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USAID Kenya (APHIAplus Nuru ya Bonde) Quarterly Progress Report July – September 2013



Nakuru County Governor, Kinuthia Mbugua visits the APHIAplus Nuru ya Bonde stand at 2013 ASK show

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

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Acronyms and Abbreviations

AAC	-	Area Advisory Council
ADT	-	ARV Dispensing Tool
AMPATH	-	Academic Model Providing Access to Healthcare
AMSTAL	-	Active Management of Third Stage of Labour
ANC	-	Ante Natal Care
APHIAplus	-	AIDS Population & Health Integrated Assistance Project <i>People Centered, Leadership, Universal access, Sustainability</i>
ART	-	Anti Retroviral Therapy
ASDSP	-	Agriculture Sector Development Support Program
AWP	-	Annual Work Plan
BCC	-	Behavior Change Communication
BFHI	-	Baby-Friendly Hospital Initiative
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
CHTC	-	Community-based HTC
CHV	-	Community Health Volunteer
CHW	-	Community Health Worker
CLTS	-	Community Led Total Sanitation
CME	-	Continuous Medical Education
CPT	-	Cotrimoxazole Preventive Treatment
CS	-	Community Strategy
CU _s	-	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
DHRIO	-	District Health Records and Information Officer
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
EII	-	Evidence Informed Innovation
EMR	-	Electronic Medical Records
eMTCT	-	elimination of Mother to Child Transmission of HIV
EQA	-	External Quality Assurance
FACS	-	Flow Automated Cell Sorting
FANC	-	Focused Ante-Natal Care
FANIKISHA	-	USAID funded Institutional Strengthening Project
FBP	-	Faith-Based Organization
FBP	-	Food by Prescription
FGM	-	Female Genital Mutilation
FHI 360	-	Family Health International

FP	-	Family Planning
GOK	-	Government of Kenya
HAART	-	Highly Active Antiretroviral Therapy
HBTC	-	Home-Based Testing and Counseling
HC	-	Health Center
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
HSSF	-	Health Sector Services Fund
ICF	-	Intensive Case Finding
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
LAAC	-	Local Area Advisory Council
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
MDR	-	Multi-Drug Resistance
MEC	-	Medical Eligibility Criteria
MNCH	-	Maternal Newborn and Child Health
MOALF	-	Ministry of Agriculture, Livestock and Fisheries
MOE	-	Ministry of Education
MOH	-	Ministry of Health
MPDR	-	Maternal and Perinatal Death Review
MSM	-	Men who have Sex with Men
MTC	-	Medicine and Therapeutic Committees
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
RTK	-	Rapid HIV Test Kit
SCMS	-	Supply Chain Managements Systems
SDH	-	Social Determinants of Health
SGBV	-	Sexual and Gender Based Violence
SILC	-	Savings and Internal Lending Communities
SLMTA	-	Strengthening Laboratory Management Toward Accreditation
STI	-	Sexually Transmitted Infection
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 (NyB) 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 third quarter (July – September) 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 April to June 2013. Among the key issues discussed was trend analysis of data against annual targets as the project approaches the fourth quarter.

Local Implementing Partner (LIP) quarterly performance review: Performance review meetings were conducted with LIPs in the region. Key issues discussed during the review meetings were use of key national and international guidelines and Standard Operating Procedures (SOPs) to guide the project implementation, identification and documentation of success stories, regular monthly data reviews and use of data for decision making.

Joint meeting with Maternal Child Health Integrated Program (MCHIP) and East Pokot DHMT: APHIAplus and MCHIP held a joint meeting with the District Health Management Team (DHMT) of East Pokot District to clarify activities and level of support by each partner in the district. APHIAplus handed over Kamasuk Community Unit (CU) to MCHIP to continue with implementation of community strategy activities in the district in line with USAID guidance for implementation in East Pokot.

A. Qualitative Impact

Introductory Meeting with County Government: During the quarter under review, the Project Director visited four County Governors and formally introduced APHIAplus NyB Project, highlighting the implementation strategies and approaches, as well as the key project activities and achievements in each county. During the discussion, opportunities for collaboration were identified and APHIAplus made commitments to support the County Ministry of Health (MOH) to establish structures and systems for service delivery, while the governors promised their full support to APHIAplus project activities in the counties.

Participation in the Agricultural Society of Kenya (ASK) Show: Through collaboration with National AIDs Control Council (NACC) the project supported partners to participate in the 2013 Nakuru ASK show whose theme was “Enhancing Technology in Agriculture and Industry for Food Security and National Growth.” The implementing partners demonstrated the project’s progress towards enhancement of food security among vulnerable households through establishment of kitchen gardens and agri-business in collaboration with Ministry of

Agriculture and Livestock extension officers. They also showcased products by support groups of people living with HIV. In collaboration with MOH, the project conducted HIV Testing and Counseling (HTC) at various strategic points in the showground. The Governor of Nakuru County, Mr. Kinuthia Mbugua, was amongst those visiting the project stands and HTC tent.

Community Led Total Sanitation in Nakuru North District: In partnership with the MOH, the CUs implementing Community Led Total Sanitation in Nakuru North District have realized accelerated utilization and adoption of sanitation practices and waste management. Integrated Health Action Days have resulted to increased uptake of HTC among households and community members. Clients’ attitudes towards disclosure and need for both partner and family testing are gradually shifting. This can also be attributed to vibrant support groups and provision of Community Prevention with Positives (CPwP) messages.

TOMS Shoes Distribution: During the quarter, the project leveraged support from TOMS Shoes Inc., an international shoe company. The company donated shoes that were distributed to the enrolled orphan and vulnerable children in the project.

Community Strategy: The project in partnership with the MOH, Division of Community Health Services participated in the review of Community Health Volunteers (CHVs) handbook. This will aid the CHVs as a guide in their daily household visitation and trainings.

NASCOP Monitoring and Evaluation (M&E) Best Practices Conference: In addition, the project M&E team submitted six abstracts to for the first NASCOP M& E Best Practices Conference to showcase some of the results from project activities. All abstracts were accepted for presentation and two of the team members won awards for best presentations in their respective categories.

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 Indicator	B Year 3 Targets	C			J			K			D Cum Yearly Achievements	E	F	H Percentage (%) Achievements vs Year 3 Targets
			YEAR 3			Year 3	Year 2	Year 1							
			Quarterly Achievement	Quarterly Achievement	Quarterly Achievement										
			Jan - Mar 13	Apr - Jun 13	Jul - Sep 13										
1	Improved facility reporting rates in PMTC	95%	90%	83%	92%	92%	84%	89%	97%						
2	Number of Community Units established through APHIAplus support	150	141	141	140	141	162	28	94%						
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 facility level	350,000	87,781	87,133	162,703	337,617	411,890	432,983	96%						
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 community level	100,000	33,319	26,618	47,925	107,862	140,343	37,099	108%						
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	33,964	94,600	130,049	117,092	86%						

6	P1.2.D Number of HIV positive pregnant women who received ARV to reduce the risk of mother to child transmission	90%	93%	119%	103%	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%	56%	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%	53%	69%	69%	176	105	34%
9	C4.2.D Percentage of infants born to HIV infected mothers who receive prophylaxis to reduce MTCT	80%	80%	230%	231%	231%	116%	75	80%
9	P1.7.N Proportion of infants born to HIV infected mothers who are not infected	95%	92%	89%	92%	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	105,872	105,872	86,670	151,092	111%
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	31,244	31,244	17,466	78,122	89%
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	31,244	31,244	27,007	34,046	89%
13	T1.4.D Number of adults and children with advanced HIV infection who ever started on ART (by age and sex)	40,957	38,383	36,777	41,036	41,036	34,670	31,957	100%
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	1,145	3,524	4,536	3,862	70%
15	Couple Years of Protection		28,742	33,124	34,681	96,547	141,582	111,808	
16	Number of pregnant women who made 1st ANC visits	144,150	25,778	27,706	27,640	81,124	113,101	107,134	56%
17	Number of women attending at least 4 ANC visits	52,750	9,102	10,453	11,842	31,397	41,354	36,374	60%
18	Number of deliveries by skilled birth attendants	30,000	12,286	16,175	17,048	45,509	60,893	48,119	152%
19	Percentage of children under 5 years of age who received Vitamin A from USG-supported programs	537,780	40,677	73,154	71,200	185,031	276,314	213,908	34%
20	Number of Children under 12 months of age who received DPT3	120,000	30,918	31,098	29,200	91,216	144,500	112,383	76%
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	14,191	138,591	34,626	47,704	149%
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	705	1,225	2,415	4,345	4,314	15,279	114%
23	P7.1D Number of people living with HIV/AIDS reached with a minimum package of PWP interventions	10,000	2,409	8,758	9,460	20,627	9,085	103	206%
24	Number of males circumcised as part of minimum package of MC for HIV prevention services	1,000	-	-	1,018	1,018	15	100	102%
25	C5.7.D Number of eligible adults and children provided with economic strengthening service	3,000	1,282	11,866	8,897	22,045	2,908	286	735%

26	Number of vulnerable households provided food and nutrition education	30,476	15,066	24,223	24,812	29,841	25,663	6,977	98%
27	C5.4.D Number of eligible children provided with education and /or vocational training	35,000	17,824	17,928	22,064	35,402	33,433	25,302	101%
28	Proportion of households with functional latrines within APHIAplus supported CHU	70%	86%	71%	87%	87%			87%
29	Percentage of households with hand washing facilities	57%	72%	72%	82%	82%			82%
30	Percentage of households treating water	65%	58%	79%	77%	79%			79%

Note: The results for HTC, PMTCT and care and treatment reported from Oct 2012 to September 2013 changed due to the requirement to report data from MOH731 for 124 sites. The necessitated deletion of results reported in the SAPR for these sites and replacing the same with data from MOH731 which in some cases changed due to verification.

C. Project Administration

Programmatic transitions: 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 Maternal Neonatal Child Health (MNCH), Reproductive Health (RH) and Family Planning (FP), and nutrition and community strategy.

D. Subsequent Quarter's Work Plan

In the subsequent quarter, the project county teams will focus on supporting counties to develop Health Sector Strategic Plans (HSSPs) alongside strengthening the capacity of implementing partners and County/sub-county Health Management Teams (HMTs) and facility HMTs to deliver quality services including Social Determinants of Health (SDH) interventions. 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)

During the quarter under review, 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 (HCWs) at various facilities. A total of 28 Quality Improvement (QI) coaches were trained. As a result, 28 Work Improvement Teams (WITs) in 22 facilities in two model districts were formed. A total of 60 HCWs were oriented in KQMH from five districts and six facilities. Follow up of the implementation of KQMH in districts already oriented in the previous quarter was also done.

Technical Quality Assessments (TQAs) were carried out at 34 facilities and an additional three RH assessments conducted at project-supported facilities. The aim of these assessments was to determine the quality of services being delivered with a view of identifying gaps which could be corrected thereby enhancing quality of service being delivered in HIV/RH/ MNCH.

In addition, 212 HCWs were mentored, 474 oriented and 653 reached through Continuous Medical Education (CME) in various technical areas to improve their capacity for quality service delivery. The mentorship focused on HTC, Prevention of Mother to Child Transmission (PMTCT), Anti-Retroviral Therapy (ART), Tuberculosis (TB), RH/ FP, Prevention with Positives (PWP), Dry Blood Spot (DBS) collection, commodity management and MNCH. Through collaborative activities with other partners, 55 HCWs were trained through Funzo Kenya and Global Fund in pediatric ART (30) and PMTCT (25) for a five-day and ten-day training respectively in Baringo County.

Baringo County: During the quarter under review, project technical officers in conjunction with DHMTs followed up the KQMH implementation by QI teams in three districts which had been sensitized on KQMH previously. Two of the district teams (Marigat and Baringo North) had functional QI teams and had rolled out to facility level, while the third (Mogotio District) had not yet started.

Through the collaborative activities between the project and the MOH, 41 DHMT members (Baringo Central - 7, Baringo North -7, East Pokot - 4, 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 all six districts, reaching ten facilities and mentoring 212 HCWs in various technical areas.

TQAs were carried out in four facilities in Baringo County, and RH assessments were also conducted in three facilities: Timboroa, Torongo and Kampi Samaki Health Centers (HCs). Key

findings of the assessments at these sites were: lack of basic equipment, erratic supply of test kits mainly due to poor forecasting, poor service integration especially in MNCH, poor access to baseline lab tests, e.g., Liver Function Tests (LFTs), Urea Electrolytes Creatine (UEC) and Haemoglobin (due to lack of equipment/reagents and cost), lack of laboratory SOPs and job aids, poor defaulter tracing mechanisms, and need for HCW training especially in Baringo Central and Marigat facilities where staff were not previously managing HIV patients.

The project addressed the challenges through mentorship, linkage with national mechanisms for training, provision of SOPs and job aids and orientation/sensitization on commodity management and pharmacovigilance, and integration of services.

Kajiado County: During the quarter under review, the project conducted TQAs at seven health facilities, namely Ngong Sub-District Hospital (Sub-DH), Ongata Rongai Health Center (HC), Kajiado District Hospital (DH), Masimba HC, Oloitokitok DH, Masimba HC and Rombo HC. Main findings of these TQAs were: gaps in patient monitoring, lack of cervical cancer screening, provider capacity and inadequate documentation. These were addressed by the mentorship teams in follow-up visits to these facilities.

In addition, the project supported orientations on ART guidelines, PWP, biosafety and specimen collection, and nutritional assessment in Kajiado North District reaching a total of 93 HCWs. Two CMEs on cardiovascular and metabolic diseases in the era of HIV were conducted in Ngong Sub-DH reaching 62 HCWs. In addition, five more service-providers were enrolled in the tenth round of the HIV proficiency-testing program at Kitengela Medical Centre and Bissil HC.

Laikipia County: TQAs were performed in four facilities (Nanyuki Teaching and Referral Hospital, Ndindika HC, Oljabet HC and Rumuruti Sub-DH). Gaps identified included weak TB/HIV integration models, inaccurate documentation using standard MOH tools, missing job aids, poor patient monitoring using CD4 and viral loads, and lack of psychosocial support groups. These gaps were addressed through focused mentorship/On-the-Job Training (OJT), and liaison with Kenya Medical Supplies Agency (KEMSA) for timely supply of CD4 test kits.

Four CMEs addressing the topics of Post-Exposure Prophylaxis (PEP), management of TB/HIV co-infection in children and baby-friendly services were carried out reaching 109 HCWs. In addition, there were also 11 sensitizations on various topics reaching 213 HCWs in an attempt to bridge the knowledge gaps and update HCWs on current practices. The CMEs and sensitizations are bearing fruits as evidenced by the number of patients being identified as failing ART and the increase in the number of viral loads being requested.

Nakuru County: The county has two model districts for KQMH. Thirty-nine HCWs drawn from three districts (Njoro, Nakuru Central and Molo) had a one-week training as QI coaches on QI and formation of QI teams in facilities among other QI aspects. Following this, they in turn sensitized 60 HCWs on KQMH in three hospitals (Rift Valley Provincial General Hospital, Elburgon Sub-DH and Naivasha DH). So far six facilities have formed WITs and are at the third step of the five S's of QI model. At three KQMH model sites, the project has supported security enhancement in preparation for the installation of Electronic Medical Records (EMR) infrastructure.

The team conducted TQAs in 15 high-volume facilities. The gaps identified included poor data quality, lack of relevant reference job aids and poor patient monitoring. The Multi-Disciplinary Team (MDT) responded to the gaps by distributing relevant job aids and patient folders/files,

mentoring HCWs on identifying patients with suspected treatment failure, and linking facilities to sites conducting viral load monitoring.

Together with the district teams, the project's MDT reached 35 facilities and mentored 97 HCWs in nine districts. The mentorship effort was varied and at different levels, ranging from data recording and reporting, service integration and commodity management with an overall focus to improve the quality of services.

In addition, 555 HCWS were provided with updates on various topics through sensitizations and orientations. The following are some of the key areas covered: sample biosafety, nutritional assessment and Integrated Management of Acute Malnutrition (IMAM), new ART guideline, Carcinoma of the Cervix (CaCx) screening, facilitative supervision, national Data Quality Audit (DQA) strategy, PWP, life skills, stress management, nursing process, vitamin A guidelines, Sexual and Gender Based Violence (SGBV), infection prevention, isoniazid preventive therapy, infection prevention in TB, and TB recording tools.

Narok County: The project, jointly with the DHMT, conducted TQAs in four health facilities (Narok DH, Olokurto HC, Nairagi Enkare HC and Ololulunga DH). Service integration (TB/HIV and MNCH/HIV), CD4 monitoring and facility HTC were the poorest performing indicators. This informed the targeted mentorship in the affected facilities and as a result, Nairagi-Enkare HC fully integrated ART services in the MNCH services. In addition, Narok DH, Ololulunga DH and Nairagi-Enkare also have a complete TB-HIV integration model where the TB/HIV co-infected patients are seen in the chest clinic and provided with ART and TB treatment.

In addition, the project supported six orientations on various topics including orientation of HIV into RH and TB services, the revised ART guidelines, CaCx screening, use of Maternal and Perinatal Death Registers (MPDR), neonatal resuscitation and Active Management of the Third Stage of Labour (AMSTL), reaching a total of 165 HCWs. Additionally, five CMEs on TB/HIV integration, minimum package for RH and HIV integration, nutritional assessment and management of HIV and Baby-Friendly Hospital Initiatives (BFHIs) were conducted at various facilities in the county and reached 152 HCWs.

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

During the quarter under review, the project clinical team facilitated the implementation of the Joint Work Plans (JWPs) with the 24 DHMTs and 20 HMTs. Reviews of the implementation of the JWPs were done in 12 districts and 11 facilities to evaluate the progress of implementation and identify any challenges faced by both teams. This led to re-prioritization of activities and re-programming of funds to align to the changed needs of the districts.

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 one DHMT (Koibatek) and four HMTs were also conducted to ensure the implementation is responsive to the dynamics at facility and district level.

The project supported three DHMTs to conduct supportive supervision to 32 health facilities in three districts (Mogotio, Baringo Central and Marigat). The county accountant was incorporated in supportive supervision to assist the facilities streamline Health Sector Services Fund (HSSF) utilization and accounting. In addition, two facility in-charges meetings were held to review the

performance of the 51 health facilities in two districts (Baringo Central and Marigat districts). During the quarter, a District Health Stakeholder Forum (DHSF) meeting was held in Baringo North District.

This quarter the project supported six integrated outreaches to increase access to healthcare services among hard-to-reach populations in the county reaching them with a variety of services. These included 888 children dewormed (374 were under-five years), 160 children immunized (146 under one year), 14 children received growth monitoring, 63 clients received Focused Ante-Natal Care (FANC) (40 new clients), 33 mothers received counseling on infant feeding, 109 clients received FP (74 new and 35 revisit), five pregnant women screened for TB, and 736 clients treated for minor ailments (316 under-five years).

Kajiado County: The project supported three DHMT supportive supervision visits in Kajiado Central, Kajiado North and Oloitokitok districts reaching 32 health facilities. During these visits, the team addressed issues of incorrect reporting and integration of services. Staff shortage was raised as one of the key challenges and task shifting identified as one of the ways health facilities can address the staffing issues.

In addition, joint review meetings were carried out to assess the progress of the joint work plans in Kajiado North DHMT, Oloitokitok DHMT and Kajiado DHMT. During the health facility in-charges' meetings held in Oloitokitok and Kajiado North sub-counties, the health managers deliberated on ways of addressing inaccuracies in health reports.

Ten targeted integrated outreaches to underserved nomadic communities in the county were conducted. During these outreaches; 78 children under five were immunized, 164 treated for minor ailments, 148 given Vitamin A, 329 under-fives were dewormed, and 21 pregnant mothers tested, three of whom were linked to PMTCT services. Out of the 233 children whose growth was monitored and screened for malnutrition, five were enrolled in the IMAM program.

Laikipia County: The project supports five DHMTs and three HMTs through joint work plans. In this period, four DHMTs were supported to carry out supportive supervision to 47 facilities. The key issues identified and addressed during these visits were unavailability of service guidelines, staff shortages and partograms not well filled in most facilities where deliveries were occurring. Plans to address these challenges were put together by the teams in collaboration with the project MDT. Review meetings were held to assess the progress of implementation of the work-plans with two DHMTs and one HMT. Through the joint work plan, the project has supported the re-vitalization and formation of twelve psycho-social support groups for People Living with HIV (PLHIV) that has brought patients together to discuss stigma and adherence issues surrounding HIV care and support.

In addition, ten integrated outreaches to underserved areas were held reaching 498 patients who were treated for minor ailments, 58 children under one year were immunized, 108 children given vitamin A and 1,053 dewormed and 118 clients were tested for HIV.

Nakuru County: In the period under review, the project supported D/HMTs in implementation of the joint work plans across the nine districts in the county. In addition, six districts (Kuresoi, Njoro, Naivasha, Subukia, Nakuru Central and Rongai) and six facilities (Molo DH, Gilgil, PGH, Langa Langa, Elburgon and Olenguruone Sub-DH) conducted reviews of the joint work plans. In Subukia District, the project supported sensitization of six facility health committees on

leadership and governance in order to strengthen their management skills, reaching a total of 28 managers.

Supportive supervision was conducted in 68 facilities and the main gaps identified during the visits were poor documentation of service statistics, poor understanding of reportable indicators, poor service integration and retention. Action plans to address these gaps were made. In addition, counseling supportive supervision was conducted for 105 counselors in seven districts (Molo, Njoro, Kuresoi, Gilgil, Subukia and Rongai and Nakuru) that enabled them to share varied experiences encountered in the course of their duties.

Feedback meetings on health statistics were held in four districts (Rongai, Molo, Nakuru central and Kuresoi) and four hospitals (PGH, Elburgon, Olenguruone and Molo). The project regularly supports the forums to promote data understanding, consumption and use. A total of 137 facility managers from 123 health facilities were reached. The project supported 20 facilities to conduct DQAs in five districts (Rongai, Nakuru Central, Naivasha, Subukia, and Molo). Keringet HC and Olenguruone Sub-DH were also supported to carry out client exit interviews. Feedback from these activities was meant to provide relevant information for improvement in service delivery.

In this quarter, three DHSF meetings were held in Nakuru Central, Molo and Naivasha districts. The meetings brought together all stakeholders in the health sector to interact, discuss and plan on health progress and chart a way forward on emerging issues in the respective districts. The project supported 34 integrated outreaches where 275 under-five children were immunized, 674 supplemented with vitamin A, 1,558 dewormed, 870 clients provided with HTC and 280 with FP.

Narok County: The project supported two DHMT supportive supervision visits to 28 health facilities and two facility in-charges' meetings. During the supervisions all the facilities were provided with feedback on areas to improve such as scaling up HIV testing rates by fully embracing the Provider-Initiated Testing and Counseling (PITC) approaches and subsequent linkage to care and treatment. All the findings and best practices were shared during the subsequent facility in charges' meeting.

Due to the vastness of the county and poor terrain and road network, access to ART services remains a challenge. During the quarter, the project supported the DHMT to decentralize ART services to Mulot and Olorte dispensaries, which have already enrolled six patients on care and baseline investigations have been done. The joint MOH-APHIA*plus* mentorship teams have continued to provide OJT and mentorship to the HCWs to enhance their capacity to provide services.

The project supported two DHSF meetings, which brought together key stakeholders from the three sub-counties of Narok North, Narok South and Transmara. During these meetings, elaborate plans were laid towards addressing the challenge of tetanus which culminated in a tetanus toxoid immunization campaign in Narok North and South. Through the joint work plan, the project supported integrated outreaches to 24 hard-to-reach sites, 15 in Narok South and nine in Narok North. During the outreaches, 860 children were immunized and screened for malnutrition, 2,555 reached with FP services, 190 provided with ANC services and 177 were tested for HIV. The total number treated for minor illnesses were an additional 407.

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

During the reporting period, the project continued to strengthen the capacity of districts, facilities and community-level partners to record, report and use data for program improvement by providing technical assistance, mentorship and tools to health facility staff, DHMT and partners implementing community-based interventions. In the reporting period, the project provided technical assistance to 128 health facilities, 18 OVC and health communication implementing partners and 140 CUs. Health communication partners were provided with targeted support to enhance their capacity in using Health Communication live pivot tables to run simple analyses and data cleaning and use results for decision making. Tools were supplied to different implementing partners as needed and included 5,333 files, 1,763 Form 1A, and 200 Health Communication One (HC1) registers. In addition, job aids and performance charts (see annex I) were distributed in selected facilities to support correct use of tools.

The project continued to support the District Health Records and Information Officers (DHRIOs) Performance Reimbursement Plan (PRP) started last year. As a result the project witnessed consistent improvement in data quality, reporting rates and timely submission at facility and district levels. For example, the project’s MOH 731 PMTCT reporting rate in the District Health Information System (DHIS) rose steadily from 78% at the beginning of the April-June quarter to 88% at the end of the reporting quarter. The figure below presents a summary of the project’s MOH 731 PMTCT reporting rates for this year as captured in the DHIS2.

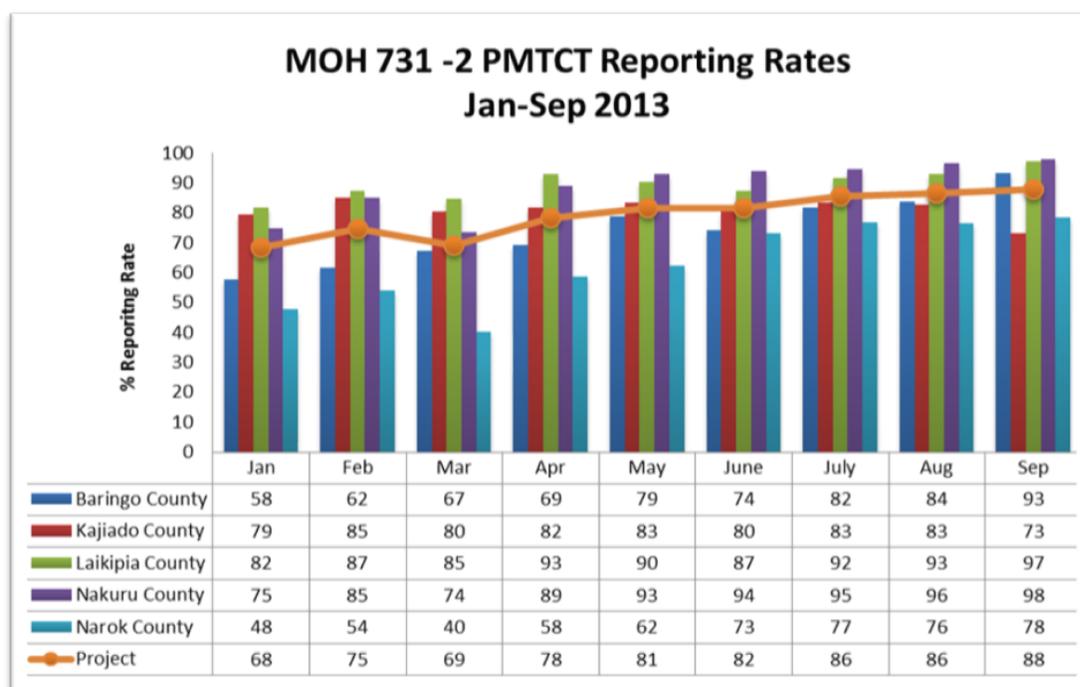


Figure 1: DHIS MOH 731-2 PMTCT reporting rates from January to September 2013

In order to strengthen timely reporting for community implementing partners, three database management systems were developed during the quarter. These include a system for Sex Worker (SW) Drop in Centers (DICs), Life Skills Education (LSE) and other health communication interventions. These systems are designed to enhance data management and timely submission of reports. The systems were piloted during the quarter, and training of staff and implementing partners will take place in the subsequent quarter.

