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USAID Kenya (APHIAplus Nuru ya Bonde) Quarterly Progress Report April – June 2014



GREEN HOUSE AGRICULTURE TECHNOLOGY BY WIYUMIRIRIE SUPPORT GROUP IN NAKURU COUNTY

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(01 April– 30 June 2014)

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Prepared for Dr. Isabella Yonga
United States Agency for International Development/Kenya
C/O American Embassy
United Nations Avenue, Gigiri
P.O. Box 629, Village Market 00621
Nairobi, Kenya

Prepared by

Family Health International (FHI 360)
The Chancery, 2nd Floor
P.O Box 38835-00623, Valley Road
Nairobi, Kenya

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

ADT	-	ARV Dispensing Tool
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	-	Antiretroviral Therapy
ARV drugs	-	Antiretroviral drugs
ASDSP	-	Agriculture Sector Development Support Program
BCC	-	Behavior Change Communication
BEmONC	-	Basic Emergency Obstetrics and Newborn Care
BFHI	-	Baby-Friendly Hospital Initiative
CaCx	-	Carcinoma of the Cervix
CASCO	-	County AIDS and STI Coordinator
CCC	-	Comprehensive Care Centre
CD4	-	Cluster of Differentiation 4
CDC	-	Centre for Disease Control
CHAI	-	Clinton Health Access Initiative
CHMT	-	County Health Management Team
CHV	-	Community Health Volunteer
CHW	-	Community Health Worker
CME	-	Continuous Medical Education
CPT	-	Cotrimoxazole Preventive Treatment
CPwP	-	Community Prevention with Positives
CUs	-	Community Health Units
CYP	-	Couple Year of Protection
DBS	-	Dried Blood Spot
DH	-	District Hospital
DHIS	-	District Health Information System
DIC	-	Drop in Centre
DQA	-	Data Quality Audit
DQASO	-	District Quality Assurance and Standards Officer
EBI	-	Evidenced-Based Intervention
ECP	-	Emergency Contraceptive Pill
EID	-	Early Infant Diagnosis
EMR	-	Electronic Medical Records
eMTCT	-	elimination of Mother to Child Transmission of HIV
EQA	-	External Quality Assurance
FGM	-	Female Genital Mutilation
FHI 360	-	Family Health International
FP	-	Family Planning
FSW	-	Female Sex Worker
GOK	-	Government of Kenya
HAART	-	Highly Active Antiretroviral Therapy
HC	-	Health Center
HCP	-	Health Care Provider
HCT/HTC	-	HIV Counseling and Testing
HCW	-	Health Care Worker
HEI	-	HIV Exposed Infant
HES	-	Household Economic Strengthening
HH	-	Household
HIV/AIDS	-	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMT	-	Health Management Team
HRIO	-	Health Records Information Officer

ICF	-	Intensive Case Finding
IGA	-	Income Generation Activity
IPD	-	In-Patient Department
IPs	-	Local Implementing Partners
I-TECH	-	International Training & Education Centre for Health
IUCD	-	Intrauterine Contraceptive Device
JFFLS	-	Junior Farmer Fields and Life Skills
JWP	-	Joint Work Plan
KEMSA	-	Kenya Medical Supplies Agency
NHRL	-	National HIV Reference Laboratory
KMMP	-	Kenya Mentor Mothers Program
KQMH	-	Kenya Quality Model for Health
LAPM FP	-	Long Acting and Permanent Methods of Family Planning
LSE	-	Life Skills Education
LVCT	-	Liverpool Care and Treatment
M&E	-	Monitoring and Evaluation
MARPs	-	Most at Risk Populations
MDT	-	Mentorship Development Team
MIS	-	Management Information System
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
MSW	-	Male Sex Worker
MUAC	-	Mid Upper Arm Circumference
NASCOP	-	National AIDS and STI Control Program
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
OVC	-	Orphans and Vulnerable Children
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
QA/QI	-	Quality Assurance/Quality Improvement
RDQA	-	Routine Data Quality Assessment
RH/FP	-	Reproductive Health/Family Planning
RRI	-	Rapid Results Initiative
RTK	-	Rapid HIV Test Kit
S2S	-	Sister to Siter EBI
SBA	-	Skilled Birth Attendants
SCHMT	-	Sub County Health Management Team

SCHRIO	-	Sub County Health Records and Information Officer
SDH	-	Social Determinants of Health
SGBV	-	Sexual and Gender Based Violence
SILC	-	Savings and Internal Lending Communities
SLMTA	-	Strengthening Laboratory Management Toward Accreditation
SOP	-	Standard Operating Procedure
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
VL	-	Viral Load
VMMC	-	Voluntary Medical Male Circumcision
WASH	-	Water Sanitation and Hygiene
WHO	-	World Health Organization
YFS	-	Youth Friendly Services

I. APHIAplus NURU YA BONDE EXECUTIVE SUMMARY

APHIAplus Nuru ya Bonde is a five-year program whose goal is to improve health outcomes and impacts through sustainable country-led programs and partnerships. Specifically the project aims to increase the use of quality services, products and information; and to address social determinants of health to improve the wellbeing of targeted communities and population in five out of the 14 counties in Rift Valley Province, namely Baringo, Nakuru, Narok, Laikipia and Kajiado. The project is currently in the fourth year of implementation. This report highlights the achievements of the third quarter (April – June) 2014.

