identified. The partners were supported to address the gaps resulting in more accurate reporting rates. The Health Communication (HC) data quality findings indicated variations in recounted and reported data mainly due to late reporting and lack of data verification systems. Continuous support to the partners to address the gaps will continue into the subsequent quarter.

**Narok County:** A total of 78 facilities were provided with support in data recording and reporting. Out of the 78 facilities, 19 had the monthly site visit checklist administered to monitor quality of data and availability and use of standard tools. A total of 78 HCW from 25 facilities were mentored to address reporting gaps identified during sites visits and build the capacity of staff to populate cohort summaries; MOH731; completion of ANC, Pre and ART registers, maternity and TB registers. In addition, ART data reconstruction was done in Olokurto HC to ensure accurate reporting. Results from the data verification indicate an improvement in the quality of data for HTC patients who tested positive across months as illustrated below.

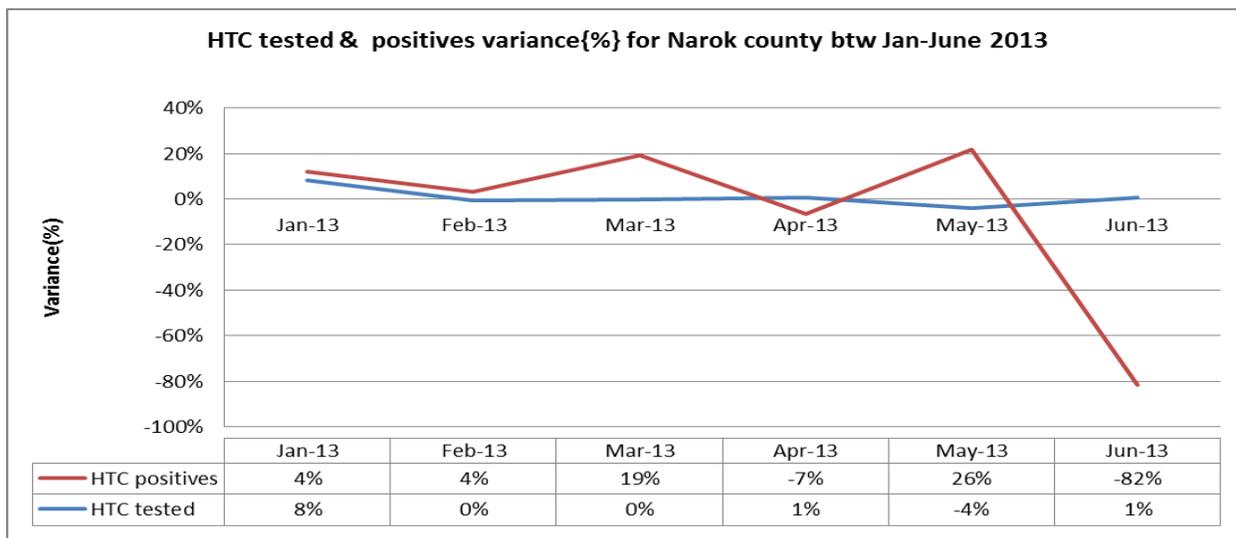


Figure 2: Narok County HTC Variance for Tested and Positive

The variance in both indicators in the month of June is attributed to transcription errors from primary source and use of wrong codes such as use of reactive instead of P. the gaps were addressed through onsite mentorship.

In addition, the project supported health facility in-charges meetings in Narok North and South districts to discuss performance of key indicators based on the annual work plan and the reporting rates for MOH731. The facility in-charges agreed to ensure timely submission of MOH731 to the DHRIO. There was a marked improvement in MOH731 reporting from 49% in the past quarter to 64% in the current reporting period. These forums were also used by the DHMT to orient HCW on correct filing of the ANC register, cohort summary and Pre and ART registers.

To strengthen recording of CCC services the project team in conjunction with Futures Group supported the deployment of EMR to Narok DH, Ntulele dispensary and Ololunga DH. The project will continue to provide user support to the staff at these facilities in using the system. Under community strategy, 12 chalkboards and 50 MOH 515 booklets were distributed to 12 CU in the county. In addition, a RDQA was conducted for IP implementing HC interventions followed by mentorship to address some of the gaps. The mentorship focused on troubleshooting of the HC database, running simple queries for analysis, updating and backing-up the system. All the IPs implementing OVC interventions were mentored on the use of OLMIS.

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

The during the quarter under review, functional CUs increased from 85 to 111, semi-functional units reduced from 32 to 21 and non-functional from 24 to 9 (See the graph below).

CU functionality indicators continued to improve during the quarter with CUs that developed and implemented

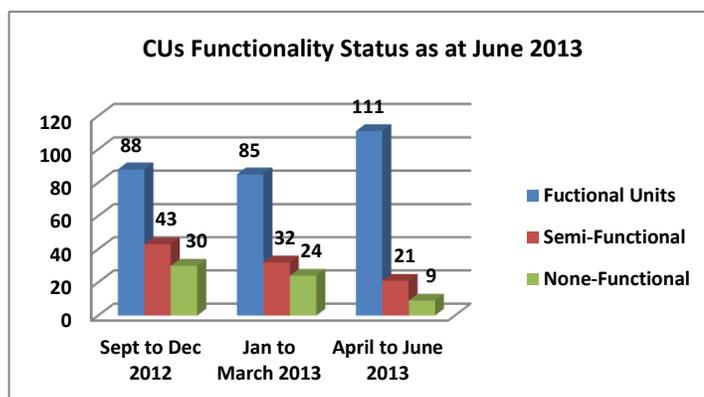


Figure 3: CUs functionality Status

action plans increasing from 130 to 134 and those holding CHC quarterly planning meetings increasing from 119 to 130. The CHW monthly planning and feedback meeting reduced to 132 as compared to 134 as of the last quarter due to competing priorities. A total of 129 CUs reported to have received stipends covering up to March 2013, which is an increase from 116 in the previous quarter. The DHMT supportive supervision reached 117 CUs compared to 70 CUs last quarter.

**Baringo County:** The county has 21 project-supported CUs. During the quarter under review, functional CUs increased from 14 in the previous quarter to 19 this quarter and semi-functional from seven to two. The improvement was achieved due to the project actively engaging the CUs by training them on economic strengthening initiatives. For example, two CUs (Shauri and Tugmoi) were trained on rabbit keeping and forest conservation reaching 100 people (35 CHW and 65 community members). Another 43 persons from Tugmoi were trained on forest conservation. As a result, the CU has started a tree nursery to promote environmental conservation as well as generate income.

All of the 21 CUs conducted community dialogue days which enabled the CU community to understand the need to engage in health action days. For example, jigger infestation was identified as a health problem and 15 people (8 females and 7 males) were treated during the health action days. In addition, 821 community members were provided with water guard for treatment of water at home.

**Kajiado County:** The project is supporting 21 CUs out of the total 61 CUs in the county. Out of the 21 CUs, 16 are functional, two semi-functional and three non-functional. There are 328 active CHW out of the trained 434 CHW. During the quarter under review, 811 CHW qualified for the performance-based stipend, reflecting 82% of the CHW. Out of the 21 CUs, 12 held dialogue days and CHW/ Community Health Committee (CHC) feedback meetings, and 17 reported using District Health Information System (DHIS).

Seventeen (17) CUs out of the targeted 21 CUs conducted key data use events such as the dialogue days and action days. The issues identified during the dialogue days for action included improving immunization coverage, Water Sanitation and Hygiene (WASH) and deworming.

**Laikipia County:** The project supports 13 CUs of which 10 are functional and one semi-functional and two are non-functional. During the period, the project supported dialogue and health action days as mechanisms of addressing health problems at the CU. During one of the health action days an integrated outreach was conducted and 37 persons were tested and counseled for HIV and 33 children below five years were referred for growth monitoring. In addition, 570 women were provided with RH commodities and 1,700 school-going children received deworming tablets.

**Nakuru Country:** The project supported 66 CUs in the county of which 49 CUs are functional, 13 semi-functional and four non-functional. Out of 1,522 CHW in the 62 CUs, 89.4% (1,360) of them reported using the Community Health Information System (CHIS) tools.

**Narok County:** The project supports 20 CUs of which 17 are functional and three are semi-functional. During joint supportive supervision by MOH and the project team, technical assistance was provided to CHW trained on FP/RH services in the previous quarter. The CHW from seven CUs were oriented on the FP commodity tracking tool (M4). A total of 1,440 women of reproductive age were provided with FP commodities

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

During this reporting quarter, the project provided CME to 19 HCW from private facilities on Prevention with Positives (PwP), 41 doctors on nutrition assessment and HIV and 45 other HCW on strengthening laboratory capacity to support active case finding.

**Kajiado County:** In this reporting quarter, 13 HCW from 10 private facilities were given OJT on how to effectively populate the daily activity register (DAR) for ARV's and OI drugs, use of facility consumption data requisition and reporting (FCDRR) tool as well as F-MAPS. The sites were given the tools to help them manage their commodities moving in line with the national systems. Following this intervention, eight out of the 10 facilities significantly improved their data compilation and timely submission of commodity reports. In addition to OJT on commodity management, the project supported 16 of the sites in Kajiado North to access test kits from the SCMS supply chain. Due to interruption in the supply of RTKs, six of the supported sites opted to purchase them to ensure continuity of services. The project also supported three private facilities in Kajiado North to access ARVs from the government central site (Ngong DH) while five facilities in Kitengela and Ongata Rongai received supplies from AMURT PEPFAR pharmacy in Nairobi.

Patient monitoring was conducted and seven viral load and five EID samples were sent to the KEMRI reference laboratory and Lancet private lab. One challenge faced was the turnaround time of the results from KEMRI, with results coming after five weeks. This is in contrast with the Lancet laboratory that was able to give back results within a week.

Five district health managers were engaged to review the private sector activities implemented at the district level by the project. The involvement of the district managers is also expected to strengthen access to HIV commodities, maximize service coverage through supervision and minimize missed opportunities within the integrated approach.

**Nakuru County:** During the quarter under review, a total of 72 private facilities in Nakuru Central, Njoro, Molo, Gilgil, Naivasha and Rongai districts were reached with capacity building activities. The project oriented 15 private nurses from three districts on Ca Cx screening and integrated services including FP and counseling and testing services. During the orientation, the new Ca Cx screening tools were disseminated to ensure that all the service providers document the service delivery and referral or positive clients.

In the same period, 30 private were oriented on new ART guidelines aimed at ensuring the use of national guidelines for pediatric and adult HIV patient management for quality service delivery. The 4<sup>th</sup> edition guidelines were disseminated and each facility received a copy for reference. As a result of this orientation, Evans Hospital has since set up a comprehensive care unit to better track and monitor clients under one room and to also improve on documentation of client management. The management of Egerton University health services has demonstrated renewed commitment to accelerating ART services by supporting the department of information management to further train on the new HIV tools and begin reporting the data using the respective registers and summary tools (711 and 731).

In this period, 17 health facilities including four hospitals and single providers were supported to correctly populate data on the summary tools 711A and 731. Patient monitoring was conducted

and 16 viral load and seven EID samples were sent to the reference laboratory at KEMRI, the Walter Reed laboratory at Kericho and Lancet private lab. In this reporting period, nine district health managers were supported to conduct supportive supervision to 30 selected facilities in Naivasha, Gilgil and Nakuru Central districts and ensure the capacity of private providers to provide services according to national standards, ensure access to national health commodity systems and improve on the reporting systems of these facilities. A total of 32 HCW were reached in this exercise.

Twenty three private providers from Nakuru Central and Njoro districts were supported to conduct a data review meeting that discussed facility data generated from four sites and the steps of data validation, cleaning and a stepwise approach to analyze and interpret data at facility level to support providers in making critical decisions.

The program continued to support private provider access 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 those in Nakuru town (17 ART sites and four PMTCT sites) received supplies from AMURT PEPFAR pharmacy in Nairobi.

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

**Baringo County:** During the quarter under review, the project supported all the units to conduct activities geared towards improving WASH and MNCH indicators. Households with hand washing facilities increased from 7,012 HH last quarter to 13,328 HH (73% of the annual target) this quarter. Immunization coverage in the CUs has improved from 2,855 children last quarter to 3,246 this quarter against the quarterly target of 3,535 children translating to 91.8% achievement. However, knowledge of HIV status remains very low at 41%. Stigma remains a major hindrance to uptake of the service. The project has begun to intensify health communication interventions at CU level to reduce stigma.

**Kajiado County:** During the quarter under review, CHW in all the CUs continued to educate HH in CUs on household water treatment, distributed chlorine tabs and promoted the benefits of safe fecal matter disposal. As a result, 9,220 out of 13,572 HH within the 21 CUs treated water compared to 8,313 HH last quarter. There was also an increase of HH with functional latrines from 7,114 in the last quarter to 9,229 in the reporting period. Additionally, CHW intensified referrals of pregnant mothers to deliver at the health facilities leading to a decline of deliveries by unskilled attendants from 44% in the previous quarter to 33% this quarter.

**Laikipia County:** Out of 16,182 HH in the 11 CUs, 13,451 (83%) of the HH treated water, 11,703 (72%) HH had hand washing facilities and 15,032 (93%) had functional latrines. The proportion of HH treating water increased from 72% last quarter to 83% in the reporting quarter and those with hand washing facilities from 63% to 72%. HH with latrines slightly dropped to 93% from 94% in the last quarter due to the flash floods in some areas that swept down temporarily-constructed latrines.

**Nakuru County:** There are 97,857 HH in the 66 supported CUs with a total population of 434,208 persons. During the quarter under review, the proportion of HH treating water at home increased from 77% last quarter to 78.7%, HH with hand washing facilities from 75% to 90% and HH with functional latrines from 93.4% to 97%. The project achieved the above by

supporting CUs to focus on conducting data informed health action days, dialogue and monthly planning meetings. In addition, skilled deliveries in the just-concluded quarter increased from 75% to 82%, and immunization dropped from 97% to 95%. There were no outreaches conducted targeting the CUs in the quarter as the MOH staff focused more on Community-Led Total Sanitation (CLTS) activities.

**Narok County:** Narok County has a total of 17,540 HH within 11 functional community units supported by the project. During the period under review, the coverage for HH treating water at home increased from 48% in the last quarter to 50%, and HH with hand washing facilities from 56% to 58.5% in the reporting period. CHW continued to provide health education to HH through regular contact using the project-developed CHW fact sheets which entail messages to HH.

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

#### ***HIV Counseling and Testing***

During the quarter under review, the project supported 482 facilities to provide HTC to 81,091 individuals of whom 26774 were tested through community HTC. Cumulatively the project achieved 44 % of the annual target of 450,000. Most of the individuals were tested through Provider Initiated Testing and Counseling (PITC). Of those tested 3,519 were positive giving a crude prevalence of 4.3 %. Of these, 2,240 (63.7%) were enrolled into care compared to 58% in the last quarter. During the quarter, the region experienced a major shortage of HIV test kits occasioned by delayed resupply from the supply chain.

An acceleration of HTC (Rapid Results Initiative - RRI) was initiated during the last month of the quarter in all the counties. A total of 50 sessional counselors were hired spread across the five counties to support the activity. In addition, mentorship, sensitizations and orientations were provided to HCW 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:** During the quarter, the project supported 93 facilities to provide HTC services to 9,021 clients (3,253 were tested in community) a slight drop from 10,774 tested last quarter. This drop is largely attributed to stock out of HIV test kits which was experienced in almost all facilities in the County. Out of the individuals tested, there were 8,057 adults and 964 children. The testing sites were as follows: 6,847 individuals through PITC and 417 in VCT. One hundred and thirty six couples were tested of whom two were positive and five discordant.

A total of 227 individuals tested HIV positive giving a crude prevalence rate of 2.5%. Of these, prevalence at OPD was (2.1 %, IPD 5.8% and VCT 3.2%. The transition rate for those testing positive to care was 54.6%. To address this low transition rate the project has placed patient supporters at high volume facilities to improve intra-facility linkages for those testing positive.

A total of 25 HCW from 23 facilities were oriented on HTC; 14 mentored on HTC testing procedures and seven mentored on HTC commodity management. Forty two HCW from 15 facilities participated in the 10th Proficiency Testing (PT) round. In the 9<sup>th</sup> round, 20 testers obtained satisfactory results giving a 47.6 % pass rate. In the next quarter, in collaboration with DHMTs, the project will prioritize HTC orientation to 75 HCW across the six districts.

**Kajiado County:** The project supported 112 facilities to provide facility HTC services in the county. A total of 19,398 persons were tested of whom 4,871 persons were tested in the community. Out of the tested, 665 (3.4%) were found to be HIV positive. Among the 717 couples tested, 13 were HIV positive while 29 were discordant. Among the 1,575 children tested, 29 were positive. The HIV positivity rates by testing points are reflected in the graph to the right.

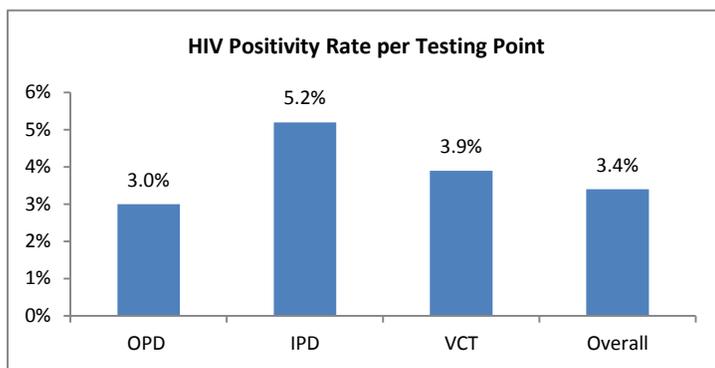


Figure 4: HIV Positivity Rate per Testing Point

**Laikipia County:** The project supports 59 HTC sites in the county. During the quarter under review, mentorship in HTC was informed by the failure of two out of 18 participants in the previous national HIV proficiency testing. A total of 9,065 clients were tested of whom 5,842 were tested in community. Of these, 262 (3.0%) were HIV positive. HIV positivity rate per testing point was as follows: OPD 2.3%, IPD 6.4% and VCT 2.6%. Two hundred couples were tested, seven tested positive and ten were discordant.

**Nakuru County:** During the quarter under review, the project supported 220 facilities to provide HTC to 35,674 individuals out of whom 7,980 were tested in community. Of these, 2,140 individuals tested positive giving a crude prevalence rate of 6 %; 60.7% were enrolled into care. The region experienced shortage of HIV test kits occasioned by delayed resupply from the supply chain. The project supplemented the supply RTKs as a stop gap measure.

To improve the infection prevention practices, 168 HCW were oriented on biosafety. At Molo DH, 38 HCW were also oriented on HTC and Post-Exposure Prophylaxis PEP. The project also supported the hiring of 22 sessional counselors for 22 facilities to enhance HTC through PITC. Eighty HCW from 25 facilities were enrolled in the 10<sup>th</sup> HIV rapid proficiency testing.