On improvement of data quality, the project continued to implement data quality checklists at set intervals for health facilities of different tiers (quarterly for tier 1 and 2, and monthly for tier 3 and 4). The M&E checklist was administered in 85 facilities across the counties, and it identified gaps that were addressed through targeted mentorship of HCWs by the project team and the DHRIOs. In instances where recounted data differed from the reported data, the data change management procedure was observed and DHRIOs updated the DHIS accordingly. As a result, the data quality across project-supported counties improved. For instance, there was improved consistency of 26 common indicators across MOH 731 and MOH 711A from an average of 90% last quarter to 94% by September 2013. The figure below summarizes this performance.

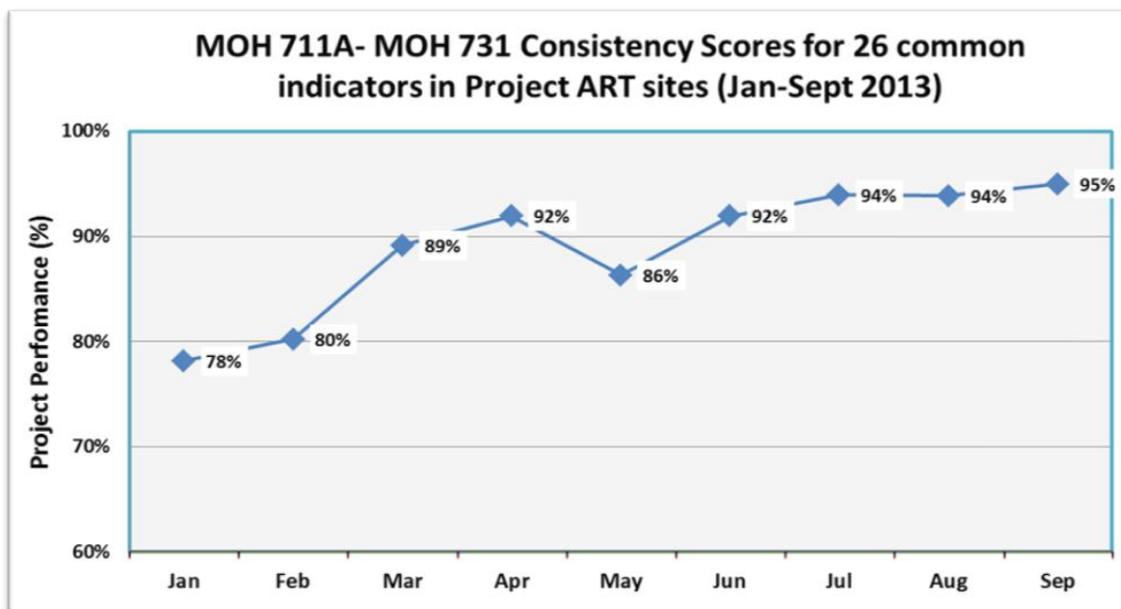


Figure 2: Consistency scores for 26 common indicators in project ART site for January to September 2013

Owing to data quality challenges emerging from the Community Based Health Information System (CBHIS) indicators, the project held a participatory meeting between technical and M&E teams which resulted in development of various SOPs, a data flow chart, definition of key events, reporting trackers, a data verification tool and checklists. These tools will help to improve data quality. Additionally, the team was oriented on outcome monitoring and verifying uploaded data through DHIS. Another two-day data quality improvement meeting was held with ten Community Strategy (CS) representatives from the five counties to identify and address data quality challenges. After the meeting, CS representatives held meetings with Community Health Extension Workers (CHEWs) and district focal persons to share SOPs and enhance their interpretation of CBHIS indicators.

During the quarter, a joint DQA was conducted to seven health communication implementing partners and focused on investigating technical and data quality dimensions such as data availability, consistency, validity, analysis and use for the period October 2012 to March 2013. The general findings indicated that partners had varied interpretation of data and reporting inconsistencies. To address the gaps, historical data was cleaned, validation checks were included in the management information system, the filing system was reorganized and partner staff oriented on how to use health communication live summaries.

To create demand for use of data for decision making, the project involved health care managers in data reviews at both facility and DHMT levels. The project also supported all implementing

partners in analyzing and interpreting health communication results using health communication live pivot tables. The project also spearheaded formation of M&E working groups among OVC implementing partners at county level with the aim of promoting a culture of data-driven decision making. In addition, using data from the DHIS for the period 2012-2013, the project developed PMTCT and ART performance cascade charts and distributed them to 19 facilities. The charts are expected to stir discussions during data forums on performance and trends. Assisted by data quality champions, facility staff will score these charts on a monthly basis. Findings will be documented in the subsequent quarter in a data use report and work plan document. The project developed a gap analysis module for PMTCT, ART and HTC service components. The gap analysis incorporates a management support module with pivot charts to assist project managers to make quick inferences about county performance.

Working with two USG funded partners, I-TECH and Futures Group, EMR system roll-out was initiated in 15 facilities. Below are details of progress in each county.

Baringo County: A total of 18 facilities (13 ART sites) were visited during the quarter under review. During the visits, the M&E checklist was administered in selected facilities in Koibatek sub-county. Marigat DH, a site previously supported by AMPATH, was successfully initiated into use of standard national HMIS tools. In Mogotio sub-county, data cleaning and update of Comprehensive Care Center (CCC) registers was conducted. Both Baringo North and East Pokot sub-counties benefitted from intensified mentorship on ANC, HTC and MOH 731 comprehensive reporting tools. As a result, service providers were able to interpret key indicators correctly. In addition, 41 CHEWs/ Community Strategy Focal Persons (CSFPs) received orientation on Community Health Information System (CHIS) tools. Through the monthly feedback meetings, 20 CHEWs were taken through the revised CHEW Summary (MoH 515) and started using it to report.

The standard tools availability checklist was administered across the county. Several HMIS tools were found to be short in supply and were promptly replenished. This included registers (ANC, PNC, maternity, HEI, ART, pre-ART, outreach, and defaulter tracing), patient cards (HEI, MOH 257, 258) and MOH 711A and MOH 731 reporting summaries. A total of 56 different registers and 3,110 patient cards were distributed.

Working with I-TECH, Kenya EMR has been deployed in Kabarnet DH and Tenges HC. In Kabarnet DH, except for challenges in report generation, the EMR is currently in use. In the subsequent quarter, the project will work closely with I-TECH and AMPATH to try and overcome the challenge of generating reports by the EMR at Kabarnet DH.

Kajiado County: A total of 52 HCWs from 24 facilities were mentored on ART registers, cohort summaries, and indicator definitions. Due to these efforts, HCWs in Kajiado North reported improved interpretation and reporting of 'Known Positives' (KPs) at ANC. Also in Loitoktok, reporting consistency between MOH 731 and MOH 711A on the 26 common indicators improved (from 94% in June to 98% in September). Additionally, a total of 12 CHEWs were mentored on interpretation and use of data from the chalk board. Dissemination of community strategy SOPs was done to 18 CHEWs, and the CHEWs began using the tools. Targeted technical assistance was provided to six OVC IP M&E contact persons.

The project supported the Kajiado North DHRO to distribute tools to seven facilities that were missing tools. Project staff also supported distribution in Loitokitok sub-county.

The IQCare EMR system was deployed in three facilities (Kajiado DH, Loitokitok DH and Magadi Hospital). In addition, end user training was completed and data entry commenced in Kajiado DH. In the subsequent quarter, both Kajiado and Loitokitok DHs will prioritize entry of legacy data to enable generation of reports.

Laikipia County: A total of 17 facilities (9 ART sites), were visited and 39 HCWs mentored leading to an improvement on the use of standard national data collection and reporting tools. Additionally, the project sensitized DHMTs on the existence of a data quality management team, whose mandate was to champion data improvement initiatives. The project identified deficits in the HMIS tools across the five sub-counties and distributed 14 registers (ART and ANC), 510 HEI cards and 2,300 TB Intensive Case Finding (ICF) cards. In a bid to ensure correct use of these tools, the multidisciplinary project team conducted orientations and OJT to HCWs. In the next quarter, the project will distribute MOH 731-711A reporting job aids to high-volume sites in the county. The EMR system was deployed to two sites, St. Joseph Mission Dispensary and Nanyuki Teaching and Referral Hospital (TRH), and at Nanyuki, the end users were trained. In the subsequent quarter, priority will be placed on entry of legacy data at Nanyuki TRH.

Caritas, one of the implementing partners in the county, underwent a joint supportive supervision visit, which resulted in a marked improvement in reporting rates from 56% in the first quarter to 87% in the current reporting period.

Nakuru County: The project mentored 80 HCWs from 36 health facilities on ensuring consistency between MOH 731 and MOH 711A. All the nine sub-counties showed remarkable improvements. For instance, Rongai sub-county correctly reported the 26 common indicators in both MOH 731 and MOH 711A - a 100% consistency. Mentorship of the DHMT on the M&E checklist has also borne fruits. DHMTs in Nakuru County administered the checklist to 14 facilities on their own volition. A total of 74 registers (ART, HTC, PEP, PRC, and Defaulter tracking) and 5,108 cards, booklets and summary sheets were distributed across the nine sub-counties. MOH 731-711A reporting job aids were distributed to 24 high-volume sites. As a result, facilities were consistently able to record and report on services with minimal disruptions.

In order to create demand and use of data, a two-day data-use workshop for healthcare managers was conducted. The workshop used data for Nakuru County reported in DHIS2 for the period June 2012 to July 2013 to build the skills of participants in data analysis, interpretation and use. The IQCare EMR system was deployed to six sites (Bahati DH, Gilgil Sub-DH, Langalanga HC, Elburgon Sub-DH, Subukia HC and Olenguruone Sub-DH). End user training was conducted in Gilgil and Langalanga. Data entry is complete in Langalanga HC. In the next quarter, Nakuru PGH is prioritized for deployment of the EMR.

Five implementing partners were supported to finalize OVC data cleaning. In addition, K-NOTE and WOFAK were supported to conduct internal DQAs, which indicated that there were delays in updating OVC services provided at partner level into the OVC Longitudinal Management Information System (OLMIS) and poor filing systems. As a result, six social workers and data clerks were mentored and implementation of agreed upon action points followed up. In addition, five implementing partner staff were mentored on use of the health communication live summaries to analyze data generated from the health communication database for information sharing.

Narok County: A total of 33 sites were visited and the M&E checklist was administered and incorrect use of ANC and maternity tools was identified and addressed. The consistency in correctly reporting common indicators between MOH 731 and 711A improved from 94% in July 2013 to 97% in September 2013. For community-based programs, implementing partners were provided with technical support in use of OLMIS, uploading new CHVs in the OLMIS, data cleaning and use of the CHV reporting tracker to identify OVC not reported over six months. The support yielded an improvement in reporting rates from 76% last quarter to 84% this quarter. Under community strategy, CHEWs were mentored on use of data from MOH 515 and MOH 516 (chalkboard) leading to CHEWs reporting rates stabilizing at 77%.

Two HMTs received mentorship on tools forecasting and correct completion of registers. As a result, no facility experienced stock outs of standard reporting tools except Olorurto HC where an older version of the maternity register was in use. The IQCare EMR system was deployed in four sites (Narok DH, Ololunga DH, Ntulele Dispensary, and Sogoo HC). Narok DH completed entry of legacy data into the system. In the subsequent quarter, the priority will be to ensure that the system continues to be in use at Narok DH. Mentorship will be provided on report generation and conducting queries.

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

During the reporting period, the project supported 140 CUs compared to 141 in the previous reporting periods. One CU in Baringo County was handed over to MCHIP. The number of functional units increased from 111 to 116, while the number of semi-functional units reduced from 31 to 18 and the non-functional units reduced from 9 to 6 CUs as shown in figure 3 below.

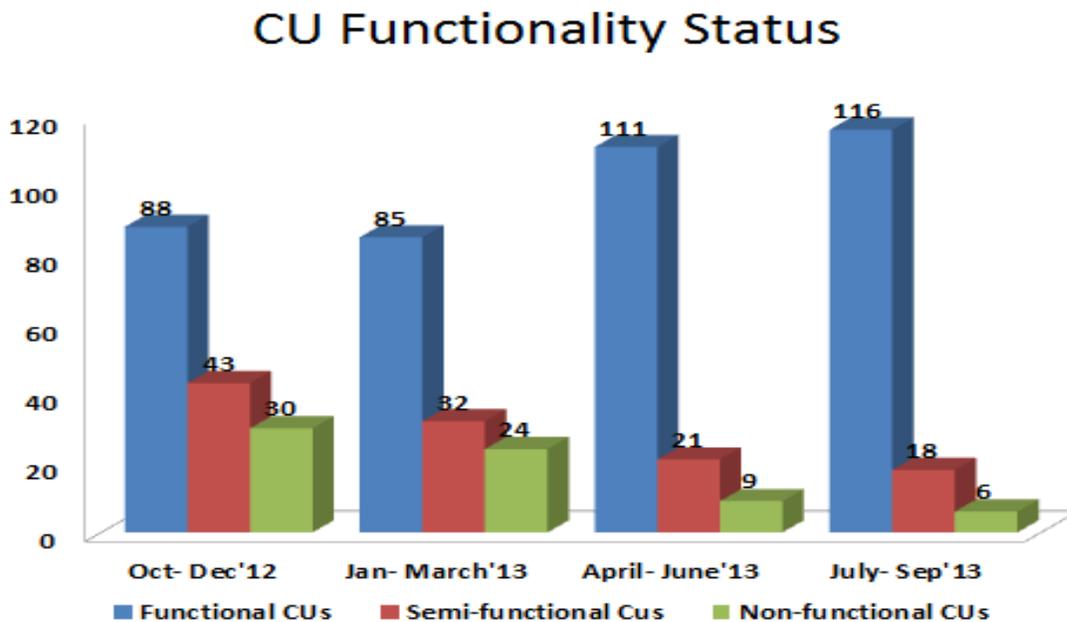


Figure 3: Functionality trends of CUs across the quarters

Baringo County: The project supported 20 functional CUs in the reporting quarter after handing over of one community unit to MCHIP. During the reporting period 60 planning and data feedback meetings were conducted where CU data was verified, compiled and used to plan

for dialogue days. A total of 503 CHWs out of 515 CHWs in the county reported, translating to 97% in this reporting quarter. This is an improvement from the last quarter which was at 87% and 93% in quarter one. Twelve dialogue days were conducted out of the total targeted 20.

Kajiado County: The project continued to support 21 CUs out of which 15 are functional, six semi-functional. A total of 62 monthly feedback and planning meetings were held, 17 dialogue days were conducted, and the communities developed time-bound action plans to address the health issues which resulted in holding 36 monthly health action days. Five CUs held integrated outreaches providing the following services: deworming, immunization, growth monitoring, HTC, treatment of minor ailments, distribution of FP commodities, cervical cancer screening and Vitamin A supplementation. A total of 295 CHWs out of 434 CHWs in the county reported, translating to 68% in this reporting quarter compared to 64% last quarter and 56% in the first quarter. Close monitoring and tracking of reporting rate will be a key focus in the coming quarter to an achievement of the required reporting rate of 80%.

Laikipia County: During the quarter, the project supported 11 functional CUs and two non-functional. Out of the 13 CUs, 11 held dialogue days, outreaches and action days as dictated by the data in the chalkboards. A total of 267 CHWs out of 308 CHWs in the county reported, translating to 87%, a slight reduction in the reporting rate compared to 93% last quarter and 83% in the first quarter. This reduction is attributed to the fact that one CU was updating their household register hence could not report in time for the monthly summaries. All CHWs had MOH data collection tools (MOH 513 and MOH 514). This quarter, however, they experienced a shortage of referral booklets, and some CUs were forced to make copies for the CHWs and others used plain paper for referrals.

Nakuru Country: The project supported 66 CUs in the county. Functional CUs increased from 49 to 51 while the semi-functional reduced from 13 to 11 and non-functional remained at four. A total of 54 CUs had a CHW reporting rate of over 80%. Sixty two CUs held 141 health action days and 34 integrated outreaches were held aimed at improving the hygiene and health standards of the households. The average reporting rate for the CHWs in the county was 89%.

Narok County: The project supported 20 CUs out of which all are functional compared to last quarter when 17 were functional. Improvement in use of data from households for decision making was marked by the twelve data informed dialogue days and eight health action days. The region is mostly affected by poor infrastructure that is compounded by challenging terrain and extreme weather conditions. This highly compromises dedication to service delivery by CHWs that must walk long distances to attend organized meetings. A total of 379 CHWs out of 480 CHWs in the county reported.

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

Private providers were engaged to improve the quality of their service provision. This engagement included five orientations on various topics namely nutrition assessment and management in HIV, FP/HIV integration, post natal care and CaCx screening, safe phlebotomy, and the revised ART guidelines. A total of 94 providers were reached in the sessions. Additionally, two CMEs were provided to 82 HCWs on post natal care and management of HIV in children. The project MDT teams also visited providers at the sites to further mentor them on pertinent service delivery aspects.

Kajiado County: In this quarter, the Kajiado North DHMT conducted supportive supervision to ten private facilities and interacted with 20 HCWs. Key findings from this exercise included incomplete documentation of reporting tools and capacity gaps of providers in the area of ART and PMTCT service provision. The providers will be mentored in the next quarter to address the gaps identified. Two orientations on safe phlebotomy and the revised ART guidelines were given reaching a total of 42 HCWs.

Nakuru County: During this quarter 52 providers were reached in three orientations on nutrition assessment and management of HIV, FP/HIV integration and post natal care and CaCx screening. A further eight providers were given OJT on CaCx screening. Two CMEs were held on post natal care and management of HIV in children that reached 82 service providers.

TQAs were conducted in three facilities, and the key findings were incorrect data reporting and use of registers. The MDT team followed up with the facilities and mentored service providers. In Nakuru Central District, pharmacy and laboratory staffs were mentored on commodity tools for consumption and requesting supplies. Their respective sites were also supplied with job-aids and guidelines as reference material. In total, 26 staff from 20 facilities were reached. Seven staffs were mentored on DBS processing for viral load measurement adding three more sites with this capability, bringing the total number of sites to 19. In this period a total of 77 CD4 and 55 viral load samples were sent to the three processing laboratories.

Three data review meetings focusing on increased utilization of data at site and ensuring correct reporting of the same to the district using standard tools, including the use of form 731, were conducted. The providers were taken through the reporting system as well as how to develop summary reports. Follow-on actions agreed upon were to supply tools to the sites with missing tools and mentor providers on the tools.

Mainly HTC outreaches were conducted at three facilities that reached 521 people, 130 of whom were new testers; two tested HIV positive and were referred for care. Other services offered during this exercise were nutritional counseling, blood pressure and random blood sugar measurement.

Narok County: The MDT mentored nine HCWs from four private facilities (Loita Community Health and Education Centre, Entasekera and Ngosvani HCs and Nalepo clinic). The mentorship covered ART and TB service provision. Loita is currently managing nine clients on ART while Nalepo clinic is ready to start managing clients.

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

The project supported 140 CUs covering 166,339 households and a catchment population of 760,186. During the quarter under review, the proportion of Households (HHs) with functional latrines increased slightly from 145,306 HHs in the last quarter to 146,196 against a total of 166,339 HHs. The proportion of households treating water dropped from 79% to 77%. This was due to decline in supply of water treatment products by the MOH within the project areas. The proportion of HHs with hand washing facilities increased from 133,205 last quarter to 136,782 this quarter. This improvement was a contribution from intensified campaign on the WASH indicators by the government and the significant support at the CU level.

The graph below illustrates trend analysis of WASH indicators across the three quarters

WASH Indicators Trends

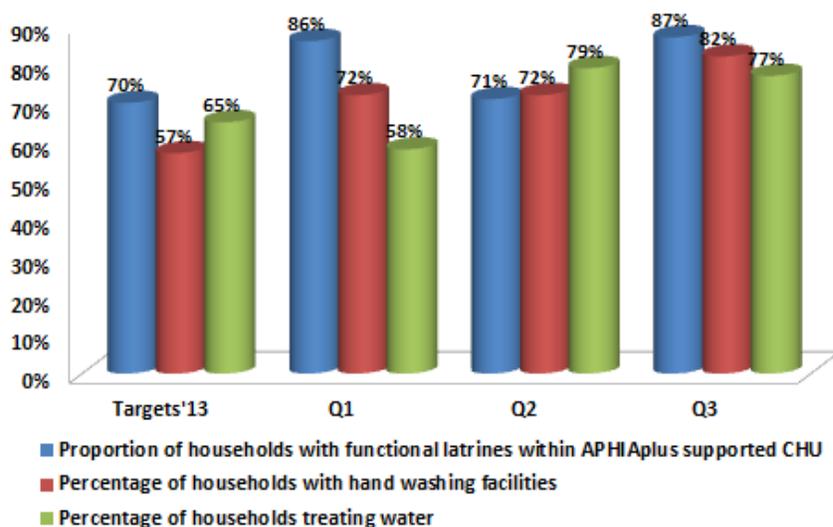


Figure 4: Trends in WASH indicators in project-supported CUs

Baringo County: During the quarter latrine coverage dropped from (17,824 HHs) in the last quarter to 17,730 HHs as a result of the effect of floods that swept away latrines. Households treating water improved from 14,384 to 14,394 against an annual target of 21,057 HHs. Households with hand washing facilities dropped from 14,394 (68%) to 13,320 HH (63%) against the annual target of 21,057 HHs. The proportion of skilled deliveries in the quarter under review improved from 42% (115 out of 273 births) in quarter two to 79% (89 out of 112 births) in the reporting quarter. Out of the 112 births, 59 women completed at least four ANC visits, translating to 53% for the reporting quarter. This was a drop in fourth ANC attendance compared to 60% achieved in quarter two.

Kajiado County: The proportion of HHs with functional latrines increased from 68% (9,229 HHs) to 72% (9,833 HHs). This is attributed to increased CHW mobilization of communities to construct latrines and increased Community Led Total Sanitation (CLTS) interventions by the MOH. The proportion of HHs treating water increased from 72% (9,722 HHs) to 76% (10,302 HHs) against an annual target of 13,572 HHs. This was achieved through the efforts of the CHWs by conducting community health education on water safety and distribution of water treatment agents such as chlorine tablets. The proportion of HHs with hand washing facilities has improved from 64% (8,663 HHs) reported in the last quarter to 70% (9,434 HHs) during this reporting period.

Out of 455 cumulative births during the quarter, 214 births were conducted under skilled care translating to 47% against an annual target of 65%. This implies a slight drop in the skilled deliveries when compared to 67% achieved in the previous quarter.

Laikipia County: The proportion of HHs with functional latrines increased from 94% (15,032 HHs) to 97% (15,726 HHs) this quarter while the proportion of HHs treating water increased from 83% (13,451 HHs) to 84% (13,643 HHs) against an annual target of 16,182 HHs. The proportion of HHs with hand washing facilities improved to 81% (13,151 HHs) from 72% (11,703 HHs) in the last quarter against an annual target of 16,182 HHs.

The proportion of skilled deliveries in the quarter under review improved from 63% to 65%; with 108 skilled deliveries out of 308 total births. Out of the 308 live births, 196 of the women completed at least four ANC visits, translating to 64% for the reporting quarter.

Nakuru County: A total of 96,775 HHs out of 99,237 had functional latrines in the reporting quarter, 94,894 in quarter two and 74,686 in the first quarter. This translates to 98% in quarter three, 97% in quarter two and 76% in quarter one, implying a steady increase in latrine coverage across the three quarters. This increase is attributed to the concerted efforts of the MOH in implementing CLTS in the project areas.

The proportion of households treating water in this quarter was 85% (84,730) out of a total of 99,237 households. This is an improvement compared to 78% (77,056) of households in quarter two and 45% (43,681) in the first quarter. This is attributed to the health education campaigns on water treatment targeting water quality improvement at the household level.

The proportion of HHs with hand washing facilities such as leaky tins was at 92% (91,737 out of 99,237) this reporting quarter as compared to 89% (88,178) in quarter two and 54% (53,731) in the first quarter. The improvement over the year was as a result of empowerment of HH members with basic hand washing techniques.

On MNCH indicators, the county reported a steady increase in skilled deliveries with 1,297 skilled deliveries against 1,540 live births (84%) in the reporting quarter, 82% in quarter two and 75% in the first quarter. The proportion of pregnant women who attended at least four ANC visits in this quarter was 91% (1,395 out of 1,540 live births), 92% in the previous quarter and 70% in quarter one. This implied a slight reduction in skilled deliveries between quarter two and three, an indication of emergency deliveries that mostly occurred at home but were later referred to the health facilities.

Narok County: Latrine coverage dropped to 6,132 HHs (37%) from 8,327 HHs last quarter. The high rainfall destroyed a significant number of latrines which led to a drop in coverage across the county. The number of HHs treating water dropped from 8,764 (55%) to 5,665 (35%) against an annual target of 16,026 HHs. Hand washing facilities availability also dropped from 10,267 (64%) HHs to 9,140 (57%) HHs against an annual target of 16,026 HHs. This was occasioned by a shortage of water treatment products supplied by MOH and the heavy rains destroyed a significant proportion of hand washing facilities constructed within homesteads.