Development of Joint Work Plans (JWPs) with MOH: The project engaged the MOH and developed 63 Joint Work Plans (JWP) for implementation of activities in year 2014. The JWP were developed with five County Health Management Teams (CHMT), 25 Sub-county Health Management teams (SCHMT) and 33 Hospital Management Teams (HMT). The process of developing JWP involved reviewing 2013 JWP performance and determining 2014 activities based on MOH priorities and project refocus on President Emergency Plan for AIDS Relief (PEPFAR) priority areas. The JWP were aligned to project earmark funds for 2014 covering the period ending September 2014

Sub-agreement amendment process: Twenty three implementing partner sub agreements were amended during the reporting period to obligate funds for activity implementation until September 2014. Partner scopes of work were reviewed to align activity implementation to PEPFAR priorities as well as the approved project annual work plan. In addition, one of the five strategic partners' sub agreement (AMREF) was closed out.

Polio Campaign Mass Campaign: During the quarter under review, the project supported MOH to carry out Polio campaign by providing transport and other logistic support to Nakuru, Baringo, and Narok counties. A total of 228,244 households were reached during the campaign meeting 70% of the households targeted in the 5-day campaign.

County Quarterly Review Meeting: The Project Program Management Team (PMT) and government counterparts continued to provide support to the counties to review project achievements on a quarterly basis. During this quarter, performance review meetings were held at all five counties to review achievements for the period of January – March 2014.

Local Implementing Partners (LIP) Quarterly Review Meeting: The project team held quarterly performance review meetings with Orphans and Vulnerable Children OVC Implementing Partners (IP). Greater emphasis was laid on the need for the LIP to intensify HIV testing and counselling (HTC) for the OVC in the project, as well as acquisition of birth certificates. In addition, the LIP were advised to ensure regular monthly data reviews and use of data for decision making, as well as implementation of regular data quality audits (RDQA).

USAID Project Management Team Visit to Narok County: During quarter, USAID Project Management Team visited Narok County for the quarterly project review support supervision. The in-school intervention and the sex worker program were well appraised. The project was advised to improve on technical assistance to the Ministry of Health (MoH), expand M&E support to include non-HIV data, devise innovative strategies to increase patient retention on HIV treatment coupled with defaulter tracing, and intensify Maternal Neonatal and Child Health (MNCH) activities in the county.

A. Qualitative Impact

Transition of Community Strategy Activities: During the quarter under review, the project finalized the handing over of 141 project supported community units to the MOH and county governments. This was necessitated by the renewed focus by USAID on delivery of PEPFAR focus program elements and the need to reduce the support to activities that do not directly deliver results in the PEPFAR supported areas. Several meetings were held to ensure smooth transition. Some of the county governments agreed to continue supporting the CUs.

Commemoration of the Day of the African Child: The project participated and provided financial support in the commemoration of the Day of the African Child whose theme was; ‘*A child friendly, quality and free education for all children in Africa*’ in the five counties. The need to provide quality education to all children including the vulnerable and disabled was emphasized by both the guests, stakeholders and government representatives.

B. Quantitative Impact

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

Table I: Project Performance Summary

Output	Indicator	Baseline	Year 2014 Target	PEPFAR 2014 Quarterly Achievements			Cumulative Year Achievements				Percentage (%) Achieved vs Year 2014 Targets
				Oct-Dec	Jan-Mar	Apr-Jun	2014	2013	2012	2011	
Improved facility reporting rates in PMTC	Improved facility reporting rate in PMTC.	85%	95%	85%	92%	91%	89%	88%	84%	96%	92%
Individuals receiving testing and counseling services for HIV and receiving their test results through different types of models at community and facility level	P11.1.D Number of individuals receiving testing and counseling services for HIV and received their test results by age, sex and results at facility level	800000	300000	82949	114316	118316	315581	420566	411890	577337	105%
Pregnant women tested for HIV and received their results	P.1.1D Number of pregnant women with known HIV status (includes women who tested for HIV and received their results)	96000	109946	27330	35272	32537	95139	121930	130049	152275	87%
HIV positive pregnant women receive ARV to reduce the risk of mother child transmission	P.1.2. D Number of HIV positive pregnant women who received ARV to reduce the risk of mother to child transmission	80%	90%	128%	69%	82%	93%	111%	112	4221	82%
HIV positive pregnant women newly enrolled into HIV care and support services in USG supported sites	P1.5.D Number of HIV positive pregnant women newly enrolled into HIV care and support services in USG supported sites		80%	921	1726	753	3400	53%	47%	1272	