**Narok County:** The project supports 53 HTC sites in the county. In the reporting quarter, 7,933 clients were tested of whom 4,756 were tested in community. Of these, 4,822 were tested through PITC, and 3,111 through VCT. A total of 222 (2.8%) were positive. However, there was a marked difference between the testing departments with in-patient testing showing the highest positivity at 7.4% compared to 1.7% in the VCT. The HIV positivity rates by testing points are reflected in the graph to the right.

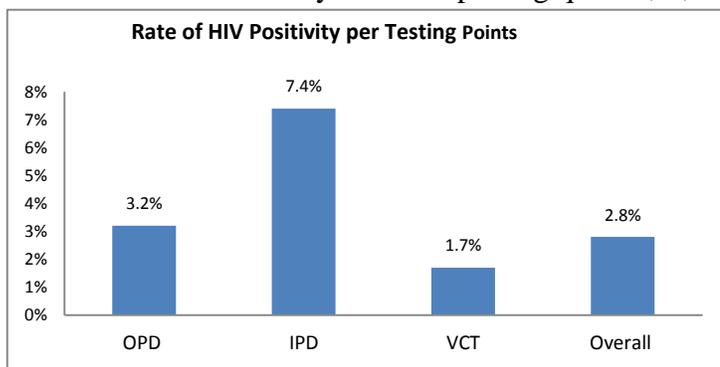


Figure 5: Rate of HIV Positivity

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

The project supported 482 sites to provide PMTCT services reaching 31,598 pregnant women with counseling and testing; cumulatively the project achieved 55.2% of annual target. A total of 685 tested HIV-positive giving a prevalence rate of 2.2%. Of these 64% were enrolled into care compared to 54% the previous quarter. Cumulatively, 1444 DBS for EID samples have been analyzed for the Jan-June period, with a positivity rate of 9.5%. The project has rolled out and is scaling up the mentor mother intervention to 30 facilities to reduce MTCT. HEI cohort analysis for 15 sites across the five counties is as shown below:

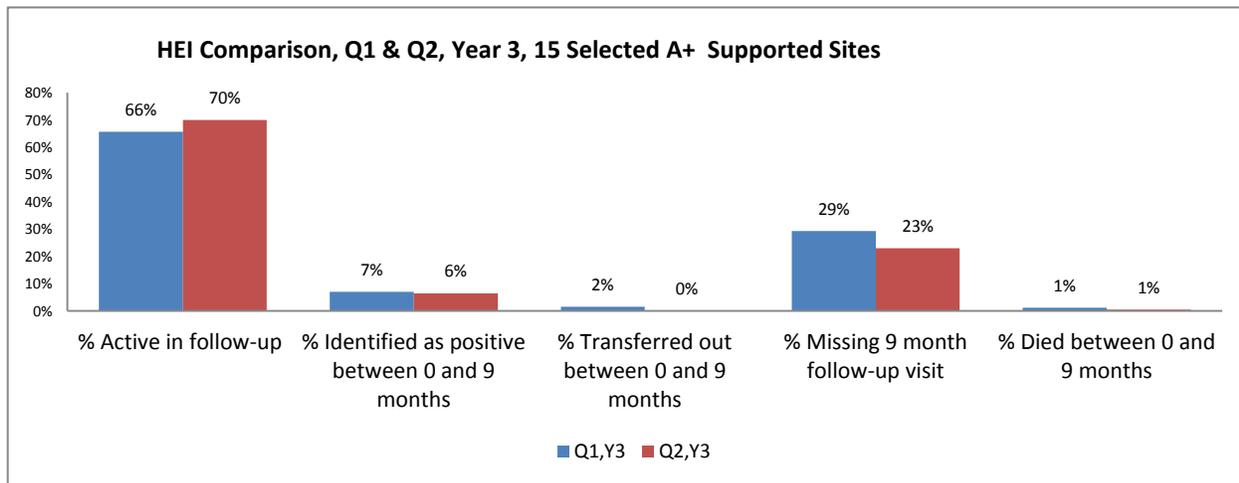


Figure 6: HEI Comparison

**Baringo County:** The project supported 92 facilities to offer Antenatal Care (ANC) services, 21 of them offering comprehensive PMTCT services compared to 18 sites in the last quarter. During the quarter under review, the project supported the decentralization of PMTCT services to three additional facilities (Kimalel HC, Kampi ya Samaki HC and Nginyang’ HC).

A total of 3,494 pregnant women attended their first ANC visit. 4,131 pregnant women (including maternity) were counseled and tested for HIV. Two percent tested HIV positive out of which 65% received ARV prophylaxis. Thirty three male partners were counseled and tested, two tested positive and were enrolled into care. In total, 42 HIV positive mothers delivered by skilled birth attendants; 100% of infants received ARV prophylaxis in maternity. In the next quarter the project will support the county to further decentralize services, provide mentorship and orientations to HCW, and link with FUNZO for training of HCW.

A total of 93 DBS for EID samples were analyzed by the central reference laboratory for the Jan – June period. All the results were received within the required 14 days and four of them were positive. The three of the four infants who tested HIV positive were traced and initiated into Highly Active Antiretroviral Therapy (HAART). Only 12 facilities have integrated care within MCH settings. In the subsequent quarters, the project will support the county teams to scale up integration.

Twenty five HCW including MCH staff were oriented on the HTC testing protocol; 33 HCW attended CMEs on current PMTCT and (Early Infant Diagnosis) EID guidelines, documentation on the HEI register and HEI cards, PMTCT WHO staging and PMTCT prophylaxis for both mothers and infants; and 53 HCW were mentored on PMTCT service provision. The project also

distributed and disseminated guidelines, job aids and Standard Operating Procedures (SOPs) to 35 facilities.

**Kajiado County:** The County has 109 project-supported facilities providing PMTCT. A total of 20 HCW from ten facilities were mentored on various aspects of PMTCT and another 21 HCW were given On-the-Job-Training (OJT) on DBS sample collection. EID services were decentralized to ten more facilities; 211 DBS samples were analyzed between Jan-Jun, 8.5% turned positive. On follow up of the positive samples, the project realized that three of the 18 samples were for adults. Twelve of the 15 infants confirmed HIV positive were started on antiretroviral treatment as per the national guidelines. The project is supporting the DHMTs through the CUs to trace the remaining three to be enrolled into care.

In total 5,734 mothers attended their first ANC visit; 5,924 were counseled and tested for HIV; 117 tested positive. In maternity, 1,057 mothers were tested of whom 28 tested positive. Out of the 145 HIV positive mothers, 95 were enrolled in care.

**Laikipia County:** The project supported 59 PMTCT sites in the county. During the reporting period, 10 facilities that were not re-testing in the third trimester were mentored and began offering the service. Reporting tools (HEI cards and registers, ANC register, maternity register, and PNC registers) were distributed to 23 sites. 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 HCW. A total of 117 DBS samples were analyzed between Jan-June 2013; 11 (9.4%) turned positive. 10 of these eleven infants were started on HAART. An SMS printer was installed in St. Joseph's Catholic Dispensary to improve turn-around time for EID PCR results

In total 2,250 mothers attended their first ANC visit; 2,496 were counseled and tested for HIV and 41 were positive. In maternity, 683 mothers were tested of whom 10 tested HIV positive. Out of the 51 HIV positive mothers, 21 were enrolled in care.

**Nakuru County:** The County has 200 facilities offering PMTCT services. Of these, 11 offer the MCH model of care. During the reporting quarter, a total of 12,426 clients attended their first ANC visit and out of these 11,358 (91.4%) were tested for HIV. Of those tested, 268 (2.4%) were positive. In maternity, 2,087 mothers were tested and 65 (3.1%) were positive. Of the 333 clients testing positive (at both ANC and maternity), 231 were enrolled into care.

ANC prophylaxis uptake of ARV for mothers was 311 (116%) this quarter. A total of 325 of the positive ANC mothers were given infant NVP at ANC. Maternity ARV uptake for mothers was 116 (178.5 %) while for infants it was 177 (272.3%). The higher than 100% coverage is attributable to commodity refills, mothers coming in to deliver with known status, and documentation gaps. The mentorship teams are engaging the providers to correct the anomaly. The reporting tool in use, MOH form 711, captures only 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 to be positive but not yet on any prophylaxis/treatment.

A total of 82 HCW from 20 facilities were reached (36 through mentorship/orientations and 46 through CMEs) to increase the knowledge and skills among HCW in documentation, interpretation of indicators and data for decision making. Additionally, the project disseminated and distributed job aids/guidelines and SOPs (use of ARVs in ANC and maternity, NVP dosing,

EID algorithm, revised PMTCT guideline) to 32 facilities and sensitization was done, so as to improve quality of service delivery in MNCH and PMTCT.

A total of 903 DBS for EID samples were analyzed between Jan-June 2013; 87 were positive; translating into a positivity rate of 9.6%. The PMTCT sites that did not send samples indicated no clients, and loss to follow-up occasioned by movement to the rural home prior to the March 2013 general elections. Of the positive HEI, 70(80.5%) were enrolled in care and started on treatment. Interrogation of the positive results revealed that majority of the positives DBS were due to late ANC clinic attendance, non-adherence to PMTCT prophylactic regime, mixed feeding and late enrolment for DBS.

To improve PMTCT outcomes, 10 mentor mothers were recruited, trained and deployed to four facilities (PGH Nakuru, Molo DH, Naivasha and Gilgil. Analysis of HEI cohorts to determine the efficacy of PMTCT program was done for cohorts maturing in Jan/Feb/Mar/Apr/May/June 2013 in the county and the results are depicted in the chart below:

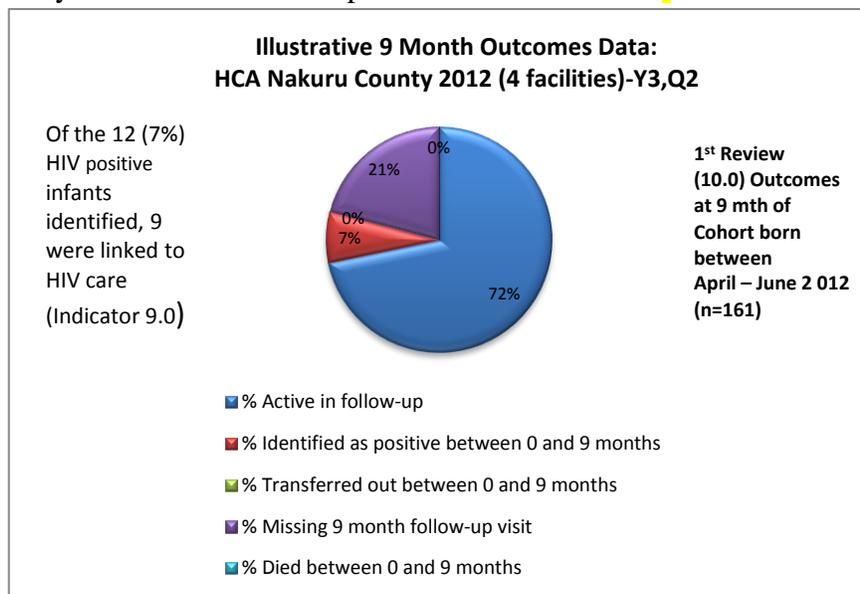


Figure 7: HEI Cohort Analysis

**Narok County:** The County has 62 facilities offering ANC services; 26 providing comprehensive PMTCT services. Three out of the 26 health facilities provide services using the integrated MCH model. In total 3,802 mothers attended their first ANC visit; 3,289 were counseled and tested for HIV and 58 had positive results. In maternity, 573 mothers were tested of whom 14 tested HIV positive. Out of the 72 HIV positive mothers, 53 were enrolled in care. Maternal ARV prophylaxis uptake at ANC for mothers was at 89%; 21 mothers were provided with prophylactic ARVs at maternity.

Twenty-eight HCW were mentored on provision of quality PMTCT services as per the national guidelines. A total of 120 DBS samples were analyzed between Jan-June; 17 turned positive out of which 11 children were started on ART. This high transmission rate informed the targeting of integrated outreaches to the underserved areas. The project held feedback meetings with DHMTs and facility in-charges and collectively came up with strategies to address the poor performance in PMTCT. The health facilities were mentored on follow up of the mother-baby pairs until 18 months or final confirmation of HIV status of the child.

### ***HIV Care and Treatment***

The project supported 120 ART sites with a total of 22,541 clients currently on ART against an annual target of 25,151 clients. In this reporting period, 2,240 clients were enrolled into care and 1,067 started on ART. Mentorship focused on transition from testing to care and treatment; retention strategies such as adherence counseling and linkage to support groups; clinical care and prompt CD4 monitoring; transition from care to ART for those meeting the eligibility criteria. Additionally, mentorship was also provided on commodity management to avoid stock outs and institute efficient commodity management practices. A CD4 analyzer was installed at Oloitokitok DH and a laboratory network for sample transport established serving six other ART and PMTCT sites. During the quarter, the region experienced stock out of vacutainers and CD4 reagents, which hampered patient monitoring. The project liaised with KEMSA for re-supply of these commodities.

Renovations to improve service delivery were carried out at Ndindika HC, Ngarua HC, Oljabet HC and Kalalu dispensary and initiated at Narok DH, Ololulunga DH, Oloitokitok DH, Gilgil DH, Naivasha DH and Eldama Ravine DH.

**Baringo County:** The project supports 16 ART sites serving 1,678 clients current on care of whom 10.3% are children. A total of 124 patients were newly enrolled into care; 78 were initiated on ART. Thirty two clients were started on ART based on their CD4 results while three had their treatment regime changed following the viral load results. A total of 45 HCW from 16 facilities were mentored on DBS collection for viral load sample collection using closed system, commodity inventory management and management of OIs. Ten orientations and 13 CMEs were conducted reaching 254 HCW.

Twelve out of 16 sites offer pediatric care and treatment. The sites not offering pediatric services will be mentored in the subsequent quarters to initiate the services. The project conducted a cohort analysis for four facilities; results indicate that the retention rate after one year was 61.5%. To address this issue, intensified psychosocial assessment, adherence counseling and active defaulter tracing mechanisms will be instituted to ensure increased retention rate.

The project continued to support lab networking for 14 ART sites. A total of 270 CD4 samples were collected and transported to the AMPATH reference lab. The reference labs experienced CD4 reagent stock out which affected patient monitoring during the quarter. Sixteen viral load samples were sent to the KEMRI Nairobi laboratory.

**Kajiado County:** The project supports 17 ART facilities serving 3,730 patients currently on ART of whom 8.2% are children. To increase number of children on ART, the project will intensify early identification of positive children through testing at MCH. During the quarter, 73% of 665 patients diagnosed positive were enrolled into HIV care. Of those followed up, 230 met the eligibility criteria for initiation of ARVs and 77.4% were started on treatment. Through utilization of existing link desks, the project is supporting the facilities to effectively link those newly diagnosed to care. In addition, the facilities have been mentored to flag out patients with CD4 counts less than 350 for initiation to treatment and closely monitor those with CD4 below 500 to ensure timely initiation of ARVs once eligible. Installation of a CD4 machine at Oloitokitok DH and linkage of Kajiado North facilities to the National HIV Reference Laboratory (NHRL) for CD4 testing increases accessibility to CD4 monitoring. A total of 497 CD4 samples from the satellite sites were processed.

Cohort analysis of the 134 patients started on ARVs one year ago, showed that 92 (69%) were retained on treatment at 12 months; 37 (28%) were lost to follow up; 3 had transferred out to other facilities while 2 were confirmed to have died. Intensified adherence counseling and defaulter tracking were instituted to improve the retention rate.

Defaulter tracking outcomes as depicted on the graph on the right indicated that out of the 156 defaulters, 102 were contacted out of whom 82 returned to the facilities. Four of them had self-transferred; four were dead, three had stopped treatment and nine could not be reached.

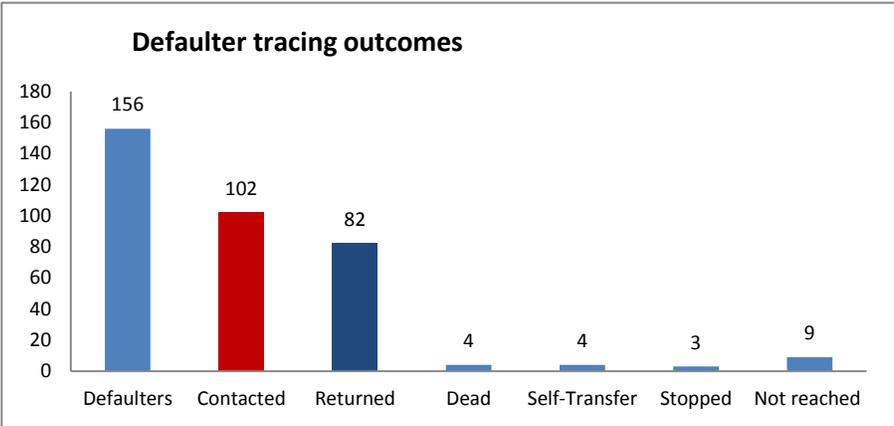


Figure 8: Kajiado County Defaulter Tracing Outcomes

**Laikipia County:** The project supported 11 ART sites in the county. During the quarter, 140 clients were enrolled in care while 81 were started on ART. There are 2,209 clients currently on ART of whom 9.4% are children. During the quarter, Ndindika HC started a special family clinic in which children and their parents/guardians are followed up bringing the total to three sites in the county.

Defaulter tracing was supported at all the ART sites. A total of 142 patients missed their clinic appointments and of these, 118 were contacted; 59 returned to care, 10 were died, 16 stopped treatment, 19 had transferred out and 14 could not be traced. Follow-up of those not reached continues through engagement of CHW to physically trace them.

The DHMT and project team assessed four sites with the aim of decentralizing ART to those sites in the coming quarter. Seventy six HCW were mentored on filling of tools; monitoring of patients for treatment failure and management of co-morbidities. In addition, three CMEs on HIV and OIs were held reaching 52 HCW. A total of 1,646 CD4 samples and 34 viral load samples were processed; 18 of the patients were diagnosed with treatment failure and have since been started on second line ARVs. All the 11 ART facilities were sensitized on monitoring ART treatment failure.

**Nakuru County:** The project supports 44 ART sites in the county, of which 35 offer paediatric services. During the quarter, HIV services were decentralized to two sites in Njoro and Kuresoi districts. A total of 1,300 patients were newly enrolled into care; 660 patients were initiated on ART. There are 13,982 patients currently on ART of which 9.7% are children; 17,349 are on Septrin prophylaxis of which 10.2% are children.