In this quarter, 263 women (41%) against 639 live births attended at least four ANC visits compared to 11% in the previous quarter. On skilled deliveries, the total births reported were 639, out of which 571 were skilled, translating to 89%. This was an improvement compared to 32% achieved in the previous quarter and 11% in the first quarter, mainly due to intensified community outreaches.

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 162,703 individuals of whom 47,925 (29.5%) were tested through community HTC. Cumulatively to the end of this quarter, the project has tested 337,617 individuals achieving 75% of the annual target of 450,000. Most of the individuals were tested through PITC. Of those tested 5,330 were

positive giving a crude prevalence of 3.3%. Of these, 2,823 (53%) were enrolled into care. During the quarter, the project continued with the acceleration of the HTC Rapid Results Initiative (RRI) that had started in the last month of quarter two. The RRI greatly contributed to this quarter's marked 87% improvement over the previous quarter's achievement. The project was supported with supplemental Rapid HIV Test Kits (RTKs) from KEMSA, which was of great help during the RRI.

In addition, the MDTs continued supporting facilities/HCWs with mentorship, sensitizations and orientations 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.

Baringo County: During the quarter under review, the project supported 66 facilities to provide HTC to 27,838 clients. Of these, 7,231 were tested in the community, of whom 68 (0.9%) were positive. Cumulatively, the county has supported testing to 48,213 individuals. Of those tested 21,717, were adults and 6,121 (28%) children which was an increase compared to (1,977) 21% children tested in previous quarter. Females accounted for the majority tested at 16,429 (59%). Outpatient Department (OPD) testing through PITC contributed to the majority of clients tested (70.6%). Two hundred and eighty six couples were tested of whom four were positive (1.4%) and eight discordant.

A total of 458 individuals tested HIV positive giving a crude prevalence rate of 1.6%. Two hundred and sixteen (18.9% %) of those who tested positive were enrolled in care. Counseling and tracing efforts are ongoing to facilitate enrollment for those who did not enroll at the time of first testing positive.

A total of 11 sessional counselors were temporarily hired to support the HTC RRI in nine facilities and an additional 44 HTC counselors for door-to-door testing. Furthermore, HCWs who had been oriented on HTC were actively involved in service provision to mitigate the shortage of HTC lay counselors at the respective health facilities, especially in East Pokot and Mogotio sub-counties. The reflected increase from the previous quarter was in part occasioned by availability of HIV test kits across all the sub-counties and the HTC RRI conducted in the county.

In this quarter, 76 HCWs from 56 select health facilities across the six sub-counties were oriented on HIV proficiency testing following the dismal performance of round nine and ten of national proficiency testing program. Mentorship on HTC testing procedures was done by the project staff as a remedial measure too. In total, 42 HCWs from 15 facilities participated in the 11th round of proficiency testing and a further 35 HCWs were newly enrolled in the 12th proficiency testing round. Thirty seven sessional counselors received supportive supervision during the HTC RRI. There was no stock out of HIV test kits reported in the county during this quarter as APHIAplus supported the districts with buffer stocks.

Kajiado County: The project supports 112 HTC facilities in the county. In the reporting period, a total of 30,402 clients were tested for HIV of whom 17,535 (57.7%) were females. Facility testing contributed 22,224 (73%) while community HTC approaches contributed 8,188 (27%).. This quarter shows a 36% increase in the number of people tested, up from the previous quarter's 22,374. This sharp increase is attributable to the RRI drive and scaling up of PITC through deployment of six sessional counselors in strategic health facilities (Ngong SDH, Ongata Rongai HC, Oloitokitok DH & Kimana HC) that had previously recorded poor PITC uptake. Out of the tested clients, 973 (3.2%) clients tested positive, a rate lower than the previous quarter. However,

the prevalence among adults was 5.1 % (1,168 out of 22,819) compared to 7.0 % (531) among children below 15 years. Altogether 1,558 couples were tested and 13 found to be HIV concordant while 30 were in a discordant relationship. Cumulatively to the end of the September, 77,932 people have been tested.

In order to increase the number of HIV positive patients that are effectively linked to care, the project supported a process of documentation through a tracking form and patient follow up through phone calls at Ongata Rongai SDH, Ngong SDH, Kitengela HC, Embulbul Dispensary, Kajiado DH, Kimana HC and Oloitokitok DH. As a result, 94% (326 of 345) of the positive clients were enrolled to care. All of the 22 children testing positive in these facilities were also enrolled onto care. Proficiency testing for round 11 was conducted for 24 providers from 14 facilities whose results are awaited.

Laikipia County: The project supports 59 HTC sites in the county. In this period, 15,207 individuals were tested, 8,771 (58%) of whom were females. This is an increment of 57% from the previous quarter's 9,708 clients tested. The increase is primarily attributable to the RRI that occurred during this time period. Out of the number tested, 6,544 were reached through community approaches. Of the tested clients, 538 (3.5%) tested HIV positive. The prevalence among men was 7.1% compared to 6.7% among women. The current prevalence (3.5%) is higher than last quarter's 3.0%. Out of the 538 diagnosed with HIV, 335 (32%) were children below 15 years of age. Among those tested, 231 were couples, 11 of whom were discordant and one concordant. In the year 2013, a cumulative number of 30,439 clients have been tested to the end of the quarter.

During the quarter in review, mentorship was carried out in 24 health facilities and 41 HTC counselors and laboratory staff were mentored on quality HTC using the nationally approved algorithm. The HTC national guidelines and data tools were disseminated and distributed to health care providers to help in correct documentation of services provided. Observed counselor supportive supervision, OJT, sensitization of HCWs on linkages to services and CHWs in tracking positive HIV clients helped in improving service delivery to HTC clients. Proficiency testing for round 11 was conducted for 21 providers from nine facilities whose results are awaited.

Nakuru County: During the quarter under review, the project supported 200 facilities to provide HTC to 75,423 individuals out of whom 44,345 (59%) were females. Out of the total tested, 20,894 were tested through community HTC. Overall, this quarter testing increased by 103% compared to the previous quarter during which 37,174 individuals were tested. The increase is attributed to the HTC RRI that took place during the quarter. The project supported the hiring of 22 sessional counselors for 22 facilities to enhance HTC through PITC and also supplemented facilities with RTKs during the reporting period. Of those tested, 3,026 individuals tested positive giving a prevalence rate of 4.0 % of whom 1,698 (37%) were enrolled into care.

In order to improve the quality of sample collection, 50 HCWs from two districts Subukia, Rongai and Naivasha DH were oriented on biosafety and quality sample collection. A total of 77 HCWs from 32 facilities were enrolled in the HIV rapid round 11 PT. Forty five (62%) of the 69 HCWs who participated in Round 10 HIV rapid PT had satisfactory results. The results were released in September and the project MDT in collaboration with the respective sub-county authorities, have planned corrective measures to be undertaken for those who failed.

In addition, mentorship was provided to HCWs focusing on integration of HTC across departments, and job aids and HTC protocols were distributed at HTC service delivery points. Three HTC outreaches were conducted in Rongai District and Kuresoi which targeted the Most at Risk Populations (MARPs) and the general population. A total of 779 individuals were tested, 363 being new testers, of whom 103 were MARPs. Of those tested, five tested HIV positive.

Narok County: The project supports 45 HTC sites in the county. In the reporting quarter, 13,833 individuals, 8,778 (63%) female, were tested for HIV, 6,379 (46%) through community HTC. Compared to the previous quarter, the number tested rose by 62%, up from 8,544. The cumulative number of people tested at the end of the quarter was 32,370.

Out of the 13,833 tested, 335 (2.4%) were diagnosed with HIV. The prevalence for men and women was 6.0% and 4.5% respectively. Proficiency testing for round 11 was conducted for 27 providers from 11 facilities whose results are awaited.

Community HTC (Subset of HIV counseling and testing above)

The project employs community-testing approaches to complement facility HTC and to reach out to the areas underserved by health facilities. Community HTC includes Home-Based Testing and Counseling (HBTC) and integrated Mobile VCT (MVCT) and is part of joint RH/HIV outreaches and those targeting OVC in all counties. Moonlight activities were also carried out targeting MARPs - Sex Workers (SWs), Men who have Sex with Men (MSM) and truck drivers - in Kajiado, Narok, Laikipia and Nakuru hotspots areas in collaboration with the health communication team. The HTC RRI carried out by the project included community HTC, resulting in increased achievements in this period. A total of 47,925 individuals accessed HTC in the community this quarter (80.3% increase from last quarter) bringing the number reached to the end of this quarter since the year begun to 107,862, 107% of the yearly target of 100,000.

Baringo County: The project supported five DHMTs in the county to conduct 19 outreaches for Community-based HTC (CHTC) where a total of 7,231 clients (3,203 males) were tested for HIV against a target of 5,815. The marked improvement is attributed to the RRI. A total of 68 clients (27 males and 41 females) tested HIV positive, giving a crude positivity rate of 0.9%, and 32 of them were effectively linked to care at various facilities. Cumulatively, the project has reached 12,688 (85%) clients with CHTC services.

Kajiado County: The project supported the MOH in Kajiado County (Kajiado Central, Kajiado North and Loitokitok) to conduct 48 CHTC outreaches compared with 32 outreaches last quarter. All positive clients were linked to CHWs for linkage to care. Supportive supervision was carried out by the C/DHMT and project staff in 24 outreaches to assess the performance of CHTC.

During the quarter, a total of 8,188 clients were tested for HIV, of whom 4,072 were female (50%). The increase over the 4,871 clients tested last quarter was due to support provided to conduct accelerated HTC through the RRI. Out of the number tested, 4,738 (58%) were new testers. During the quarter, 36 (0.4%) clients tested positive and were linked to care. Of these, 28 (78%) clients have been confirmed in care at various facilities in the county. Cumulatively, a total of 19,172 clients accessed HTC and received their test results in the three quarters.

Laikipia County: The project supported the MOH of Laikipia County to conduct 22 community HTC outreaches using HBTC (in Majengo CU) and MVCT targeting the general population. The project also supported HTC to OVC in the project's local implementing partners CARITAS and LIFA. All HIV positive clients were linked to care and treatment through CHWs in the unit.

A total of 6,544 (3,516 female representing 54%) individuals were counseled, tested and received their test results compared to 5,842 last quarter. Out of the number tested, 3,400 (52%) were new testers. Of those tested 80 (46 female) clients were HIV positive giving a crude prevalence of 1.2%. Among the 80 clients that tested positive, 74 (93%) were confirmed to have enrolled on care at various health facilities in the county. Additionally, 95 (85 female) MARPs were reached with HTC services out of which five, all females, tested HIV positive and were referred for care and treatment.

Nakuru County: The project supported the DHMTs to conduct 48 community HTC outreaches expanding coverage and uptake of HTC services. The project also conducted site supportive supervision and mentorship to service providers to ensure adherence to set standards and correct data entry. The project provided HTC during key events in Nakuru County; the Nakuru Agricultural Show (ASK), the National 10 a-side rugby tournament and the World First Aid Day celebrations.

A total of 19,583 (10,312 females representing 53%) individuals were counseled, tested and received their results compared to 7,950 individuals (4,337 female) last quarter due to increased number of outreaches through RRI conducted and systematic supply of test kits. During the reporting period, 8,859 (4,329 female) individuals were tested for the first time representing 44% of those tested. Out of 218 (155 female) positive clients (crude prevalence 1.1%) 177 (81%) were linked and confirmed in care and 41 are still being followed by the HTC counselors and CHWs using the client referral tracking tool to ensure that they have been enrolled into care. The main reasons given for not taking up care are fear of stigma and discrimination, and others are still in denial of their status.

A total of 1,972 (1,019 female) clients were referred for other services which include: FP, Sexually Transmitted Infections (STIs) and TB management. A total of 955 (9.6%) couples were counseled, tested and received their HIV results together, and 28 had discordant results and were linked to care. Five hundred and seventeen (419 female) MARPs were reached with HTC services out of which 22 (19 female) turned HIV positive and were referred for care and treatment.

HTC counselors were encouraged to enroll for proficiency testing to have external quality assessment and improve on their testing skills. The HTC national guidelines and data tools were disseminated and distributed to health care providers in Nakuru County. Observed counselor supportive supervision, OJT, sensitization of HCWs on linkages and CHWs in tracking positive HIV clients helped to improve service delivery to HTC clients. Facility link desks have also played a pivotal role in directing all HIV positive clients to the CCC in their facilities. Through integration, HTC clients were screened for TB, FP and STIs (MARPs) and those diagnosed were linked to appropriate interventions

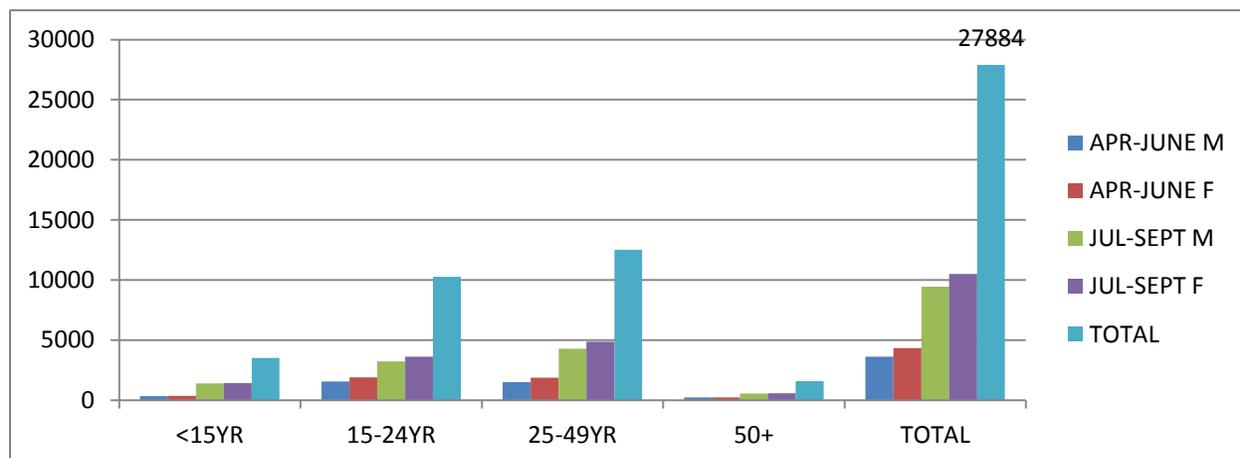


Figure 5: Comparison of community HTC outcomes in quarter two and three

Narok County: During the quarter under review, 27 HTC outreaches were conducted and one HBTC in Morjo Loita CU. As a result, 6,379 individuals (3,503 female) were tested and received their results out of which 55% were first time testers. A total of 32 clients tested positive giving a crude prevalence of 0.5%. Of the 32 who tested positive, 23 (72%) have been confirmed in care in various facilities in the county. The total number of youths tested in these outreaches was 2,145, of whom 1,243 of were female.

During the quarter, the project supported HTC accelerated RRI campaigns by scaling up HTC through innovative approaches in the community, targeting MARPs (female sex workers, transport sector populations, and men who have sex with men) and vulnerable children to increase coverage and access to the vulnerable, underserved and marginalized populations. The project also supported the provision of HTC during the national events (national youth camp) at Mara Semadep. In addition, LIPs (NADINEF and ENOCOW) were supported to offer HTC to OVC and their families.

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

The project supported 482 sites to provide PMTCT services reaching 33,964 pregnant women with counseling and testing compared to 31,598 the previous quarter. Cumulatively, the project achieved 94,600 (86%) of its annual target of 109,946. A total of 712 tested HIV-positive giving a prevalence rate of 2.1%. In total, 731 (102.7%) of the positive women were given ARV prophylaxis for PMTCT of HIV. The over 100% figure is attributed to cases of known positives in maternity on prophylaxis but did not carry it to hospital during admission. During the reporting period, 670 EID samples were analyzed from supported sites, of which 51 (7.6%) were positive. This was an improvement compared to a positivity rate of 11.2% during quarter two. Cumulatively, 2,114 DBS for EID samples have been analyzed from January to September 2013. The project has rolled out and is scaling up the mentor mother intervention to 35 more facilities to reduce MTCT. Interviews for the additional facilities are ongoing.

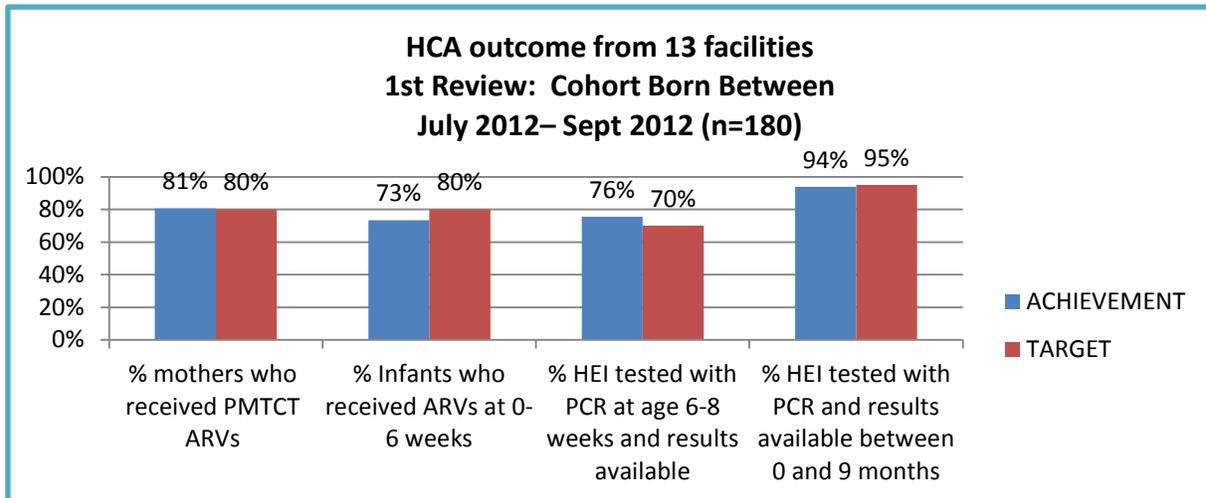


Figure 6: Cohort analysis for 13 sites across the five counties

Baringo County: The project continued to support 92 facilities to offer Antenatal Care (ANC) services, 52 of them offering comprehensive PMTCT services compared to 21 sites in the previous quarter. The increase in number of sites was as a result of the decentralization of PMTCT services to 31 additional facilities. This was done after the project through Funzo supported a ten-day PMTCT didactic training of 25 HCWs during the quarter. The trained HCWs were selected from the high-volume sites in all the six districts. In this period, 3,340 pregnant women attended first ANC visit. A total of 3,553 (106.4%) pregnant women were counseled and tested for HIV, giving a cumulative achievement of 11,559. The greater than 100% is due to those tested during subsequent visits after the first visit. Of those tested, 45 (1.3%) were positive of whom 35 (77.8%) were given ARV prophylaxis. The lower ANC prophylaxis uptake is attributed to few facilities offering PMTCT, and HCWs' low knowledge and skills in offering PMTCT services. The mentorship teams are working with DHMTs to further decentralize services, provide mentorship and orientations to HCWs, link with Funzo for trainings in PMTCT.

In maternity, 1,406 mothers were tested, of whom 25 (1.8%) turned positive. In total 32 (128%) mothers were given ARV prophylaxis, the greater than 100% being attributed to the known positives who were given the ARVs. Thirty one male partners were counseled and tested; one tested positive and was enrolled into care. In total, 35 HIV positive mothers were delivered by skilled birth attendants, and 100% of the infants received ARV prophylaxis in maternity.

A total of 24 DBS results were received having been analyzed by the central reference laboratory for this period, of which one turned positive giving a positivity rate of 4.2%. Four children from Baringo County have been identified positive since January 2013, of whom three are enrolled in care and initiated on Highly Active Antiretroviral Therapy (HAART). The fourth child is still being traced. Four staffs from Marigat DH were mentored on DBS collection.

Kajiado County: The county has 109 project-supported facilities providing PMTCT. During the quarter, 5,977 (96%) pregnant mothers out of 6,250 who made their first ANC visits were counseled and tested for HIV. Out of the tested, 142 (2.4%) turned HIV positive and 138 (97%) of the HIV positive pregnant mothers were started on prophylactic ARVs for PMTCT. In maternity 1,268 mothers were tested for HIV out of whom 27 (2%) tested positive. Out of the

169 HIV positive mothers (ANC 142 and maternity 27), 73 (43%) were enrolled to care immediately after diagnosis.

A total of 165 DBS samples for EID were analyzed this quarter from 17 supported sites and of these 11 (6.7%) turned positive. This is an improvement from the last quarter's rate of 10%. Out of the 11 positive samples, seven infants were enrolled to care, one infant died, one is admitted at Kenya National Hospital and two are still being traced. A total of 20 HCWs from 11 health facilities were mentored on PMTCT guidelines and another 32 were oriented on the same from Kajiado and Loitokitok district hospital. During this period, PMTCT job-aids were distributed.

Laikipia County: The project supported 59 PMTCT sites in the county. In total 2,441 mothers attended their first ANC visit; 2,533 were counseled and tested for HIV and 38 (1.5%) were positive. In maternity, 519 mothers were tested of whom ten (1.9%) tested HIV positive. Out of the 48 HIV positive mothers, 31 (64.5%) were enrolled into care.

In this period, 35 DBS samples were analysed with only one (2.9%) turning positive. Contact tracing for all the 12 infants that tested PCR positive in 2013 was made. Eight of those infants have been started on ART, one died, another one is on follow up through CUs while the other two are lost to follow up. Mentorship focused mainly on proper documentation of services provided as well as updates on the national guidelines. A total of 78 HCWs from 23 facilities were mentored. Fourteen HCWs from Nanyuki DH were supported for an exchange/learning visit to Nyeri PGH which has been implementing a model MCH/PMTCT integration. As a result, Nanyuki DH, as well as Ndindika and Oljabet HC, has adopted the integrated model.

Towards the elimination of Mother to Child Transmission of HIV (eMTCT) and Keeping Mothers Alive initiative, selection of mentor mothers in five health facilities (Nanyuki, Ndindika, Ngarua, Oljabet and Rumuruti) has been done as they await training. Male involvement and partner testing for HIV has been established in Nanyuki DH through use of partner invitation cards as a best practice. In the month of September, 50 male invitation cards were issued out to clients and 11 (22%) men responded. Three PMTCT psycho-social support groups have been established at Nanyuki, Ndindika and Rumuruti through the support of the joint work plan.

Nakuru County: The county has 200 facilities offering PMTCT services. Of these, 11 offer the MCH model of care, and mentorship is ongoing to enable the rest to adopt the integrated model of care. During the reporting quarter, a total of 12,642 clients attended their first ANC visit and out of these 12,613 (99.8%) were tested for HIV giving a cumulative achievement of 37,795 (88.1%) of the year 3 target of 42,906. This compares favorably with last quarters achievement of 91.4%. The positivity rate at ANC during the quarter was 2.5% (312 clients). In maternity, 1,834 mothers were tested of whom 53 (2.9%) were positive compared to 3.1% in quarter 2. Of the 365 clients testing positive (at both ANC and maternity), 153 were enrolled into care, translating into an enrolment of 42%; however, a good proportion were enrolled at integrated PMTCT clinic and were not captured at CCCs as evidenced by the high prophylaxis among the positive pregnant women. The mentorship team is working on mechanisms for having all mothers on follow-up in MCH enrolled in the pre-ART and ART registers through enhanced linkage between MNCH and CCC.

ANC prophylaxis uptake of ARV for mothers was 299 (96%) this quarter. A total of 302 (97%) of the positive ANC mothers were given infant Nevirapine (NVP) at ANC. Maternity ARV uptake for mothers was 53 (158%) while for infants it was 163 (308%). The higher than 100%

coverage in maternity can be attributed to the known positives not on prophylaxis, or on prophylaxis but did not carry to hospital, commodity refills and documentation challenges. The mentorship teams are engaging the providers to correct the variances.

A total of 389 DBS for EID samples have been analyzed by the central reference laboratory for the July to September period of which 30 were positive; translating into a positivity rate of 7.7% compared to 12.2% in last quarter. Interrogation of the positive results revealed that the majority of the positives DBS were due to late ANC clinic attendance, non-adherence to PMTCT prophylactic regime, mixed feeding and late enrolment for testing and follow up, especially the children who are brought in sick.

A total of 40 HCWs from 19 health facilities were reached through mentorship/orientations/OJT and 40 through CMEs at three health facilities to increase the knowledge and skills among HCWs in efficacious PMTCT regimen and EID. Additionally, the project continued to disseminate and distribute job aids/guidelines and SOPs (use of ARVs in ANC and maternity, NVP dosing, EID algorithm, revised PMTCT guidelines) to 29 facilities and sensitization done on the same, so as to improve quality of service delivery in MNCH and PMTCT.

During the quarter, the project initiated the recruitment process for more mentor mothers to support eMTCT programs at 14 additional facilities. Eight facilities have support groups, for psychosocial support for PMTCT mothers with PGH Nakuru having three support groups.

Data verification and cleaning with departmental heads at 35 health facilities to ensure correctness of service outputs and peer-support in understanding the reportable data elements and congruency of data across similar HMIS monthly summaries (MoH 731 and 711) was carried out.