Health facilities providing virological testing services for infant diagnosis for HIV exposed infants through Dried Blood Spots	C4.3.N Percentage of health facilities that provide virological testing services for infant diagnosis for HIV exposed infants through Dried Blood Spots	10%	58%	35%	57%	57%	50%	69%	100%	127	57%
Infants born to HIV infected mothers who are not infected.	P1.7N Proportion of infants born to HIV infected mothers who are not infected	88%	95%	92%	94%	91%	92%	91%	90%	93	91%
HIV positive adults and children receiving a minimum of one clinical care service	C2.1D Number of HIV positive adults and children receiving a minimum of one clinical care service (by age< 15, 15+ and sex)		47983	28985	34405	35295	35295	31244	17466	78122	74%
Adults with advanced HIV infection receiving ART	T1.4 D Number of adults and children with advanced HIV infection who ever started on ART (by age and sex)	27283	47536	39239	41477	42942	42942	41036	34670	31957	90%
Adults and children with advanced HIV infection newly enrolled on ART	T1.1.D Number of adults and children with advanced HIV infection newly enrolled on ART by age(<1,<15,15+), sex and pregnancy status		5396	1183	1460	1854	4497	4707	4536	4994	83%
Couple Years of Protection	Couple Years of Protection			29756	37283	41653	108692	126303	141582	111808	
Pregnant women make 1st ANC visits	Number of pregnant women who made 1st ANC visits	127404	125000	20783	30641	28283	79707	101907	113101	107134	64%
Women attending at least 4 ANC visits	Number of women attending at least 4 ANC visits		50750	9953	10680	13044	33677	41350	41354	36374	66%
Deliveries by skilled birth attendants	Number of deliveries by skilled birth attendants		31250	15583	17505	18639	51727	61092	60893	62400	166%
Vitamin A supplementation coverage increased	Percentage of children under 5 years of age who received Vitamin A from USG supported programs	70%	120000	22708	47382	37429	107519	207739	276314	313110	90%
Children under 12 months of age received DPT3	Number of Children under 12 months of age who received DPT3	80000	120000	23263	32740	31517	87520	114479	144500	112383	73%
Intended groups reached with individual and /or small group level interventions that are based on evidence and /or meet the minimum standards	P8.1 D Number of intended groups reached with individuals and /or small groups level interventions based on /or evidence and /or meet the minimum standards	130000	100000	9348	71209	16988	97545	147939	34626	50558	97%

MARPS (CSW, MSM, youth, PLHIV) reached with individual and /or small group level interventions that are based on evidence and /or meet the minimum standards	P8.3 D Number of MARPS reached with individual and /or small group level interventions that are based on evidence and /or meet the minimum standards (CSW,MSM)		12600	4347	1454	834	6635	6324	4314	16051	53%
People living with HIV / AIDS reached with a minimum package of PWP interventions	P7.1D Number of people living with HIV/AIDS reached with a minimum package of PWP interventions	5000	15000	12963	8312	4193	26090	33590	9085	103	170%
Males circumcised as part of minimum package of MC for HIV prevention services	Number of males circumcised as part of minimum package of MC for HIV prevention services		4616	1941	209	769	2919	2939	15	74	63%
Vulnerable households supported to access economic livelihood and eligible adults and children provided with economic strengthening service	C5.7.D Number of eligible adults and children provided with economic strengthening service	3761	15000	13230	11392	7811	10811	11866	2876	3266	72%
Vulnerable households provided with basic food package	Number of vulnerable households provided food and nutrition education		10000	24474	25676	24996	27737	30822	21928	6977	277%
Households with hand washing facilities	Percentage of households with hand washing facilities		22400	1041	2188	4067	7296	73%	100777	0	33%
Households with safe water storage facility at point of use	Percentage of households treating water	20%	70%	63%	0%	18%	9%	69%	Survey	0	63%

C. Project Administration

During the quarter, USAID advised the project to align its reporting to the USAID fiscal year. The implication of the directive is that the reporting will not be in line with the approved project annual work plan. For example, this report will be quarter three report in line with USAID fiscal year but quarter two in line with the annual work plan.

The project also laid off staff in line with available funding. In addition, community strategy activities were fully transitioned to the county ministry of health.

D. Subsequent Quarter's Work Plan

In the subsequent quarter, the project will focus on supporting health facilities, counties and sub counties to improve delivery of quality HIV services. This will include increasing patient monitoring using viral load, enhanced defaulter tracing, increase coverage of HAART for HIV positive pregnant women, improve quality of BeMOC services at selected sites offering Maternal Child and Neonatal Health (MNCH) services in Narok and Baringo counties; and increase usage of point of care Electronic Medical Records (EMR) system. In addition, the project will continue to intensify activities to reach young women aged 15-24 years with HIV prevention interventions using standard Evidenced Based 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 project, in collaboration with USAID ASSIST continued to strengthen implementation of the KQMH. In total, this quarter 55 members of the county and Sub-County health management teams (Baringo Central, Baringo North, Marigat, Mogotio and Koibatek, Narok South and Narok North) were sensitized on KQMH model. In addition, 71 HCW from nine health facilities (Eldama-Ravine DH, Kabarnet DH, Kabartonjo DH, Marigat DH, Emining HC, Narok DH, Ololulunga DH, Nairagie-Enkare HC, Sogoo HC, and Naarosura HC) were trained. Due to competing priorities, the sub-county teams postponed the planned trainings & sensitizations for Kajiado and Laikipia counties to the month of August and September. Seven quality improvement teams from the KQMH implementing sites were formed while 21 new work improvement teams- 13 in Baringo and eight in Narok were formed. A follow up visit to all the implementing sites is scheduled in the next quarter.

The Project Multi-Disciplinary Teams (MDT) continued to strengthen the capacity of HCW to provide quality health care services through mentorship/coaching, orientations and Continuous Medical Orientations (CMEs). Areas of focus included: HIV testing and counseling (HTC) using new algorithm, Maternal Neonatal and Child Health (MNCH), Prevention of Mother to Child Transmission (PMTCT) option B+, Anti-Retroviral Therapy (ART), treatment failure, adherence counseling, Tuberculosis (TB)/HIV collaborative activities, Reproductive Health (RH)/ Family Planning (FP), Prevention with Positives (PWP), Dry Blood Spot (DBS) collection, viral load (VL) sample collection commodity management, reporting, and nutrition in HIV. This resulted into 612 HCW mentored, 447 HCW oriented and 113 HCW reached through CMEs. Below is the achievement per county.