One hundred and forty six HCW from 50 facilities were mentored on integration of services, treatment of opportunistic infections, transitioning of patients from care into treatment, patient monitoring, screening of non-communicable diseases, and treatment failure. Additionally, the project supported five orientations on nutritional assessment and IMAM in four districts and three orientations on ART 4th Edition guidelines in two districts reaching 199 HCW. Twenty three CMEs attended by 284 HCW covering different topics (treatment failure, quality

improvement, TB/HIV co-infection, renal disease in HIV, paediatric HIV, among others) were also supported.

The one-year retention on ART for the five facilities monitored was 77.3% (April to June 2012 cohort). Defaulter tracing activities continued across the supported facilities in nine districts as shown in the chart below

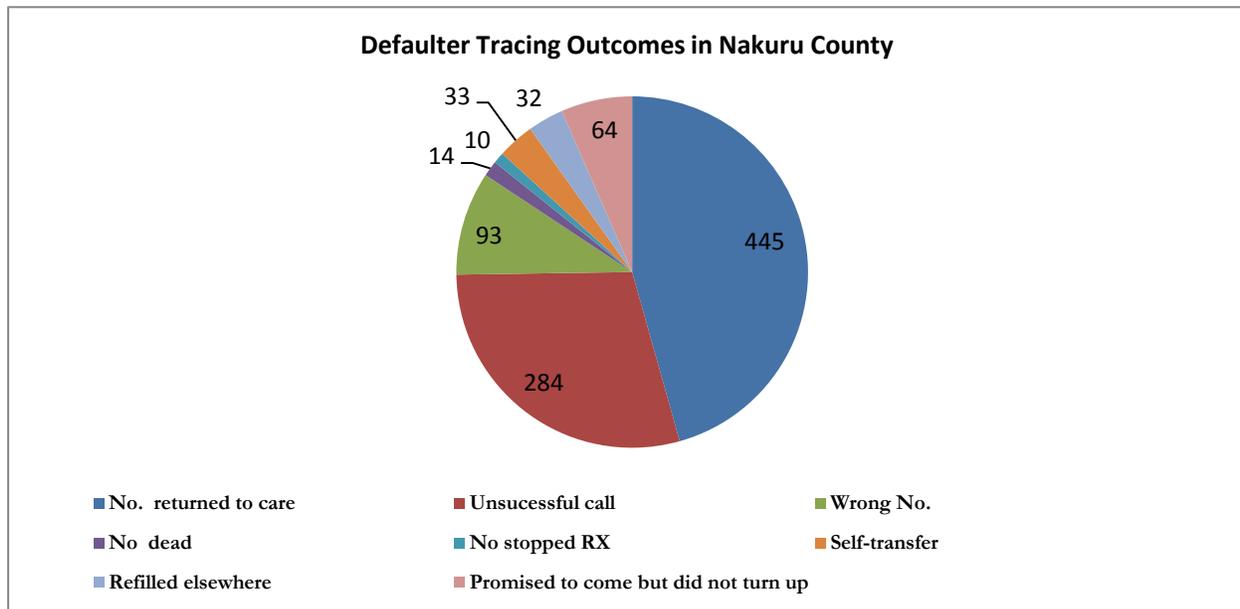


Figure 9: Nakuru County Defaulter Tracing Outcomes

**Narok County:** The project supported mentorship in ten of the new ART sites to build their capacity to provide quality services. A total of 191 patients were newly enrolled into care translating to 85% of the total people testing positive this quarter. In the next quarter, the project will intensify mentorship and strengthen referral mechanisms to reduce loss to follow-up. For the cohort of patients started on ART between March and June 2012, the average retention on ART at 12 months is 62% compared to 52% last quarter. Through defaulter tracing mechanisms supported by the project, 52 of the 58 defaulters were contacted; 52 were contacted of whom 34 returned to care, 12 transferred out, two died, one stopped treatment and three could not be reached. Through FUNZO Kenya, an additional 18 staff were trained on paediatric HIV and 25 trained on PMTCT.

**Laboratory Strengthening**

During the quarter under review, 85 lab staffs were mentored on biosafety and quality sample collection and preparation. Three APHIAPlus laboratory technical officers attended a three-day orientation on Multistep Approach on quality in PT and use of data tools in the laboratory in Nakuru organized by NHRL and CDC.

**Baringo County:** Two orientations on commodity management and HTC were conducted and 29 HCW reached. During the quarter, 15 staff from 11 laboratories were mentored on biosafety and quality sample collection and preparation. Eldama Ravine DH laboratory is participating in hematology, microbiology, parasitology, TB and HIV External Quality Assurance (EQA), which is sponsored by AMREF and NHRL. Three districts were supported with buffer stocks of HIV testing commodities.

**Kajiado County:** Six laboratory staff were mentored on biosafety and quality sample collection and preparation. Seventeen laboratories participated in the EQA for TB microscopy with satisfactory performance. Oloitokitok DH was established as a new central site for CD4 testing. The staff were oriented on routine maintenance of CD4 machines and other laboratory equipment.

**Laikipia County:** The project supported one orientation on biosafety in Laikipia Central reaching 14 HCW. In addition, 27 HCW were oriented on commodity management. Mentorship was conducted at eight facilities reaching 18 staff on commodity management, DBS for adult viral load collection, HTC algorithm, SOP writing and how to access the NASCOP EID database. Two staff were enrolled in the 10<sup>th</sup> national HIV proficiency testing. Eighteen facilities participated in TB EQA with Nanyuki DH participating in the CD4, hematology and clinical chemistry EQA.

**Nakuru County:** The project supported two orientation sessions on biosafety and phlebotomy attended by 30 HCW and another on commodity management reaching 14 HCW. In addition, 56 HCW at ten facilities were mentored on EID, viral load sample collection and transportation, commodity management and laboratory SOP writing. Bahati DH was supported to develop laboratory SOP. The project distributed laboratory job aids to six facilities and supported two new laboratories to enroll for EQA, HIV rapid PT. Three laboratories (Naivasha DH, Molo DH, and PGH Nakuru) are participating in EQA for hematology, clinical chemistry and CD4; 61 laboratories participating in TB microscopy EQA. PGH Nakuru and Naivasha DH laboratories are undergoing the WHO Strengthening Laboratory Management Toward Accreditation (SLAMTA) stepwise accreditation process.

Keringet HC received a donation of CD4 Flow Automated Cell Sorting (FACS) count from GORTA (an Irish NGO). Sixty six facilities reported stock-outs were supported with buffer stocks of RTK. The project transported 2,033 CD4 samples from nine districts to the central CD4 testing hub for analysis. CD4 testing was low during this reporting period due to shortage of reagents at Nakuru PGH and Naivasha DH. Viral load testing through laboratory networking was rolled out to five additional sites; 66 viral load samples were transported for analysis.

**Narok County:** One orientation on biosafety, quality sample collection and health commodities management was conducted reaching 35 HCW in Narok North. Six laboratory staff were mentored on SOP development. Mentorship on DBS sample collection was done at five facilities bringing the number of facilities offering the service to 18. Currently, 11 laboratories are participating in TB microscopy EQA and the NHRL HIV EQA scheme. All of the eleven facilities have performed satisfactorily.

Eleven new testers were enrolled to participate in the 10<sup>th</sup> national HIV proficiency testing making a total of 31 HCW from 12 facilities. During the round nine proficiency testing, only one participant failed, having given incorrect results. The counselor was included in the remedial training on HTC conducted in the region.

### ***Pharmacy Support***

During the quarter under review, 174 HCW from 103 health facilities were mentored on commodity management and pharmacovigilance. Ten facilities in Nakuru County experienced an acute stock-out of ARVs occasioned by delays in supply. However, the project intervened by assisting the district pharmaceutical facilitators to redistribute the ARV drugs.

**Baringo County:** During the reporting quarter, 21 HCW from 16 facilities were mentored on commodity management, pharmacy reporting, forecasting and quantification of ART and OI drugs, pharmacovigilance, inventory management tools, medication use counseling checklists and alert cards. The five facilities reporting to the national supply chain had 100% reporting rates. Fourteen of the 16 ART sites had no drug shortages. However, redistribution of ART commodities was done to three facilities. Currently, four facilities (Eldama Ravine DH, Kabarnet DH, Marigat DH and Kabartonjo DH) are doing pharmacovigilance reporting. Marigat DH was made a central site and Chemolingot DH assessed for readiness.

**Kajiado County:** The project, working closely with the Health Commodities and Services Management (HCSM) project, mentored 44 HCW at 33 health facilities on pharmacovigilance reporting and supplied them with reporting forms. A commodity management review meeting was held bringing together 20 facility in-charges from Kajiado North and Central districts. The key issues addressed were improvement of documentation and reporting, and the role of HMTs in averting commodity stock-outs in the health facilities. All of the 17 ART sites quantified and reported consumption data in a timely manner. As a result, none of these facilities experienced a stock-out of ART commodities.

**Laikipia County:** During the reporting quarter, a total of 18 HCW were oriented on commodity management. Additionally, 26 HCW from 16 facilities were mentored on pharmacovigilance and commodity management. Out of the facilities mentored, five were assessed and prepared to start offering ART services in the next quarter. Owing to commodity management orientations and ongoing mentorship, there was no facility that reported stock-out during the reporting quarter.

The project also supported distribution of ARV drugs to facilities in Nyahururu and Laikipia West districts that had challenges accessing the central sites. In order to address the challenge, the project, together with the district pharmaceutical facilitator, conducted an assessment for Ndindika HC to prepare it as central site serving Oljabet, Ngarua Sipili and Olmoran HC. Pharmacovigilance tools and job aids were distributed to five new facilities and staff mentored on their use.

**Narok County:** The County has two central sites (Narok DH and Ololulunga DH) for ART commodities. Access to these sites, especially in Narok South, has been a challenge due to terrain and the long distances from satellite sites. The project, through the district pharmaceutical facilitators, assessed the capacity of three health facilities (Nairagie Enkare HC, Olokurto HC and Sogoo HC) to serve as stand-alone sites.

A total of 31HCW from 15 health facilities were mentored on commodity management and pharmacovigilance reporting. Mentorship also focused on expiry tracking so as to ensure facilities can raise alerts of any short expiry commodities in the stores. The project supported re-distribution of such drugs to other facilities, re-stock for the lower level facilities with long-expiry drugs and redistribution of ARV drugs to seven far-flung facilities of Narok South district.

**Nakuru County:** A total of 52 HCW from 23 facilities were mentored on pharmacovigilance, inventory management tools, medication use counseling checklists and alert cards. Due to the mentorship, all ART sites improved in reporting to supply chain with reporting rates ranging from 80-90% compared to 60-70% last reporting quarter. Additionally, HCW were mentored on commodity management, pharmacy reporting, forecasting and quantification of ART and OI drugs in the central sites. Of the 45 ART sites, 10 had drug shortages and the project supported

to redistribute drugs from the central sites to the sites. Six sites are doing pharmacovigilance reporting.

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

There is a sustained supply of malaria Rapid Diagnostic Tests (RDT's) in tier three and two facilities and thus adherence to standard treatment guidelines for malaria.

### 3.1.9 Increased availability of screening and treatment for TB

During the reporting period, 1,541 TB cases were detected of which 1,134 (74%) were tested for HIV; 194 were HIV positive and 390 persons were started on cotrimoxazole. The variance is due to the known positive who were started on cotrimoxazole within the quarter. Follow up of the TB-HIV collaborative activities has enabled the project identify gaps that are subsequently addressed through mentorship, CMEs/updates and provision of job aids to ensure TB-HIV integration.

**Baringo County:** The project supported the integration of TB-HIV service in 11 out of the 16 ART sites. A total of 97 TB cases were detected and 51 tested for HIV of whom 17 were found to be TB/HIV co-infected. Twelve out of 17 were on cotrimoxazole prophylaxis. Eight co-infected clients were started on ART. The project will provide targeted mentorship on HTC for TB patients and initiation of CPT and ART in co-infected patients to enhance uptake of the services among TB/HIV infected patients.

**Kajiado County:** During the quarter under review, 233 TB cases were detected in five sites. Of these 230 were tested for HIV; 73 were HIV positive and 60 started on ART. Additionally, mentorship on TB-HIV collaboration focused on intensified case finding, immediate initiation of treatment and integration in the 17 ART sites.

**Laikipia County:** Mentorship, OJT and sensitization of HCW on TB screening, diagnosis and treatment was conducted reaching 38 HCW. Out of the 100 cases of TB that were detected from four high volume facilities, 97% were tested for HIV and 44% tested positive; 49% were started on ART. TB Intensive Case Finding (ICF) forms were supplied to all the eleven ART sites to ensure TB screening at every visit. Four facilities in the county offer TB/HIV integrated services (Oljabet HC, St. Joseph Catholic clinic, Rumuruti and Ndindika DH).

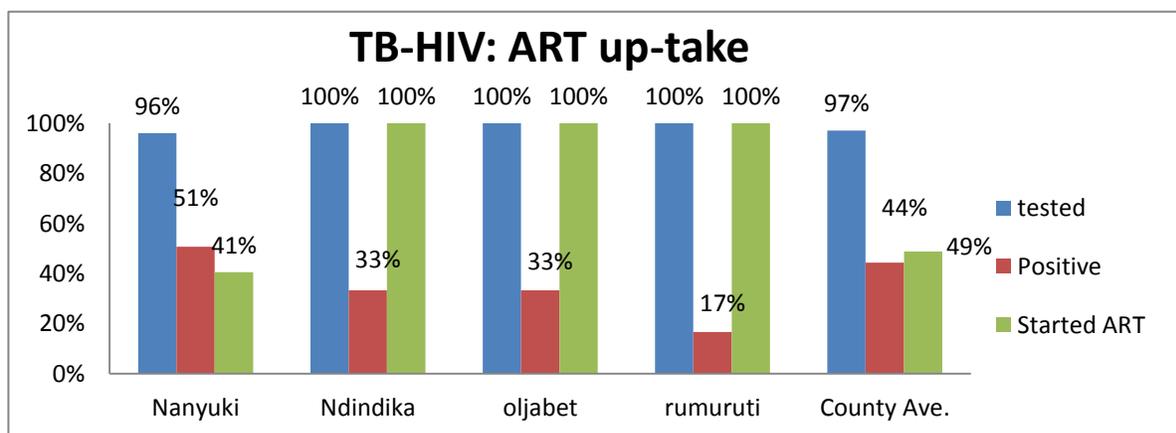


Figure 10: TB-HIV: ART up-take

**Nakuru County:** During the reporting quarter, 823 TB cases were detected. Of these 74% were tested for HIV; 43.6% were TB/HIV co-infected. Of the co-infected, 93.6% were on CPT. The

project mentored HCW on management of TB/HIV co-infected patients, infection prevention and control; and disseminated TB screening tools to facilities. In addition, the project supported an orientation on TB screening in Naivasha District. The MOH 711 reporting tool does not capture the number of HIV positive TB clients started on ART. The project staff sampled a few facilities to have data from the source documents for comparison. The table below shows the data collected from five facilities.

Table 1: Sampled TB data

Facility	TB cases detected	Not tested	Tested for HIV	Known +ve	New +ve	Total +ve	on ART
PGH Nakuru	61	5	45	11	11	22	16
Bahati DH	29	2	27	1	8	9	9
Molo DH	53	3	38	12	9	21	14
Elburgon DH	9	2	6	1	3	4	3
Njoro HC	22	0	14	10	3	13	13
<b>Totals</b>	<b>174</b>	<b>12</b>	<b>130</b>	<b>35</b>	<b>34</b>	<b>69</b>	<b>55</b>

**Narok County:** During the quarter under review, 18 HCW from nine facilities were mentored on intensified TB case finding and management of TB/HIV co-infection. Ololulunga DH 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. From the four facilities (Narok DH, Ololulunga DH, Nairagie Enkare and Olokurto HC), 99 patients were diagnosed with TB, 98 (99%) tested for HIV with 38 (39%) turning positive. Out of the 38 TB-HIV co-infected patients in the quarter, 24 (63%) were started on ARVs. Mentorship is ongoing to address the gaps especially at Narok DH where only 38% were initiated on ART.

### 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 to reduce missed opportunities and increase uptake of HTC service. The project staff disseminated national FP job aids, SOPs and cervical cancer screening guidelines to facilities. 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 74,710 RH clients. This translated to a total of 33,126 CYP . The bulk of clients consisted of revisits, with only 29.7% being new.

During the quarter under review, the project conducted RH assessments in 32 facilities and the following were the findings: most of the short-term commodities were available; there was low uptake of Long-Acting and Permanent Methods (LAPMs) and dual protection methods; there was no integration of HTC/FP/HIV services; most facilities lacked FP reference materials and LAPM commodities and equipment; there was poor documentation in the recording and reporting tools; there was poor Infection Prevention (IP) Practices in the FP rooms. After the assessment, DHMTs jointly with project staff developed action plans to increase the uptake of LAPMs and to address the gaps identified. Actions to be undertaken include; continued mentorship of HCW on LAPM, training of CHW on Community Based Distributor (CBD), demand creation during Community Health Strategy (CHS) dialogue and action days and reaching male partners through targeted male forums.

**Baringo County:** A total of 88 out of the 92 supported facilities in the county offer FP services, while four Faith-Based Organization (FBO) facilities don't offer FP services. LAPMs are offered in 35 (39%) out of the 88 facilities up from 20 the previous quarter. During the quarter, a total of 6,974 clients accessed FP services, translating into 2,641 Couple Year of Protection (CYP) which is an increase compared to 5,555 clients (2,318 CYPs) achieved in previous quarter. The bulk of clients consisted of revisits, with only 32.9% being new. Among females, the most popular contraceptive method was injectables (78%). Long term FP methods (BTL, IUCD and Implants) contributed 361 of the clients, compared to 356 during the previous quarter. Through outreaches, 28 clients were offered injection while 12 given Combined Oral Contraceptives (COCs). Three CUs (Emining, Solian and Ngumbereti) contributed to reaching out to 134 clients through CBD during the quarter. The clients were offered FP counseling, pills and condoms.

A total of 70 HCW (81% females) from 24 facilities were mentored on HIV/FP integration, Post-Natal FP, Medical Eligibility Criteria (MEC), LAPMs, FP commodity management, infection prevention in FP rooms, Carcinoma of the Cervix (CaCx) screening integration into FP services, use of data for decision making and use of the reference materials. In addition, 26 HCW were sensitized on FP/HIV services integration and LAPMs. Eight CMEs attended by 111 HCW were held on: FP/HIV services integration, MEC and LAPM. In addition, the project trained 112 HCW/CHW on MNCH/FP from 11 facilities and three CUs in Mogotio and Koibatek districts.

Job aids, guidelines and SOPs were disseminated and distributed to 32 health facilities. These included: TIAHRT charts, MEC wheels, FP Fact books, FP handbooks, FP check lists, current FP guidelines and CaCx screening charts(VIA/VILI)

In this quarter, 18 facilities in the county offered CaCx screening an increase of five facilities compared to 11 the previous quarter. A total of 165 clients were screened for CaCx of whom 18 had positive results and were referred to Nakuru PGH for cryotherapy. Eight had cervical polyps and were referred for gynecological review and 12 were treated for STI. Twelve HCW were sensitized on CaCx screening in Baringo Central District and 16 others reached through CMEs. Mentorship was conducted to 15 HCW at six facilities on CaCx screening, Cervical Cancer Screening Program (CECAP) data tools and integration of CaCx screening into HIV and FP services.