Analysis of HEI cohorts to determine the efficacy of the PMTCT program was done for cohorts maturing in January to September 2013 in the county and the results are depicted in the chart below:

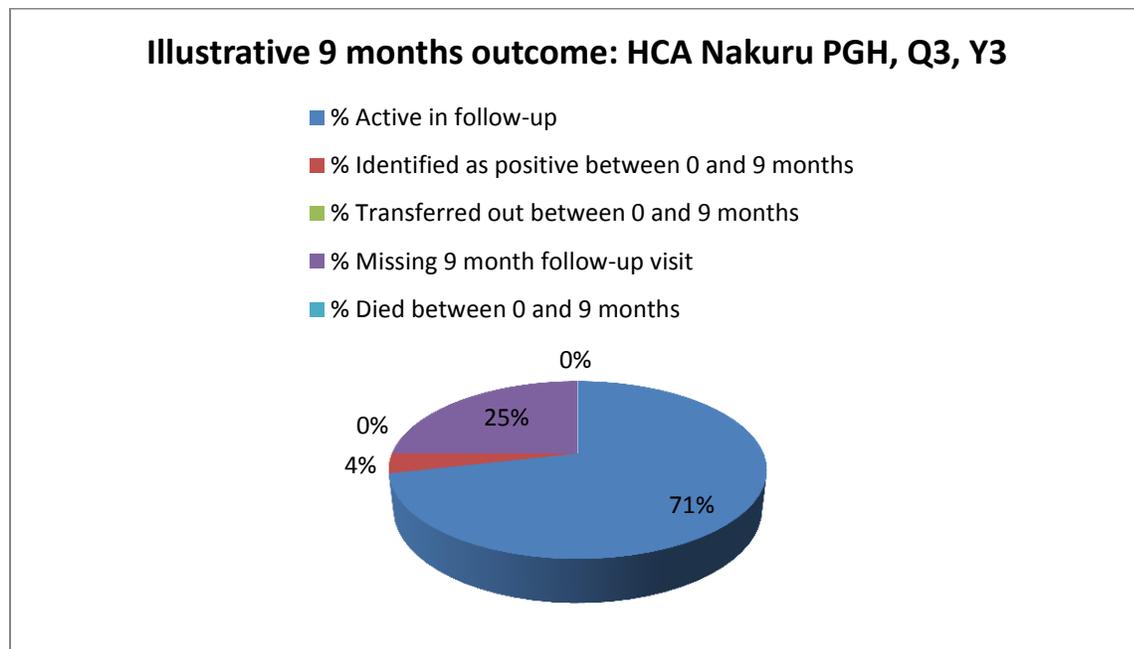


Figure 7: PMTCT Cohort Analysis

Narok County: The county has 62 facilities offering ANC services with 26 providing comprehensive PMTCT services. In total 3,420 mothers attended their first ANC visit; 3,354 were counseled and tested for HIV and 48 (1.4%) had positive results, with 51 (106%) receiving prophylaxis and 45 (94%) receiving infant prophylaxis. In maternity, 634 mothers were tested, 12 of whom tested HIV positive and all received prophylaxis. Out of the 60 HIV positive mothers, 26 (43%) were enrolled in care.

Fifty-six DBS samples for EID were analyzed this quarter from ten supported EID sites, and of these six (10.7%) turned positive. Though above the target of less than 5% transmission rate, there has been a remarkable drop in transmission rates in the county over time (from a high of 22.9%) though the quarters. Three of the six positive infants have been traced and initiated on ART while the others are still being traced. Besides tracing positive children, the project has scaled up the number of integrated outreaches in the county so as to reach the under-served areas with ANC services and also increase the number of women delivering in facilities.

HIV Care and Treatment

The project supported 120 ART sites with a total of 24,096 clients currently on ART against an annual target of 25,151 clients. In this reporting period, 2,823 clients were enrolled into care and 1,144 started on ART. Mentorship of HCWs continued and focused on strengthening linkages between HIV testing and enrollment into care; retention strategies such as adherence counseling and linkage to support groups; clinical care and prompt CD4 monitoring for those on care for timely transition from care to ART and commodity management to ensure efficient commodity management practices. Five new CD4 analyzers were installed at Narok DH, Rumuruti DH, Ngong Sub-DH, Kabarnet DH and Molo DH. Consequently, the project supported the establishment of sample transport networks around these facilities. Renovations at the CCC to improve service delivery were completed for Loitokitok DH and are currently ongoing at Eldama Ravine DH.

Baringo County: The project supported continued mentorship, orientations and sensitizations on HIV care and treatment and decentralization of ART services to enhance accessibility and quality of the services. During the quarter, ART services were decentralized to eight facilities making a total of 24 ART sites from the previous 16 sites, serving 6,478 clients cumulatively on care. Pediatric care and treatment is being offered at 14 of the sites, with two sites having commenced the services in this period. Through facilitation from FUNZO Kenya, 30 HCWs from the all the ART sites were trained on pediatric ART to enhance their knowledge and skills in this area. A total of 216 patients (52% of those who tested positive) were newly enrolled into care of whom 14 were children. A further 86 patients were initiated on ARV treatment representing a cumulative achievement of 283 (113%) of the year three target of 250. Children comprise 236 (12%) of the 1,968 total clients currently on treatment and 322 (13.8%) from the previous 10.1% of those on septrin prophylaxis. In this period, 48 adults and one child were eligible for ART but were not started either because they failed to come for appointments or are undergoing adherence counseling in preparation. Out of the 1,968 currently on ART 35 (2%) are on 2nd line and one client is 3rd line ART regimen based on eligibility criteria.

The one-year retention on ART for five facilities monitored is 68% for the July to September 2012 compared to the second quarter 62% for the April to June 2012 cohort. Active defaulter tracing is ongoing to ensure progress towards retention of over 80% of patients who start ARV treatment. Three adult psychosocial groups were formed during the quarter for client support, adherence preparation and counseling. A total of 17 HCWs were oriented on PWP interventions.

The project continued to support lab networking from 24 ART sites. A total of 696 CD4 samples were collected and transported to the AMPATH reference lab compared to quarter one and two where 485 samples and 270 samples were processed respectively. The increase was due to availability of the CD4 reagents and continued mentorship of the staff on patient monitoring. Sixteen viral load samples were sent to the KEMRI Nairobi laboratory compared to 32 sent during the last quarter, with 14 samples having viral loads of greater than 1,000 copies. The project continued to support tracking of defaulters through mentorship of HCWs on defaulter tracing and use of the register, and distribution of the registers to facilities.

Kajiado County: The project supports 17 ART facilities serving 3,606 patients currently on ART of whom 325 (9%) are children. To increase the number of children on ART, the project will intensify early identification of positive children through testing at MCH. In this period, 1,044 patients were newly diagnosed with HIV and 542 (52% of the newly diagnosed) were enrolled into care, which is a slight increase from 474 enrolled in the previous quarter. Out of the 65 positive children, 46 (71%) were effectively linked to care. During the quarter, 262 patients on care met the eligibility criteria for initiation of ARVs and 224 (86%) were started on treatment. The remaining 38 were undergoing adherence counseling and support.

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. The CD4 machine recently installed at Oloitokitok DH has significantly improved CD4 monitoring in the region. This quarter 552 (343 from the hospital and 209 from the satellite facilities) samples were analyzed at Oloitokitok. Mentorship efforts are geared to ensure all patients access CD4 test within a month of enrollment. Across the county, 1,472 CD4 and 18 viral load samples were analyzed. Some of the challenges affecting CD4 monitoring are shortage of laboratory staff at the central lab and gaps in the supply of CD4 stabilizer tubes and reagents. The project however continues to engage with Capacity-Kenya and NASCOP for staff and reagents respectively.

TQAs were carried out in seven ART sites and gaps identified formed the basis of ongoing mentorship. Mentorship was offered to ten HCWs at nine ART sites. The main areas covered in the mentorship were treatment failure and patient monitoring, TB screening and use of the ICF tool, defaulter tracking, documentation and reporting of ART data. Care and treatment job aids were also distributed to 13 out of the 17 supported ART sites.

A cohort analysis of the 182 patients started on ARVs one year ago showed that 138 (76%) were retained on treatment at 12 months, 38 (21%) were lost to follow up, four (2%) were dead, while two stopped treatment. The previous one-year retention rate for the similar time period was 69%. The increasing retention rates are attributable to intensified adherence counseling and defaulter tracking measures instituted in the facilities.

A summary of defaulter tracking outcomes from six facilities showed that out of the 701 defaulters, 679 were contacted out of whom 493 (73%) returned to the facilities, 13 of them had self-transferred, 12 were dead, 12 had stopped treatment and 149 were unable to be reached using the available contact information. The renovation work at Loitokitok DH to complete the CCC was concluded.

Laikipia County: The project supports 11 ART sites in the county serving 2,484 patients currently on ART, 2,218 of whom are adults and 266 (11%) of whom are children. In this period,

147 clients were enrolled in care: 18 (12%) through PMTCT, 100 (68%) through VCT, seven (5%) through TB clinic, 6 (4%) through the IPD, 2 (1%) through CWC, and 14 (10%) through outpatient PITC. Out of the 107 patients newly started on ART, 12 (11%) were children below 15 years.

A one-year cohort analysis of 97 patients starting ART between July and September 2012 was analysed with the following results; 71 (73%) were still active on ART in their primary sites, 20 (21%) lost to follow up, and six (6%) died. Defaulter tracing was supported at all the ART sites and of the 199 patients who were contacted the following were the outcomes: 145 (73%) returned to care, ten were dead, ten stopped treatment, 19 had transferred out and 15 could not be traced. Follow-up of those not reached continues through engagement of CHWs to physically trace them. Twelve psychosocial support groups were established to support patient retention in care.

TQAs were carried out in four ART sites and gaps identified formed the basis of ongoing mentorship. Mentorship and supportive supervision was given to 124 HCWs at 11 ART sites. One consequence of this contact has been the improvement of HCW understanding and correct use of documentation tools and patient monitoring. A total of 1,356 CD4, samples and 127 viral load samples were analyzed. Staff from five facilities were mentored on integration of screening of cardiovascular diseases among PLHIV. Care and treatment job aids were also distributed to all the 11 supported ART sites.

Nakuru County: The project supports 44 ART sites in the county, of which 35 offer paediatric services. There are 14,953 patients currently on ART out of which 11% are children; 18,553 patients are on Septrin prophylaxis with children constituting 10% of them. A total of 1,698 patients were newly enrolled into care while 654 patients were initiated on ART. During the quarter, HIV services were decentralized in Rongai and Nakuru Central districts at Nyamamithi and Nakuru West dispensaries respectively.

To ensure continued quality service provision by the HCW and adherence to standards of minimal care package in HIV care settings, 97 HCWs in 35 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. CaCx screening outreaches in four selected facilities were conducted reaching 228 clients. Eleven individuals who had suspicious lesions were referred for further evaluation and management. Additionally, the project supported four orientations on nutritional assessment, and management in HIV in three districts and RVPGH and a further 71 HCWs from three districts were oriented on the fourth edition ART guidelines.

The 12-month ART retention for the July to September 2012 cohort from ten high-volume facilities assessed was 76%. Intensified psychosocial assessment, patient empowerment through health talks, adherence preparation and counseling as well as active defaulter tracing are some of the mechanisms put in place to facilitate retention of over 80% of patients who start ARV treatment. Defaulter tracing activities continued across the supported facilities in the county. In addition, defaulter efforts were also focused on the ART cohorts patients in the quarter to improve retention at RVPGH. In a sample of five sites where defaulter tracing was conducted, 86% of defaulters were traced, and 64% of these had returned to care.

The team conducted TQAs in 15 high-volume facilities. The gaps identified included poor data quality, lack of relevant reference job aids and poor patient monitoring. Addressing these gaps

formed the basis of the mentorship to these sites during this reporting period. The project also supported renovation of the CCCs at Naivasha DH, Gilgil DH and Keringet HC in order to improve service provision.

Narok County: The project supports 13 ART sites in the county. An additional seven other sites were supported to start ART services. Mulot and Olorte dispensaries are among those that started offering ART services. Currently, there are 1,324 patients on ART of whom 155 (12%) are children. In this quarter, 312 patients were diagnosed with HIV and 194 (62% of total positive) were newly enrolled into care. During the quarter, 75 patients were eligible for ART and 73 of them were started on ART. To ensure that those eligible are identified and started on treatment, intensified patient records' review to identify those eligible and accelerated CD4 monitoring and patient staging have been instituted at supported sites. Through the psychosocial support groups the patients are being prepared for ART so as to ensure those eligible are started on ART within a month of eligibility. Following the installation of the CD4 analyzer at Narok DH, 644 CD4 samples were processed up from 32 the preceding quarter. Further, eight viral load samples were taken for processing.

The project supports active follow up of the patients testing positive through the link desks and CHWs with an aim of shortening the time from diagnosis to accessing care and treatment services. Patient retention on ART was assessed by cohort analysis and the outcome of the one-year cohort analysis for 73 patients starting ART between July and September 2012 was as follows: still active on ART- 52 (71%), lost to follow-up – 17 (23%), dead- 4 (6%).

The project, jointly with the DHMT, conducted TQAs in four health facilities. Service integration (TB/HIV and MCH/HIV), CD4 monitoring and facility HTC were the poorest performing indicators. These findings informed the targeted mentorship at the affected facilities. Other areas the mentorship focused on included the scaling up of the number of people transitioning from care to ART and retention strategies like adherence support, peer-to-peer psychosocial care through support groups and patient education. The project supported establishment of CCC client support groups in four high-volume sites (Nairagie-Enkare, Ntulele Disp, Enabelibel HC, Narok DH and Ololulunga DH). Through the support-groups, 148 CCC clients were reached with PWP messages, stigma reduction strategies, and were provided with an opportunity for peer-to-peer support.

Laboratory Strengthening

During the quarter under review, the three project Laboratory Technical Officers were supported to attend a three-day training on the Partec Cyflow CD4 equipment which has been placed at several sites within the project supported regions through a national mechanism. One Laboratory Technical Officer was supported to attend a master trainers training on the new HTC algorithm which was facilitated by NASCOP. The project also supported development and distribution of laboratory SOPs and job aids in all the five counties. An additional 16 health facilities received SMS printers to improve the turnaround time for EID samples. Many of the supported labs underwent various External Quality Assurance (EQA) processes to assure the quality of their services.

Baringo County: In this quarter, 66 HCWs from four districts were orientated on biosafety and another 76 HCWs from 56 facilities drawn from six districts were oriented on HTC. Additionally, ten laboratories were visited and 21 staff and two students mentored on different laboratory practices, procedures and quality assurance aspects. These labs were supplied with 130 job-aids. Seven SMS printers were installed at seven PMTCT sites and 20 HCWs were

mentored on how to use the printers and six SMS results received so far through the printers. Kabarnet DH received a Partec CD4 machine, which will greatly boost and ease sample networking in the county. Six staffs were mentored on how to operate the machine and on daily maintenance.

Kabarnet DH has been assessed for accreditation using the WHO Strengthening Laboratory Management Toward Accreditation (SLAMTA) stepwise accreditation process checklist. Eldama Ravine DH laboratory is participating in hematology, microbiology, parasitology, TB and HIV EQA, which is sponsored by AMREF and the National HIV Reference Laboratory (NHRL) respectively. Five districts were supported with buffer stocks of RTKs through the project ensuring no stock-outs being reported.

Kajiado County: Six laboratory staff were mentored on biosafety and quality sample collection and preparation. Twenty other HCWs were oriented in blood safety and good phlebotomy skills in Kajiado North through the support of Becton Dickinson Limited and Gold Star Network.

Seventeen laboratories participated in the EQA for TB microscopy with satisfactory performance. Oloitokitok DH and Ngong DHs were established as new central sites for CD4 testing. The staff were oriented on routine maintenance of CD4 machines and other laboratory equipment and mentored to develop SOPs for sample collection, processing and analysis. Districts in the county were supported with buffer stocks of RTKs ensuring continuity of services. In this quarter three more sites had SMS printers installed to improve the turnaround time for EID results.

Laikipia County: Mentorship on the DBS for adult viral load collection, HTC algorithm, SOP writing and accessing the NASCOP EID database was carried out at four facilities reaching 18 staff. A total of 18 facilities participated in the TB EQA with Nanyuki DH participating in the CD4, hematology and clinical chemistry EQA.

Through the national mechanism, a Partec Cyflow CD4 machine was placed at Rumuruti DH. This has improved in-patient monitoring in the region. In conjunction with HCSM, a meeting was organized on consultative and commodity reporting with laboratory and county staff to improve on supplies management.

Following OJT on collection and shipment of DBS for viral load samples that was done in Nanyuki - Segera Dispensary, Kalalu Dispensary and Doldol DH, they started shipping DBS for adult viral load specimens for their patients on ART. Out of the 21 staff participating in round ten HIV proficiency testing, eight had satisfactory results and 13 had unsatisfactory results for a variety of reasons. Remedial OJT has been carried out for those who failed. A further 15 new staffs have already been enrolled for the next proficiency testing exercise. All the districts in the county were supported with buffer stocks of RTKs ensuring continuity of services.

Nakuru County: The project supported three orientations on biosafety and phlebotomy in three districts attended by 50 HCWs. A total of 60 HCWs in 19 facilities were mentored on EID, viral load sample collection and transportation, commodity management, and SOP writing. Naivasha DH and Oserian HC was supported to develop laboratory SOPs. Additionally the project produced and distributed laboratory job aids to six facilities.

Three laboratories (Naivasha DH, Molo DH, and PGH Nakuru) are participating in EQA for hematology, clinical chemistry and CD4; 61 laboratories from the county are participating in TB

microscopy EQA, while PGH Nakuru and Naivasha DH laboratories are undergoing the SLAMTA stepwise accreditation process. The project supported 49 HCWs in Subukia and Naivasha District to enroll for HIV rapid proficiency testing.

Through the national mechanism Molo DH received a placement of Partec Cyflow CD4 analyzer. The project transported 7,356 CD4 samples from nine districts to the central CD4 testing hub for analysis. CD4 testing was high during this reporting period due to constant supply of reagents from the national mechanism. In this reporting period, viral load testing through laboratory networking was rolled out to five additional sites in the county. In total, 203 viral load samples were transported for analysis of which only 43 samples had viral loads of less than 1,000 copies. These results were used to guide further management of these patients. A further four health facilities had SMS printers installed.

In conjunction with Becton Dickinson, three-day training on the BD Facscalibur was done for ten medical laboratory technologists at PGH Nakuru Lab aimed at improving their competency at running tests using the equipment and to enable them to trouble shoot in the event the equipment malfunctions.

Narok County: The project supported one orientation on biosafety and quality sample collection in which 13 HCWs were reached. In addition, 22 HCWs in Narok North were oriented on management of health commodities. Six laboratory staff from four facilities were mentored on SOP development and the national HTC protocol. All 11 labs participating in TB Microscopy EQA and the NHRL HIV EQA scheme had a satisfactory performance. Five HCWs from Ewasongiro and Olmekenyu dispensaries were oriented on DBS and CD4 collection and as a result, the facilities collected and sent eight DBS samples for virological testing. In addition, the facilities were linked to EID consumables from the Walter Reed laboratory.

Out of the 27 staff participating in round-10 HIV proficiency testing 20 (74%) performed satisfactorily. The seven who did not perform satisfactorily are having remedial orientation to correct their shortcomings. A total of 11 new staffs were enrolled for the upcoming round 11 proficiency testing. In this quarter, 54 facilities received buffer RTK ensuring service continuity.

Pharmacy Support

During this quarter the project MDT in collaboration with the various sub-county teams mentored HCWs on commodity reporting and pharmacovigilance tools. This has seen better reporting rates to the next level and fewer stock-outs of commodities due to improved quantification.

Baringo County: The project focused on management of drug commodities and adherence to national guidelines for health commodity management at the facility level. During the quarter, 25 HCWs from 18 HF's were oriented on commodity management, and 20 district and 8 county managers were sensitized on commodity management and reporting regarding malaria, TB and HIV for sustained commodity security and DHIS utilization.

A total of 12 HCWs from five 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. These five facilities had 100% reporting rates to the national supply chain. Twenty four ART sites had no ART drug shortages. Currently, four facilities (Eldama Ravine DH, Kabarnet DH, Marigat DH and Kabartonjo DH) are doing pharmacovigilance reporting. During the quarter under review,

Marigat DH was made a central site and Chemolingot DH assessed for readiness. In collaboration with HCSM, the pharmacy ARV Dispensing Tool (ADT) was installed at Kabarnet DH. The county has two functional Medicine and Therapeutic Committees (MTCs) with plans to establish two more in the coming quarter.

Kajiado County: Within the quarter 30 HCWs from 13 facilities were mentored on commodity management and pharmacovigilance reporting, with a further 17 reached through CMEs. Ngong Sub-DH, Kimana H/C and Ongata Rongai HC are already reporting on pharmacovigilance after this support.

To avert the problem of drug expiry in facilities, the project supported re-distribution of essential medicines (42 items) from facilities which were not consuming as much to those in need within Kajiado North sub-county. Staffs in those facilities were mentored on tracking drug expiry using the MOH expiry tracking forms. Ten facilities were supplied with pharmacy job aids and, three with pharmacovigilance reporting tools.

In collaboration with HSCM, the project piloted the pharmacy monitoring and evaluation tool to monitor the reporting of various pharmacy commodities at the three sub-counties' level. Three MTCs were activated in Ngong Sub-DH, Kajiado DH and Oloitokitok DH, and at Ngong Sub-DH, the MTC developed a facility drug formulary while Oloitokitok DH is currently developing one. Also, in collaboration with HCSM, the pharmacy ARV dispensing Tool (ADT) was installed at Embul-bul dispensary, Magadi hospital and Ngong Sub-DH. Data entry was completed in Magadi and Embul-bul, and at Ngong it is at 60% completion.

Laikipia County: Fifteen HCWs were mentored on commodity management and reporting. One pharmacovigilance sensitization and commodity management training was held in Nyahururu district reaching 17 HCW.

The project has strengthened commodity management in all the eleven ART facilities and as a result, all are reporting using fMAPS (facility monthly ARVs patient summary) and fCDRR (facility consumption data reporting & requisition) tools to the two central sites, Nanyuki DH and Rumuruti DH. Following the facility reporting through the fCDRR and with supplies following what has been requested, there has been consistent supply of drug with no reported stock outs for the last six months. Two commodity security committees were established in Laikipia West, and Nyahururu and one MTC established in Rumuruti DH. In order to support electronic management of ART commodities, the ADT tool was installed at St Joseph Dispensary. The project supported distribution of ARV drugs from the central site to four satellite sites.

Nakuru County: In the quarter under review, a total of 29 health facilities were visited and 79 HCWs mentored on commodity management and pharmacovigilance. Through sharing with DHMT the gaps identified through the TQAs such as the personnel gap in one facility (Langa Langa H/C) was addressed by them deploying a pharmacy personnel in the facility resulting in better quantification and pharmaceutical care to patients. A county commodity TWG was formed and facilities sensitized on the same to enhance commodity security. Four facilities in the county have functional MTC committees and one (Elburgon) was instituted during this quarter.

Distribution of pharmacovigilance tools, inventory management tools, medication use, counseling checklists, dosing charts and alert cards was also done in 17 facilities. Due to the mentorship by the team and job aids that were distributed, all ART sites improved in reporting to

supply chain with reporting rates ranging from 85-95% compared to 80-90% last reporting quarter. Additionally, HCWs were mentored on commodity management, pharmacy reporting, forecasting and quantification of ART and OI drugs in the central sites at district hospitals.

Of the 45 supported ART sites, 40 had no drug shortages. However the project together with the district pharmaceutical facilitator's redistributed drugs from the central sites to the sites that had shortages. There are six sites doing pharmacovigilance reporting. The project is working with facilities to ensure the reporting is routine. PMTCT sites have also been mentored and supported to access PMTCT commodities (ARVs) and to document and quantify.

Narok County: In this quarter, a total of ten HCWs from four health facilities were oriented on commodity management and pharmacovigilance reporting. Five facilities were supplied with pharmacy reporting tools and job aids and by the end of the quarter, two facilities were reporting on pharmacovigilance

ADT was installed in the TB clinic at Narok DH and two HCWs mentored on its usage in a step towards TB/HIV integration. One of the pharmacists from the county (Narok DH) was facilitated to undergo the Supply Chain Management (SCM) module training for IQCARE.

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 level 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, 1,354 TB cases were detected of which 1,115 (82%) were tested for HIV with 404 testing positive, giving a TB/HIV co-infection rate of 36%. A total of 480 TB/HIV co-infected patients were started on co-trimoxazole, the excess being the patients that had a known HIV status at the point of TB diagnosis but were not on co-trimoxazole prophylaxis. Using the TQA approach, a number of gaps were identified in TB/HIV integration and were addressed through mentorship.

Baringo County: The county has a total of 91 TB treatment sites of which 31 (34%) sites are TB diagnostic. During the reporting period, 91 TB cases were detected of which 77 (85%) were tested for HIV. Of these, 23 (25%) tested HIV positive and 27 (117%) clients were started on Cotrimoxazole while 17 (74%) started on ART. The variance on Cotrimoxazole issue is due to the known positive who were started on Cotrimoxazole within the quarter. All the ART sites offer TB services. The project focused on strengthening management of TB/HIV co-infection, TB infection control and Multi-Drug Resistance (MDR) surveillance through sensitizations, orientations and CMEs through which 138 HCWs were reached.

Kajiado County: Mentorship on TB-HIV collaboration focused on intensified case finding, immediate initiation of treatment and integration at the 17 ART sites. So far, three of the ART sites have fully integrated Tuberculosis (TB) services such that the co-infected patients are seen in one clinic. From a sample of four facilities (Oloitokitok DH, Kimana HC, Masimba HC and Ngong Sub-DH) 159 TB cases were detected. Of these 156 (97%) were tested for HIV with 58 (37%) HIV positive and 42 (70%) started on ART. Mentorship of the HCWs is ongoing to ensure that all TB patients who test HIV positive are started on ART.

Laikipia County: Mentorship, OJT and sensitization of HCWs on TB screening, diagnosis and treatment was conducted reaching 43 HCWs. Out of the 108 cases of TB that were detected from four high-volume facilities, 105 (97%) were tested for HIV, 30 (28%) tested positive, and 21 (70%) were started on ART. Mentorship continues in all the facilities to ensure full integration of TB/HIV services and increase the proportion of co-infected patients that are enrolled on ART.

Nakuru County: A total of 683 TB cases were detected in the quarter across the county and of these 570 (84%) were tested for HIV and 267 (41%) were TB/HIV co-infected. Most of the co-infected, 308 (132%) were on Cotrimoxazole Preventive Treatment (CPT). The project mentored HCWs on management of TB/HIV co-infected patients and 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 MDT continued mentorship efforts towards intensified case finding for TB in CCCS. The screening tools were distributed, and in addition, 40 HCWs were sensitized on isoniazid preventive therapy at PGH. In Subukia District, 28 HCWs were sensitized on Infection Prevention (IP) practices in TB. In the same forum, the HCWs were sensitized on TB recording tools.

Narok County: During the quarter under review, 24 HCWs from 13 facilities were mentored on intensified TB case finding and management of TB/HIV co-infection. From four of the facilities, 176 patients were diagnosed with TB, ten of which were known to be HIV positive and the other 166 were tested for HIV. Of these, 32 were newly diagnosed with HIV giving a co-infection rate of 24% compared to last quarter when 39% of TB patients were HIV positive. Out of the 48 TB-HIV co-infected patients in the quarter, 42 (88%) were started on ARVs which was an improvement from last quarter's 64%. Mentorship of HCWs continues to close this gap. Out of the thirteen sites offering TB/ART services, eight of them have an integrated TB/HIV clinic, and this is improving the proportion of TB/HIV co-infected patients that are started on ART as per the national guidelines.