Baringo County: During the quarter under review, the project sensitized 30 HCW and members of CHMT and Sub-County Health Management Teams (SCHMTs) on Quality Improvement (QI). Based on findings of an earlier assessment that indicated facilities had major gaps in the area of functional Quality Improvement Teams (QIT), the project collaborated with ASSIST project and NASCOP to train 41 HCW from five facilities on KQMH model. The HCW were drawn from Kabarnet County Hospital (CH), Kabartonjo Sub-county Hospital (SCH), Marigat SCH, Emining Health Center (HC) and Eldama-Ravine SCH. Each facility developed a clear work plan to implement Quality of Care Initiative (QCI). Currently the County has four functional quality improvement teams. The project also supported the MoH in the county to train 151 HCW from the six sub-counties on the new HTC algorithm to improve quality of HTC service provision. In addition, the project mentored 130 HCW on HTC, MNCH, PMTCT, ART, adherence counseling, TB/HIV collaborative activities, RH/ FP, PWP, DBS collection, commodity management, reporting, and nutrition in HIV.

Kajiado County: During the quarter under review, the project facilitated CMEs on treatment failure in seven ART sites and on PMTCT in three facilities and reached 64 HCW and 26 HCW respectively. In addition, the project mentored/coached 92 HCW from 13 facilities on viral load monitoring, ART data documentation and reporting, defaulter identification, TB ICF, CD4 monitoring using graph papers, online pharmacy commodity reporting, PMTCT, and pharmacy tools and documentation. The project clinical staff joined hands with the facility staff to offer services in nine ART sites (Kitengela medical services, Masimba HC, Ngong SCH, Bissil HC, Kajiado County Hospital, Namanga HC, Ilmurtot HC, Isinya HC and Namelok HC).

Laikipia County: During the quarter, the project mentored 78 HCW on HIV care and treatment including PMTCT service delivery. In addition, two CMEs on newborn care and PMTCT were held in Doldol SCH and Nanyuki Teaching and Referral Hospital; 23 HCW were reached. The project also supported six HCW to attend a TB training in Kijabe Mission Hospital. Assorted job aids were supplied to 39 facilities. In addition, four mentor mothers were placed in four facilities to improve uptake of PMTCT services.

Nakuru County: During the quarter under review, the project together with SCHMTs mentored 180 HCW from 59 facilities on HIV care and treatment and monitoring of clients (CD4/Viral load), HTC, MNCH and PMTCT option B+ in ART sites. In addition, provided OJT on viral load sample collection, packaging, transportation. As part of mentorship activities, the team disseminated job aids and guidelines to the project supported sites. The project also supported orientations on ART guidelines and PMTCT; and CPD to 70 HCW on viral load sample collection and utilization of results in patient management. As a result of viral load scale up, 36 ART sites are currently accessing viral load testing to monitor all clients on ART and assess treatment failure.

Narok County: During the quarter, the project in partnership with ASSIST Project and NASCOP trained 25 CHMT and SCHMTs members and 30 HCW from five high volume facilities (Narok CH, Olololunga SCH, Nairegi-Enkare HC, Sogoo HC and Naroosura HC) on KQMH to improve quality of health care service delivery in the county. Five health facilities have formed work improvement teams, three in Narok DH, two in Olololunga DH and one each in Sogoo, Nairagie Enkare and Naarosura. The project also supported a three-day training on Electronic Medical Records (EMR); 23 HCW were trained. The training was followed by onsite mentorship on data entry in the EMR in 11 facilities. In addition, follow up mentorship on viral load (VL) testing was conducted in 11 ART sites. The project in partnership with MOH trained 203 HCW from the two sub-counties on the new HTC algorithm to improve HTC service provision.

The project mentored/coached 40 HCW from 18 high volume facilities on correct use of PMTCT registers, proper filing of patient files, HEI cohort analysis, option B+, mother-baby pair, RH/PMTCT integration and defaulter tracing. The mentorship was informed by gaps identified among HCW on interpretation of PMTCT indicators in MoH 711 and 731; especially the omission of known positives (KPs) who have received prophylaxis and reporting of HEI cohort. In terms of pharmacy, the project mentored 22 HCW from 10 ART sites on correct filling of page summaries and the Daily Activity Register (DAR) for ARVs and opportunistic infections (OI); pharmacovigilance reporting; consistent use of bin cards, expiry monitoring charts and proper forecasting for ART commodities.

In addition, four mentor mothers from Narok CH, Olololunga SCH and Nairegi-Enkare HC were mentored on Kenya Mentor Mothers Program (KMMP) reporting tools, report writing,

and HEI defaulter follow-up using PMTCT diary and defaulter tracing registers. As a result, seven mothers and their babies were traced back and re-started on ART.

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

The project facilitated SCHMTs and facility HMT to plan and manage service delivery through mentorship, on job training and supporting supervision activities. During the quarter, the project jointly with MOH developed 63 joint work plans (JWPs) with five CHMT, 25 SCHMTs, and 33 HMTs covering the period up to September 2014. The CHMT and SCHMT joint work plans were aimed at enabling the health managers to coordinate health care service delivery at the county and sub-county levels. The facility specific JWPs aim at providing resources and technical assistance to improve service delivery within the high volume facilities and a few selected low volume facilities. Below are the achievements per county.

Baringo County: During the quarter, 16 joint work plans (JWPs) were developed with the CHMT, six SCHMTs and nine facility level JWPs. The project will monitor and fast-track implementation of these JWPs in the subsequent quarter to assure timely implementation of activities and service delivery.

Kajiado County: The project worked closely with the Ministry of Health at the county level and developed nine JWP with the CHMT, three SCHMTs and five HMT covering the period up to September 2014. The MDT will focus on supporting the respective MoH teams to fast track the implementation of the activities therein.