**Kajiado County:** During the quarter, the project mentored 20 HCW from ten health facilities. Job aids were also distributed to 31 health facilities. By the end of the quarter, staff from 17 health facilities had been oriented on CaCx and a total of 534 women screened. Of these, two had suspicious lesions and were referred for cryotherapy. A total of 15,028 clients accessed RH and FP services contributing to a CYP of 6,017.

**Laikipia County:** The project supports 53 health facilities to provide quality RH/FP services in the county. The project supported three CaCx and breast cancer screening outreaches, two at the DICs and one at the Majengo community unit at Kanyoni. In total, 60 women aged 15-49 were screened for CaCx, two of whom were positive and referred to Nanyuki DH for cryotherapy. Of the screened women 53 were tested for HIV, with one positive client referred and enrolled into care at the Nanyuki DH CCC. Sixty three clients were screened for breast cancer and two were found to have lumps and were referred to Nanyuki DH for fine needle aspiration and cytology. A total of 10,086 clients accessed RH and FP services contributing to a CYP of 4,688.

**Nakuru County:** The County has 176 FP sites with requisite skilled manpower and equipment to offer long-term FP methods. Of the 176 supported health facilities, 84 have integrated FP services and 12 have integrated FP and CaCx screening services in CCC. During the quarter, a total of 37,616 clients accessed FP services, translating into 18,431 CYP which is an increase compared to 15,047 achieved in previous quarter. The bulk of clients consisted of revisits, with only 29.3% being new. Among females, the most popular contraceptive method was injectables (70%). Long-term FP methods (BTL, IUCD and implants) contributed to 66% of the CYP compared to 50% during the previous quarter.

A total of 42 HCW (79% females) from 18 facilities were mentored on LAPM. A total of eight CMEs were supported on CaCx screening, IP and FP/HIV integration. Assorted job aids/guidelines and SOPs were distributed and disseminated to 44 health facilities across all the districts. In addition, 14 private sector health providers were oriented on CaCx screening.

The project supported rapid assessment and dissemination of the RH/HIV minimum package at Nakuru PGH, Bahati DH, Gilgil Sub-DH, Naivasha DH and Molo DH to enhance service integration, and 23 health managers were reached. The targeted departments developed action plans to inform accelerated integrated RH/HIV services. The implementation of the action plans will be monitored closely in the next quarter.

**Narok County:** The project supports 37 facilities to provide quality RH/FP services in the County. Four sites were visited in the quarter for RH assessments. The assessment indicated that a number of HCW lack skills in provision of LAPM. Mentorship and OJT on LAPM was provided to 26 HCW from 12 facilities. To further address this gap, the project, through the county and district RH coordinators, have planned a series on short-term orientations and OJT for HCW in the next quarter.

Four facilities offering CaCx screening served 221 clients. Of these, five clients had suspicious lesions and were referred to Narok DH for cryotherapy. In order to increase access to the screening, the service was incorporated in two of the outreaches carried out in Narok South district where 28 women were screened and two suspicious lesions were treated at Narok DH. The total number of clients served with RH/FP services was 4,958 achieving a CYP of 1,347. Through the CBD program, 1,140 clients were provided with RH/FP services.

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

During the reporting period, 27,706 pregnant went for first ANC visit which translates to a cumulative achievement of 53,484(37.1%) of the annual target. The program is having outreaches and working with CUs to increase number of women attending ANC. 16,140 women had skilled deliveries, representing cumulative achievement of 28,426(94.8%) of this year's target.

**Baringo County:** During the quarter, 3,494 and 1,469 clients accessed 1<sup>st</sup> and 4<sup>th</sup> ANC visits. The deliveries by skilled birth attendants were 2,335 compared to 1,732 deliveries last quarter. In order to improve performance, the project staff working with the DHMTs conducted capacity building activities among HCW as follows; 112 HCW from 20 health facilities were mentored on management of labor by partograph, AMTSL, use of magnesium sulphate (MgSO<sub>4</sub>),

management of obstetric emergencies and emergency preparedness, infection prevention and Focused Ante-Natal Care (FANC). Additionally, 44 HCW oriented on Maternal and Perinatal Death Review (MPDR), obstetric emergencies, and management of labor by partograph. Eighty seven (87) HCW/CHW from 11 facilities and three CUs were trained on MNCH to enhance community facility linkage, manage obstetric/neonatal emergencies and effective referral. Due to the capacity building efforts, there are 15 maternity units in the county having correct and consistent use of partograph from none in the previous quarter. The project also disseminated and distributed reproductive health job aids to 32 health facilities (AMSTL, use of MgSO<sub>4</sub>, management of PPH, danger signs for mothers and for babies, current PMTCT guidelines, PMTCT prophylaxis for infants and mothers, IP SOPs, key RH messages, neonatal resuscitation (HBB), Infant and Young Child Feeding (IYCF), FANC, oxygen administration, infant feeding chart).

**Kajiado County:** The County has 108 facilities offering ANC services. During the quarter under review, 2,615 were conducted under skilled attendants. In total 5,736 clients attended 1st ANC visit while 2,405 attended the 4th ANC visit. The project is supporting DHMTs to undertake outreaches and sensitize the community through CHW to increase the proportion of women attending 4th ANC.

The project conducted mentorship on monitoring mothers in labor using the partographs across ten health facilities and carried out sensitization and orientation to 64 HCW. Targeted CMEs were conducted in Kajiado Central and Oloitokitok districts where 124 HCW were reached. The key topics covered were Emergency Obstetric and Neonatal Care (EONC), safe motherhood and post rape care. Assorted job aids were distributed to 21 health facilities.

**Laikipia County:** During the quarter under review, 2,250 women attended the 1st ANC visit and 990 attended the 4<sup>th</sup> ANC visit. The project is addressing the low uptake of ANC services through targeted integrated outreaches to underserved areas of Laikipia West, Laikipia North and Nyahururu districts. The number of deliveries by skilled attendants increased to 1,504 deliveries from 752 in the last quarter. Mentorship focused on correct documentation, records keeping and use of partographs in monitoring labour since these were identified as the main gaps in provision of quality MNCH services.

**Nakuru County:** There are 200 ANC sites and 50 health facilities with the capacity for Basic Essential Obstetric Care with only four public health facilities offering Comprehensive Essential Obstetric Care. During the quarter, 12,426 and 4,842 clients accessed 1<sup>st</sup> and 4<sup>th</sup> ANC visits. A total of 8,410 clients had births conducted by skilled attendants. During the reporting period, 62 HCW from 24 health facilities were mentored on FANC, AMSTL, partograph and management of obstetric emergencies/newborn care. The project also disseminated and distributed reproductive health job aids to 44 health facilities to enhance service delivery and promote quality of care. Through orientations 30 HCW from Langalanga and PGH-Nakuru were equipped with knowledge and skills in IP, targeted post natal care and AMSTL. Another 50 HCW from Langalanga, Kapkures and PGH-Nakuru were reached through CMEs. Through enhanced engagement with RH department in Nakuru PGH, the MPDR committee was strengthened and is running effectively.

**Narok County:** During the reporting period, 3802 clients attended the 1<sup>st</sup> ANC visit while 747 attended the 4<sup>th</sup> ANC visit. The county presents unique challenges of low literacy, poor physical access to health and cultural barriers that hamper quality antenatal care. Through the joint work plans the project and the MOH is addressing these challenges through integrated outreaches

targeted to the hard to reach areas and also enhancing community-facility referrals through the community health strategy.

### **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, 31,049 children received PENTA 3 vaccine. A total of 34,612 children were treated for diarrhea indicating a marked decline from 39,884 last quarter possibly due to increase in latrine coverage through the efforts of CUs and improved household practices. The project 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 the establishment of ORT corners in facilities that had none.

**Baringo County:** During the quarter, immunization coverage for PENTA 3 stood at 3,787 (81% of the quarterly target, 48.4% of annual target), measles 4,216 and FIC 4,058. Vitamin A coverage for children <5 was 17,750, against a target of 17,504 (101.4% of quarterly target) and cumulative achievement of 22,751(40%) against a yearly target of 58,346. The project supported nine integrated outreaches in five districts where 307 children were immunized, 688 treated for minor ailments, 264 dewormed, 298 were weighed (growth monitoring) and 253 given multivitamins. There are 24 facilities with functional Oral Rehydration Therapy (ORT) corners and 16 facilities that have and are correctly using Food by Prescription (FBP).

To improve the coverage for immunization and vitamin A supplementation, the project supported intensified targeted integrated outreaches to underserved groups with high number of unvaccinated children, provision of vitamin A and vaccination during National Supplementary Immunization Days (NSIDs) and in Early Childhood Development (ECD) institutions; enhanced linkage with CUs and robust defaulter tracking; and mentorship and orientations on child health packages. A total of 6,358 children were treated for diarrhea and 1,827 for pneumonia during this period.

A total of 33 HCW at 13 facilities were mentored on neonatal resuscitation, immediate/essential care of newborn, care of a small/very small baby by Kangaroo Mother Care (KMC), Integrated Management of Childhood Illnesses (IMCI), danger signs in a baby, management of diarrhea in children under-fives, IYCF, KEPI schedule of immunizations, cold chain management and storage/ handling of vaccines and use of the vaccine monitoring chart. Another 28HCW from Mogotio and Koibatek districts were trained on MNCH. Other activities supported included CMEs to 24 HCW on neonatal resuscitation, current IMCI guidelines in management of diarrhea in children and nutritional assessment for children under five years, dissemination and distribution job aids, guidelines and SOPs to 32 facilities and distribution of reference materials (IMCI flip charts, IYCF flip charts, Neonatal resuscitation job aids, immunization Monitoring Charts and ORT guidelines).

**Kajiado County:** A total of 15 HCW at nine health facilities were mentored on active monitoring of labour through partographs and essential newborn care including resuscitation. A total of 57 facilities were provided with support supervision and it was noted that more than half of the facilities lacked adequate equipment for delivering the essential care package. The project has initiated a procurement of the missing equipment to address this challenge.

In order to reach out to children and mothers in the far-to-reach areas of the county, the project supported the MOH to conduct eight integrated outreaches. As a result, 152 children were

immunized, 183 provided with vitamin A supplementation and 229 growth monitored. Further, 33 women were offered antenatal care services, 553 children dewormed, 375 treated for minor ailments and 87 tested for HIV. Currently, the proportion of fully immunized children in the county stands 83%. However there is variability between districts with Kajiado Central registering only 60% FIC compared to 93% in Kajiado North. Through the joint work plan, the project has increased the number of outreaches in Kajiado Central from two to three per month. The main challenge that the project is addressing is low vitamin A supplementation among the under five years which currently stands at 38% of the target population. This is being addressed through sensitization of HCW and mothers through health education in MNCH and community units.

**Laikipia County:** Due to free maternal health care services and mentorship, most MNCH indicators have improved but not immunization in Laikipia East, which is still low. During the JWP review with Laikipia East DHMT, funds were allocated for additional integrated outreaches to improve immunization coverage in the district targeting low immunization pockets. Mentorship was provided to 19 facilities focusing on neonatal care.

**Nakuru County:** The County has 200 primary care centers with 40 health facilities with functional ORT corners. During the quarter, immunization coverage for PENTA 3 stood at 12,357 (84%), Measles 13,847 (94%) and FIC 13,593 (93%). Vitamin coverage for children <5 was 26,472 (37%) against a target of 67128. The unmet need for immunization (FIC) is only 7%. The number of children treated for diarrhea stood at 12,720 showing a marked decline from last quarter 14,328 possibly due to increase in latrine coverage through the efforts of CHS and improved household practices.

The project supported 18 integrated outreaches in seven districts (Naivasha, Gilgil, Njoro, Kuresoi, Rongai, Nakuru central and Nakuru North) where 226 under five children immunized, 997 dewormed and 475 supplemented with vitamin A. The project also supported “Malezi Bora” activities targeting mother and child health for enhanced MNCH service delivery. Nakuru Central DHMT engaged ECDE teachers and schools for vitamin A supplementation and a total of 5,126 under-five’s were reached.

A total of 59 health providers from 24 health facilities were mentored on IMCI, immunization and neonatal resuscitation. The project will provide basic equipment, mentor HCW on IMCI and provide IMCI job aids/charts to scale up ORT corners set up at facilities. Another, 26 HCW from Nakuru Central District were given orientation on expanded programme on immunization to upgrade knowledge and skills in childhood immunization, cold chain maintenance, commodity security and disease surveillance. Also 33 HCW were oriented on newborn resuscitation in Naivasha District.

The MDT team disseminated and distributed job aids/guidelines/SOPs to 44 health facilities; the job aids and data tools included the mother/child booklets, immunization monitor charts, Help babies’ breath flow charts and IMCI charts.

**Narok County:** Mentorship on newborn resuscitation was provided to eight HCW at Narok DH and Ololulunga DH. This coupled with active management of labour through partography, is aimed at avoiding neonatal deaths due to preventable causes. Additionally, 16 HCW from 10 rural health facilities were mentored and oriented to establish ORT corners for appropriate management of childhood diarrheal illnesses. There are 29 facilities with ORT corners in the county. The project plans to facilitate establishment of ORT corners in the remaining 24 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 and 289 children immunized during the exercises.

### **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***

During the quarter under review, the project reached 1,193 (659 female and 534 male) out of the 3,388 individuals in 27 workplaces through peer education using the Healthy Images of Manhood (HIM) curriculum. A total 312 persons in workplace were counselled and tested for HIV of which six were positive and referred to care within the workplace health facilities or the nearest public health facility, whichever was more appropriate. The achievements per county are detailed below.

**Kajiado County:** During the quarter under review, the project provided technical assistance to Tata Company through the trained peer educators to address intergenerational sex which is a major challenge as 90% of the company workforce is composed of men who frequently develop relations with school girls leading to unwanted pregnancies and unsafe abortions.

**Laikipia County:** The project supported Finlays Horticultural Company to train a HIV workplace committee of 16 members. The role of the committee is to coordinate the HIV workplace program in the work place. Peer educators training is scheduled for next quarter.

**Nakuru County:** During the quarter under review, 571 persons were reached with the minimum six sessions drawn from the HIM manual. In addition, the project continued to work with 18 workplaces with a total of 19,263 workers. Various health education activities reached 1,906 people from 13 workplaces. One HIV workplace committee made up of 13 persons was trained at Aquila Farm. The International Labour Organization's (ILO's) code of practice on HIV/AIDS, "The World of Work 2001," and the ILO recommendations for HIV and AIDS, and "The world of Work (no. 200) of 2010" were used to facilitate the training.

Thirteen persons from Finlays and Aquila Farm workplaces accessed Voluntary Medical Male Circumcision (VMMC) through the support of the project. These two companies have offered their facilities to the project to offer VMMC services. Six companies in Naivasha having a total of eight support groups continue to provide support to their HIV-positive employees. The eight support groups continue to conduct prevention with positive session among members and their families.

**Narok County:** During this reporting period, four peer educators from an implementing partner were identified and oriented on the HIM manual and Video Opportunities for Innovative Condom Education and Safer Sex (VOICES) model. The peer educators reached 720 persons against the quarter target of 245 through peer educators with HIM. In addition, the project mapped out ten hotels, seven banks, one supermarket and five other workplaces within Narok town as possible workplaces for the APHIAPlus project intervention.

#### ***Youth Program***

During the quarter under review, the program worked closely with Department of Youth Affairs to operationalize the youth empowerment centers in Narok, Naivasha and Ngong. There was scaling up of Youth Friendly Services (YFS) with operationalization of four sites (Mogotio, Ndindika, Loitokitok, and Nanyuki).

Linkages to economic opportunities were provided through trainings on greenhouses and hatcheries. A total 1,200 Out-of-School Youth (OSY) were trained through linkages with Youth Empowerment Development Fund (YEDF), and 216 were supported with different financial products; 18 young groups successfully qualifying for financial support, 43 young people provided with hatcheries and six groups supported with greenhouses.

During the period under review, the program worked with the Ministry of Education (MOE) to strengthen life skills implementation. This led to an increase in enrolment to 111,358 from 86,186 pupils during the previous quarter in Narok and Nakuru counties. Club patrons were oriented on health clubs establishment and strengthening.

In addition, the program rolled out two nationally-recommended Evidence-Based Interventions (EBIs), Stepping Stones and Healthy Choices II, to be implemented in Nakuru and Baringo counties. In the process 32 Healthy Choices II facilitators were trained to reach out to 3,000 children and 56 peer educators were trained from eight beach management units from both counties.

During the quarter under review, the program intensified peer education sessions reaching 6,989 (2,931 Female and 4,058 Male) youth with a minimum peer education package against a set target of 7,000 for the quarter. The achievements per county are outlined below.

**Baringo County:** During the reporting period, the project initiated an intervention targeting the fishing community by training 20 (9 Female and 11 Male) persons from the fishing community of Lake Baringo using Stepping Stones curriculum. In addition, 24 youth (13 Female and 11 Male) from organized youth groups in Mogotio District were trained in peer education using the Youth Activity Guide for small groups. The trained peer educators reached 704 youth (361 Male and 343 Female) through small group sessions. As a result, 60 youth (32 Female and 28 Male) were counselled and 59 (31 Female and 28 Male) tested. Peer educators distributed 2,420 condoms.

**Kajiado County:** During the quarter under review, 571 (226 Female and 345 Male) OSY were reached with a comprehensive package of information out of which 212 were youth in the transport sector using the peer education activity guide, Health Choices II, Stepping Stones and Time to Talk Family Life curriculum. Peer educators distributed 34,811 condoms (28,402 male and 6,409 female) to their peers. A total of 766 youths (60% males) received HTC services; 35 females received CaCx screening; 132 female youths received FP services and 353 youths (75% males) received STI treatment services.

**Laikipia County:** During the quarter under review, 653 (41% females) were reached of which 349 were youth in the transport sector. A total of 4,240 male condoms and IEC materials were distributed by peer educators to peers. The condoms were provided by Nanyuki District Hospital. In addition, 599 youth (41% females) were reached with HTC services and 17 referred for enrollment to care. In an effort to economically empower the youth, 25 OSY were trained in financial literacy.

**Nakuru County:**

**Out of School Youth:** During the quarter under review, 2,275 young people were reached with peer education using the peer education guide. This included 739 in tertiary education, 931 youth in transition, 252 in church and 353 in the transport sector. A total of 16 TOTs (9 Females and 7

Males] were trained on Healthy Choices II life skills curriculum for youth aged 15-18 years. Another 30 peer educators (12 Female and 18 Male) were trained on Stepping Stones EBI.