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

TQAs and RH/MNCH assessments were conducted in 34 facilities during the reporting period. The gaps identified in the facilities included: HCW knowledge and skills gaps, inadequate commodities, supplies and equipment, minimal integration of RH/HIV services, inadequate reference materials and inaccurate/inconsistent documentation in the recording and reporting tools. These gaps were also evident in most of the other facilities visited for mentorship during the quarter and were identified as the major contributors to the low uptake of FP services, especially the Long Acting and Permanent Methods (LAPMs). In order to address the identified gaps, the project strengthened integration of services so as to increase access of services by the clients since there were several missed opportunities at the sites. The RH technical team held sensitizations/ orientation in all the counties, reaching 18 facilities and 182 HCWs. Following that 19 facilities are now offering RH/HIV integrated services at different levels i.e. one stop shop, onsite referral and off site referral. The table below shows the outcome of the integration of services.

National FP job aids, SOPs and cervical cancer screening guidelines were disseminated to 26 facilities. In the quarter, the project reached 75,425 FP clients achieving a Couple Year of

Protection (CYP) of 34,681, bringing the total CYP since January 2013 to 96,547 having provided 216,835 persons with FP services. New FP clients comprised 30% of the clientele.

For RH/HIV integration, the RH technical team held sensitizations/ orientation in all the counties, reaching 18 facilities and 92 HCWs. The 18 facilities reported RH/HIV integrated services. The services were offered at different levels i.e. one stop shop, onsite referral and off site referral. The services were offered at the CCC offering HTC for relatives, screening for TB, CaCx screening and FP services; at MCH/ANC where HTC, TB, STI screening, provision of ARVs and EID services are offered; at the FP clinic where HTC, CaCx, TB screening and linkage to care services are offered; at the maternity where HTC, provision of ARVs and postnatal care services are offered. In total, 20,181 clients accessed integrated services during the reporting period.

Baringo County: During the quarter under review, there was a decrease in the number of facilities offering FP services from 88 to 85; this was a result of MCHIP taking over the RH/FP/MNCH activities in East Pokot which had three FP sites. A total of 6,933 clients accessed FP services, translating into 2,427 CYPs, which is a slight drop compared to 6,974 clients (2,641 CYPs) achieved in previous quarter. The bulk of clients consisted of revisits, with only 31% being new. Among females, the most popular contraceptive method was injectables (81%). Long term FP methods (IUCD and implants) contributed 287 of the clients, compared to 361 during the previous quarter. The clients were offered FP counseling, pills and condoms. Data reconstruction was conducted at selected high volume sites and the facilities were provided with the new version tools.

The project also supported and strengthened self-directed learning strategy by distributing and disseminating job aids, flow charts, SOPs, guidelines and other reference materials to 30 supported facilities. These included: IP in FP flow charts, assorted FP checklists, Medical Eligibility Criteria (MEC) wheels, Tiaht charts (English and Swahili versions) as well as FP handbooks, fact books guidelines.

In the quarter, the project continued with capacity building activities through mentorship, OJTs, orientations, sensitizations and CMEs in the county. Through these activities, 73 HCWs from 17 facilities were reached. Areas of focus were FP/HIV services integration, postnatal FP, LAPMs, FP in HIV positive clients and natural FP (cycle beads). In order to increase the uptake of FP services, the project jointly with the DHMTs developed some strategies to ensure increased access of the services. These strategies were: provision of FP during supported monthly outreaches, strengthen self-directed learning through the reference materials provided, provision of basic equipment and supplies, commodity security and strengthen the community strategy by training the CHWs on FP module who will ensure CBD of FP, strengthen referral of clients for the services and intensify community sensitization. The frequent commodity stock outs noted were due to poor commodity management. This was addressed by mentoring the HCWs on forecasting and commodity management to ensure the security and rational use of the commodities. The project also supported redistribution of the commodities within the sites.

There has been gradual increase in the uptake of cervical cancer screening in the county. However, the service is still not accessible/available to many clients as only 18 (19%) facilities offer the service in the county. There are no screening services in two districts- Marigat and Baringo North. The DHMTs in these districts have thus prioritized three days' orientation for HCWs from high-volume sites in the subsequent quarter. During the quarter under review, CaCx screening was done to 200 clients (187 at facilities and 13 during one integrated outreach), and

14 clients who had suspicious results were referred for gynecological review, six who had STI were treated and seven who had positive results were referred for treatment to sites outside the county

Kajiado County: The project supports 108 facilities to offer FP services in the county. A total of 5,169 clients were reached with FP services contributing to a CYP of 6,007, up from 5,937 of last quarter. A total of 54 HCWs were mentored during the quarter on a variety of issues. Job aids were also distributed to nine health facilities. Out of these 26 CHWs trained on FP the module, and 18 of them reached 244 women of reproductive age with FP services.

This quarter, a total of 13 health facilities offered CaCx screening services reaching 234 women of whom 14 had positive results and were referred for cryotherapy at centers with treatment facilities. Of these women 159 were tested for HIV with one testing positive.

Laikipia County: The project supports 53 health facilities to provide quality RH/FP services in the county. A total of 9,938 clients accessed RH and FP services contributing to a CYP of 4,041. Mentorship was provided to 26 HCWs in 18 facilities. To improve on FP uptake among catholic Faith-Based Organizations (FBOs), 15 cycle beads were provided to St. Joseph Catholic dispensary and Rumuruti Catholic dispensary and orientation done for the providers to increase the number of facilities providing FP from 53 to 55.

The project supported ten integrated outreaches with the aim of scaling up MNCH services including CaCx screening. Through the outreaches, 54 women were provided with FP and 22 screened for CaCx, and three patients with suspicious lesions were referred to Nanyuki DH for cryotherapy. All the 54 women screened for CaCx were tested for HIV but none was positive. Also, 42 clients were screened for breast cancer and one found to have lumps and was referred to Nanyuki DH for fine needle aspiration and cytology.

The demand generation mobile FP service, M4RH was rolled down to two health facilities, six CUs, and 25 peer educators were provided with M4RH cards and posters to promote community awareness on FP.

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 19,966 CYPs which is an increase compared to 17,767 CYPs achieved in the previous quarter. The bulk of clients consisted of revisits, with 30% being new clients. Among females, the most popular contraceptive methods were injectable (71%). Long-term FP methods (BTL, IUCD and implants) contributed to 13,163 (66%) of the CYP compared to 64% during the previous quarter.

In this period, 12 service providers at six health facilities were mentored/oriented on LAPM and advocacy mechanisms to promote their use. In addition, eight private sector health providers were oriented on LAPM. During the quarter, 57 health providers were oriented on CaCx screening and treatment (cryotherapy). A total of 897 clients were screened during the quarter with 52 positive on VIA/VILLI, and cryotherapy was done on 29 clients. In addition, 12 health providers from private sector (Egerton) were oriented on CaCx screening. Assorted job aids/guidelines and SOPs were distributed and disseminated to 29 health facilities across all the districts.

Narok County: The project supports 43 facilities to provide quality RH/FP services in the county. The total number of clients served with RH/FP services was 5,091 achieving a CYP of 2,240. Mentorship and OJT on LAPM was provided to 19 HCW from seven facilities and a further 20 HCWs in Narok DH were oriented on the minimum package for RH/HIV. One of the impediments to provision of LAPM was shortage of implants hence limiting the method mix for the clients.

Only five facilities provided screening services for CaCx and within this reporting period, 97 women were screened for CaCx with two having positive lesions and were referred to Narok DH for cryotherapy. A total of 57 CHWs trained on CBD were sensitized on the correct tool to use while reporting the services offered at the community level and the tools were distributed to them for reporting.

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

The project, through the RH technical officers continued to support mentorship on Partograph, FANC, individualized birth plan (IBP), AMSTL and essential new born care at facility level. During the reporting period, 27,640 pregnant women went for first ANC visit which translates to a cumulative achievement of 81,124 (56%) of the annual target, while 11,842 had four ANC visits. The program conducted outreaches and worked with CUs to increase number of women attending ANC. A total of 17,048 women had skilled deliveries, representing a cumulative achievement of 45,463.

Baringo County: During the quarter, 3,340 clients and 1,625 clients accessed first and fourth ANC visits which was a slight drop compared to 3,494 and 1469 achieved in the previous quarter. The deliveries by skilled birth attendants were 2,261 compared to 2,335 deliveries last quarter.

The uptake of ANC and Skilled Birth Attendant (SBA) deliveries is still low and this can be attributed to factors such as; weak community-facility linkage/ referrals, lack of basic equipment, ineffective referral and client follow ups, staff shortages/attitude, distance to facilities and few facilities offering maternity services. These gaps were confirmed during the TQA and MNCH assessment conducted by the project staff alongside DHMT members. Currently, out of the 88 ANC facilities, only 28 (39%) offer Basic Essential Obstetric and New Born Care (BEONC) with two Comprehensive Essential Obstetric and New Born Care (CEONC). The Post Natal Care (PNC) uptake is still low occasioned by several missed opportunities for the services at maternity, FP and CWC units. To scale up PNC, the HCW were mentored on targeted PNC and action plans developed to initiate and strengthen the services with particular focus on the first visit at the maternities before discharge and at the CWC clinics for second, fourth and sixth week visits.

In order to improve performance, the team alongside the DHMTs continued with mentorship, orientations, CMEs and sensitizations focusing on FANC, partograph, AMTSL, use of magnesium sulphate (MgSO₄), management of obstetric emergencies and emergency preparedness, and infection prevention and control during which 273 HCWs from 35 facilities were reached. The project also disseminated and distributed RH job aids to 30 health facilities. These were: AMSTL, use of Magnesium Sulphate, management of PPH, IP/waste segregation SOPs, Neonatal Resuscitation Chart, targeted post natal care, danger signs infant /mother, labour ward flow chart, STI syndromic management and IP reference book. The project also supported

the MOH county teams to set up an MNCH/eMTCT county task force mandated to come up with strategies to scale up MNCH/eMTCT services in the counties.

Kajiado County: The county has 108 facilities offering ANC services. In this reporting period, 5,977 pregnant women attended their first ANC visit, which is a slight increase from 5,736 last quarter and 2,869 completed 4 ANC visits- a marginal increase from 2,405 achieved last quarter. During the same period, also a total of 2,779 mothers delivered under SBAs compared to the previous quarter's 2,615.

Mentorship was conducted for 17 HCWs from ten health facilities on the proper use of partographs, use of MgSO₄, management of PPH and AMSTL. An orientation on the same was done and 16 HCWs were reached. Owing to these interventions, 21 facilities are now correctly using partographs to monitor mothers in labour with timely referrals. This quarter a CME on emergency, obstetric care was conducted in Loitokitok DH that targeted 30 HCWs. Other CMEs were conducted in Kajiado North and Oloitokitok districts where 98 HCW were reached. The key topics covered were Emergency Obstetric and Neonatal Care (EONC) and Safe Motherhood.

Laikipia County: During the reporting period, 2,250 women attended the first ANC visit and 1,149 completed their fourth visit in 59 ANC sites. This was an improvement from previous quarter where 2,250 and 990 attended first and fourth ANC respectively.

Mentorship and supply of job aids was intensified in 18 facilities reaching 26 HCWs. One hundred and eighty one CHWs from six CUs have been trained on ANC/PMTCT/FP and this has led to an increased earlier ANC attendance, increased HIV testing, skilled delivery and retention in care for HIV positive women in their operational zones. The project continues to raise awareness in the community and promote effective linkages through the community units in the region.

Nakuru County: There are 180 sites offering ANC services, 108 of which have the capacity to conduct deliveries. Of these, 94 health facilities are equipped to offer BEONC with 13% health facilities offering Comprehensive Essential Obstetric Care. During the quarter, 12,642 and 5,354 clients accessed first and fourth ANC visits respectively; translating to a cumulative achievement of 36,425 and 14,522 attendees (65%) and (71%) respectively of the year three target compared to 42% and 45% respectively by end of quarter two. A total of 9,092 clients had births conducted by skilled attendants compared 8,184 achieved last quarter.

During the reporting period, 152 HCWs from 18 health facilities were mentored and oriented on service integration, FANC, AMSTL, partograph, infection prevention, nursing process, lifesaving skills in obstetrics and management of obstetric emergencies/newborn care. The project also disseminated and distributed reproductive health job aids to 29 health facilities to enhance service delivery and promote quality of care. Six health facilities have functional MPDR committees in place. The project also supported formation of the county MNCH/eMTCT task force, which will oversee scaling up of MNCH services in the county.

Narok County: The project supports 45 health facilities to provide ANC services. There was a drop in the number of women attending the first ANC visit from 3,658 last quarters to 3,240. A total of 845 women completed four ANC visits against a target of 2,770. The project is using the community CHWs within CUs to reach out to the community. In addition, the number of

outreaches carried out through the joint work plans doubled in the vast Narok South area. During the quarter, 32 HCWs were sensitized on BeONC, AMTSL and partography in Narok DH and Ololulunga DH. These facilities are currently using partographs in active monitoring of labor. Five CMEs on integration of RH/PMTCT/ TB/HIV services were held in five facilities reaching 62 HCWs. The total number of women delivering under skilled attendants was 1,383 out of the targeted 1,565 for the quarter.

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, 29,200 children received PENTA 3 vaccine, compared to 31,049 children in previous quarter. A total 43,734 children under five years received Vitamin A supplementation. The low coverage is mainly attributed to poor documentation. HCWs dispense the Vitamin A but do not document thus contributing to the low achievement. The mentorship teams have discussed this with the HCWs and management and are working to have the documentation improved. There was also shortage of Vitamin A supplements experienced during the reporting period especially the 100,000 IU capsule. A total of 36,710 children were treated for various ailments an increase compared from the 34,612 attended last quarter. The project mentors continued with mentorship focusing on essential newborn care, breastfeeding, newborn resuscitation, prevention and management of common childhood emergencies including diarrhea, and prevention of childhood illnesses. Integrated outreaches targeting underserved areas were also supported by the project.

Baringo County: During this reporting period, immunization coverage was as follows: 3,144 children received Penta 3; 3,181 children were immunized against measles and 3,897 children received vitamin A supplementation. The project supported six integrated outreaches in order to increase access to healthcare services to the hard-to-reach populations in the county whereby 888 children were dewormed (374 were under-five), 160 children immunized (146 under one year), 14 children received growth monitoring, two children received vitamin A supplementation, 736 clients treated for minor ailments (316 under five years).

RH assessments done at selected facilities identified a number of gaps that the mentorship teams addressed. The gaps included lack of immunization monitoring charts, no set immunization targets in some facilities, no follow up of immunization defaulters, knowledge gaps on current EPI schedule and poor cold chain management of EPI commodities. In response to this, a total of 32 HCWs from 14 facilities were mentored on cold chain management of EPI commodities, EPI schedule, BFHI strategy, commodity management, use of immunization monitoring charts and neonatal resuscitation. Seven CMEs on BFHI were conducted in five facilities and were attended by 159 HCWs, neonatal resuscitation flow charts and immunization monitoring charts were distributed to 30 sites.

Kajiado County: During this period, immunization coverage was as follows: 6,927 children received Penta 6,822 children were immunized against measles, hence 6,408 fully immunized; and 5,098 children received vitamin A supplementation. The project supports 32 sites that offer basic EONC services and of these 9 offer comprehensive EONC services of which only 2 are public health facilities. There are 59 facilities with functional Oral Rehydration Therapy (ORT) and all have designated ORT corners.

During this period 16 health workers from Ngong Sub-DH were mentored on neonatal resuscitation and 26 health workers from level two and three in Kajiado North were also oriented on FBP services. In addition, two CMEs on steps to successful breastfeeding initiation

of BFHI were held reaching 47 HCWs in Ongata Rongai and Ngong Sub-DH. Ten targeted integrated outreaches were conducted among underserved nomadic communities in various parts of the district including Esonorua one of the communities that recently suffered a measles outbreak. During these outreaches; 78 children under five were immunized, 164 treated for minor ailments, 148 given Vitamin A, 329 under-fives were dewormed, and 21 pregnant mothers tested out of which three were linked to PMTCT services. Out of the 233 children weighed and screened for malnutrition five were enrolled in the IMAM programme.

Laikipia County: During this period, immunization coverage was as follows: 3,188 children received Penta 3, 2,895 children were immunized against measles, hence fully immunized; and 3,262 children received vitamin A supplementation. The project has facilitated the establishment of 20 ORT corners at facilities.

A total of 25 service providers in Nanyuki and Rumuruti hospitals were orientated on new born care, helping babies' breath (HBB) and BEOC which improved knowledge and skills in new born resuscitation, new born care and management of obstetric emergencies which in turn should reduce maternal and perinatal death. Additionally, 46 health workers were updated on cold chain maintenance, immunization monitoring and reporting to improve on the quality of immunization services provided. One CME on BFHI was held at Nanyuki TRH and reached 50 health care workers.

To strengthen linkages with the community, eight CHWs attached to Rumuruti Hospital were orientated on the revised mother and child booklet and immunization defaulter tracking to improve on immunization defaulter tracking to improve coverage.

Nakuru County: The county has 180 primary care centers with 40 health facilities with functional ORT corners. During the quarter, immunization coverage for PENTA 3 stood at 13,284 (107%). Cumulative achievement to date for PIII is 37,730 which is 80.1% of year 3 target of 46,800. Vitamin A coverage for under five years children was 23,779 (31.7%). The number of children treated for diarrhea stood at 13,773 showing a slight increase from Q2 (12,270) possibly due to on-set of the short rains in relation to waterborne diseases.

The project supported 34 integrated outreaches in nine districts and two health facilities (Molo DH & Elburgon Sub-DH) where 275 under five children were immunized, 1,558 dewormed and 674 children (<5) supplemented with vitamin A.

A total of 36 health providers from 17 health facilities were mentored on IMCI, immunization and neonatal resuscitation. The project will provide basic equipment, mentor HCWs on IMCI and provide IMCI job aids/charts to scale up ORT corners set up at facilities. The MDT team disseminated and distributed job aids/guidelines/SOPs to 29 health facilities; the job aids and data tools included the mother/child booklets, immunization monitoring charts, Helping Babies Breath (HBB) charts, flow charts danger signs, diarrhea management, and breastfeeding.

Narok County: The immunization coverage for the county was: Penta 3 - 5,605, measles 4,804 and 5,035 received vitamin A supplementation. So far the project has helped 22 facilities to establish ORT corners. The project supported 24 integrated mobile outreaches in the hard to reach areas of Narok South and Narok North. During the outreaches, 860 children were immunized, received growth monitoring services, with four cases of malnutrition detected and referred for further management.

A one-day sensitization meeting was held for 25 HCWs from Narok DH on neonatal resuscitation which also covered topics on ‘helping baby breath’. A breastfeeding support group was formed in Narok DH with 16 breastfeeding mothers attending. This is aimed at promoting breastfeeding and grooming champions to promote breastfeeding in the community.

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

Health Communication Data Quality Assessment (DQA) Summary

During the quarter under review, a health communication DQA was carried out in all health communication sites and among the LIPs implementing health communication activities. The objectives of the exercise were to determine if records are available, data consistency from collection to transference of data into the database, and validity as well as the use of that data for decision making. Some of the findings indicated that there were gaps relating to data validity and consistency. These findings resulted in a data cleaning exercise, creating a variation in some data reflected in earlier quarterly reports.

Workplace Interventions

During the quarter under review, the project reached 2,383 (1,007 female) individuals in workplaces in small group sessions that met the minimum standards up from 1077 in the previous quarter. The total number of individuals reached is 3,643 (60% of the 2013 annual target of 6,000).

Due to the health communication DQA conducted during the quarter under review, there is a drop in the figure quoted for the April to June 2013. It was reflected as 1,193 in the previous report.

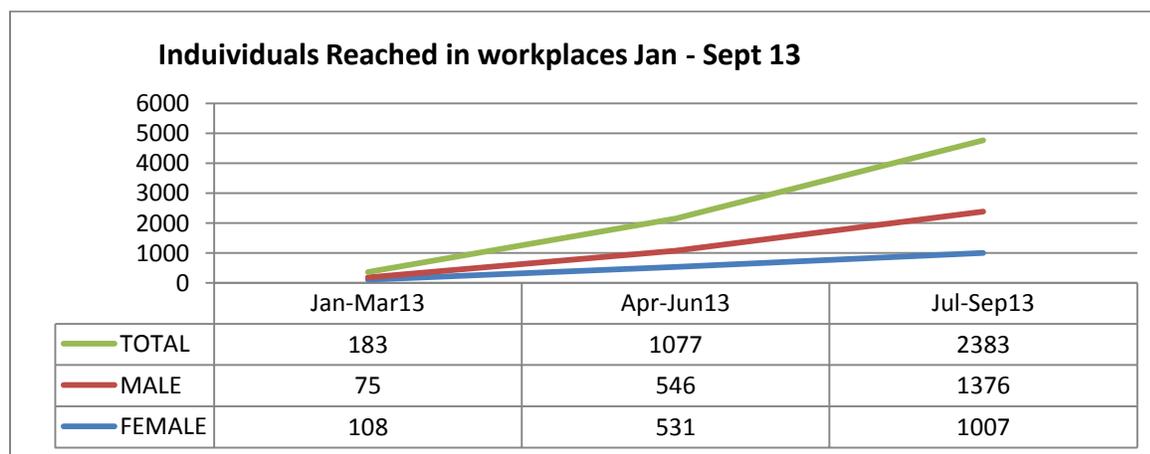


Figure 8: Individuals reached in the workplaces since Jan 2013

As a result of the workplace intervention, 1,364 persons were counseled and tested, 145 were screened for cancer, 145 received STI screening, 45 VMMC services and ten received family planning.

Kajiado County: The project supported six workplaces of which four flower firms (with a workforce of 2,680), one manufacturing company and the County Council. During the quarter, 28 managers from two farms were sensitized on the APHIAplus supported workplace program and appreciated the importance of instituting a comprehensive workplace HIV and AIDS program. A total of 33 individuals in the workplaces in Kajiado County completed the

recommended six sessions in the Health Images of Manhood (HIM) manual, increasing the number of individuals reached in the county to 56 between January and September 2013 and 91 since October 2012.

Laikipia County: The project supported Finlays Horticultural Company with a workforce of 2,000. During the quarter, the company, with support from project staff, organized an integrated outreach that provided reproductive health services and health talks to 244 female employees. One hundred and forty-five of the workers were screened for cervical cancer out of which three who had pre-cancerous lesions were referred for treatment. One hundred and forty-four workers were screened for breast cancer out of which one had a breast lump. Ninety-nine were tested for HIV out of whom four turned out positive. Finlays is in the process of putting in place a support group for its HIV positive employees. In the meantime the HIV positive employees were referred for care at the District Hospital. One hundred and forty five were screened for STIs with 29 being treated for STIs while five received implants and four IUCDs.

The company is in the process of putting in place a support group for its HIV positive employees. In the meantime the HIV positive employees were referred for care at the District Hospital

Nakuru County: During the quarter under review, the project supported interventions in 10 workplaces located in Naivasha and Rongai Sub-Counties having 7.4% and 5% HIV prevalence respectively. The project convened a networking meeting for work places in Nakuru Central, Rongai and Njoro sub-counties and came up with strategies for fast tracking sessions given the tight schedules of the workers. A total of 2,111 individuals in the workplaces completed the recommended six sessions in the HIM manual bringing the total reached since January 2013 to 2,715. During the reporting quarter 1,467 (652 males) individuals in work places were tested and counseled and 45 circumcised. The project supported two companies to access 440 test kits for HIV testing and five to access 31,680 condoms.

Narok County: During the quarter, the project convened a meeting for hotel managers’ that was attended by representatives from nine out of the invited 15 hotels. The meeting was facilitated by the District Public Health Officer who took the participants through the Occupational Health and Safety Act. A total of 85 individuals in the workplaces completed the recommended six sessions in the HIM manual. A total 718 individuals were reached between January and September 2013.

Narok County does not have large well-established formal workplaces. Therefore, the project reached out to road construction workers in the county given the numerous construction works that were going on. This explains the surge in numbers reached during the previous quarter.

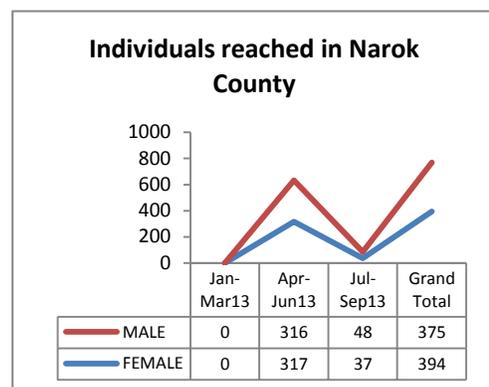


Figure 9: Workplace reach in Narok County

Youth Program

During the quarter in review 11,808 (6746 M, 5062 F) Out-of-School Youth (OSY) completed the recommended sessions of the various Evidence-Based Interventions (EBIs)/Evidence Informed Innovations (EIIIs) and other recommended curricula, increasing the total number of

OSY reached during the period January – September 2013 to 24,270 (81% of the annual target) and a total of 35,593 reached during the October 2012 to September 2013 period.

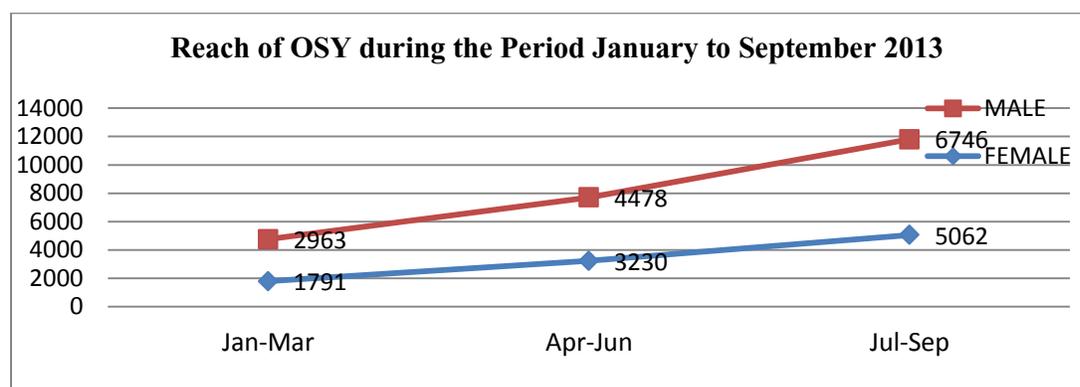


Figure 10: Reach of OSY Jan to September 2013

The figure of 6,989 (2,931 females) for the April – June period varies from the 7,708 (3,230 females) presented in the figure above because of the health communication DQA exercise carried out in July/August 2013. From the line graph, it is evident that the reach to male youths is higher than females. In the coming quarter, the project will increase the number of female peer educators, mapping the established female groups and motivating females to participate in project activities.