Laikipia County: During the quarter under review, the project developed nine JWP with the CHMT, five SCHMT and three facility HMT. The activities in the JWP are aimed at improving the quality of service delivery at the health facilities and coordination of activities at county and sub-county levels. Together with CHMT and SCHMT members, the project administered a checklist to 20 health facilities and formulated work plans to address the gaps identified including sustainability of mentorship and OJT activities. In addition, the project staff together with MoH staff conducted PMTCT data verification exercise in 21 facilities and mentored staff on ANC and PMTCT data reporting tools.

Nakuru County: The project continued to support MoH teams to plan and implement activities geared towards improved service delivery from the previous JWP, particularly on laboratory networking and intensified defaulter tracing. In addition, the project together with MOH developed 20 JWP with the CHMT, nine SCHMT and 10 facility HMT. The JWP allocated resources for implementation of activities up to September 2014.

Narok County: During the quarter under review, the project facilitate a eMTCT meeting organized by the eMTCT technical working group (TWG) to discuss MNCH/eMTCT issues and identify actions to reverse the high HIV positivity rates amongst children born of HIV positive mothers in the county. The meeting agreed that all ART sites will provide option B+ for all PMTCT clients; HIV Exposed Infants (HEI) be tested at 6 weeks as per the national guidelines and that HCW to provide HTC to all women attending Child Welfare Clinics (CWC).

In addition, the project with MoH jointly developed 12 JWP; two with SCHMT, one with CHMT and nine with facility HMT. The JWP were allocated resources up to September 2014. The CHMT and SCHMT will conduct support supervision to the facilities in the next quarter.

3.1.3 Strengthened capacity to record, report and use data for decision making at district, facility and community level

During the reporting period, the project continued to offer technical assistance to supported counties, facilities and implementing partners. This included support to improve complete and timely reporting, monitor availability and correct use of data tools, demand creation for data use in decision-making and improving data quality. The project utilized the gap analysis tool and the Performance Reimbursement Plan (PRP) to improve complete and timely reporting. Facilities were engaged in data-for-decision making activities through facility data review meetings and use of performance monitoring charts to track performance for selected indicators. Finally, the project team continued to monitor availability of standard tools in supported facilities and ensured correct use at all times. A total of 175 health facilities were visited for routine assessments, data quality audits and review meetings. Below are county-specific accomplishments.

Baringo: During the quarter under review, the project employed concerted efforts on high volume ART and PMTCT sites for mentorship. Across the six sub-counties, 10 facilities were visited and the M&E checklist administered. Additionally, mentorship on correct interpretation of PMTCT indicators was conducted to address the inaccurate reporting of PMTCT indicators leading to low maternal prophylaxis coverage reported in the previous quarter. Additionally, SCHMTs were alerted on facilities that had defaulted in DHIS reporting for their remedial follow-up.

In response to needs identified through the standard tools availability checklist, the team distributed 1,308 HIV/AIDS tools across the six sub-counties. In order to strengthen data use, the project team built on the success of the performance monitoring charts observed in the last two quarters and distributed additional charts to three sites bringing the total sites with performance monitoring charts to six. The team continued to support healthcare workers in correct interpretation and choice of indicators, which the facility health care team later plotted on the charts. The project also assisted Kabarnet SCH to conduct the first facility-level data review meeting that focused on improving PMTCT performance. The team will continue to hold the data review meetings as agreed in the joint work plan between the facility and the project.

The project conducted supportive supervision to LIP to ensure complete and timely reporting, and adherence to data management SOPs. In addition, the involvement of M&E Technical Working Groups, with representation of M&E and Technical Officers from both *APHIAplus* and LIP led to significant improvement in reporting rates from 87% in previous period to 98%. The M&E technical working groups were established as a joint mechanism for improving community data management and reporting. Additionally, two LIP were oriented on the revised OVC tools and they are expected to roll them out in the next quarter. The Community Prevention with Positives MIS system was rolled out at Christian Community Services - Baringo and staff mentored on its use. Its use will be strengthened in the subsequent quarter. Implementing partners also continued to hold internal monthly data review meetings. In the sessions, OVC service coverage, as generated from the OLMIS reporting modules, were discussed and action points drawn.

The project continued to work with I-TECH and MOH on the roll out of EMR. Cumulatively the EMR has been deployed to 12 sites, albeit at different implementation stages. Several facilities are able to troubleshoot in case of system malfunctioning. To realize the ultimate objective of sustainability and have HCW workers learn the EMR system as well as own their

data, the project has provided an incentive and recognition package to facility HCW who participate in legacy data entry.

Kajiado: In the reporting quarter, 34 facilities were visited compared to 23 visited in the previous quarter and M&E checklist administered in 16 sites. The project facilitated ART data reconstruction in four facilities (Ngong SCH, Ongata Rongai HC, Bissil HC and Kitengela HC). This was based on the gaps in ART cohort reporting identified in the previous quarter for which an action plan had been drawn. Across all sites visited, incomplete recording in source documents was noted to be a common data quality threat. The team is currently working with the concerned HCW and SCHRIOs to address this gap.

The project team conducted two gap analysis meetings with SCHRIOs, reports were interrogated and action plans made. The meetings were the precursors of targeted facility mentorships that later followed on the correct interpretation and recording of PMTCT indicators. To support these, SCHRIOs were also mentored on interrogation of reported data. With these skills, there was marginal improvement in the quality of data reported from Loitokitok and Kajiado Central. In the next quarter, the project will sensitize CHMTs on gap analysis and data interrogation.