Additionally 148 persons (56% females) in family union were reached using Time to Talk Family Life Education standard curriculum. A total of 2,283 young people (53%) were reached with HTC services, 44 with STI screening services (84% females), 93 (78% females) with PwP services and 139 female received CaCx screening.

**Youth in School:** The project supported 138 schools in six districts to implement LSE. Supportive supervision was carried out by District Quality Assurance and Standards Officers (DQASOs) to 124 schools out of 138 to assess the status of life skills program activities and provide technical assistance to teachers. The assessment also established that there was an increase in enrolment of pupils to LSE from 51,493 (50% boys) last quarter to 69,115 (49% boys) this quarter and that 82 schools out of 124 assessed had active school health clubs. The increase in the enrolment is attributed to orientation of additional teachers by the trained LSE teachers and additional schools reporting following supportive supervision by DQASOs. The project also oriented 58 LSE teachers on formation and strengthening of health clubs to complement LSE activities.

**Youth Friendly Services:** During the quarter under review, the project supported five sites offering YFS at Nakuru PGH, Bahati, Gilgil, Naivasha DH, and Naivasha DH. DHMTs were supported to carry out support supervision to four sites at Bahati, Nakuru PGH Gilgil DH and Bondeni clinic. Additionally, 12 facilities within Nakuru District were oriented on YFS national guidelines and reporting tools. The facilities included: Lanet HC, FITC, GK Prisons, Civil Servants clinic, Bondeni clinic, 3KR MRS Lanet, Pipeline dispensary, Kapkures dispensary, Mirugi Kariuki dispensary, Langalanga H.C., KITI dispensary and Nakuru West clinic.

#### **Narok County:**

**Out of school youth:** During the quarter under review, 2,334 (36% females) OSY were reached with peer education using the youth peer education guide. The project in collaboration with YEDF also trained 200 youths from ten groups on egg hatcheries. The project reached 1,000 motorcyclists with road safety and economic empowerment information, out of which 45 received HTC services, all non-reactive

**In-School Youth:** During the quarter under review, the enrolment of pupils into the Life Skills Education (LSE) program increased from 34,693 (52% boys) to 42,243 (51% boys). The increased enrolment was as a result of teacher induction, emphasis and support from the school and zonal management.

#### **Most at Risk Populations (MARPs) Program**

The MARPs interventions targets female and male sex workers (FSW and MSW) and Men who have Sex with Men (MSM) in nine urban areas and three truck stops spread in five counties. The interventions include peer education and outreach, condom promotion and distribution, risk assessment and risk reduction counselling, HIV testing and counselling, STI screening and treatment, linkage to HIV treatment, economic empowerment initiatives. The project works with are 300 trained volunteer peer educators and five DICs serving the key populations in the different areas.

There are an estimated 9,981 FSW and 245 MSM/MSW in the priority areas. So far, a total of 5,555 FSW (55.7%) and 175 MSM/MSW were enrolled to access services in the different areas.

During the quarter under review, 3,400 FSW and 35 MSM/MSW were contacted through peer education and outreach and provided at least one service. A total of 804 participated in peer education sessions out of which 674 completed the recommended six sessions from the SW peer education manual. Through the DICs and outreach to hotspots, 2,903 were reached with at least one biomedical service this quarter;-940 accessed HTC services with 67 testing HIV positive, 1669 were screened for STIs with 374 getting STI treatment and 657 received a modern contraceptive method. The 67 who tested positive were linked to HIV care and treatment services. Additionally, 294 SW were also screened for cervical cancer out of which 12 had suspicious lesions and were referred for further investigations at the various link facilities.

A total of 848 SW participated in various economic empowerment activities in four counties. The activities ranged from crafts classes, table banking and sensitizations on SILC, Women Enterprise Fund and other micro-finance products.

The project hosted three members of the NASCOP's Technical Support Unit for three days in Nakuru County and one day in Narok County for technical support in peer education and outreach. The team supported the project to identify gaps in the peer education and outreach component and identify ways to bridge the gaps. Below find the achievements per county.

**Baringo County:** The project expanded the MARPs interventions to Baringo County in the last quarter targeting the FSWs, their clients, and the fisher folks in Kampi Turkana and Lake Baringo areas of Marigat District. The enrolled 31 FSWs in the county were provided with risk assessment and risk reduction planning services.

Three outreaches were conducted, and 37 FSWs were screened for STIs and treated; 18 FSWs received FP services and 15 FSWs received CaCx screening. A total of 14,400 condoms were distributed. To effectively reach out to the fisher folk, 20 members (9 females and 11 males) of the beach management units (BMUs) of Kampi Samaki of Lake Baringo were trained as peer educators using the Stepping Stones curriculum. They enrolled 235 fisher folks for peer education sessions and are expected to finish the recommended sessions in the next quarter.

**Kajiado County:** A total of 312 FSW were enrolled in peer education activities during the quarter out of who 82 completed the recommended six group sessions while 220 continue with the sessions to complete in the next quarter. A total of 6,582 condoms were distributed to the sex workers during peer education sessions, outreaches and through the established 25 condom outlets. In addition, a hotspot mapping exercise was conducted to map out new hotspots for programming. The SW key informants reported a reduction of the number of SW operating in the three main hotspots due to an increase in crime and police raids in the areas. A total of 14 new hotspots were identified with a majority of them in slum areas where home-based SW operate. Four service delivery outreaches were conducted reaching 107 SWs of which 102 received HIV test and were screened for STIs, 58 were provided FP services and 12 screened for CaCx. None of the SW tested positive for HIV while one had suspicious lesions and was referred to the district hospital for further screening.

Two assessments were conducted during the quarter on data quality and peer education and outreach quality. The results of the assessment were used to improve on the project quality focusing on data quality and peer education and outreach activities.

A total of 25 SW were trained in soap making while 11 were trained on baking. The trainings were based on the SW requests and preferences. As a result, one group of 12 members was

established and registered with the department of social services and are engaging in table banking to raise capital to finance their soap making business.

**Laikipia County:** Out of the 366 FSW and 53 MSM/MSWs enrolled for peer sessions, 291 FSW and 35 MSM/MSW completed the six recommended sessions. An additional 15 SW with adolescent children enrolled and completed the Families Matters sessions. A total of 17,720 male condoms and 250 female condoms were distributed to SW directly during peer education and outreach activities and through the identified hotspots.

A total of 17 hotspots with an estimated 250 SW were identified during the hotspot mapping exercise conducted in partnership with the District AIDS/STDs Coordinator (DASCO) and Constituency AIDS Control Committee (CACC) in Nyahururu District. In addition, 519 SW received at least one biomedical intervention through the DIC and outreaches as follows; 213 SW tested for HIV out of which 16 tested HIV positive and were referred for enrolment into care, 198 were provided with FP among them 68 for the first time. All 519 SW were screened for STIs and 20 treated for different infections. A total of 85 SWs, five CHW and 12 bar owners were given SGBV sensitization sessions. The objective of the sessions was to equip SW, bar owners and CHW with knowledge on how to respond to sexual violations among SW.

A total of 232 SWs were oriented on Savings and Internal Lending Communities (SILC) and table banking this quarter bringing the total to 391 since beginning of the year. As a result, five groups have registered as self-help groups; two groups were trained through the youth enterprise fund and are in the process of applying for loans. One group is engaged in pig and poultry farming.

**Nakuru County:** During the quarter under review, 630 SWs enrolled for services at the two DICs and five outreach sites increasing the number of sex workers enrolled to 3,345 from 2715 last quarter. This increased the proportion of SW in the county reached to 53% of the total population of SW in the county. Accelerated efforts to increase the proportion of SW reached to 75% of the total population by September are currently underway.

A total of 804 SW were enrolled for peer education sessions with 674 SW completing the recommended six sessions and 1,044 SW had their risk assessment and risk reduction done. Peer educators distributed 147,570 condoms in the county. In addition, 400 SW accessed HTC services of whom 32 tested positive; 1,065 screened for STIs out of who 284 were treated for various STIs; 176 screened for cervical cancer with 15 who had pre-cancerous lesions referred to Nakuru PGH and Naivasha DH. Psychosocial support for SW living with HIV continued through five support groups reaching 96 individuals with PwP messages.

There are 321 SW participating in various economic empowerments such as table banking groups, crafts groups, SILC groups and the registered self-help groups. There are currently 12 registered SW SILC groups with a membership 183 and a total saving of over Ksh. 500,000. One group in Naivasha received a loan of 50,000 shillings from the women enterprise fund and another group in Gilgil District was allocated a piece of land by their County Assembly Representative on which they are putting up a poultry farm.

**Narok County:** A total of 402 SWs were enrolled into peer education sessions out of which 254 SW completed the recommended sessions. Peer outreach to hotspots for condom promotion was conducted and 92,400 condoms distributed. A total of 931 SW are enrolled for services out of who 422 accessed various services as follows; 345 accessed HTC with 13 testing positive; 68

treated for different STIs; 88 provided with contraceptives; 85 screened for cervical cancer and one who had suspicious lesions was linked to Narok District Hospital for management. Three SW with complications of induced abortion presented at the DIC and linked to the Narok DH for dilation and curettage. The SW were counselled on contraceptive and condom use. Three others were provided PEP following condom bursts.

The quarterly MARPs project advisory committee meeting was held this quarter with representation from the DHM, police, gender officer, Bar Owners and SWs. The aim of the meeting was to deliberate on ways of creating a supportive environment for the SW intervention implementation. The police representative gave a commitment to intervene and reduce the incidences of SW harassment and respond to SGBV incidences in the region. The bar owners' committed to lobbying other bar owners to ensure availability of condoms in the bars and guest houses. The SW representatives were tasked to support mobilization of SW to access the Women Enterprise fund.

Thirteen SW living with HIV were linked to the HCBC program for support while the children below 18 years were enrolled with the OVC program for support. Crafts session on bead work was conducted for 18 SWs while another 85 SW were oriented on SILC. One self-help group was registered with the department of social services.

#### ***Community PWP Activities (CPwP)***

In collaboration with the MOH, the projects reached 8,758 PLHIV out of a targeted 11,858 with the 13 key messages. During the quarter 54 PLHIV disclosed their status to family members; 33 couples tested for HIV and eight individuals took children for testing. In addition, the project supported PLHIV with home based care services that included home visits, adherence counselling, psychosocial support, health education, food and nutrition education. A total of 3,745 HCBC clients (1,382 Males and 2,363 Females) were served out of 5,327 registered clients in the project. Below find the achievements per county.

**Baringo County:** The project reached 633 (88.2 %) of the targeted 717 PLHIV with CPwP messages. The clients were reached with messages on disclosure, family planning, alcohol and substance abuse and partner testing. As a result of these interventions, three clients had their children tested for HIV and eight members of support group disclosed their status to family members. The project reached 34 clients (26 females 8 males) out of the targeted 50 Home and Community Based Care (HCBC) clients in Eldama Ravine with messages on TB screening, drug adherence, counseling on nutrition support, risk factors/ reduction, alcohol and family planning. As a result, 13 HCBC clients (12 female 8 males) disclosed their status.

**Kajiado County:** During the quarter, 24 trained service providers reached 2,566 PLHIV (1,746 females and 820 males) with CPwP interventions. This is an increase from a total of 2,332 (1453 females, 878 males) reached in the previous quarter. The clients were reached at individual level as well as through group therapy sessions where they were taken through messages including; adherence, disclosure, condom use, partner testing and counseling, nutrition, and how to handle stigma and discrimination.

**Laikipia County:** A total of 2,063 (1,339 Female and 724 Males) were reached with CPwP messages. As a result 16 clients disclosed their status to their families, 29 were tested one of whom was in a discordant relationship, six clients underwent alcohol abuse counseling sessions, 67 females and 19 males adopted condom use and 27 females were initiated on family planning.

Additionally, 279 PLHIV HH were linked for camel milk provision while seven PLHIV were referred for ART and one for TB.

**Nakuru County:** During the quarter under review, 54 CHV providing HCBC services were sensitized on CPwP. In addition, 2,975 PLHIV (1,080 Male and 1,895 Female) were reached with CPwP messages against the target of 4,930. Thirty PLHIV disclosed their status to their partners.

The project continued to support PLHIV with a package of home based care that includes home visits, adherence counseling, psychosocial support, health education, food and nutrition education. A total of 3,745 HCBC clients (1,382 Male and 2,363 Female) were served out of 5,327 registered clients.

**Narok County:** In Narok County, out of the targeted 500 clients, a total of 521 PLHIV were reached with CPwP messages. CPwP is becoming a powerful tool for enabling disclosure of PLHIV because stigma is still very high among the Maasai.

### ***Voluntary Medical Male Circumcision***

Activities in this service area were conducted only in Nakuru County. The project had previously received 1,860 VMMC kits that needed few additional equipment to be complete. These were procured and working in collaboration with the DHMTs of Nakuru Central and Naivasha, established two static sites at Nakuru West Clinic and Naivasha District Hospital. In addition, the services were also provided on an out-reach basis to the Finlay Flower farm and the prisons in Nakuru and Naivasha. Providers who had previously worked with the project providing this service were re-hired and re-oriented by staff from the IMPACT RDO in Kisumu. Services commenced at the beginning of June and by the end of the month a total of 78 clients had been circumcised (ages ranging from 13 – 55 years). The project has embarked on a rapid results initiative from next quarter, with an aim of reaching more clients.

## **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 behaviour 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 behaviour at regional level. Below find the achievements per county.

**Baringo County:** APhiAPlus NyB 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.

**Laikipia County:** Two BCC committee meetings for Laikipia East and central districts were held in the quarter. The meeting deliberated their terms of reference and assigned tasks to members.

**Nakuru County:** The project continued to support the activities of BCC committees in three districts namely Nakuru Central, Gilgil and Naivasha to implement activities based on their

terms of reference. Some of the activities implemented included mapping of BCC stakeholders in their districts.

### RESULT 3.3: INCREASED ADOPTION OF HEALTHY BEHAVIORS

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

The project supported the MOH to carry out site support supervision and mentorship that improved the quality of SGBV/ Post Rape Care (PRC) services at the facility and referral and linkages between the community and facilities. A total of 276 survivors were served compared to 236 survivors served last quarter. Seventeen health facilities offered comprehensive post rape care services whereby 228 persons were provided with PEP by sexual assault / rape.

A total of 776 persons were reached by individual, small group or community level interventions or service that explicitly addresses GBV and coercion related to HIV as follows; 162 persons aged 0-14yrs (163% males), 89 persons aged 15-24yrs (59% males) and 525 persons aged 25yrs+ (34% males). In addition, another 403 persons were reached by individual, small group or community level interventions or service that explicitly addresses legal rights and protection of women and girls impacted by HIV as follows; 30 persons aged 0-14 yrs. (83% females), 32 persons aged 15-24yrs (71 females) and 341 persons aged 25+yrs (11% females).

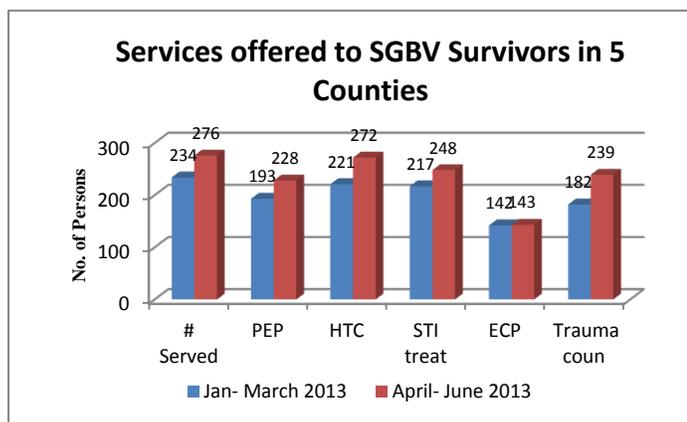


Figure 11: Services to SGBV Survivors

**Baringo County:** During the quarter under review, the project conducted CMEs, mentorship and support supervision on GBV/PRC management to seven sites reaching 35 HCW (57% females) in Eldama Ravine DH and Emining HC, Mercy Hospital, Torongo HC, Kisanana HC, Mogotio HC and Timboroa HC. Gaps identified during the support supervision included that PRC data tools were underutilized, survivors of Sexual Violence (SV) were verbally referred to other facilities and documentation was inaccurate in the PRC form and register. Forty survivors attended support group meetings to help them cope with the occurrence and enhance reintegration into the community. A total of 17 trauma counselors were supervised during the quarter to assess the coping ability and to ensure delivery of quality services.

The project sensitized 32 community leaders on GBV/PRC including six police officers to enhance the communities' capacity to address the issues of SGBV. The overall objective was to equip the community leaders with knowledge on the necessary emergency medical management following sexual violence, referral mechanisms and the law in relation to sexual violence. In addition another 142 OVC and their caregivers were sensitized on SGBV to equip them with the knowledge, skills and attitudes towards SGBV prevention and response. The project supported three PRC site support supervision and mentorship in Loitoktok and Kajiado D.H and Ngong SDH to gauge quality of PRC services delivered to survivors of sexual violence and strengthen quality of GBV/PRC services offered in the supported facilities through mentorship to

health care providers. Mentorship was provided to 36 HCPs (19men & 17 women) on filling PRC form and register, effective linkages and referrals. HCPs were taken through on how to document PRC form and register and feedback on supervision was given to HCPs, D/HMT and follow up action plan developed.

**Kajiado County:** During the reporting quarter, the project supported supervision to three facilities offering PRC namely; Loitoktok DH, Ngong SDH and Kajiado DH. Some findings during the support supervision indicated that PRC services are included in the facilities service charters, PRC data tools are also underutilized and that data from PRC tools and pharmacy do not tally because some clients are dispensed with PEP but they are not documented in PRC data tools. Consequently, 10 HCPs were mentored on proper documentation of PRC services. A total of 25 female survivors of sexual violence were served with comprehensive PRC services at the following sites; Kajiado District Hospital, Ngong SDH, Rongai H/C, Kitengela H/C and Loitokitok DH. The HCW were sensitized and mentored on proper forensic examination, evidence collection & preservation and documentation of cases reported at the facilities.

The project also supported sensitization of 84 community leaders including 26 police officers in Loitoktok, Ngong and Kajiado central districts on GBV/PRC. They are expected to increase community awareness on SGBV/PRC during chiefs Baraza, church groups and community action days in CUs.

**Laikipia County:** During the quarter, the project supported CMEs on comprehensive GBV/PRC services reaching 45 HCW (62% females). In addition, MOH was supported to carry out sensitization for 30 (66% females) in-charges from various rural health facilities on SGBV/ PRC update on standard medical management of survivors of sexual violence. Support supervision and mentorship was conducted to 30 HCW (57% males) on documentation of PRC form in Nanyuki and Rumuruti DH, Ndindika, Oljabet, Ngarua and Kalalu HCs. The total survivors seen were 26 compared to 25 during the previous quarter.