To date health communication activities have generated demand for a number of SRH services resulting in uptake of various services as indicated in the table below.

Table I: Uptake of Services among OSY by Quarter in 2013

Services	Jan-Mar	Apr-Jun	Jul-Sep	Total
HTC	890	3752	5044	9686
CaCx	53	174	382	609
STI Cx/Rx	50	397	180	627
VMMC	0	0	24	24
FP	39	132	67	238
PWP	22	93	222	337
Condoms distributed	105546	41471	8756	155773
TB Cx	19	0	0	19
Economic empowerment	658	441	1094	2193
Drugs and substance use	290	0	55	345
Total	2021	4989	7069	14079

Apart from condoms whose distribution was in large volumes, other services uptake increased progressively. In the coming quarter, the project will establish and stock more condom outlets and conduct increased condom promotion activities. While the number of individuals receiving economic empowerment increased across the quarters, the project will deliberately target females by supporting formation of female youth groups. The groups will be sensitized and empowered to access UWEZO funds among others.

Baringo County:

OSY: During the reporting period, trained peer educators reached 534 youth through small group sessions using program guide, increasing the total number of OSY reached through small group sessions to 2,234 (1091 M, 1143 F) in the year. As a result of the peer education sessions, 145 youth (62M, 83F) were counseled and tested in Mogotio District, two female tested positive and were referred for care. From the peer education sessions, condom distribution was enhanced and a total of 1,920 condoms distributed through peer educators and various distribution outlets.

During the reporting period, the project in partnership with Department of Youth Affairs and Equity Group foundation mobilized and trained 55 youth (21F, 34M) on financial literacy for economic empowerment in Mogotio District. In the same period 25 youths (20 males) were trained on poultry keeping in Marigat district.

Kajiado County:

OSY: During the quarter under review, 1,255 youths were reached through peer education using youth activity guide, increasing the total number of OSY reached through small group sessions to 2,379 (1630 M) in the year. A total 35 youths (18M &17F) were taken through economic empowerment trainings such as baking and yoghurt making. As a result, the group makes Ksh2,000 daily which they share at the end of the month to meet their needs. The group plans to open a bakery with funding from Youth Empowerment Development Fund (YEDF).

Another 25 youths (13 M) underwent a five-day peer education training using the Peer Education Activity guide. The new peer educators will scale up the program activities in Ngong and Matasia region where there is concentration of youth in the transport sector. A total of 103 females were screened of cervical cancer while 706 HIV tests were conducted, three male youths turned reactive and were linked Ngong CCC.

Youth in School: During the quarter under review, the project initiated an intervention targeting in-school girls in partnership with the Ministry of Education focusing on four pillars namely; scholarships, teacher professional development, girls mentoring and community participation. In the reporting period, 20 schools (ten pilot and ten control) were selected to participate in the intervention. Head teachers were sensitized, focal teachers selected and oriented on their roles as mentors to girls, and 50 community leaders were sensitized and inducted on the intervention and their responsibilities toward the Masai girl child. The four pillars intervention is reaching the girl child with taught life skills, mentorship, scholarships to ably transition from primary to secondary schools, HIV prevention knowledge and skills, and knowledge on the national laws that forbid early marriage and Female Genital Mutilation (FGM).

Laikipia County:

OSY: During the period under review, 1278 young people were reached with comprehensive peer education sessions using program activity guide, increasing the total number of OSY reached through small group sessions to 5,371 (3,096 M) in the year. In a bid to strengthen the capacity and improve efficiency of peer educators, two days orientation on the new transport sector curriculum was conducted targeting ten peer educators. During the reporting period, 1,669 young people were reached with comprehensive sexual and reproductive health services at the YEC. In addition, the project worked with MOYAS and the YEDF to reach 183 youths with information on economic empowerment aimed at equipping youths in the county with information on group dynamics and existing sources of funds such as UWEZO and YEDF.

Nakuru County:

OSY: During the period under review, 6,038 young people were reached with peer education using the program approved EBIs /EIIs, increasing the total number of OSY reached through small group sessions to 16,717 (7,808 F and 8,909 M) in the year. The project trained 109 (62 males) peer educators in tertiary institutions. In addition, 348 persons (198 females) in family union were reached using Time to Talk Family Life Education standard curriculum in Naivasha sub -county.

A total of 2,066 young people were reached with HTC services with eight reactive, 180 with STI screening services, 162 with PwP services, 279 females received CaCx screening and 208 with breast cancer screening. Another 2647 youth (1,776 males) accessed the Resource Information Centers (RIC) during the quarter, 3,463 assorted IEC materials and 8,756 condoms distributed from the RICs. Forty six street youth received safe space model services. Eight groups 146 (101 males) of young people were trained in financial literacy and linked to youth enterprise fund products. Out of this number trained 68 has successfully received loans and financial products from the fund

Youth in School: During the period under review, the program continued to strengthen capacity of MoE to implement life skills education in 138 schools in Nakuru County. Currently 69,115 pupils continue to be reached with the LSE curriculum. In order to improve quality, 125 schools out of 138 in the program were provided with technical assistance by District Quality Assurance and Standards Officers (DQASO) and APHIAplus staff. Additionally, 126 teachers from 122 schools were oriented on establishment/strengthening of school health clubs using MOE) standards. The orientation focused on key clubs activities aimed at supplementing LSE classroom work and children participation. These include debates, symposiums and income generating activities for the clubs. Currently 82 clubs have been established under the intervention. During the reporting period, 12 LSE clubs participated in a drama festival organized by MOE/APHIA plus and partners to showcase their talent.

Narok County:

OSY: During the quarter under review, 2,537 OSY were reached with peer education using the youth peer education guide, increasing the total number of OSY reached through small group sessions to 8,892 (5,611 M) in the year. During the same period, 505 youth (306 males) were tested for HIV with one female turning positive , 34 female provided with FP services and 181(150 male) reached with health information at the Youth Empowerment Centre (YEC). The project initiated two support groups (60 members) of young people living with HIV from Olpoongí and Majengo areas of Narok North District who were reached with PwP messages. Two alcoholic anonymous support groups (55 members all males) were also established to assist young people addicted to alcohol. The project organized five trainings on financial literacy and road safety sensitization meetings reaching 650 boda boda riders. This was done in collaboration with OCPD Narok South, Equity Foundation, Family Bank and Boda Boda associations. To strengthen the program sustainability 4400 young people in transport sector formed an umbrella association.

In-School Youth: During the quarter under review, data review meetings were held with County Quality Assurance and Standards Officers and DQASOs aimed at improving data quality and systematic data flow system for ownership. A total of 106 schools were visited by MOE officials and program staff. Sixty two teachers were oriented on establishment of school health clubs with 53 clubs currently active.

Most at Risk Populations (MARPs) Interventions

The MARPs interventions target female and male sex workers (FSW and MSW) and 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, family planning services and economic empowerment initiatives. The project works with 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.

During the quarter under review, a total of 2,415 (2,363 FSW and 52 MSM/MSW) completed the recommended six sessions increasing the total number of MARPs reached through small group sessions to 4,345 FSW (114% of annual target of 3,800) out of which 87 were MSM/W. The project enrolled 2,174 new FSW for services at the DIC and through outreaches in the reporting quarter increasing the number of those enrolled to (77% of target population) in the year. The graph below indicates number of MARPs enrolled for services in the different counties.

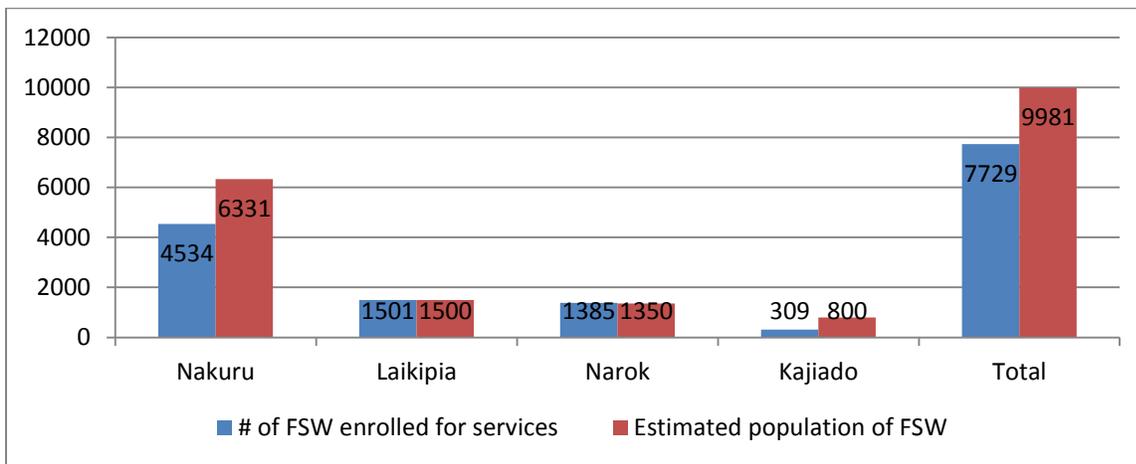


Figure 11: The cumulative FSW enrolled for services between October 2012 and September 2013

As a result of the peer education and outreach activities, 3,936 individuals accessed at least one biomedical intervention either through the established DIC or integrated outreaches to hotspots. These include 1,319 who accessed HTC with 57 testing HIV positive, 2,250 screened for STIs out of whom 277 were diagnosed with STIs and treated, 665 were provided a modern contraceptive while 345 were screened for cervical cancer with seven of them diagnosed with pre-cancerous lesions. This increased the total number of FSW/MSM individuals provided various biomedical interventions in the year to 4,291 for HIV testing with 216 (5%) cases of HIV diagnosed, 5,735 screened for STIs with 892 (16%) presenting with symptoms and treated, 2,112 provided modern contraceptives and 866 screened for cervical cancer with 42 cases referred for further investigations and management. Since the introduction of fulltime HIV testing services in the DICs, a total of 507 (10.4% of those tested) MARPs have been diagnosed with HIV and linked to HIV care and treatment with 431 (85%) accessing services. The graph below indicates the trends in FP service provision among FSW during the year.

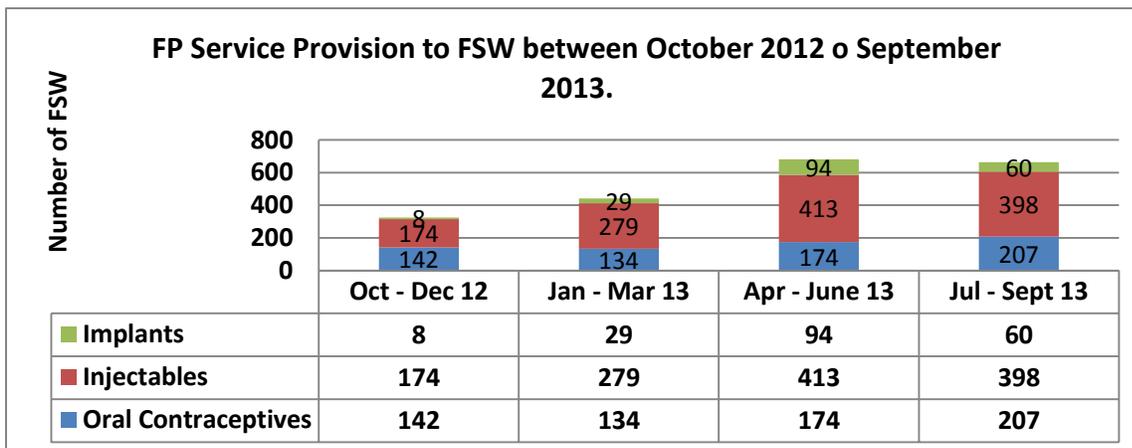


Figure 12: FP service provision among FSWs during the period of October 2012 to September 2013.

Activities focusing on reducing vulnerability among FSWs through advocacy and economic empowerment continued this quarter with 260 FSWs participating in different economic empowerment activities for the first time this quarter increasing the total number of MARPs introduced to economic empowerment to 797 in the year.

Kajiado County: The MARPs intervention in Kajiado County works only in Ngong Division of Kajiado North District. The other sites in the county are covered under the Shujaa Project supported by CDC Kenya. There are twenty (20) trained peer educators while service delivery is through monthly outreaches in the three locations with an estimated 800 sex workers.

A total of 148 FSW were reached after completing the recommended six sessions increasing the total number of SW reached through small group sessions to 713 in year three. Peer outreach activities continued focusing on condom promotion and mobilization for uptake of HTC services. The project also participated in piloting the National Quality Assessment Tool for Peer Education and Outreach for Sex Workers. A total of 12,960 male condoms and 380 female condoms were distributed directly to SW and through hotspots. A total of 139 FSW were provided services;- 75 with HTC, 102 with modern contraceptives. One tested positive for HIV and was linked to Ngong District Hospital for care and treatment while two were treated for STIs.

Laikipia County: MARPs interventions in Laikipia County are implemented in Nanyuki and Nyahururu towns and trading centers in Laikipia Central and Laikipia West districts. There are an estimated 1,500 SWs in the county. There are 18 FSW and ten MSW trained peer educators in Laikipia East District while Nyahururu town and Laikipia West and Central districts are served by volunteer mobilizers. The untrained mobilizers will be trained in the next quarter to increase their effectiveness in health education. A total of 1,501 SWs were contacted and provided with services during the year.

A total of 347 FSW and 52 MSW were reached after completing the recommended six sessions in the current quarter increasing the total number of MARPs reached through peer education to 924 FSW and 147 MSM during the year. Additionally, 778 FSW were given individual level risk assessment and risk reduction counseling. A total of 20,283 male condoms and 515 female condoms were distributed through the various channels;- through 27 selected condom outlets, during peer sessions and on one on one basis to clients at the DIC. Peer educators were supported to conduct condom outreaches in all hotspots served by the project.

Six integrated outreaches were conducted during the reporting period, and 700 SW accessed biomedical interventions: - 290 FSW and two MSW accessed HTC, 395 FSW and 2 MSW screened for STIs, 239 FSW provided modern contraceptives, 120 FSW screened for cervical cancer while two FSW were provided with post-rape care services. The 23 SW who tested positive for HIV and two with precancerous lesions were referred to the Nanyuki District Hospital for HIV care and treatment and cryotherapy respectively. Fifty three were treated for STIs. Six MARPS groups were involved in Savings and Internal Lending Communities (SILC) and other forms of table banking. A further 199 FSW were oriented on SILC in the quarter while 50 FSW attended the Youth Enterprise Development Fund (YEDF) training.

Nakuru County: MARPs interventions in Nakuru County were implemented in Nakuru and Naivasha Municipality, Gilgil Town, Salgaa, Mai Mahiu, Kikopey and Makutano truck stops. There are three DIC located in Nakuru Central Business District, Naivasha town and Salgaa trucks stop. During the quarter under review, 100 FSW peer educators underwent a one week training based on the recommended NASCOP training curriculum for sex workers to increase their knowledge and skills on HIV prevention and facilitation skills. A total of 1,108 were reached bringing the number of those reached through peer education in the year to 2,945. The peer educators referred 1,192 FSW to the DIC for individual risk reduction counseling sessions conducted by the counselors. A total of 110,748 male condoms were distributed directly to the sex workers and at hot spots. In partnership with the NASCOP Technical Support Unit, peer educators were oriented on projecting condom demand and conducting condom outreaches. As a result, there was an increase of male condoms distributed directly to the FSW to approximately 120 pieces per FSW per quarter from the previous 65 per FSW per quarter. IEC materials promoting condom use were also distributed to the sex work hotspots including 1850 posters and brochures on condom use.

During the quarter, 43 SW actively participated in the community based alcoholics anonymous groups. A total of 90 FSW and 20 other community members have been enrolled in the AA groups in the year with 15 FSW reporting having stopped using alcohol. The SW continued to participate in the group meetings for support to reduce the possibilities of relapsing into alcohol use. The project hosted a team from NACADA who visited the project to learn more about the community based AA interventions.

A total of 445 SW accessed HIV testing and counseling services from the three established DICs in Nakuru County, 22 (5%) tested positive for HIV and were linked to facilities of their choice for care and treatment, 1192 were screened for STIs, 273 provided modern contraceptives and 141 screened for cervical cancer. Another 160 presented with STIs were treated while five (5) who tested via villi positive were referred to the Provincial General Hospital and Naivasha District Hospital for management. Candidiasis was the most common STI identified and was associated with vaginal douching which most sex workers report to practice using a variety of substances. Through the risk reduction counseling sessions, sex workers are counseled on the risk of vaginal douching. The graph below shows trends in STI screening and treatment in the three DICs in Nakuru County.

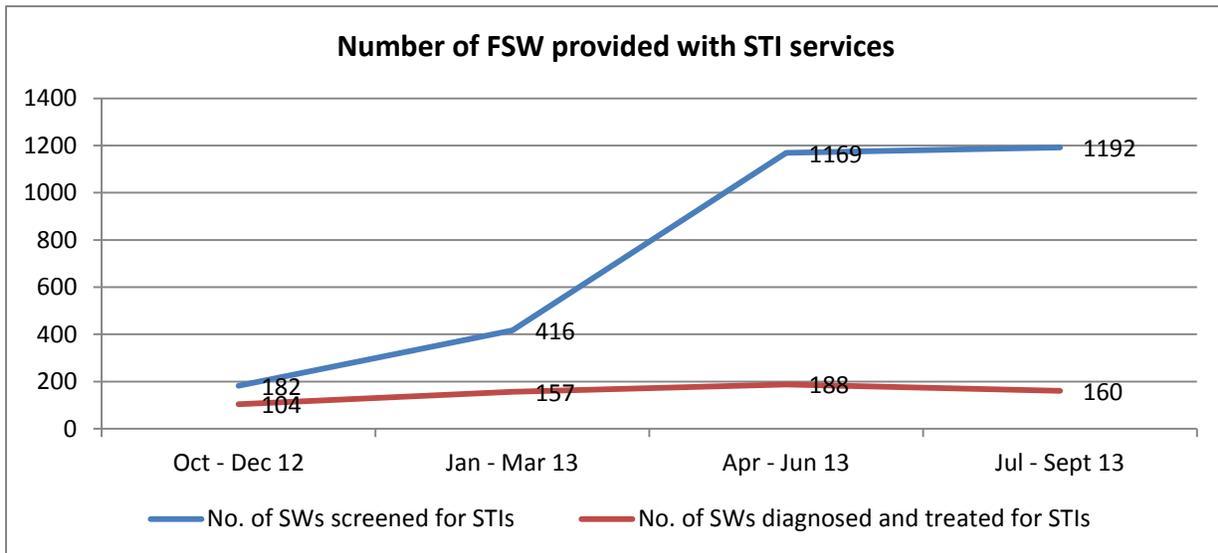


Figure 13: STI screening among FSW in the three DICs in Nakuru County

Interventions aimed at reducing SW vulnerability continued this quarter with 175 SW participating in various economic empowerment activities. These include table banking, SILC, Crafts classes and other self-help initiatives. In Nakuru Central, four table banking groups are actively saving and loaning out money to their members. Samaritan Smart Ladies, one of the table banking groups with 18 FSW as members, currently has accumulated Kshs. 110, 622 out of which 62,000 is held as bank deposit while 48,800 has been loaned out to members. Sunrise Group of Nakuru Central District brings together seven FSW whose interest is to acquire residential plots. So far, the group has managed to buy four parcels and is aiming at ensuring all members have a residential plot by March 2014. In Naivasha District, 120 FSW were oriented on the various funding opportunities initiated by Government. With support from the District Gender Officer, the FSW were oriented on the Women Enterprise Fund, UWEZO and Youth Enterprise fund. So far, two groups have accessed loans from the Women Enterprise Fund.

Adult education classes also continued for SW in Naivasha town who are interested in improving their numeracy skills. The sessions are conducted with support from the Adult Education Department. Fifteen FSW have been actively participating in the adult education classes.

Narok County: MARPS interventions in Narok County are implemented in Narok North and Narok South Districts. The main hotspots are located in Narok town and various trading centres along the Narok – Bomet highway and the Masai Mara tourism circuit. There are an estimated 151 sex work hotspots and 1500 SW in the County.

The 20 trained volunteer peer educators reached 213 FSW through peer education sessions bringing the total reached in the year to 680. A total of 534 FSW were taken through risk assessment and risk reduction planning. The risk reduction planning focused on the risk factors identified which include inconsistent condom use with partners of unknown HIV status, douching and alcohol use. A total of 87,480 male condoms and 665 female condoms were distributed directly to sex workers and through condom outlets in the 121 hotspots served by the project. Managers from 35 establishments (bars and guest houses) were sensitized on the importance of availing condoms. This was also complemented by social marketing efforts by the APHIAplus HCM team. In partnership with NASCOP TSU, peer educators were oriented on condom programming focusing on projecting condom demand and conducting condom outreaches.

A total of 891 clients accessed services at the Narok DIC and during integrated outreaches to hotspots. These included 534 SWs who accessed HIV testing, 529 were screened for STIs, 126 provided modern contraceptives, eight provided post-exposure prophylaxis and 84 screened for cervical cancer. Twelve tested positive for HIV and were linked to the Narok and Ololunga district hospitals for care and treatment while 62 presented with STIs and were treated. Candidiasis remains the most common STI while five SWs presented with genital ulcers, three with genital warts and one with gonorrhoea. Among the family planning clients, most still prefer the injectable but demand for longer acting methods is on the increase as a result of ongoing client education. A total of 1,385 FSW were contacted and provided with services in the year.

In partnership with Equity Foundation, 41 FSW were trained on financial literacy to equip those running small business or those who intend to venture into small businesses with skills in budgeting, planning, saving and loan management. Thirty one FSW participated in a one-day sensitization on sexual and gender based violence to equip them with knowledge and skills on responding to sexual violence.

Community PWP Activities (CPWP)

During the quarter, the project reached 9,460 PLHIV (90%) out of a targeted 10,562 with the 13 key messages. As a result 120 PLHIV disclosed their status to their partner and close family members compared to 54 last quarter and 70 couples tested for HIV. Below find the achievements per county.

Baringo County: The project reached 1,790 (586 males) with CPwP messages which included disclosure, drug adherence, family planning, drug and substance abuse, knowing of HIV status, condom use and risk reduction. As a result, 71 people (40 males) were tested and 19 people (6 males) disclosed their status publicly. Two PLHIV from a support group in Koibatek District were interviewed and disclosed their status through Kenya Television Network (KTN) local media in a stakeholders meeting organized by the National AIDS Control Council. Twelve support group leaders were trained as service providers in CPwP. In addition, 69 people (21 males) were referred through the link desks in the facility to the community to join support groups, whereas 21 people (11 males) were referred from community to the health facilities for medical care.

Kajiado County: Working with community based service providers, the project reached 2,400 PLHIV (1,608 females) compared with 2,566 (1746 females) reported last quarter. The PLHIV and their spouses were reached at individual level as well as through group therapy sessions. They were taken through key CPwP messages including how to deal with stigma and discrimination. All the 2,400 PLHIV reached are currently adhering to treatment and four couples disclosed their status to their partners after undergoing counseling.

The project in collaboration with MOH continued to support operations of seven link desks which play a key role in enhancing facility based service provision to PLHIV, including health education and defaulter tracing. During the quarter under review, 9,672 (3389 males) clients were served at the link desks and referred for various services. This is 11% increase on the number of clients served last quarter of 8710 (3345 males).

Laikipia County: During the quarter under review, 2,554 (829 males) PLHIV were reached with CPwP messages on disclosure, adherence, nutrition, risk reduction, family testing, treatment

and management of STIs among others. As a result of these activities, six PLHIV (2 males) joined support groups

Nakuru County: Through the support of trained CPwP TOTs, 70 CHVs (10 males) were sensitized on CPwP and 47 new PLHIVs (41 female) enrolled within the reporting period. Two new support groups were formed within the quarter bringing the total to 101 PLHIV support groups in the county. In total 2,309 received CPwP messages. As a result, 1733 PLHIV are adhering to treatment and 97 disclosed their HIV status to partners and close family members. They have reported receiving support from the family to adhere to drugs. Another six clients reduced alcohol consumption after undergoing alcohol reduction sessions.

The project supported 12 link desks to facilitate community - facility linkages during the quarter. A total of 1,365 individuals (1,028 adults and 335 children) were referred from community to health facilities and 928 (624 adults and 304 children) referred from health facility to community through the link desks.

Narok County: During the quarter under review, 407 clients (87 males) were reached with the CPwP messages. Most of the clients were reached through support groups that have been formed and established through the link desks. Four more additional support groups were formed during the quarter bringing the total number of groups to seven.

Voluntary Medical Male Circumcision

During the reporting period, 940 persons were served with Voluntary Medical Male Circumcision (VMMC) services in Nakuru and Baringo counties bringing the total circumcised to 1,018. Of these 74% were aged 15 years and above and 26% aged below 15 but not lower than 13 years. Working closely with the DHMT, the services were offered through two static sites (Nakuru West Clinic and Naivasha DH). Outreach services were offered at Finlays Health Centre (flower farm) and Mogotio HC. Rift Valley PGH is the emergency referral sites for the VMMC services in Nakuru and Baringo counties.

Community mobilization was done through peer educators, community health workers and community volunteers. Other mobilization activities included use of community theatre and creating awareness and information sharing through opinion leaders of non-circumcising communities in the region.

Table 2: Number of persons reached with VMMC services

Site	May	June	July	August	September	Total
Nakuru West	11	53	182	374	254	874
Naivasha	0	14	6	47	3	70
Gilgil	0	0	0	0	19	19
Molo	0	0	0	0	2	2
Marigat	0	0	0	0	24	24
Finlays	0	0	0	8	21	29
Total	11	67	188	429	323	1018

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 strengthen the capacity of 24 Behavior Change Communication (BCC) sub-committees with four established during the quarter under review. The BCC committees continued to provide overall coordination and championing of all behavior change communication activities in the districts. The established committees provide a forum for the harmonization of messages from all stakeholders on factors that influence health behavior at regional level.