In order to address availability of standard tools, the project distributed 3,527 HIV/AIDS tools mainly MOH 257. The project team continues to build capacity by coaching facilities to plan and project their tools' needs on a quarterly basis.

During this quarter, the project team conducted supportive supervision to LIP using the OVC-checklist. The major gaps identified during the supervision included that the LIP staff were not able to clearly explain some of the project SOPs and OVCs files where incomplete. Action plans were developed and follow up technical assistance visits conducted resulting in improved reporting timelines and adherence to data transmission protocols. In the coming quarter emphasis will be to ensure the data management SOPs are adhered to and information generated is used to improve reporting rates to over 95%.

In preparation for the roll out of new monitoring and service tools, the project trained 37 CHV on the new Form 1A and B. The LIP were also taken through the various reports generated by OLMIS to facilitate evidence-based decision-making. Quarterly review meetings were held in all partners, data was discussed to inform planning of activities and interventions. Under the prevention intervention, the DIC and PWP systems were installed for LIP and staff oriented on their use. It is expected the partners will utilize the system for reporting in the coming quarter.

The IQCare EMR system rollout has now made remarkable progress. One high volume facility- Kimana HC has completed data entry and monthly reports are expected from the system in the next quarter. In two other facilities (Kitengela and Ongata Rongai HCs), grilling at the CCC was completed to enhance security for the EMR equipment. In the next quarter, the project will focus on making the EMR sites functional by supporting legacy data entry. Additionally, the project team will involve the CHMT and the sub-county HMTs to increase ownership of the EMR system by health facilities.

Laikipia: During the reporting period, the project team visited 38 sites for mentorship and the M&E checklist administered in 15 facilities, an additional 10 facilities from last quarter. The team mentored the HCW on utilization of the performance monitoring charts to promote use of data for decision-making. The project team in collaboration with the DHRIO scaled up the

use of these charts to all 14 ART sites. During facility visits, HCW were sensitized on the importance of producing quality information.

A total of 97 tools mainly HEI cards were distributed in all four sub-counties. The project also assisted four sites (Nanyuki DH, Rumuruti SDH, Ndindika HC and Oljabet HC) in the acquisition of mother mentor (KMMP) recording and reporting tools; the sites are reporting correctly and consistently. The project also supported the LIP by providing 1000 Form 1A, 200 bio data forms, 200 OVC needs assessment forms, 100 exit forms and 100 household vulnerability assessment forms. A computer was provided to Living in Faith Association CBO to enable the organization cope with extra workload and facilitate timely data entry.

A total of 14 visits to two implementing partners were carried out to give technical support on documentation. Staff from two LIP were mentored on use of OLMIS, importance of producing quality information and use of data for decision-making. All staff in both LIP were oriented on the new form 1A and PWP tool. New PWP systems were installed for implementing partners. The project will train more implementing partners staff on the use of the PWP system in the next quarter to ensure proficiency on its use by all relevant staff. In addition, 422 CHVs were oriented on use of the new form 1A and mentored on correct use of all data collection tools and reporting tools. The overall OVC reporting rate for the county is at 97%, which is an improvement, compared to last quarter's 92%.

Significant progress was made on EMR rollout with the system deployed in 18 sites out of the targeted 21 sites. Of these 18, the EMR is operational in nine sites. Entry of legacy data was completed in 13 of these sites. System-generated reports are expected in the next quarter. In the next quarter, the project will train HCW and the CHMT to build capacity on EMR use.

Nakuru: During the reporting quarter, the project team visited 78 facilities out of the targeted 135, mentoring 126 HCW across the nine sub-counties. As a follow up from last quarter, particular emphasis was on the correct interpretation and collation of PMTCT and HEI indicators. Jointly with the MOH, the project team participated in an MOH led PMTCT RRI. Mentorship revolved around the two areas of PMTCT and HEI and accurate recording on the MOH 731 summary tool.

To address the tool availability gaps identified during facility visits, 2,592 tools were distributed of which, 92% were MOH 257 tools. For the most part, the project team had to provide photocopies to meet the short-term needs of facilities. The project anticipates that the gap of tools will be addressed in order to minimize disruptions in recording and reporting at facilities.

During the quarter, performance monitoring charts were distributed to two facilities bringing the total number of sites using the charts to 14. Seven staff were mentored on the use of these charts to monitor trends of selected indicators in TB, care and treatment, MNCH and PMTCT. To inculcate the culture of data use, Naivasha DH trained staff on DHIS leading to HMT being able to review the facility's performance from the DHIS and make data-informed decisions.

EMR was deployed in two additional facilities (Oserian HC and Nakuru West PCEA) bringing the total sites to 13. As in other counties, the project has provided an incentive to the main EMR users in a bid to hasten the process of legacy data entry. Although no sites have completed data entry, the high volume sites of Gilgil SDH, Bahati DH, Elburgon SDH and Langalanga have made remarkable progress. System generated reports from these sites are expected in the subsequent quarter. The work of securing the Nakuru PGH pediatric and adult CCC was

completed to enable the EMR deployment. A refresher training for the main users will be conducted in the next quarter.

The most significant improvement in OVC reporting was reached for the first time in Nakuru County at 98% in six quarters compared to 97% in Jan-Mar 14' and 90% in Apr-Jun 13. This is attributed to continuous technical assistance on use of OLMIS, tracking systems for data verification, monthly data review meetings and targeted data audits at the OVC DICs. To strengthen the OVC partners monitoring systems, M&E technical working teams from five LIP initiated the use of transitional and household monitoring tool aimed at closely monitoring the transition process of the OVC and household based indicators. Consequently, one OVC LIP [KNOTE] documented 548 OVC undergoing transition process as from October 2013; 57 successfully transitioned and exited from the project.