**Nakuru County:** During the quarter, the project mentored 26 HCW from five sites (Bahati DH, Kiwamo HC, Gilgil DH, Langalanga HC, and FHOK Clinic) on GBV/PRC documentation and referral. Another 50 HCW (70 females) were sensitized on clinical management of SV. In addition, 75 HCW (73% females) participated in a CME session at Gilgil DH. There were 178 survivors seen compared to 155 the previous quarter.

The project supported therapeutic group meetings at Molo DH that brought together 40 (7 Males and 33 Females) survivors. A total 292 members (50% females) of the district Area Advisory Council (AAC) members, OVCs, community leaders, CHW and people with disabilities on SGBV were sensitized on SGBV.

**Narok County:** During the quarter under review, the project mentored 12 at Narok North DH and Ololunga DH on PRC documentation and referral. In addition, 104 community leaders; youth; CHW were sensitized on SGBV to equip them with knowledge to engage the community on prevention and appropriate response to SGBV in the community. Thirty one survivors of SGBV were provided with services during the reporting period.

### **RESULT 3.4: INCREASED PROJECT EFFECTIVENESS THROUGH INNOVATIVE APPROACHES**

The project supported the training of 87 CHW on community MNCH and 25 HCW on MNCH in Mogotio and Koibatek districts where the project is carrying out a pilot (Use of technology i.e. mobile phone and GIS mapping in scaling uptake of RH/MNCH services). The aim is to address the low MNCH/FP indicators and poor community-facility linkage identified during a formative assessment done. The CHW were selected from three CU in Mogotio District; 37 CHW from Emining CU, 25 CHW from Ngumbereti CU and 25 HWs from Solian CU in Koibatek District. At the end of the training, participants developed facility/community based action plans to implement the scale up of MNCH high impact interventions. The project also supported mapping of communities in the intervention sites; three villages have been mapped and geocodes availed. The CHW in the three villages were supported with mobile phones to facilitate referrals. Physical maps for the CU were developed and CHW were tasked to map pregnant women in each HH for follow up. The assessment for readiness for computerization has also been done, and the computers will be put in place 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**

During the quarter under review, a total of 19 new support groups were formed bringing the total of active SILC groups to 431. The total SILC group savings stands at Ksh. 11,752,208 up from 8,763,604 last quarter with 11,979 HH participating. A total of 149 SILC members were linked to microfinance activities. In addition, 398 HH were trained in financial literacy in collaboration with Equity Foundation, and 149 others were linked to microfinance institutions for access to credit.

**Baringo County:** During the quarter, 25 new SILC groups were formed bringing the cumulative number of active support groups to 67. The total savings increased to Ksh. 4,372,350 from Ksh. 2,507,480 in the last quarter. A total of 1147 of households are engaged in various income generating activities such as bee keeping, poultry, farming, milk and fruit juice selling which has improved the household economic status and helped provide basic needs for over 1807 OVC. In addition, 100 caregivers (95% females) from five support groups were trained by Equity Bank on financial literacy. Another 105 caregivers (95% females from seven groups were trained by Hand in Hand Organization on enterprise development, savings, resource mobilization. Three groups out of seven groups which completed the training were given Ksh.10,000 worth of startup kit.

In Koibatek District, in partnership with Department of Youth Affairs and Equity Group Foundation, 25 youth were mobilized and trained on financial literacy. In addition, Youth Enterprise Development Fund (YEDF) partnered with the project and trained youth on egg hatching incubators, group loans, greenhouses loans and other products. Out of these trainings, 37 youth groups and 14 individuals applied for loans.

**Kajiado County:** There are 150 active SILC groups in the county with membership of 2,071 (85% females). The cumulative savings increased from Ksh. 2,669,930 to Ksh. 4,649,691 while the value of loans outstanding is Ksh. 3.49 million. A total of 182 SILC group members are engaged in small businesses including selling of green groceries, buying and selling of dry maize and making and selling liquid soap. The project linked 68 new individuals (63 females) to SILC during the quarter. Four SILC groups (68 HH) in Rongai were trained on financial literacy facilitated by the Equity Bank and also Women Enterprise Fund. Cumulatively, five groups have opened bank accounts to enhance safe keeping of their funds as well as increase chances for future lending opportunities.

During the quarter under review, 11 FSW were given skills in cake baking by the project staff. In addition, FSW trained as a peer educator oriented 14 FSW on liquid soap making. The outcome of this initiative will be reported in the next quarter. Through the partnership with the Equity Foundation and YEDF, the project rolled out financial literacy training to 41 youth who completed peer education sessions. Thirty youths from registered youth groups were given grants by YEDF ranging from Ksh 40,000 to 400,000 to initiate income generating activities to improve their livelihoods.

**Laikipia County:** During the quarter, 35 active SILC groups continued with SILC activities. Cumulative savings increased to Ksh. 3,426,467 in the reporting period from Ksh. 3,366,177 reported last quarter. A total of 644 HH participating in the SILC groups accessed loans to

initiate IGA benefiting 1807 OVC directly and indirectly. Thirty four HH are paying school fees for OVC as a result of improved HH economic status after engaging in IGAs.

A total of 998 HH engaged in various IGAs such as selling agricultural produce, running food kiosks and small stock rearing. This has had a dual advantage of ensuring the HH are food secure and OVC HH are getting basic needs. One Support group provided with drip irrigation kits established a demonstration farm that has resulted in improved household income for the 32 group members. Additionally, 3,619 other OVC HH established kitchen gardens

**Nakuru County:** This quarter, 15 new SILC groups were formed bringing the total to 110 SILC groups and 1,871 (81% females) members continued to borrow and lend from their accrued savings of Ksh. 4,296,229. The reduced number of SILC groups in the county declined due to the fact that 38 SILC were handed over to Baringo County. A total of 1,640 HH were involved in SILC activities benefiting 4,957 OVC. A total of 13 new HH started IGA which include small scale business like selling vegetables, operating kiosks, charcoal dealers, selling potatoes, milk, sugar cane and maize roasting. This has enabled them meet their daily needs. One SILC group comprising of 12 HH (83% females) was linked to K-Rep Bank and two groups accessed a loan of Ksh. 50,000 from the Women Enterprise Fund.

**Narok County:** During the report period, 16 new groups were trained on SILC bringing the total number of active SILC groups to 59. Total savings in SILC groups increased to Ksh. 1,369,716 from Ksh. 1,274,850 in the last quarter. Eight SILC groups with total membership of 97 individuals and peer educators (412 individuals) were trained on financial literacy in collaboration with Ministry of Youth Affairs. Four youth groups received hatcheries during the quarter.

#### **4.2.1 Increased food security, improved nutrition and sustainable livelihoods amongst the target groups**

During the quarter under review, 61,204 OVC were reached with food and nutrition education. The project also trained 5,098 caregivers on kitchen gardens and established 2,021 kitchen gardens within OVC HH. Nutrition education through CHV/CHW reached 8,145 caregivers. Other activities undertaken include training of HH on modern agricultural technics; training Junior Farmer Fields Life Skills (JFFLS) to start food production at schools and home and leveraging for direct food support from the GOK and well-wishers. Below find the achievements per county.

**Baringo County:** During the quarter under review, the project reached 883 out of the targeted 600 HH with food and nutrition education. As a result, 197 HH established kitchen gardens, 60 participated in JFFLS, 394 reached with nutrition counseling and 165 received food supplements. Twenty three PLHIV support group members (91% female) were supported with immune boosters at Mogotio HC and 43 others given nutritional food supplement. In addition, 200 OVC were reached with food production and nutrition education through JFFLS clubs in five schools. Thirty OVC participating in JFFLS planted vegetables for sale that has enabled them to buy books and pens for themselves. The OVC households are benefitting from vegetables harvested from the school farms.

**Kajiado County:** During this reporting period, the project trained 171 caregivers out of the targeted 125 on kitchen gardening techniques and nutrition. The trained caregivers are expected to initiate kitchen gardens at HH level so as to enhance their chances in achieving food security by end of the year. Thirteen (JFFLS) clubs in Kajiado North have initiated vegetable garden,

legume planting, rabbit keeping and fish farming in their respective schools. During the quarter, one club has started harvesting and selling of vegetables while another is waiting to harvest fish in October this year.

**Laikipia County:** The project reached 6,355 individuals out of the targeted 3,000 for food security initiatives. A total of 1,867 people (43% females) were trained in agricultural activities and another 1,377 group members trained on Drought Tolerant Crops (DTCs). Eight schools are implementing JFFLS of which six were trained during the quarter. Laikipia conducted a QI for food and nutrition and this saw increase of the number of households with kitchen gardens increase to 908 from 416 last quarter. Households practicing small livestock keeping- poultry, rabbit-keeping, bee-keeping, dairy goats and fishing increased to 1,079 from 953 last quarter.

The project also supported groups with drip kits for small scale irrigated agriculture benefiting 600 OVCs. A total of 1,825 individuals were reached with nutrition counseling and education on food preservation techniques that led to reduced cases of food wastage and better methods of food preservation at the HH level. Poultry keeping in Kimanju primary school became a best practice in the Maasai community, after members of the JFFLS club (most of who were OVC) managed to change the mindset and culture of the community concerning chicken rearing by earning income and reaping nutritional benefits from the produce they gathered.

**Nakuru County:** During the quarter under review, 3,461 HH received various forms of support geared towards strengthening HH food security. A total of 2,888 caregivers were provided with nutrition education by CHV and 520 caregivers trained on kitchen gardening with a focus on urban and peri-urban farming methods for households. As a result, 398 new HH established kitchen gardens bringing the total to 2,671 HH with active kitchen gardens. In addition, 40 HH were trained and are currently practicing small scale irrigated agriculture in Naivasha Central.

**Narok County:** In partnership with the Ministry of Agriculture the project trained 229 caregivers (81% females) on kitchen gardening. During the “Malezi Bora” week 201 OVC were dewormed, 213 given Vitamin A, 12 received foundation plus.

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

During the quarter under review, the project served 17,919 OVC out of the targeted 36,550 with education support in an effort to ensure that OVC in the project are retained in school. The support entailed provision of school fees, school uniforms, scholastic materials, sanitary towel and life-skills education. Below find the achievements per county.

**Baringo County:** During the quarter under review, the project supported 800 OVC (58% females) with education support as follows; 78 OVC (44% females) with school fees, 145 girls with sanitary towels, 328 OVC (53% males) with school uniforms and 123 OVC (47% males) with LSE focusing on reproductive health, drug and substance abuse and knowledge on HIV/AIDS. Additionally, 126 OVC (48% females) were supported with school books from MOE while 98 OVC (52% females) received TOMS shoes.

**Kajiado County:** During the quarter under review, the project provided 1,144 OVC out of the annual target of 5,600 OVC with educational support through provision of school fees, school uniforms and sanitary towels. Two girls from Rongai division have successfully graduated from hairdressing course and are waiting for placement in the job market in Kitengela.

**Laikipia County:** During the quarter under review, the project served 4,403 OVC with educational support. The services included school fees to 147 OVC, scholastic materials to 1,900, sanitary pads to 2,321, life skills to 251 (89% males) and vocational trainings for 42 (45% females). One OVC received a start-up kit for carpentry and is currently on casual employment at Ol-pajeta tented camp.

**Nakuru County:** During the quarter under review 9,349 OVC received education support and life skills. Out of this total 872 OVC received school fees support directly from the project, three OVC were supported through leveraged resources from Nakuru Athletic Club and MOE bursary fund. In addition, 48 OVC (54% females) were supported with vocational training. *Children Lead the Way* and Ministry of Youth Affairs through Community and Progress Youth Empowerment Initiative (CAP YEI) supported 32 (16 female) OVC with vocational training. A total of 1,468 received school uniforms and 659 girls received sanitary pads.

A total of 458 OVC supported by the project sat for the Kenya Certificate of Primary Education(KCPE) examination last year with 31% (142) attaining a C+ grade and above. A total of 193 successfully transitioned to either university/college or vocational training.

A total of 4,485 OVC youth received LSE on communication and interpersonal skills, HIV and STI prevention, and career guidance. As a result of the life skills sessions, caregivers reported improved communication between them and the children they are supporting.

**Narok County:** During the quarter under review, the project provided educational support services to 8,436 OVC with educational support in the quarter. The support provided included school fees to 47 OVC (15 females), shoes to 430 and sanitary pads to 83 girls.

#### **4.4.1. Enhanced access to improved water supply and sanitation (water, sanitation and hygiene)**

During the quarter under review, 16,582 HH were reached with WASH education, skills and products. In addition, the project trained 39 Trainers of Trainers (TOTs) through partnership with the WASHplus project. The trained TOTs cascaded the training to 1,864 CHV/CHW who in turn have reached 16,582 OVC HH with WASH messages (hand washing, water treatment, proper disposal of fecal matter and menstrual management for bed-ridden clients). Below find the achievements per county.

**Baringo County:** During the quarter under review, 1,825 OVC HH out of the annual target of 3,160 constructed leaky tins and 655 HH treated drinking water. Additionally, 257 OVC (61% females) were oriented on hand washing and water treatment during health action days. During follow up visits to the OVC households, the caregivers reported remarkable decline of visits to the health facilities due to instances of waterborne diseases.

**Kajiado County:** During the quarter under review, 2,306 HH were reached by 214 CHV with education on WASH focused on small doable actions (hand washing, water treatment, proper disposal of fecal matter and menstrual management for bed ridden clients). Six primary schools established tippy taps to aid hand washing among school children. In addition, two primary school teachers from Kajiado Central District were trained on WASH.

**Laikipia County:** A total of 3,762 HH were reached with WASH messages. A total of 306 persons (63% females) were trained on water harvesting and treatment techniques that saw 286 HH gaining access to clean drinking water. In addition, 45 new tippy taps were constructed in

different HH across the county. Outstanding efforts by the Sweet Waters CU members ensured that all nursery schools within Sweet Waters were assisted with buckets/ jerry-cans which necessitated the construction of new tippy taps.

**Nakuru County:** To improve hygiene and sanitation within HH, in collaboration with the MOH and WASHplus project, 6,912 of OVC HH (78% of the annual target) were reached with WASH messages during the quarter. Key WASH messages included hand washing, water treatment, and proper disposal of fecal waste and menstrual management. The project supported 283 HH to construct leaky tins. A total of 4,374 of HH monitored have hand washing facilities and 3,181 reported treating water for household use.

**Narok County:** A total of 836 HH were reached with WASH messages by 716 CHV trained on WASH. Among the HH visited during the quarter, 413 HH had washing facilities, 1,240 were treating water and 2109 had functional latrines.

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

During the quarter under review, 68,652 OVC (87.9 % of the annual target of 78,057) were provided with various services within the quarter. Out of the OVC served, 62,679 (91.2%) received three or more benefits and 5,973 (9.3%) received one or two benefits. A total 158 OVC were supported by the project to acquire birth certificates against the need of 8,308 OVC. Below find the achievements per county.

**Baringo County:** A total of 4,043 OVC (71.5 % of the annual target of 5,648) were reached with OVC core services. Among those served, 3,440 (85%) received three or more services while 603 (15%) were reached with one or two services. Five districts celebrated the Day of the African Child whose theme was “eliminating harmful social and cultural practices affecting children, our collective responsibility.” Three child protection meetings were held and caregivers were sensitized by various stakeholders on the programs available against Female Genital Mutilation (FGM). Seven community agents were trained to be torch bearers on FGM and early marriages.

The project supported four active Locational Area Advisory Council (LAAC) meetings which were able to identify three HH that needed psychological support and linked them with counselors and two cases of child neglect. In addition, the project through the implementing partner in Nandi County participated in the child protection stakeholders’ forum and committed to support the Children’s Department to do comprehensive mapping of all child protection stakeholders in the districts and initiate the formation and registration of a child protection network effective coordination of child protection issues in the county.

**Kajiado County:** During the quarter 154 OVC were referred for treatment of minor ailments to various government facilities across the county. HH were sensitized on the importance of registering with National Hospital Insurance Fund (NHIF), and as a result 18 HH received NHIF membership cards compared to six HH who joined the scheme last quarter. A total of 128 OVC were supported to acquire birth certificates. Another 22 families in Kajiado North were supported with house rent after vetting by the shelter vetting committee. Rent payment is short term measure to ensure families stabilize within a maximum of six months before resuming responsibility of catering for their own shelter. During the period rent is paid by the project, the caregivers are supported to engage in IGAs for self-sustenance.

In addition, the project supported the Children's Department to conduct support supervision for LAACs in the three districts. The District Children Officers (DCOs) and project team mentored the LACCs in order to strengthen the role of LAACs in enhancing protection for children within their jurisdictions. Sixteen implementing partner staff were trained on child protection to equip them with skills on how to identify and address various child protection issues and to familiarize with the various laws that protect children e.g. the United Nations Convention on the Rights of the Child (UNCRC), African Charter on the Rights and Welfare of the Child (ACRWC), Children's Act, Kenyan Constitution, New Education Act. In collaboration with the MOH, the project supported operations of seven link desks which served 8,710 clients (61% females) passed through the various link desks and were referred for various services.

**Laikipia County:** A total of 8,285 OVC (86%) were reached with OVC core services. Of these, 7,611 (92%) received three or more services while 674 (8%) were reached with one or two services. The project also supported two child protection meetings. Four cases of child abuse were referred and solved, 106 birth certificates were processed and 27 HH were assisted to renovate their houses. Additionally, 133 CHV were oriented on OVC care and support and quality service delivery.

**Nakuru County:** A total of 28,172 OVC (91.5%) were reached with OVC core services out the target of 30,768. Among these 25,726 received three or more services while 2,446 were reached with one or two services. In partnership with the registrar of birth and deaths, local administration and the children's department, 514 OVCs were supported to acquire birth certificates bringing the total of OVC supported to acquire birth certificates in the county to 3,437.

A total of 227 caregivers were facilitated to register for NHIF and 262 households (244 female and 18 male) linked to the OVC cash transfer scheme. In addition, 428 caregivers were sensitized on child protection focusing on child abuse. The project also supported OVC open day where 541 OVC (41% male) participated and were sensitized.

**Narok County:** A total of 9,674 (84.8 %) were reached with OVC core services, out of the target of 11,395. Among these 8,761 (90%) received three or more services while 913 (10%) were reached with one or two services. During the period, eight school-going girls from Kikuyian CBO were rescued from early marriage through the effort of the area chief and CHV.

#### **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:** The project through the DCO trained 23 chiefs (19 males and 4 females) and three police officers manning the gender desk at Marigat and Baringo Central districts on child protection issues. As a result LAACs have been formed to be trained in the next quarter. Additionally, 17 LAAC members (12 males and 5 females) from Baringo Mosop location were trained on child protection. A bi-annual caregivers meeting attended by 52 (23males and 29 female) was conducted and caregivers shared experiences. They were also sensitized on their roles as caregivers and came up with plans of addressing the challenges they are facing collectively in relation to birth registration processing, strengthening of HH economic livelihoods, IGAs, food security and WASH.