Kajiado County: The project supported the Kajiado Central DHMT to hold a DHSF and discuss the establishment of a BCC committee. During the meeting key stakeholders were identified to be members of the committee. The committee was supported to hold their first meeting which outlined their roles and responsibilities and discussed the need to support the sub-county to develop a customized communication strategy.

Laikipia County: Two BCC committee meetings for Laikipia East and central districts were held in the quarter. The meetings were used to develop the capacity of the two committees on key target and intervention specific implementation standards. Laikipia East BCC committee visited 23 partners to gather data on the health communication activities done by each partner. The BCC committee also championed the anti-jiggers campaign and distributed 210 pairs of shoes in Naibori community and to school pupils.

Nakuru County: The project continued to support the activities of three BCC committees in three districts; Nakuru Central, Gilgil and Naivasha to implement activities based on their terms of reference. During the reporting period, the project provided technical assistance to the three BCC committees to strengthen their role and functionality. Capacity building focused on the different implementation standards for BCC and understanding SBCC concept.

Narok County: The project continued to support the activities of two BCC committees in two districts, Narok South and Narok North, to implement activities based on their terms of reference.

RESULT 3.3: INCREASED ADOPTION OF HEALTHY BEHAVIORS

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

During the quarter under review, 244 survivors were served compared to 276 survivors of SGBV the previous quarter. A total of 204 (74%) survivors were provided with Post Exposure Prophylaxis (PEP) compared to 228 the previous quarter. Those who did not receive PEP were not eligible due to either reporting late after (72 hours) or were already HIV positive. In addition, the project supported the MOH to conduct site support supervisions to post Rape Care (PRC) sites, in the five counties. Local implementing partners and community units were sensitised on gender norms and gender based violence. The project focused on the linkage between communities, health facilities, police to ensure clients receive the full package that include

medico-legal services such as emergency contraception, post exposure prophylaxis, sexually transmitted diseases and HIV testing and counselling.

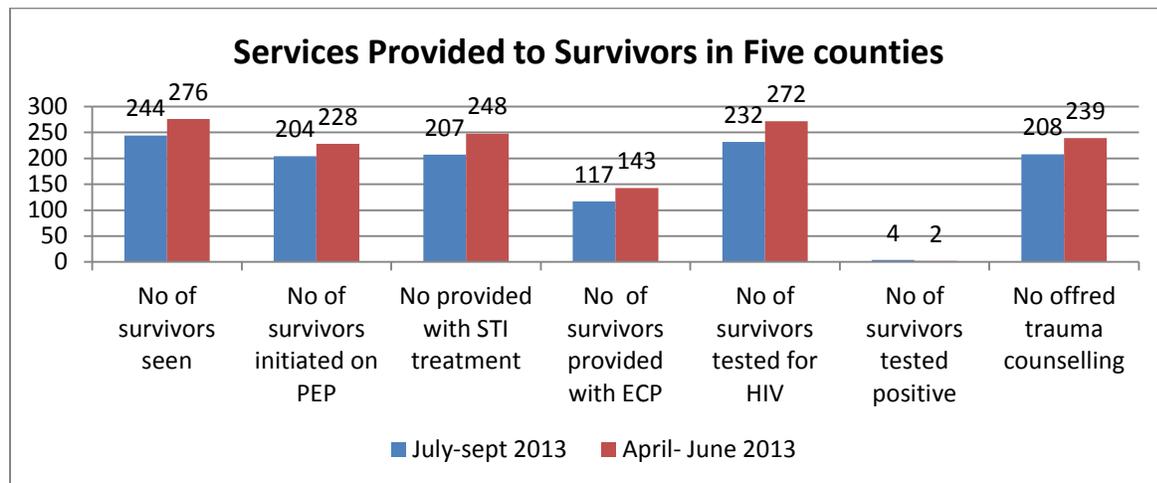


Figure 14: Total individuals provided with PRC services in the five counties

In relation to community education in gender and sexual violence a total of 687 (71% female) people were sensitized on sexual and ender violence. This entailed educating the community on prevention of sexual violence, where to seek services, what/what not to do in case of violence. The communities are also sensitized on gender roles. Of the females reached 62.9% were 25 years and above. In addition, 50 (41 females) people were reached with information on legal rights and protection of women and girls impacted by HIV /AIDS.

Baringo County: During the quarter, the project supported site supportive supervision to MOH facilities; Torongo, Kisana and Timborora HC. The project also provided data tools and national guidelines on sexual violence to Eldama Ravine District Hospital to enhance documentation in the delivery of quality services. The project supported sensitization of 20 LAACs and 44 CHWs on sexual and gender based violence to increase their knowledge on emergency medical management, forensic evidence preservation, referral mechanisms and sexual violence and the law. This was as a result of a gap identified that survivors and HCWs destroy the forensic evidence before presentation in courts and this contribute to denial of justice for the survivors of SV and the alleged perpetrators. One trauma counselor from Eldama Ravine District Hospital was taken through therapeutic support group frame work for SGBV survivors to equip the trauma counselors with skills to establish, strengthen and support the survivor’s support groups. As a result, 16 survivors of sexual violence were provided with post rape care services.

Kajiado County: During the quarter under review, 27 cases of sexual violence survivors were served out of whom 23 were initiated with PEP, 25 were provided with STI treatment, 18 were out on Emergency Contraceptive Prevention (ECP), 26 were tested for HIV and all were given trauma counseling. The project also supported post rape care (PRC) sites support supervision and mentorship in Kajiado Central DH and Kitengela HC to strengthen documentation of service delivery to survivors of sexual violence. Mentorship was conducted to 12 HCW on documentation and effective linkages and referrals to other services. Continuous edical education on PEP and clinical management of rape was provided to 17 HCW. The project also facilitated sensitization of 25 (12 male) peer educators and 28 (10 male) HCW to improve their skills in identification, management and referral of SGBV survivors. Information, educational materials (IEC) were distributed in Kajiado Central and Kitengela facilities.

Laikipia County: During the quarter, 40 survivors of sexual violence were served with PRC services. Among those served, 48 were provided with PEP, 36 with STI screening, 26 with ECP, 39 with HTC and 36 with trauma counseling. The project also supported site support supervision and mentorship to 14 HCW Nanyuki DH and Oljabet HC correct filling of MOH 363 (post rape care data collection tool) and the new register. Another 17 (10 females) HCW were sensitized on the standard medical management of survivors of sexual violence according to the revised national guidelines. In addition, 70 FSW were sensitized on sexual and gender based violence to increase their knowledge, skills and attitudes in identification, management and effective linkages.

Nakuru County: During the quarter under review, 139 survivors of sexual violence were served with PRC services. Out of those served, 105 were with PEP, 114 with STI screening, 48 with ECP, 129 with HTC out of whom three were positive and 118 were given trauma counseling. In addition, the project supported the MoH to conduct site support supervision and mentorship s to 19 health facilities. All the facilities supervised were serving survivors. However, poor documentation and reporting of cases served was evident. During the site visits the facilities were provided with data tools and given mentorship on the use of the tools. The project supported therapeutic support group meetings in Molo DH where 23 (4 males) survivors attended and shared their experiences. A total of 19 cases were reported at the police station and investigations completed.

The project supported PRC-on job training to 27 (18 female) HCW from Rongai and Nakuru Central District on sexual violence management, referral and linkages. Three trauma counselors from Molo, Gilgil, Bahati DH were taken through the therapeutic support group frame work for SGBV survivors. The project also supported the sensitizations of 445 CHWs from seven districts and 15 community leaders and 50 university students on SGBV. A total of 150 copies of sexual violence management IEC materials, PEP algorithm were disseminated and distributed to health facilities.

RESULT 3.4: INCREASED PROJECT EFFECTIVENESS THROUGH INNOVATIVE APPROACHES

Use of Technology in Scaling up Uptake of RH/MNCH Services

During the quarter under review, the project continued to implement the MNCH Koibatek innovation. The project developed a Management Information System (MIS) linked to CHW android phones, and developed and pretested health promotion messages in three languages (English, Kiswahili and Kalenjin). CHWs were also supported to develop physical Community Health Maps (CHEMA). Key messages were programmed in the MIS which will be sent to pregnant women using SMS. The team also reviewed the MOH standard data tools and identified the indicators which were mapped into the MIS for tracking.

In the coming quarter the project will launch the GIS for mapping of pregnant women and sending SMS reminders to improve referrals. In addition, the project will monitor the number of women attending the four ANC visits, deliveries at facilities and women receiving post natal care including children receiving child welfare services.

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

Project continued to provide education to HHs, support groups and SILC groups on economic empowerment putting emphasis on sustainability. During the quarter under review, a total of 56 new support groups were formed bringing the total of active SILC groups to 504. The total SILC group savings increased from Ksh. 11,752,208 last quarter to Ksh. 20,003,697 with 8,368 HHs participating benefiting 20,260 OVC. Below find the achievements per county.

Baringo County: During the quarter under review, 152 (71 males) people were trained in SILC bringing the total trained in the year to 319 persons. In addition, nine new SILC groups were trained during the quarter bringing the total active groups to 24 (52 active SILC groups reported in Quarter 2 under Baringo, are reported under Nandi County this quarter). The number of HHs participating in SILC are 230 with 498 members (221 males). A total of 1,477 (760 males) from participating HH benefitted from SILC activities. The Net savings for the quarter stood at Ksh.470, 499.



Fig 1: Support group members from Baringo selling their products

Another 669 OVC HHs were supported to start Income Generation Activities (IGAs) and 346 linked to MFIs during the quarter enabling them to meet OVC needs such as food, scholastic materials and clothing.

Kajiado County: During this reporting period, additional 65 individuals (47 females, 18 males) were linked to SILC from five new groups. Cumulatively, the project has since linked 270 individuals with various economic interventions against a yearly target of 480. Kajiado County has 155 organized SILC groups (five newly formed) with membership of 2,136 individuals (1816 females) and cumulative savings of Ksh.4,284,858 compared to last quarters cumulative savings of Ksh. 4,649,691 reported last quarter to due to under-reporting by some field agents. By the end of the quarter under review, the value of outstanding loans stood at Ksh. 3.39 million. A total of 1,816 HHs with 7,764 OVC participated in SILC activities with 447 HHs engaged in various IGAs. The project trained 13 additional SILC field agents to support increased linkages with SILC. The new field agents are expected to mobilize and train at least 60 new groups by the end of next quarter. Seven SILC groups were linked with various financial institutions including Equity Bank, Family Bank, Chase Bank and Women Enterprise Fund. The groups have been undergoing basic financial literacy trainings (including credit management) and investments sessions One SILC group (14 HHs) is operating a water kiosk in Rongai which increased the members' income.

Laikipia County: During the quarter under review, five SILC agents were trained on savings, lending and management skills. Two new groups were formed bringing the total of support groups to 37 benefitting 2100 OVC from 586 HHs. The group cumulative savings for the quarter stood at Ksh.2, 225,799 after share out.

Nakuru County: During the reporting period, 17 new SILC groups were formed bringing the total active groups to 127 with 2,426 HHs participating in SILC activities and supporting 6,312

OVC. The groups had total savings of Ksh 5,836,106 compared to Ksh. 4,296,229 savings last quarter. Fourteen new additional SILC agents trained to support SILC activities.

Additionally, 3,075 individuals were supported with economic strengthening initiatives among which 83 OVC caregivers (66 females) were trained on financial literacy and five support groups linked to Centre Organization of Micro Credit and Love and Peace. Another six support groups made of 108 members (84 females) were trained on poultry management in preparation for local chicken rearing to boost their incomes.

Nandi County: A total of 17 new SILC groups were formed during the quarter bringing the total number of SILC groups to 93 with 1,888 (277 males) active members. SILC activities benefitted 2,219 OVC from 1,347 HHs. By the end of reporting quarter, the net savings stood at Ksh. 5,354,750 with outstanding loans of Ksh 6,528,647. Additionally, 159 individuals were trained on financial literacy and 103 HHs supported to start IGAs.

Narok County: During the quarter under review, nine new SILC groups were formed bringing the total number of groups to 68 with an active membership of 1,161 persons (150 male) from 469 HHs. By the end of the quarter the groups had a net saving of Ksh.1,831,695. A total of 1,418 OVC (807 males) benefitted from SILC activities.

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

During the quarter under review, the project reached 61,204 OVC with food and nutrition education and 5,098 caregivers were trained on kitchen gardens and established 2,021 kitchen gardens within OVC HH. In addition, 8,145 caregivers were reached with nutrition education through CHVs/CHWs. Other activities undertaken include training of HHs 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 period under review, the project built the capacity of four support groups in organic farming and supported 58 HHs with drip kits for irrigation in their farms. Cumulatively, 676 households were reached with nutritional counseling by the CHVs within the County.

Kajiado County: A total of 12,692 OVC (6,305 females) benefitted from various food security interventions in Kajiado County. This includes 868 OVC reached with nutritional educations (476 females). A group of 32 caregivers participated in a three-day training on organic farming, post-harvest management and kitchen gardening by the Ministry of Agriculture, Livestock and Fisheries (MOALF). The project also supported the training of 15 caregivers on improved livestock keeping.

A total of 35 caregivers were trained on drought resistant crops and 60 HHs oriented on resource mobilization building assets for sustainable provision of family basic needs. In collaboration with MOE, the project continued to strengthen activities of Junior Farmer Field and Life Skills (JFFLS) across the county. Seven JFFLS participated in an organic farming open day which helped in enhancing their participation in club activities.

Laikipia County: During the quarter under review, 101 HHs taking care of 334 OVC (189 females) initiated irrigated agriculture projects. As a result, the families have improved nutrition

status because of the constant supply of vegetables and increased household level income. A total of 936 HHs comprising of 4,319 individuals (2,817 females) received food and nutritional education messages leading to establishment of 125 new kitchen gardens and small scale farming by OVC caregivers.

Nakuru County: During the quarter 7,296 vulnerable HHs out of a target of 5,346 HHs were provided with food and nutrition education. In collaboration with the MOALF, 181 caregivers were trained on modern farming technologies, kitchen gardens, multi-story gardens and small stock rearing to be able to utilize and cultivate various food crops on the small spaces available. During the reporting quarter, 619 HHs initiated kitchen gardens. In total, 3,290 HHs are practicing kitchen gardening, while 739 HHs have small stocks and 32 are practicing small scale irrigation.

Mid Upper Arm Circumference (MUAC) assessment was conducted to 4,594 individuals (4,018 OVC and 576 adults). A total of 138 malnourished cases (27 adults, 111 children) were identified and referred to healthcare facilities and DICs for nutritional support out of which 44 children and five adults received food by prescription commodities at the DICs.

Nandi County: During the quarter under review, 1,172 HHs were reached with food and nutrition interventions out of the targeted 1,252 OVC HHs. Among those reached, 868 HHs received food and nutrition education, 83 trained on kitchen gardening, 36 on poultry keeping, 48 on bee keeping, 13 on mixed farming, and 124 HHs received training on food production and storage.

The project supported JFFLS to initiate demonstration plots in four primary schools in Nandi Central District where 148 OVC (72 male) from 148 HHs participated. The JFFLS in Chepsonoi primary school harvested their first vegetable yields during the quarter. The vegetables were shared among members and surplus sold. The income from the vegetables was kept by the school to take care future OVC needs.

Narok County: During the quarter under review, 37 HHs trained in the previous quarter established kitchen gardens providing HHs with vegetables and fruits most of the time of the year. Another, 12 HHs from support groups were supported with drip kits for their kitchen gardens. A total of 302 HHs were reached with nutrition education by CHVs during home visits.

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

The project served 16,038 OVC out of the expressed need of 63,217 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 towels and life-skills education. Below are the achievements per county.

Baringo County: During the quarter under review, the project reached 1,832 OVC (1,672 females) with education support. Among those reached, 212 OVC (123 females) were reached with life skills education, 1,482 girls were supported with three months' supply of sanitary towels, 138 OVC (67 females) with school fees and vocational training sponsorship. Two OVC were linked to FUNZO scholarship fund and are waiting for approval for next term.

Kajiado County: During the quarter, 4,908 OVC (3,402 females) received education support. Among those served, 1,775 girls received sanitary towels, 884 (455 females) received school

fees for secondary education, 51 (30 females) received vocational training fees and 20 OVC (12 females) linked to scholarship programs. In addition, the project supported life skills and career guidance sessions and benefited 245 (126 females) children.

Laikipia County: During the quarter, the project supported 530 OVC (256 females) with school fees and 14 OVC (8 females) were supported with vocational training fees.

Nakuru County: During the quarter under review, 8,084 OVC were provided with education support, vocational training and life skills. A total of 3,541 (1776 females) in and out of school youths received life skills education, 1,332 OVC (700 females) received secondary school fees support, 17 (7 females) received vocational training support, 1630 OVC (817 females) received uniforms and 4,069 girls received sanitary pads.

Nandi County: During the quarter under review, 441 OVC (194 males) received school fee support. Nine OVC (5 females) in secondary schools were linked to the Ministry of Education and were awarded bursaries amounting to Ksh. 72,000. The school fee subsidy increased school attendance and is expected to translate into improved performance. During the quarter, class performance among supported 12 OVC (9 females) improved after they sat for 2nd term examination in August 2013.

Narok County: During this reporting period, 277 OVC (138 females) were supported with secondary school fees and 15 OVC (5 females) supported with vocational training. Additionally, 2759 girls were supported with sanitary pads.

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

During the quarter, 22,351 HHs out of the targeted 28,000 HH were reached with Water Sanitation and Hygiene (WASH) education messages compared to 16,582 reached last quarter. As a result, 5,185 HHs constructed leaky tins for hand washing and 9,553 HH reported to be treating drinking water. The project, in collaboration with the MOH, sensitized 201 CHVs on WASH messages that included hand washing practices, water treatment, proper disposal of fecal matter and menstrual management for bed-ridden clients. Below find the achievements per county.

Baringo County: The project reached 621 HHs with hand washing facilities during the quarter. A total of 647 HHs were reported to be treating water, 162 HHs had constructed hand washing facilities and 307 HHs had functional latrines.

Kajiado County: During this reporting period, through the CHVs, the project reached 1,243 caregivers with WASH messages including water treatment and hand-washing. Additionally, 23 CHVs were sensitized on management of body fluids and dental hygiene.

Laikipia County: A total of 846 OVC (326 males) received education on WASH messages. WASH messages facilitated by the CHVs, JFFLS patrons and LIP staff at HH levels led to increased knowledge among the household members on hand washing techniques and water treatment, and led to the setting up of 95 tippy taps in the households. WASH manuals were distributed to 130 CHV (80 females).

Nakuru County: During the reporting period, 9,018 HHs were reached with WASH messages. Key WASH messages included hand washing, water treatment, and proper disposal of fecal

waste and menstrual management. A total of 4,919 of HHs reached with WASH messages set up hand washing facilities and 7,788 treated drinking water. To strengthen messaging on proper WASH practices, 178 CHVs were sensitized on WASH.

Nandi County: The project reached 823 HHs with WASH messages. As a result 580 HHs reported to be treating water and 398 HHs had functional latrines.

Narok County: During the reporting period, 7840 HHs were reached with WASH messages during the home visits. Nine HHs had hand washing facilities, 276 had functional latrines and 538 HHs treated drinking water. The WASH activities were implemented in collaboration with the MOH.

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, 74,728 OVC (94%) out of the targeted 79,800 OVC were reached and the existing need of 79,660 were provided with various services compared to 68,652 OVC served last quarter. Out of the OVC served, 68,373 received three or more benefits and 6,350 received one or two benefits. Below find the achievements per county.

Baringo County: During the quarter under review, 6,680 OVC (87% of the total OVC) were served. Out of those served, 6,179 OVC (3,041 female) were served with three or more services and 501 OVC (252 female) were served with one or two services. Overall, the project supported 24 OVC (11 females) to acquire birth certificates. A total of 68 (29 females) Local Area Advisory Council (LAAC) members were trained on child protection. The LAAC members and the District Children Officer (DCO) are currently handling two cases of defilement and neglect referred to them from the community.

A total of 4,626 (2,275 female) eligible children and adults were provided with psychosocial support and 1,365 OVC (637 female) were given TOMS shoes. In addition, 568 OVC (274 females) were tested for HIV, 37 OVC (13 females) received vitamin A and 387 OVC (130 females) were dewormed.

Kajiado County: During the quarter under review, 13,903 OVC (93% of the 14,920 active OVC) received various services. Out of those served, 12,645(91%) received 3 or more services while 1,258 (9%) received one or two services. A total of 12,465 OVC (7,398 female) accessed referrals and various healthcare services. The project reached 345 people including children (208 females) during a medical camp conducted in collaboration with MOH, Gichagi CU and private sector stakeholders in Ngong'. During the medical camp, 11 females accessed cervical cancer screening, 99 persons HTC, 60 ear nose and throat services, 132 dental check-up, 38 vitamin A and 64 deworming among others. The project also supported HTC for OVC and their families and 357 OVC (182 females) were tested out of whom three tested HIV positive and were linked to care at a health facility in Rongai. In addition, the project also distributed Vitamin A supplements and deworming tablets to 1359 OVC (852 females) under five years of age.

The project reached 5,270 OVC (2,642 females) with protection services of whom 361 OVC acquired birth registration certificate compared to 128 last quarter. The project will continue to engage the registrars of births and deaths to participate in community outreaches to mobilize and fast-track applications for birth certificates. The project oriented child rights sessions for 143 CHVs with the aim of improving their capacity to support and promote protection interventions

at community level. Additionally, 108 OVC participated in a sensitization session on their rights and responsibilities.

A total of 7,336 OVC (3,741 females, 3,595 males) were given TOMS shoes to protect their feet from minor injuries and jiggers. Fifty eight families were supported with materials to renovate their houses to habitable status.

Laikipia County: During the reporting period, 9010 OVC were provided with various services translating into 96% OVC served. Out of those served, 630 OVC (292 female) were provided with one or two services, while 8,380 OVC (4134 female) were provided with three or more services.

The project facilitated the registrar of births and deaths and the children's officer in processing birth certificates for 636 OVC (328 females). A total of 392 OVC (195 females) below five years received vitamin A supplement and were de-wormed, 562 OVC (273 female) received HTC. The five (4 male) were positive and were referred to the nearest health facilities within their communities for enrollment into care. Additionally, 12 OVC HH identified through CHVs were renovated protecting the OVC HH from extreme climatic conditions and risks associated with living in inhabitable conditions. A total of 6,977 OVC (3,645 female) were given TOMS shoes. This will minimize risks of injuries to the feet and prevention of jigger infestation.

Nandi County: During the reporting period, 5,699 OVC (93%) were served. Out of those served 5,667 OVC (2,738 female) were provided with three or more services and 32 OVC (19 female) were provided with one or two services. In addition, 5,036 OVC (2558 females) were given TOMS shoes. Through collaboration and networking between LAAC members, CHVs, caregivers and other stakeholders, two cases of child neglect and ten cases of defilement were dealt with in the quarter and the DCO, police and LAAC are currently pursuing the cases to resolve them.

Nakuru County: During the quarter, 29,052 OVC (96%) were served with various services. Out those served, 27,242 (90%) received three or more services and 1,810 (6%) received one or two services.

During the quarter, 27,161 (13,795 females) OVC were given TOMS shoes. In addition, 202 OVC were provided with birth certificates within the quarter bringing the total of OVC with birth certificates in Nakuru to 3,639 OVC. In collaboration with the DCO, three child protection meetings were held to sensitize the community on the importance of birth certificates and taking up responsibility of the children under their care.

Narok County: During the quarter under review, 10,372 OVC (92%) were served. Out of those served, 2,143 OVC (1001 female) were provided with one or two services while 8,229 OVC (3827 female) were provided with three or more services.

In collaboration with the Children's Department, six meetings were held to enlighten the community, especially caregivers, on the procedure for acquiring birth certificates. As a result, 33 OVC (15 females) acquired the certificates and another 600 completed the registration forms and submitted them to the office of registrar of births and deaths. During the quarter 4,055 OVC (1909 females) were supported with shoes.

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

During the quarter under review, 33 LIP level coaches were trained on QI for OVC programming in order to cascade QI activities to the CBO level. To enhance SILC interventions, 33 SILC agents were trained on the SILC methodology so as to expand the intervention across the project. Additionally, 12 partner staff were trained on station days, which is a child-centered monitoring and evaluation tool designed to enhance child participation in interventions that affect them. In addition, 32 participants including APHIAplus project staff, 225 CHVs and caregivers were sensitized on Youth-Save which is strategy aimed at promoting financial asset building for low income youth (aged 12-18). During the quarter, the implementing partners participated in reflecting of project progress in achieving year three work plan deliverables and planning for year four of the project.

Baringo County: During the period under review, a total of 42 CHVs were trained on OVC care and support to enable them support OVC in Baringo Central after the project took over from AMPATHplus. In collaboration with the MOH, the project trained eight support group leaders on CPwP. The project also collaborated with the the Swiss Foundation for Technical Cooperation-Mavuno Project in Koibatek District and trained three participants on seven modules of group saving and lending.

Kajiado County: During the reporting period, the project trained six project local level coaches on QI for OVC programming. In addition, seven project staff were trained on SILC methodology to build their capacity to provide support supervision to SILC field agents and another 12 trained on Station Days, which is a Child-centered Monitoring and Evaluation tool designed to also enhance child participation in interventions that affect them.

Laikipia County: A total 64 CHV cluster meetings were held and the CHVs were oriented on usage of the OVC reporting tools which improved the quality of data collected and increased the service reporting rate from 74% in quarter one to 91% in quarter three.

Nakuru County: During the reporting quarter the following IP staff were trained;- 14 SILC agents, six local level coaches on QI for OVC programming, and 32 staff and CHV on LIFE POA which is a Financial Education toolkit for youths. In addition, eight support group leaders from Nakuru North were trained as service providers in CPwP

Nandi County: During the quarter, a four-day refresher training on OVC care and support was conducted to 75 CHVs (44 female) to address various gaps identified during project implementation period such as child protection, WASH, child counseling skills, grief and bereavement counseling, nutrition assessment and referrals.

Narok County: During the quarter, the project team established a monitoring and evaluation technical working group that will be reviewing the data to ensure that data is collected, verified, entered and consumed in a quality manner, and to ensure that all the indicators are captured for decision making. This idea will be cascaded to all CBOs so that programming is effective from the grass root level.