During the quarter, the OVC monthly monitoring tool was revised and LIP and technical staff were trained on the new tool. Further, OLMIS updates were provided to M&E officers from five LIP on the exit function, updating of schools and production of household vulnerability reports. During the period, four KNOTE staff were mentored on the filing SOP while additional 14 staff oriented on the revised Form 1A. Four partners were supported to install and use the new database for community prevention with positives (CPwP) and how to install and use the revised DIC and HC systems.

Narok: The project team visited 15 out of the targeted 18 health facilities in both sub-counties. Targeted mentorship was provided to 58 HCW on correct reporting and recording in source documents. Deliberate efforts were made to strengthen reporting and correct use of tools for non-HIV indicators of nutrition, vitamin A and immunization. Specifically, HCW were mentored on correct updating of the HEI cohort summary and defaulter tracking register. Collaborating with the SCHRIOs, updates were made onto the DHIS.

The project team conducted the standard tools assessment checklist in nine facilities and distributed 708 tools in both sub-counties with MOH 257 appointment card being the most predominant tool distributed. The team continued with mentorship to sub-county HMTs in tool forecasting and correctly filling the registers onsite. In a few facilities, shortage of the MOH 711A summary reporting tools was reported and the project supported by photocopying the tools.

The project also built on the success achieved through the performance monitoring charts and scaled up the use of charts to six sites bringing the total number of sites using the charts to 18. These charts were placed in ART, PMTCT, TB and HTC service area points. During the quarter, mentorship emphasized on quality of care indicators. Consequently, HCW are monitoring indicators such as retention and survival of patients at 12 months.

A total of nine sites have the EMR system deployed. Three sites in Narok South sub-county, completed data entry and started using IQCare system as a point of care system. In the next quarter, 25 main EMR users drawn from consultation, pharmacy, records and laboratory departments of 11 health facilities will be given refresher training and mentorship.

The program mentored implementing partners on how to generate reports from OLMIS using excel formats and to generate OVC master list to establish OVC served for the previous three months. OLMIS was also updated for all OVC LIP. The project followed up action points identified during USAID PMT visit undertaken in the quarter. A total of 519 CHV from the two LIP were oriented on the new OVC and caregivers tools. Additionally, the project

supported the implementing partners with 207 F1A and 1,307 OVC files. The project in collaboration with CBO M&E technical working group in the County carried out DQAs and advised partners to use OLMIS generated lists in distribution of OVC benefits such as schools fees, shoes and sanitary pads. OVC reporting rates increased to 97% compared to 93% in previous period. The significant improvement was attributed to the use of CHV reporting tracker to identify the unreported OVC and intensified data verification by use of the tracking tool

Under health communication, the LIP staff were mentored on exporting data to excel, backing up data, sharing export files with M&E, use the new HC system and updating antivirus. The project continued to support the partners in troubleshooting of problems in HC system.

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

During the quarter under review, the project finalized the handing over of the 141 community units to county governments. The county governments promised to support the Community units in recognition that the units had made significant contributions to health outcomes at community level. USAID support in establishing all the 141 units was applauded in all the five counties.

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

The project clinical team continued to support the private sector in two out of five counties to provide quality health care services in line with the national government guidelines and policies

Kajiado County: During the quarter under review, two CME sessions on treatment failure were conducted in two private facilities (Kitengela Medical Center and Magadi Hospital) reaching 35 HCW. In addition, laboratory and clinical staff from the two facilities were given OJT on sample collection and packaging for transportation. DBS kits were distributed to ensure all flagged patients have samples taken in a timely manner. As a result the two sites started doing VL monitoring. The project held a forum for 18 laboratory managers from 18 private facilities affiliated to Goldstar Network aimed at building capacity of the providers on infection prevention practices in laboratories.

In the same period, project facilitated SCHMTs of Kajiado North and Kajiado East to conduct integrated supportive supervision to seven private health facilities where 18 providers were reached. These facilities were Kitengela Medical Services, Magadi Hospital, Fatima Maternity Hospital, Mariakani Cottage Hospital, Miliki Afya Medical Center, Siloam Medical Clinic and Mt Sinai Hospital. Some of the gaps identified during the supervision included use of outdated registers, poor data quality coupled with inconsistent reports and poor infection prevention practices. Following this supervision, the project team provided mentorship to the private providers on the use of data recording and reporting tools. Assorted job aids and reporting tools were disseminated and distributed. The MDT and SCHMTs will continue to provide mentorship to address the identified gaps including institutionalization of data review meetings in these facilities.

Nakuru County: The project supported three CMEs during the quarter focusing on current management of Post Exposure Prophylaxis (PEP), management of HIV in pregnancy, and management of TB/HIV co-infection reaching 97 private HCW. During these CMEs the MoH managers had an opportunity to disseminate the 2014 ART guidelines with focus on option B+

for PMTCT. In addition, research updates and case studies were discussed. The project provided targeted mentorship and OJT on correct and consistent data recording; VL sample collection, packaging and transportation for patient monitoring; and cohort analyses.

Routine assessments using a minimum standard checklist was conducted for five facilities (Evans Sunrise Hospital, St Elizabeth Medical Center, Afuraha Maternity, St Mary's Hospital and Finlays Hospital) to identify gaps to inform continued mentorship. Some of the gaps identified included poor patient monitoring, poor patient follow up due to lack of appointment system and late identification of treatment failure.