**Kajiado County:** During the quarter under review, the project facilitated formation of six QI teams at the community level through LIPs. The QI teams are comprised of local opinion leaders, government representatives and two OVC representatives constituted as sub-committees of the LAACs. The teams collected baseline data which was analyzed and informed identification of interventions to address identified gaps. In addition, site specific progress review meetings were also held with all the LIPs in Kajiado County to improve the quality of work and performance of the partners.

**Laikipia County:** Training on conflict resolution and orientation on project management to the leaders of one CBO in Laikipia North and the CHV under the said CBO led to an outstanding improvement in the OVC monthly reporting rates, which rose from 50% to 93% as well as a harmonious co-existence between CBO leaders and staff working on the ground.

**Nakuru County:** A total of 387 CHV (67% females) were trained on OVC care and support, 54 CHW were sensitized on CPwP messages and 59 CHV were sensitized on child rights.

### **III. PROGRAM PROGRESS (Quantitative Impact)**

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

## IV. MONITORING

The project continued to carry out several performance monitoring activities across the five counties aimed at monitoring reporting rates and quality of data as well as capacity to record, report and use data. Monitoring activities included use of monthly site visit checklist to assess the availability and use of standard tools, data verification, tracking of reporting rates, data review and use and DHRIO performance. Monthly sites visits were done to a total of 164 health facilities and to all IP implementing HC and OVC interventions. Of the sites visited, the monthly checklist was administered to 54 sites as follows Baringo (9), Kajiado (11), Laikipia (1), Nakuru (19) and Narok (14).

Analysis of results from monthly data verification shows an improvement in data quality for indicators such as numbers started on ART from the past quarter as illustrated in the graph below. However, in June sites visited in Baringo and Narok County results indicated an increase in the variations for all indicators. This due to the fact that at the point of data verification the facilities had not done the monthly reports a situation that has since been addressed. Efforts will be enhanced to ensure that variations in variations in reported data are between +/-5% from the recounted.

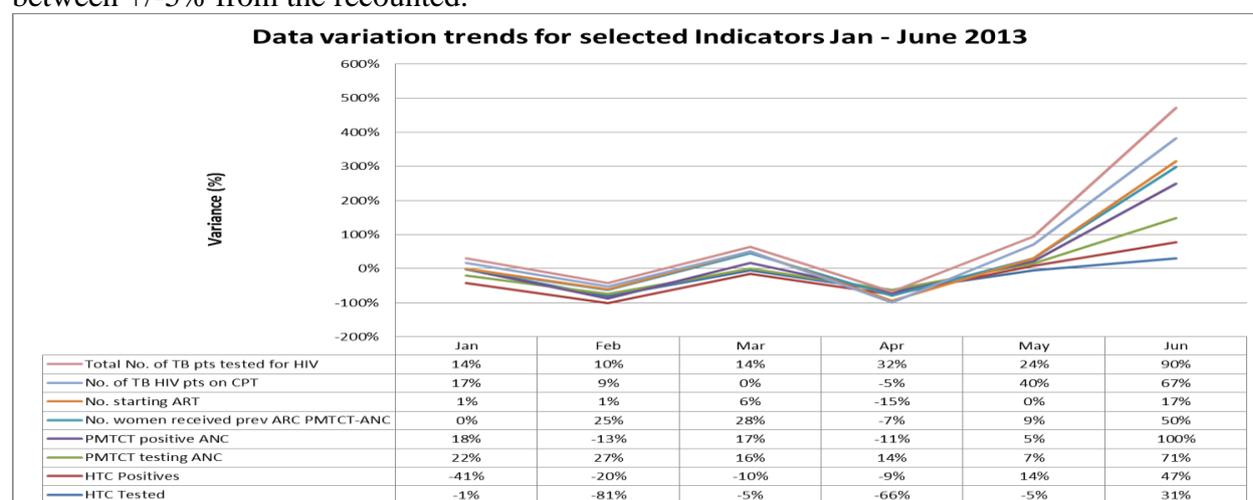


Figure 12: Data Variation Trends

The project extended the support provided to DHRIO to strengthen reporting and data quality to Baringo Central and Marigat during the quarter. The PRP strategy is aimed and motivating the DHRIO to improve reporting rates and data quality at district level. The average performance across counties improved significantly from 76 % at the start of previous quarter to 83 % at the end of June. The low performance in Baringo County is due to the introduction of two new districts.

Table 2: PRP Performance by County

PRP performance by County						
	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
NAKURU County	76%	80%	86%	89%	94%	94%
KAJIADO County	83%	81%	79%	85%	84%	81%
NAROK County	74%	74%	74%	87%	84%	88%
LAIKIPIA County	73%	83%	84%	86%	89%	86%
BARINGO County	77%	83%	89%	79%	56%	71%
<b>AVERAGE</b>	76%	80%	82%	85%	81%	83%

This steady improvement is due to provision of feedback to DHRIO on their performance to address reporting and data quality challenges. This strategy has also resulted in an improvement in the consistency between the 26 common data elements between MOH 711A and 731 as illustrated below.

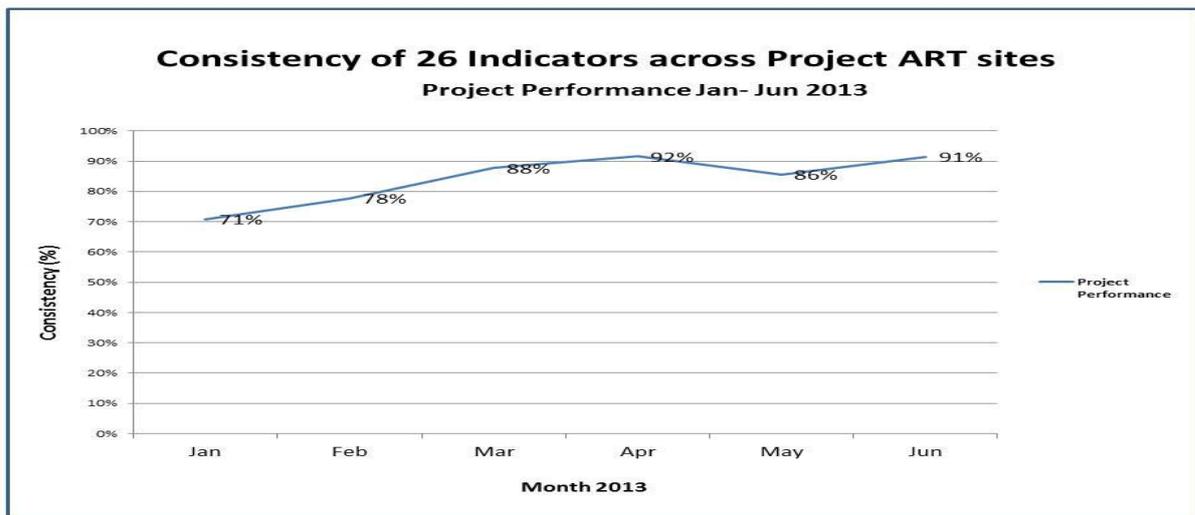


Figure 13: ART Indicators Consistency

The project focused a lot of effort during the quarter to improve the reporting rates for MOH731 in readiness for complete transition to this tool as the standard summary reporting form. These efforts were faced with challenges due to lack of national standard tools for some interventions and conflict in user guidelines that make it difficult to mentor health workers correctly on indicator definitions and correct completion of the registers. A request for tools was submitted to USAID while the challenge with user guides was shared with NASCOP for guidance. Despite this, the reporting rates for PMTCT MOH731 from DHIS2 indicate an improvement in average reporting rates across counties from 77% in the last quarter to 83% in the current period with the highest improvement noted in Narok followed by Nakuru counties. Efforts have been put in place to ensure reporting rates reach 85% for all the counties

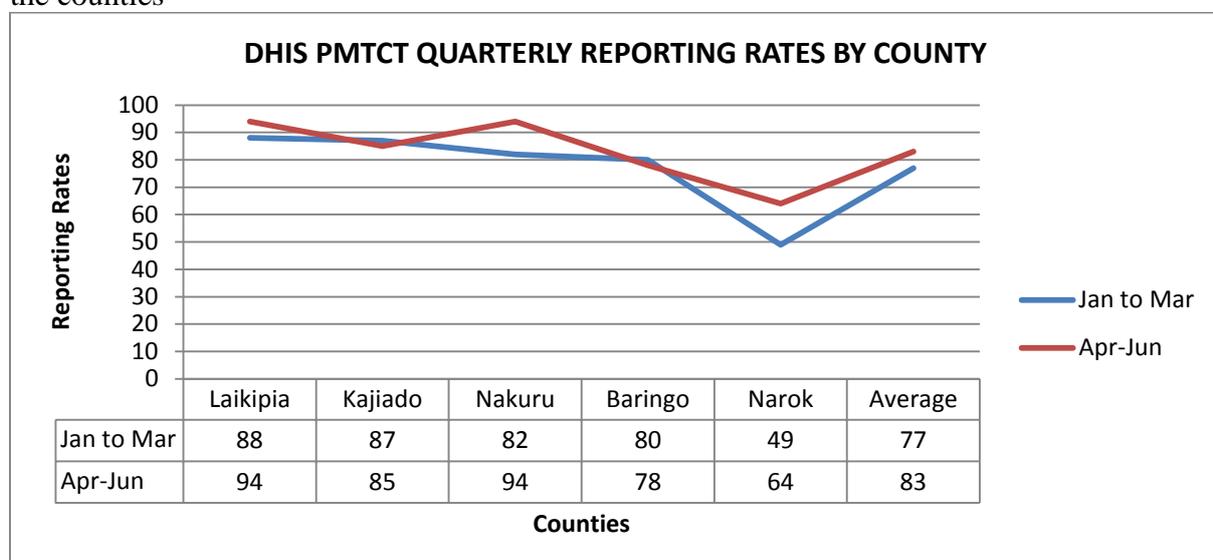


Figure 14: DHIS PMTCT Quarterly Reporting

In addition, the M&E team accompanied the PMT on site visits to Laikipia County during the quarter to assess implementation of M&E systems. The visits covered both facility and

community activities. Several challenges including gaps in use of OLMIS by LIPs and low CU reporting rates in DHIS were noted. Plans are underway to address these gaps in the subsequent quarters.

## **V. PROGRESS ON LINKS TO OTHER USAID PROGRAMS**

APHIA*Plus* NyB continued to enjoy a very good working relationship with AMPATH*plus* and Kenya Pharma for laboratory sample networking and ART commodities respectively, as well as FANIKISHA for Institutional Strengthening (IS) initiatives. During the quarter under review, CD4 and EID samples were analyzed from the AMPATH*plus* reference laboratory and results received in time. During the quarter, APHIA*plus* NyB also partnered with FANIKISHA to train 21 LIPs on project management and performance monitoring, where a total of 19 LIP staff benefited in each of the trainings. The IPs were supported to develop performance monitoring plans (PMPs) to guide project implementation and tracking of outcomes. APHIA*Plus* also participated in the development of FANIKISHA year three work plans. In addition, the project initiated discussions with FUNZO Kenya on the need for partnership to provide scholarships for OVC in colleges.

The USAID-funded FUNZO scholarship application information was provided to all IPs to share with older OVC who had completed form four and were interested in pursuing health-related courses. The Nutrition and Health Project (NHP) supported 86 malnourished adults and children with FBP commodities. The project collaborated with FUTURES group in the roll out of Electronic Medical Records (EMR) systems in selected sites within Nakuru County.

During the period under review, the HC Youth program worked with HIV-Free Generation (HFG) under the G-PANGE program to train 36 program facilitators to roll out SHUGA as a national level EBI. This will complement the nationally-approved standards, especially young people out of school. The workplace program worked closely with PSI in identifying materials for use in facilitating focus-group discussions and has sought technical assistance in reviewing the recorded messages. Collaborated with ASSIST-USAID in roll out of KQMH.

## **VI. PROGRESS ON LINKS WITH GOK AGENCIES**

The project continued to work with key government line ministries to achieve project deliverables. During the period under review, the project worked closely with the Department of Children Services to establish and strengthen AACs in the counties for child protection initiatives; the Ministry of Youth Affairs and Sports and the Youth Enterprise Development Fund to support youth-serving organizations to sustain their operations; and the MOH (DHMTs and HMTs) to deliver facility-based health care services and provide CHW kits containing basic drugs, MUAC tapes, condoms and family planning commodities to community units. In collaboration with the Ministry of Agriculture the project trained 229 caregivers from Narok County on kitchen gardening. The Ministry provided the technical expertise and the project provided financial support.

## **VII. PROGRESS ON USAID FORWARD**

During the quarter under review, the project held LIPs training in program management and project performance monitoring with the aim of building local capacity among indigenous organizations.

## VIII. SUSTAINABILITY AND EXIT STRATEGY

During the quarter under review, all CUs have been sensitized on project sustainability. The majority of them have been linked to partners and trained on financial literacy and have started Income Generation Activities (IGAs). CUs have also been supported to develop proposals for submission to several development partners so they can receive funding for their IGAs. Some of the IGAs initiated by the CUs include small cafeterias at the health facility compounds, farming of potatoes, maize and vegetables, poultry and table banking.

The project continues to build the capacity of DHMTs and HMTs in planning and managing health services by jointly planning and implementing activities to improve quality service delivery. The project held consultations with County Health Coordinators and County Cabinet Secretaries about future planning to ensure the counties play a critical role in health service delivery. The project mentorship teams have been working closely with DHMT/district mentors on equipping HCW with the skills to deliver quality service delivery. In collaboration with FANIKISHA, another USG-funded project, implementing partners were provided with skills in project management and project performance monitoring in an effort to build their capacity to manage their organizations better.

During the reporting period, the project transitioned the DICs that are servicing youth to be hosted by the Youth Empowerment Centres under the Department of Youth Affairs. This was a significant leap toward sustainable youth programming at county level.

## IX. GLOBAL DEVELOPMENT ALLIANCE

Not applicable.

## X. SUBSEQUENT QUARTER'S (JUL-SEP 2013) WORK PLAN

Planned Activities for the Reporting Quarter	Actual Status for Reporting Quarter	Explanations for Deviation	Planned Activities for Subsequent Quarter
<b>Program Management</b>			
Training of local implementing partners by FANIKISHA in Project management and performance monitoring	Done for 19 LIPs	-	Training of local implementing partners by FANIKISHA in Human Resource and Administration
County quarterly review meeting – 5 Counties	Done	-	County quarterly review meeting – 5 Counties
Program management team support supervision – 2 counties	Done	-	Program management team support supervision – 3 Counties
			Preparation for external mid-term evaluation of the project
<b>RESULT 3: Increased use of quality health services, products, and information</b>			
<b>Clinical services</b>			
Facilitate further decentralization of ART and PMTCT services in 5 Counties	On going		Facilitate further decentralization of ART and PMTCT services in 5 Counties

Conduct Technical Quality Assessments (TQA) in priority sites and provide feedback in 5 counties	Done in two sites	Review of the TQA tool	Conduct TQA in 40 high volume facilities
Facilitate installation of 2 SMS printers in Baringo to reduce the turnaround time for DBS results	Not done	Delays in getting from source(CDC)	Install 16 SMS printers in sites across the five counties
Strengthen the use of reporting tools for proper commodity management in 5 counties	On going		Strengthen the use of reporting tools for proper commodity management in 5 counties
Roll out KQMH in Nakuru County	Done		Training of qi coaches and formation of wit in model sites, and sensitization of 10 DHMT with formation of QIT teams in the five counties
Conduct community HTC across the counties			
			Formation of EMTCT/MNCH county task forces
			Scaling up of EMR in the five counties (with FUTURES group)
			Conduct HTC RRI across the counties and Scale up VMMC in deserving regions(Nakuru and Baringo counties)
<b>Community Strategy</b>			
Conduct CHW technical module trainings on MNCH, RH/FP and PMTCT for select CUs	Not done	Planned for next quarter. To be integrated in clinical services activities	Conduct DQA on 7 CUs to ensure data quality and validity Conduct CHW technical module trainings on MNCH,RH/FP and PMTCT
Routine data activities; dialogue days, action days, monthly meetings	Done	-	Continue with routine data activities; dialogue days, action days, monthly meetings
Support performance based CHW monthly stipend	120 CUs Supported	on-going	Support performance based CHW monthly stipend
<b>Health Communication</b>			
Hot Spot Mapping for MARPs in 4 counties	On-going alongside enrolment of new SW	-	Continue with hot Spot Mapping for MARPs and enrollment in 4 counties
Tools validation for SGBV fact sheet and guideline for CHEWs dialogue sessions at CUs	Not complete	Final editing of document on-going	Tools validation for SGBV fact sheet and guideline for CHEWs dialogue sessions at CUs
Formation of 6 new SILC groups for MARPs as well as implement and link sex workers to economic empowerment opportunities	Done		Form 4 new SILC groups
Enhance activities for youth out of school at Youth Empowerment Centres(YECs) after transitioning from 3	Done. 4 SASA centres transitioned to YECs		Support Y-PEER & G-PANGE activities Support provision of SRH information, services at YECs and through Outreaches

SASA Centres and continue with transition of the remaining 4 SASA centre to YECs			
Conduct peer educators training for the fisher folk intervention using <i>Stepping-Stones EBI</i>	Done Training conducted in Naivasha and Baringo for fisher folk along lakes	-	Support formation of PE small groups and commence peer education activities. Conduct integrated outreaches to fisher folk communities
Conduct training of facilitators using <i>Health Choices 2 EBI</i> to address health communication needs for OVC	Done for HC LIPs and peer educators	-	Continue with PE activities through small groups using <i>Health Choices 2</i> to reach OVC with health information
Integrated services outreaches	On-going 9 integrated outreaches conducted	-	Continue with integrated services outreaches
			Continue supporting LSE program activities in Schools – Nakuru and Narok County
			Continued implementation of workplace activities; PE messages recording, finalize health communication strategy for workplaces, streamline data capture
<b>Monitoring and Evaluation</b>			
Conduct monthly data quality checks for facilities	Done for 54 facilities in 5 counties and results monitored	NA	Conduct monthly data quality checks for facilities
Conduct DQA for HC partners	Done for all implementing partners, results to be disseminated in the next quarter		Implement action plan from technical quality assessments  Follow up implementation of action plan from HC DQA
Adaptation of DHIS	Process not done however meta data was obtained	Process of hiring interns to support process delayed start of the process,	Interns are now hired and adaptation of DHIS2 should be done
Strengthen gap analysis to inform technical assistance and mentorship	Done		Orient clinical and M&E team to use the data for program improvement
Development of roll out of LSE database	Not done	Process of hiring interns to support process delayed activity	Development LSE and DIC database
Conduct data use workshop for MOH staff	Not done	Conflicting schedules with MOH could not allow the activity to take place	Conduct data use workshop for Nakuru County and publish data use workshop report
Development of data charts for facilities	Draft done and reviewed		Finalize data use charts and disseminate them to 30 sites
			Support EMR implementation
			Improve on OLMIS and finalize revision of OVC form 1A