To enhance SILC interventions seven SILC agents were trained so as to expand the intervention across the county which was hitherto constrained by limited trained SILC agents. During the reporting period, five local level coaches on QI for OVC programming were trained to ensure more QI teams are formed and used to assess the quality of services and also facilitate the process of communicating change. The County has four QI teams in existence. One of the existing teams conducted a mini CSI for 89 OVC and came up with a change idea for food and nutrition. The team has met three times and the exercise of addressing food and nutrition problem is going on at Siyiapei.

III. PROGRAM PROGRESS (Quantitative Impact)

This section presents a quantitative description of the key achievements of the July to September 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

In this reporting quarter, the project continued to engage in performance monitoring activities including monthly data verification, tracking of reporting rates of MOH 731 and 711A and community implementing partners. The monthly data verification was conducted across all counties in over 85 sites. Identified disparities between reported and recorded data were attributed to knowledge gaps in filling source documents. Remedial mentorship was arranged and conducted. See table figure below.

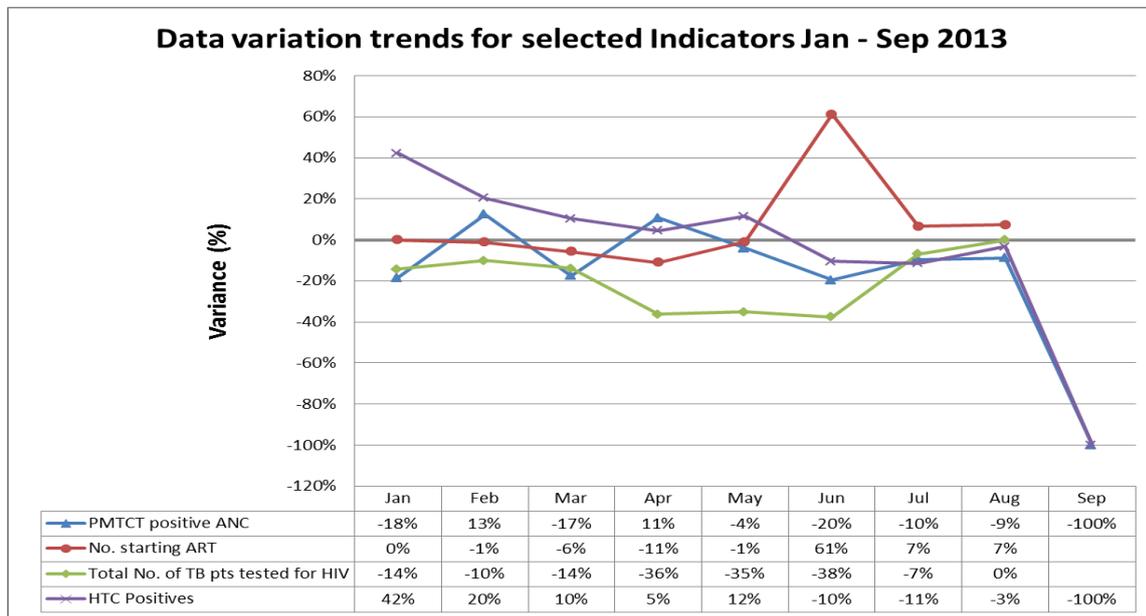


Figure 15: Data variation trends

The results from monitoring of OVC quarterly reporting rates indicate a steady improvement across all the counties and overall for the project from 79% in the first quarter to 94% in the current reporting period. This is a result of using data of children not monitored to target monthly household visits for CHWs and tightening the reporting timelines.

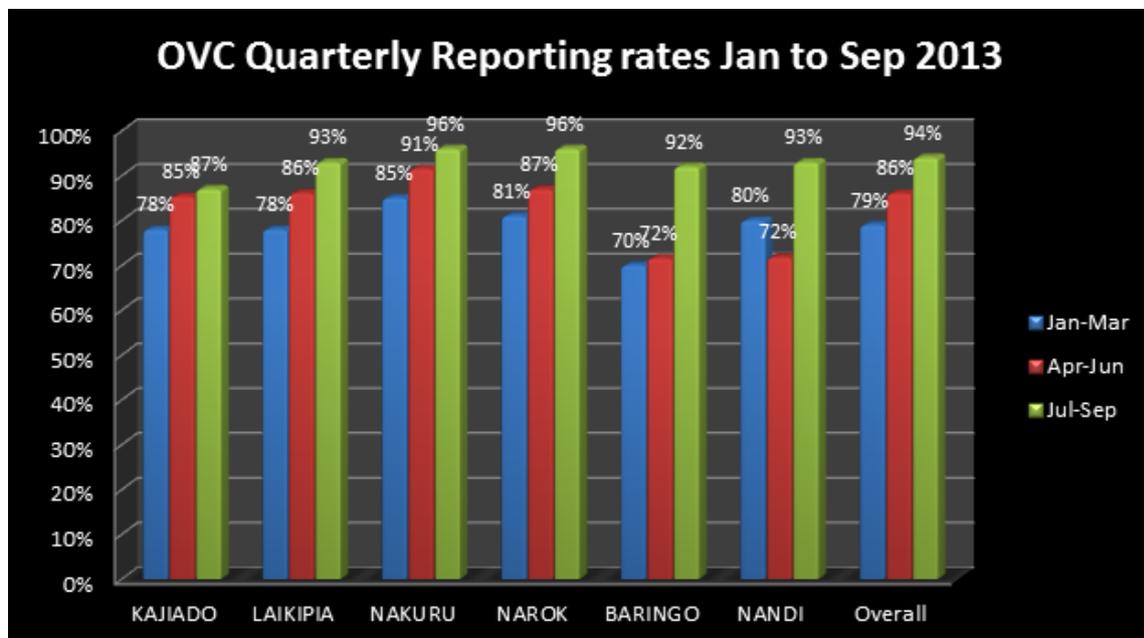


Figure 16: OVC quarterly reporting rates

V. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

The project continued to provide leadership in reviewing the OVC reporting tools in the USG OVC TWG. The tools and user guides were completed and shared with all partners in readiness for piloting. In addition, the project trained 28 new USG/CDC OVC partner staff on OLMIS, which the USG has now adapted as the national reporting system for OVC programs.

Other USG funded projects that APHIA*plus* NyB linked to include:

- **Nutritional and HIV Program (NHP):** Forty six malnourished cases received food by prescription products supported by NHP.
- **University Research Company (URC) Assist Project** supported training of two Centers of Excellence on QI for OVC programming in Njoro and Molo. In collaboration with the project technical staff, URC Assist conducted documentation to capture work of QI teams across the project. The Assist Project also supported continued sensitization and orientation of DHMTs and HMTs on KQMH.
- **World Concern:** The JFFLS clubs continued to be supported to implement their activities and this was done jointly with World Concern, which is funded by USAID.
- **AMPATH*plus*:** The project continued to work closely with AMPATH*plus* for laboratory sample processing and Kenya Pharma and HCSM for ART commodities. CD4 and EID samples from Baringo County were analyzed from the AMPATH*plus* reference laboratory and results received in time.
- **FUNZO:** The project linked with FUNZO Kenya to build the capacity of HCWs in pediatric HIV management, IYCF and PMTCT in all the counties.
- **LMG:** The project also collaborated with LMG to give orientation to Elburgon HMT and Naivasha DHMT on facilitative supervision and utilization of HSSF.
- **Capacity Project:** The project staff with staff from Capacity Kenya carried out a suitability test for the temporary staff hired by APHIA*plus* NyB project in Baringo and Kajiado counties.
- **Futures Group:** There was continued collaboration with Futures and ITECH group to roll out the EMR system at 25 select pilot sites.
- **UNICEF:** Although not a USAID program, the project is also working closely with UNICEF in rolling out a bottle neck analysis model for scale up on MNCH services in the five counties.
- **HCM:** The project worked with APHIA*plus* HCM to build capacity of BCC committees in the project sites. This included Baringo, Laikipia, Nakuru and Narok counties.
- **HFG:** The project worked with HFG -Jipange project to finalize mapping for Shuga roll-out. The project has identified sites where Shuga will be screened as a pilot EBI in the coming quarter.

VI. PROGRESS ON LINKS WITH GOK AGENCIES

The project continued to work closely with key government line ministries as follows:

- **Ministry of Agriculture, Livestock and Fisheries (MOALF):** The Ministry was instrumental in training and supporting the PLHIV support groups and caregivers on agri-business, kitchen garden establishment and poultry rearing.
- **Agriculture Sector Development Support Program (ASDSP):** In partnership with the ASDSP, the project finalized plans to conduct a participatory rapid market assessment for five sites within Nakuru County. The rapid market assessment findings will assist the project in identification of existing viable value chains within the county.

- **Children’s Department:** The project held a review meeting with the County Directors of Children Services to review progress of activities conducted jointly with the DCS, share reports and identify areas for further collaboration. The project supported the Nakuru County DCS to map stakeholders in nine districts within the county and develop a directory of service providers. The County Directors shared the OVC CCT scale up sites and informed the project on the upcoming school fee bursary program. The project worked closely with the LAAC members and with the Children’s Department in handling child protection issues.
- **Registrar of Births and Deaths:** In partnership with the registrar of birth and deaths, local administration and the Children’s Department, 202 birth certificates were processed within the reporting period.
- **Ministry of Health (MOH):** The project linked with the MOH in Eldama Ravine and vaccinated children who were five years and below. This was made possible by the combined efforts of the project staff, DCO, chiefs and the village elders. The children and their caregivers were also taken through a SGBV session by health facility staff from the DH. During the health action days, collaboration with the DPHO and DASCO enabled OVC to get the necessary health services, whereas the HTC counselors supported HIV testing for the OVC and their guardians. The project collaborated with KEMSA in laboratory and pharmacy commodities and with KEMRI and NHRL in HIV proficiency testing and viral load testing. The project was also represented in the development of CHVs participant manual as well as development of CHEWs curriculum at national level with MOH.
- **Ministry of Education (MOE):** The project continued to work with the MOE for life skills training, establishment of health clubs and JFFLS. The MOE participated during supportive supervision for JFFLS clubs in schools and home visits. The District Education Officers also participated in mobilizing the children in schools during registration of OVC birth certificates.

VII. PROGRESS ON USAID FORWARD

During the quarter under review, no activity in relation to USAID forward was carried out.

VIII. SUSTAINABILITY AND EXIT STRATEGY

The project embarked on sensitization of CUs on the need to put in place different strategies for sustainability. As a result, 50% of CUs across the project area have started projects towards addressing sustainability beyond the project life. A number of CUs have developed proposals with funding institutions such as NACC and other partner agencies for funding. Some of the established IGAs include small cafeterias at the health facility compounds, farming of potatoes, maize and vegetables, bee keeping, poultry keeping, beading and table banking.

The project also continued to mentor and build capacity of HHs to improve their livelihood for future sustainability. Among the activities undertaken were:

- The project continued to build the capacity of partners, CHVs and caregivers on economic strengthening initiatives such as SILC activities, IGAs and financial education.
- Scaling up of QI sites was initiated by training 30 more local level coaches on QI for OVC programming. This is expected to improve quality service provision for the OVC by leveraging the resources within the local community.

- SILC methodology continued to be scaled up enabling communities to pool their resources together for investing in small business and meeting immediate needs of their families.

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
Program Management			
Training of local implementing partners by FANIKISHA in Human Resource and Administration	Not done	Due to work planning and approval process at FANIKISHA	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 – 3 Counties	Done	-	Work planning for year 4 activity implementation
Preparation for mid-term review of the project	On - going	-	Continue with for mid-term review
RESULT 3: Increased use of quality health services, products, and information			
Clinical services			
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 2 sites	Review of the TQA tool in progress	Conduct TQA in 40 high volume sites
Facilitate installation of 2 SMS printers in Baringo to reduce the turnaround time for DBS results	On going	Delay in getting data from source documents (CDC)	Install 16 SMS printers in sites across the 5 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 QMH in Nakuru County	Done		Training of qi coaches and formation of wit in model sites, and sensitization of 10 DHMTs with formation of QI teams in the 5 counties
Conduct community HTC across the counties	Done		Conduct HTC RRI across the counties
			Formation of EMTCT/MNCH county

			task forces
			Scaling up of EMR in the five counties (with FUTURES group)
			Scale up VMMC in deserving regions(Nakuru and Baringo counties)
Community Strategy			
Conduct DQA on 7 CUs to ensure data quality and validity	Not done	Data verification tools developed but DQA yet to be done	Conduct Data Quality assessment in CUs
Routine data activities; dialogue days, action days, monthly meetings	Done	-	Continue with routine data activities; dialogue days, action days, monthly meetings
Support CHWs monthly appraisal for performance based stipend.	Appraisals done however awaiting payment stipend	Delayed stipend payments due to budgetary issues	Support CHWs monthly appraisal for performance based stipend
Hold a community strategy focal persons meeting to review CU activities	Done		Support Focal and CHEWs meetings
Health Communication			
Hot Spot Mapping for MARPs in 4 counties	On-going alongside enrolment of new SW	-	<ul style="list-style-type: none"> • Continue with hot Spot Mapping for MARPs and enrolment in 4 counties • TOF in alcohol and substance abuse risk reduction • Train 20 new MSM/MSW peer educators • -Community organization for crisis response among MARPs
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
Support Y-PEER & G-PANGE activities Support provision of SRH information, services at YECs and through Outreaches centre to YECs	Done		Support Y-PEER & G-PANGE activities (Nakuru County) Orientation/ training of youth on EBIs- SHUGA
Support formation of PE small groups and commence peer education activities. Conduct integrated outreaches to fisher folk communities	Done	-	Peer education sessions and monthly meetings
PE activities through small groups using <i>Health Choices 2</i> to reach OVC with health information	Done	-	Continue with PE activities through small groups using <i>Health Choices 2</i> to reach OVC with health information

Continue with integrated services outreaches	Done	-	Continue with integrated services outreaches for HTC, STI, FP, CA
LSE program activities in Schools – Nakuru and Narok County	Done		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	Done		Support to BCC committees
Monitoring and Evaluation			
Conduct monthly data quality checks for facilities	Done in 84 site across all 5 counties however targets not met due to competing priorities		Conduct monthly data quality checks at tier 3 and 4 facilities and quarterly checks for tier 2 facilities.
Implement action plan from technical quality assessments	Done		Train CHW and pilot revised OVC monitoring form and print copies for implementation
Follow up implementation of action plan from HC DQA	Done		
Interns are now hired and adaptation of DHIS2 should be done	Not done	The plan to have interns trained by Afya Info did not happen to enable this process to start	Provide onsite mentorship of service providers (public and private facilities), LIP staff and CHWs in recording and reporting of data
Orient clinical and M&E team to use the data for program improvement	Gap analysis system developed and orientation done for staff at all counties		Facilitate dissemination and use of charts to promote use of data at 30 facilities
Development LSE and DIC database	Done, piloted and data entry underway for LSE		Conduct data use workshop for 4 counties
Conduct data use workshop for Nakuru County and publish data use workshop report	Done 36 health managers and provides participated. Publication to be produced and disseminated		Facilitate analysis and use of data from DHIS and CBHIS at facility and CU level
Finalize data use charts and disseminate them to 30 sites	Done, dissemination done to 19 sites		Adapt DHIS data management system to improve access to data for use by program staff
Support EMR implementation	System deployed in 15/25 sites, other sites pending security enhancements and renovations		Facilitate roll of and use of EMR system to 15 facilities and provide user support to service providers on use
Improve on OLMIS and finalize revision of OVC form 1A	Done and revised version rolled out. Revision complete		Facilitate quarterly joint performance review and feedback meeting with implementing partners

Support DQA for CU	Done, meetings held with project staff and CU focal person. Data quality tools developed		
Conduct RRI to increase reporting rates for MOH 731 for 124 site	Done and data updates in systems		
RESULT 4.0 : Social determinants of health addressed to improve the well-being of targeted communities and populations			
Address the gaps identified during RDQAs and during the internal program assessment	Done		
Conduct station days with smaller groups that are manageable to be done during August holidays.	Done		
Trainings to CHWs, LINK persons and SILC agents on quality service delivery to OVCs and PLHIV.	Done		Procure and distribute green houses to support groups
Re orient IPS on use of HHVA data to respond to household needs	Done		Continue re orienting LIPS on use of HHVA analysis
Engagement with the Agricultural Sector Development Support Program to conduct the value chain analysis.	Done		Share Market assessment report and develop way forward
Refresher training and mentorship to CHVs on OVC care	Done		Conduct refresher training of CPWP service providers
Intensify Joint supervision in all Counties	Done		Continues conducting Support supervision at LIPs and HH level
County level QI learning session. Roll out QI to affiliate CBOs. Document best practices	Done		Scale of QI activities: Form new QI teams
OVC birth certificate - Facilitate Civil Registration officials to conduct awareness and support the process at community level	On going		Continue supporting this activity
Conduct CT only to OVCs whose status is not known (OLMIS) during school holidays and station days.	Done		
Distribute OVC	Done		

Materials and monitor OVCs at HH level			
			Support activities for 16 days gender activism

XI. FINANCIAL INFORMATION

This report will be submitted separately

XII. PROJECT ADMINISTRATION

Programmatic Transitions

Under the leadership and guidance of the USAID/Kenya Mission, APHIA*plus* NyB 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 on MNCH, RH/FP, and nutrition and

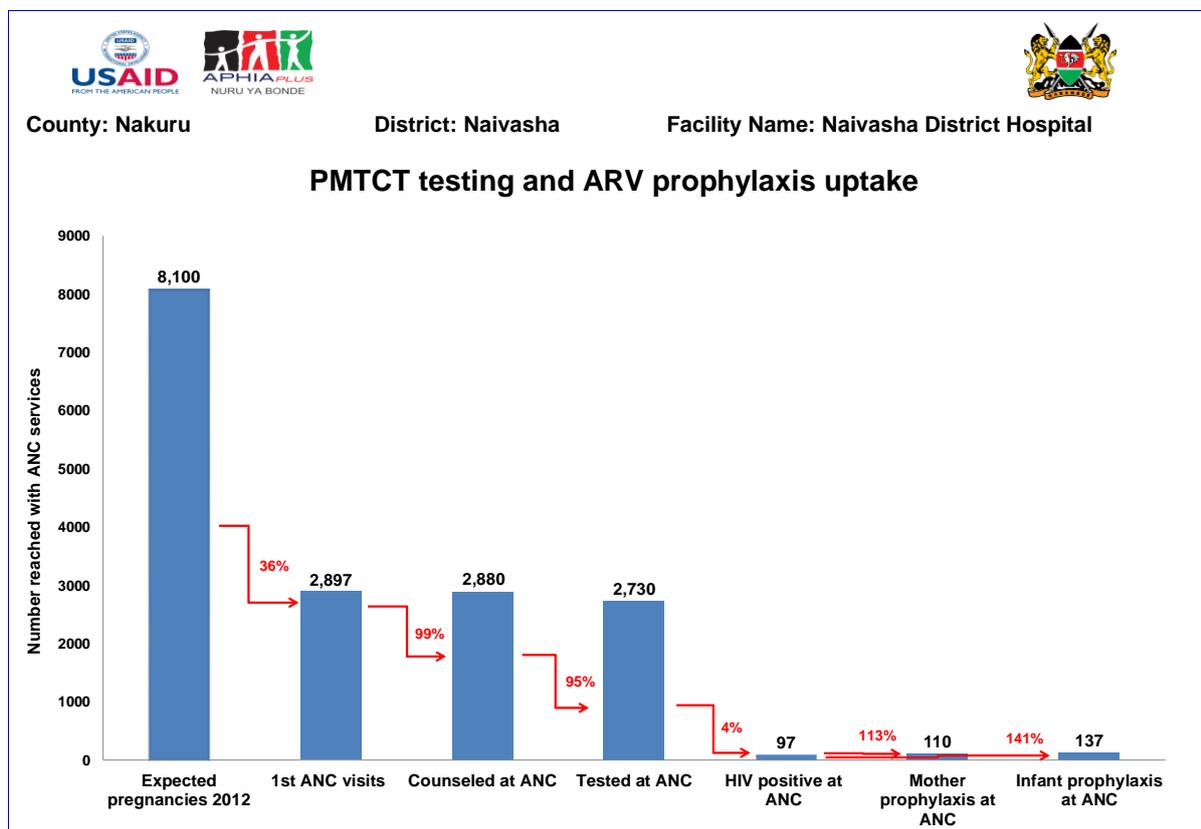
Constraints and Critical issues

The project relies heavily on F1A as a data collection tool. However, our experience demonstrates that the tool is not capturing HES interventions adequately and this results in gross under-reporting on beneficiaries for economic opportunity interventions and other related HH level activities.

Some CHVs have been supporting the project since 2007 and whereas their accumulated experience could be useful for the project, evidence gathered from field visits reveals that CHVs experience burn out. In certain instances, the OVC needs identified in F1A do not correspond with the actual needs of the OVC as the CHV fills these needs as routine without adequately consulting the families. Investing in a fresh group of CHVs would be relatively expensive in terms of resources and time.

Annexes and Attachments

Annex I: Sample Performance Charts Provided to Facilities



Annex II: Schedule of Future Events

Date	Location	Activity
25 th Nov – 10 th Dec 2013	All Counties	16 days of activism against gender based violence
01/12/2013	All Counties	Marking of World AIDS day

Annex III: Success Stories:

Success story 1: Widows Build Support Group into Pillar of Strength

Toloita is the central pillar that holds up a traditional Kalenjin hut. This is the name that 12 women from a village in Koibatek, Baringo County chose for their self-help group.

The women, all widows living with HIV, felt that the name described their life experiences and aspirations.

It was an awareness meeting that for caregivers that prompted the women to form the group. The meeting was organized Women Fighting AIDS in Kenya (WOFAK), a local implementing partner supported by APHIAplus Nuru ya Bonde, at Tulwamoi village, Mumberes division in Koibatek District, Baringo County.

“The women approached us and wanted to know out how they could form a support group,” says WOFAK’s Keziah Abequer.

WOFAK helped the women to establish a group and register it with the then ministry of Gender, Sports, Culture and Social Services. The group was also enrolled to benefit from APHIAplus Nuru ya Bonde support for the orphaned and vulnerable children (OVC).

A priority for women was to pull together and sustain themselves and their families. They started a merry-go-round to help each other before the project introduced them table banking or Small Internal lending Community (SILC) approach to enable them save and lend money to each other in an organized way.

“The teacher (SILC) agent taught us on how members could contribute and borrow and refund the money with interest,” she said.

SILC is an economic empowerment concept where members of a community or group save and loan each other money. The activity is guided by a constitution and strict rules. In every meeting, usually once a month, each member contributes an agreed amount. Loans are also given out during the meetings.

Groups are trained in SILC by an agent from the project who also advises groups in income generating activities and links them to sources of support.

And since they began the SILC in June 2012, Mary said that their lives have changed immensely. “For instance, last year, we never had any external financial support but through loans, we have been able to keep our children in school!”

To further increase their incomes, Toloita group members keep chickens and grow potatoes one-acre plot that they leased.

The members share tasks. While some cultivate the crops on the farm, others care for the chickens and sell eggs or buy and resell milk, fruits and beans.

APHIAplus Nuru ya Bonde linked the group with the Women Enterprise Fund, which loaned them Sh50,000 to boost their business.

In addition, the project has provided their children with uniforms, mattress and blankets. Some children have been shortlisted to get school fees.

Mary and the Tulwamoi women are now full of hope. Just as their name, they are pillars of strength for their families.



Members of Toloita self-help group at Tulwamoi village, Mumberes division in Koibatek District, Barin go County

Success story 2: Support Group Starts ‘Farming Revolution’ in Semi-arid Area

Life in the northern part of Laikipia County can be very harsh. The area is semi-arid and dominated by vast ranches. The terrain is rough and the road network poor.

Due to poor rains, the people living in isolated settlements in the area cannot farm and face severe food shortage most times of the year.

Many residents rely on hunting small game and wild fruits for survival during the driest months. But things in the small village of Lekiji, things are beginning to change for better. A community group is leading a farming revolution in this village sandwiched by two ranches.

Although the village is located along the river Ngare Nanyuki, the local communities did not think about farming until recently when Mwangaza support group introduced the idea.

The group was formed in March 2013 with support from USAID’s APHIAplus Nuru ya Bonde through Caritas, a local implementing partner.

It all started when Consolata Askuku, a community volunteer, mobilized the members to form and register the group with the government.

After registration, members were trained on how to manage the group and in kitchen gardening. The group grows kale, tomatoes, cabbages, beans and potatoes along the river. Their success showed that irrigated gardens can do well in the area and encouraged others to start farming as well.

Five other support groups have been formed and Lekiji village has been converted into agricultural area. Families no longer rely on wild fruits and children have a better diet.

Lekiji support group earns an average of 5,000 a week from sale of vegetables.

Some of the challenges faced by the group include elephants that destroy their crops and lack of a water pump. Members say if they have a pump, they can share it among the groups and expand their farms further inland.



Members of Mwangaza support group work on their farm.

Success story 3: Savings Group Gives Hope to Single Mother of Three

Rodah Chesang is a single mother of three boys in Kapsabet in Nandi Central District, Baringo County. She is HIV positive and works as a casual tea picker in tea plantations around her home.

Rodah's three boys receive support from USAID's APHIAplus Nuru ya Bonde project through a local organization, Mother Francisca Mission Maternity Health Care. They have received several services from the project including regular counseling. The eldest, who is in high school, received a fees subsidy.

The mother appreciates the assistance she has received from the project. But she knows that she cannot depend on the project for all her family's needs. It is the desire to improve her economic status that motivated Rodah to joining a savings and internal lending community (SILC) group in June 2012.

She was inspired by the fact that she can save and get loans for school fees and other needs. She started by saving 150 shilling every week and later increased the amount to 500 shillings. After saving for some time, she borrowed 2,000 shillings to buy food for her children and meet other household expenses. She continued making monthly contributions and repaid the loan fully.

When the cycle ended in February 2013 after 12 months, the group shared out the money. She received her total savings of 10,000 and an interest of 4,600. She used the money to build a kitchen which doubles up as sleeping place for her three sons. Putting up the room was a big relief. She had always known that her growing boys needed their independence but had not means to build a separate for them.

Rodah says that it was hard for her to save when she was not in the SILC groups. She easily spent the money and had no one to turn to borrow money for pressing needs.

She now plans to start a small business to increase her income and support her three sons.



Rhoda with her son and a visitor, and (right) the room kitchen she built with her savings.