			Support DQA for CU
			Conduct RRI to increase reporting rates for MOH 731 for 124 site
<b>RESULT 4.0 : Social determinants of health addressed to improve the well-being of targeted communities and populations</b>			
Data cleaning for registered OVC exited OVC and active OVC	Done	Continuous	Address the gaps identified during RDQAs and during the internal program assessment
Conduct OVC station days/ health action days with HTC for those eligible (during April school holiday)	Done	Advised to hold station days that is manageable.	Conduct station days with smaller groups that are manageable to be done during August holidays.
Conduct JFFL training. Follow up on JFFLS/ in charges.	Not completed	On-going activity	Shift emphasis to household economic strengthening within JFFLS clubs.
Continuous provision of targeted technical assistance to implementing partners	On-going: monthly site support meetings: LIPs staff, CHW, TOTs' SILC agents. Household visits	Continuous	Trainings to CHW, LINK persons and SILC agents on quality service delivery to OVCs and PLHIV.
Designing targeted interventions using HH vulnerability analysis(HHVA)	Done		Re orient IPS on use of HHVA data to respond to household needs
Technical capacity assessment for all OVC implementing partners	Not done	Tools development not complete.	Technical Capacity assessment
Market assessment - Conduct value chain analysis for household produce for revenue generation	Not done	Preparation of consultant agreement took longer than anticipated.	Engagement with the Agricultural Sector Development Support Program to conduct the value chain analysis.
			Refresher training and mentorship to CHV on OVC care
			Intensify Joint supervision in all Counties
			County level QI learning session. Roll out QI to affiliate CBOs. Document best practices
			OVC birth certificate - Facilitate Civil Registration officials to conduct awareness and support the process at community level
			Conduct CT only to OVCs whose status is not known (OLMIS) during school holidays and station days.
			Distribute OVC Materials and monitor OVCs at HH level

# XI. FINANCIAL INFORMATION

Figure 15: Obligations vs. Current and Projected Expenditures

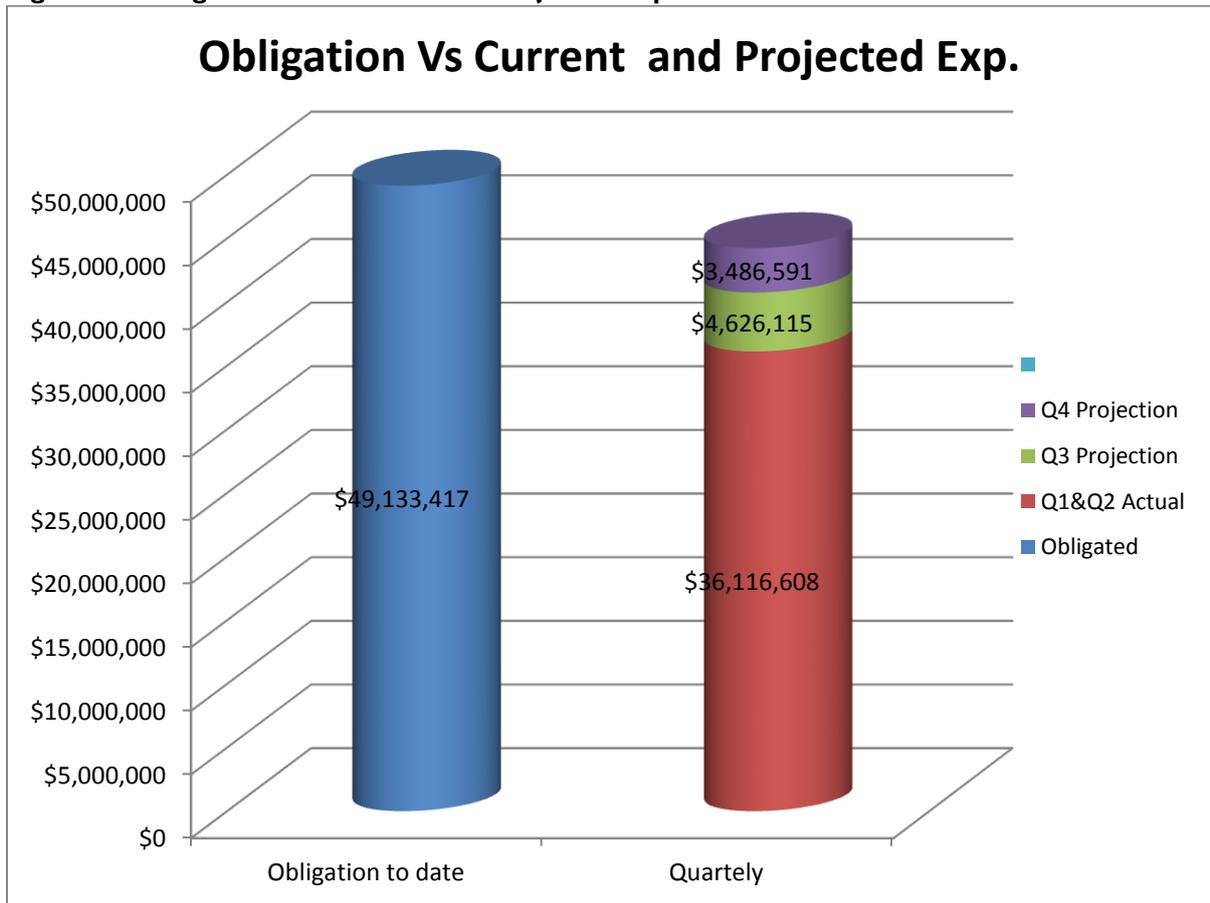


Table 3: Budget Details

**T.E.C: \$ 55,775,042**  
**Cum Oblig: \$49,133,417**  
**Cum Expenditure: \$ 36,116,608**

Obligation	1st & 2nd Quarter Actual Expenditures	3rd Quarter Projected Expenditures	4th Quarter Projected Expenditures
<b>\$</b>	<b>49,133,417</b>	<b>36,116,608</b>	<b>4,626,115</b>
<b>Salary and Wages</b>	5,329,992	529,382	529,383
<b>Fringe Benefits</b>	1,162,542	233,334	248,780
<b>Travel, Transport, Per Diem</b>	769,420	60,000	39,482
<b>Equipment and Supplies</b>	510,802	11,575	0
<b>Subcontracts</b>	0	0	0
<b>Allowances</b>	0	0	0
<b>Participant Training</b>	0	0	0
<b>Construction</b>	0	0	0
<b>Other Direct Costs</b>	5,970,377	1,031,434	558,714
<b>Sub-grants</b>	17,513,783	2,104,849	1,520,199
<b>Overhead</b>	0	0	0
<b>G&amp;A</b>	4,859,692	655,542	590,032
<b>Material Overhead</b>			

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

<b>Salary and Wages</b>	Salaries for the coming quarter will reduce since salary arrears were paid in the current quarter.
<b>Fringe Benefits</b>	Fringe benefits will reduce as well as salaries.
<b>Travel, Transport, Per Diem</b>	Travel expenses will increase with accelerated activities in the quarter.
<b>Equipment and Supplies</b>	No major equipment is to be purchased in the next quarter.
<b>Subcontracts</b>	
<b>Allowances</b>	
<b>Participant Training</b>	

<b>Construction</b>	
<b>Other Direct Costs</b>	The level of expenditures will increase due to planned procurements of OVC benefits in the next quarter.
<b>Sub-grants</b>	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.
<b>Overhead</b>	
<b>G&amp;A</b>	Calculated as per Award conditions. The figure is higher this quarter because of the application of the new approved rate for the fiscal year.
<b>Material Overhead</b>	

## **XII. PROJECT ADMINISTRATION**

### **Constraints and Critical issues**

Since April 2012 to date the Project has made significant improvements in the implementation of Community Strategy through 141 community units currently supported by the project. However the project has faced numerous challenges key among them the payment of CHW stipends. The project has managed to pay most CHW stipends, albeit with delays of up to three months occasioned by the complexity of disbursing colossal amounts of funds to many CHW while ensuring compliance and sound financial practices for such transactions.

### **Programmatic transitions**

AMPATH and APHIAplus NyB held a meeting to discuss the transition of care and treatment and OVC interventions in the North Rift from APHIAplus NYB to AMPATH and those in Baringo from AMPATH to APHIAplus NyB. Both projects acknowledged that care and treatment interventions had been transitioned well pending finalizing the importation of data from APMATH EMR to the I-TECH EMR. However, the OVC intervention had not been transitioned as well. Thereafter, both project worked on an agreed upon transition report that was shared with USAID. The partners agreed to work closely to ensure all the OVC were transitioned to APMATH plus as expected.

### **Staffing**

During the quarter, the project hired the AMPATH*plus* staff (service providers) formerly stationed at Kabarnet District Hospital and Marigat Sub-district Hospital to continue service delivery in the ART clinics to avoid disruption of ART service provision during the transition phase. The staff were hired for a period of one year hoping Capacity Project will absorb them before the end of the period.

Under the leadership and guidance of USAID-Kenya Mission, APHIA*plus* Nuru ya Bonde and MCHIP held discussions regarding programming in East Pokot District. The projects agreed that APHIA*plus* will continue providing HIV/AIDS services in the district while MCHIP will focus

## Success stories:

### Success story 1: Quality Improvement for better services to vulnerable children

Benard Mulusa is a trained adult education teacher and pastor in Sirwa Yala village of Kapkangani location, Nandi County. He is also a member of the Sirwa Yala Savings and Internal Lending Community (SILC) group.

His passion for improving the lives of fellow community members, especially orphaned and vulnerable children (OVC) and others affected by HIV, prompted him to enroll as a community health volunteer.

Mulusa and other community health volunteers (CHV) are tasked with reaching out to caregivers or guardians of the OVC supported by APHIAplus Nuru ya Bonde through a local community based organization, Mother Francesca Mission Hospital.

A common challenge faced by volunteers and program staff who oversee them is how to determine or measure the quality of services they provide.

Eight months ago, APHIAplus Nuru ya Bonde introduced to Mulusa and other volunteers a new concept that promised to resolve the challenge and ensure the quality of services they provide actually improves the lives of children.

“When APHIAplus introduced the Quality Improvement concept, it was unique and challenged our mentality,” said Mulusa.



*Pic 1: Joan Kosgei with some members of the QI team*

Joan Kosgei of Mother Francesca Mission describes Quality Improvement (QI) as a process that aims to ensure that services that are given to OVC achieve their intended outcomes.

“This is a process where we are required to upgrade our services to ensure we achieve our desired outcome,” she said.

In July 2011, the Government of Kenya published minimum service standards for quality improvement of programs to support orphans and vulnerable children in Kenya.

The guidelines spell out the standards for seven key areas of service that include food and nutrition, education, health and psychosocial support. The others areas are shelter and care, child protection, household economic strengthening and care

Through organizations such as Mother Francesca Mission Hospital, APHIAplus Nuru ya Bonde project is helping to implement the minimum standards across the Rift Valley counties of Nakuru, Baringo, Nandi, Laikipia, Kajiado and Narok. In Nandi County, its implementing partner is Mother Francesca Mission Hospital, a community based organization.

After the release of the guidelines, the organization's staff were trained to integrate the concept into their activities to improve efficiency. The process also required them to assess their organization and service delivery sites to identify areas for improvement.

The assessment identified gaps in food security and child protection interventions.

The organization explained the QI concept to community health volunteers and asked them to select community members that would form and run the QI team.

The volunteers embraced the idea. They, in turn, explained the concept to the community and selected 13 members to form the QI team.

The team is composed of religious leaders, chiefs, teachers and other individuals who have a heart to help the community and serve without expecting anything back.

Each QI team member is allocated a number of homes to visit each week to check on the welfare of the OVC. During the visits, they pass on the skills that they have learnt and provide mentorship. They meet every Monday to share ideas and the progress reports from their areas.

## **Success story 2: John learns to care for his HIV-positive daughter**

John was devastated when the counselor informed him that his wife had tested HIV positive. He had just tested negative and could not understand how that was possible. They had been married for 11 years.

“We went to a witchdoctor and he confirmed our fears,” said John. “He said that someone had bewitched us and to set us free, he needed five thousand shillings!”

But when her situation worsened, she was admitted to hospital and died. The doctor informed him about his wife's status and asked whether they had ever been tested as a couple. They hadn't. So when he tested, he was negative. This confused him.

“I was frightened and I didn't tell anyone. Only the doctor and I knew about the situation,” he said.

His two remaining children were tested and one was positive. This confused him more. But he was counseled and it is then that he was referred to the Muitai Care and Support group. John said that he joined the group feeling hopeless. But after participating in training sessions organized with support from USAID's APHIAplus Nuru ya Bonde project, his life has changed.

“APHIAplus has given us skills on how to support our colleagues that have been affected by HIV. We have been taught how to come up with self-sustaining income generating projects that are improving our lives,” he said.

APHIAplus Nuru ya Bonde has been supporting their group through a local community based organization the Christian Community Services (CCS). Apart from the business skills, APHIAplus Nuru ya Bonde also supplements school fees, uniforms and links the group to other community support services available from government departments.

John is hopeful about the future. He says that despite still working in a tea plantation, he has learnt to be independent. He is keen on ensuring that his daughter who is living positively attains the highest level of education. He is also a peer educator and is out to ensure that others like him in their community are empowered through accurate information.

### Success story 3: Food security for Juma, thanks to support group

Maurice Juma never worries whenever his children come from school with a list of requirements.

He just goes to the garden or 'shamba', scans the banana trees, identifies a ripe bunch, cuts it down and heads to school.

"Recently, I had a fee balance," He said, "I just took one bunch to school and the head teacher was impressed, valued it at 800 shillings and I cleared the balance!"

Juma is a living example of how with the right information, the lives of individuals, families and communities can be transformed from depending on food aid to being producers of this very basic human need.

In a space of 0.2 hectares, he has more than 15 varieties of vegetables and fruits, rabbits, pigs, chicken and very soon, goats. Every space has been utilized and nothing is wasted, even the droppings from the rabbits are used as fertilizer!



Pic 2: Juma at his 'shamba'

Juma's garden is now a demonstration field and he attributes the changes to knowledge and skills he got during training sessions and capacity enhancing forums organized by APHIAplus Nuru ya Bonde.

Juma is the chairman of the Tindinyo site community support group in Sirwa Yala sub location in Kapsabet, Nandi County. He is also a community health volunteers (CHV).

The support group has more than 100 members that are care givers of orphaned and vulnerable children (OVC). It is one of the beneficiaries of APHIAplus Nuru ya Bonde's support in form of school fees, uniforms, linkages and skills empowerment.

APHIAplus Nuru ya Bonde project provides technical support and mentorship to their local implementing partner Mother Francesca mission hospital, to enable them to identify, train and work with community health volunteers to provide support to various vulnerable groups in the community, especially the OVC.

She elaborates that through community health volunteers like Juma, they are able to identify and link people living with HIV and OVC to other community support services. The capacity of these CHV has to be enhanced to ensure that they reach to these groups.

"We have sponsored Juma and some fellow group members to participate in forums where they are taught new skills and share ideas from other regions," she said.

## Success story No 4: Group give hope to widow and orphans

Christine Chelagat talks boldly about her status but it was not so when she tested HIV positive about 11 years ago.

The middle aged mother of four children aged between 24 and 13 years lost her husband, the sole breadwinner in 2002. And as she was recovering, she found out that she was HIV positive. She was devastated.

“At that time when you were tested HIV positive, it was like being handed a death sentence,” she said, “there was no information and instead, myths and demeaning statements directed to anyone thought to be HIV positive.”

Christine describes the level of stigma in her Kosoiywo location, Nandi East Sub County, as too strong. She had given up hope and decided to stay home and wait for her death. And indeed she deteriorated so fast. But things changed when she and others formed the Muitai and Care Support group.

“When you are alone, then you can lose hope but in the group, there is so much benefit,” she said confidently, “for instance, when I am stranded and I need money, I know that I can get it from our SILC group.”



*Pic 3: Christine next to her poultry pen*

The savings and internal lending community (SILC) group, is an empowerment initiative where members of a group save money and offer loans to each other that is paid back with interest, Christine explains.

This is an economic empowerment concept that Christine and other group members learnt in one of the meetings with APHIAplus Nuru ya Bonde.

“We had started a merry go round, but when we got more information about SILC and APHIAplus emphasized the importance of a SILC group, we transformed our group into a SILC group.”

Christine is one of the beneficiaries of the APHIAplus Nuru ya Bonde project that supports orphaned and vulnerable children (OVC) together with their care givers.

Through the local implementing partner the Christian Community Services (CCS); APHIAplus Nuru ya Bonde has supported the children by paying school fees for those in secondary schools and also providing uniforms and other essentials. They have also linked them up to other government departments to get services and support. More than 30 children have benefitted from this support.

Also as part of efforts to ensure that households have improved and sustainable income to meet their basic needs and ensure the well-being of the OVC, caregivers like Christine, there have been given skills on various aspects of business skills and financial literacy as well as agricultural skills.

Through these, Christine initiated a poultry keeping project that boasts of over 30 chickens. She sells the eggs and also the chicken. She has also planted a variety of crops in her small piece of land. These range from traditional vegetables, potatoes, bananas, avocados and recently apples.

In addition, she also buys and sells milk at a profit. This diversity has helped her. She cited an incident where an outbreak killed all her chicken. Since she had crops and fruits, she sold these and bought other poultry. All these streams have enabled her to have food and also pay fees for her two eldest children who are in college. She also ensures that she has money to save in their SILC group.

Christine is grateful to partners like APHIAplus Nuru ya Bonde for the support and skills that she has gotten. Today, she reflects on her life journey and looks to the future with renewed hope. In fact, unlike when she thought she would die, she now has big plans. She hopes to purchase a larger piece of land, enlarge her poultry project and buy cows.

#### ***Success story 4: Community volunteers earn income from greenhouse***

Grace Nduta is a community health worker from Karunga community unit in Tuendane village of Gilgil District. In 2012, she was in a group that took part in an exchange visit to Athinai community unit in Rongai District, which has been praised as exemplary.

Grace was greatly motivated with the strides the unit had made to sustain their work, particularly their greenhouse farming project.

After asking the group members many questions, Grace was sure she too could put up a greenhouse and encourage her group members to do the same.

Upon returning to Karunga, Grace put her plan into action. She gathered money she had saved from the monthly stipend given to community health workers by the project and took a loan from the Savings and Internal Lending Community (SILC) scheme run by her unit. She bought materials and constructed a simple greenhouse.

Grace has already planted tomatoes for sale.



*Pic 4: CHW Grace Nduta's green house. She explains tomato farming to APHIAplus field officer*