The project facilitated Naivasha and Gilgil SCHMTs to conduct supportive supervision to 10 private health facilities in the two sub-counties where 30 service providers were reached. The facilities reached included Nacohag Finlays, Panda Flowers Clinic, Holy Trinity, Wayside, Verden berg, Camp Brethren, Rocco Clinic, Rhein Valley and Lusop Clinic. Some of the gaps identified were low standards of infection prevention, lack of reporting tools, poor documentation, and lack of job aids across service areas, lack of HTC service integration, and providers lacked current technical updates in management of HIV care. Some of the gaps were immediately addressed on site such as dissemination and distribution of various job aids, distribution of reporting tools and onsite mentorship of staff on documentation. Action plans were developed for areas that required long-term mentorship.

The project continued to support access of ARV commodities and OI drugs from KEMSA through PEPFAR pipeline. Fifteen facilities in Nakuru Central Sub-county were supported to access the commodities. Three facilities from the Goldstar Network were linked to access other ARVS from PhiLIP Pharmaceutical at a subsidized cost. In addition, the project assessed three facilities (St Elizabeth, Evans Sunrise and Finlay's Hospital) in readiness to roll out ADT for real time data on dispensing of the ART drugs. In the subsequent quarter, the providers will be oriented to start implementation.

Together with Futures Group, the project conducted a joint assessment to four high volume private facilities (St Mary's Hospital, Oserian H/C Evans Sunrise Hospital and Valley hospital) to evaluate the capacity of the facilities to take up the EMR system. The providers will be trained on EMR in the subsequent quarter. In addition, the project facilitated a data review meeting for 30 service providers from private health facilities affiliated to Goldstar Network with a focus on understanding of HTC and PMTCT indicators use of data for decision making.

Through the private accredited laboratories, 176 CD4 and 27 VL samples were shipped for processing. This was in the efforts to promote the use of private sector health services to complement public sector health services. Other additional 226 VL samples were shipped directly from private health facilities to KEMRI for processing. Four of these facilities were provided with DBS kits for VL monitoring and while one was supported with an EID Kit for HEI. Five facilities were also supported with laboratory commodity reporting tools. In addition, 24 service providers from Goldstar Network were trained on the new HTC algorithm.

One private facility, Finlay's HC with support from the project mobilized and screened 125 women of reproductive age for cervical cancer including HTC. One client tested HIV positive. None of the women had suspicious or obvious lesions.

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

There were no activities undertaken in the quarter in this result area. However, the project finalized the handing over of the 140 community units to county governments. The county governments promised to support the community units in recognition that the units had made significant contributions to health outcomes at community level.

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

The project supported 479 facilities to provide HTC to 118,316 individuals (40% males); 3.5% increase from last quarter's performance. By the end of quarter three, 315,581 patients had been tested in the year, which is 105% of the annual target. Out of the individuals tested within the quarter, majority 89,753 (76%) were tested through PITC while the remaining 28,564 were tested through VCT. Of those tested, 3,873 patients were diagnosed with HIV, translating to a crude prevalence of 3.0%. There were county variation in crude HIV prevalence with Nakuru having 3.4%, followed by Kajiado (3.2%), Laikipia with 2.9%, Baringo 2.2% and Narok and the lowest prevalence (1.7%). Overall, 2,641(75%) of the 3,536 patients diagnosed with HIV were enrolled on care.

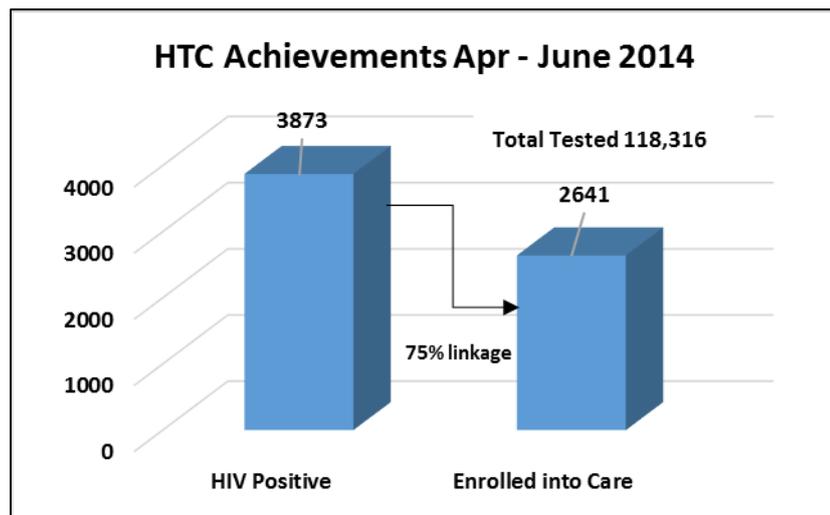


Figure 1: HTC Achievements April to June 2014

During the quarter, the project facilitated training on the new HTC algorithm to 1,201 HCW. In addition, HCW were mentored on integration of HTC across departments, linkage of newly diagnosed patients to care, commodity management, quality documentation and timely report submission. The shortage of HIV test kits occasioned by delayed resupply from the KEMSA was a major challenge. However, the project supplemented the supply RTKs by redistribution of test kits from a buffer stock.

Baringo: The project supported 98 health facilities to provide quality HTC services. A total of 14,818 (42% males) were tested and provided with result; a 26.9% increase of from last quarter's performance. Out of the 14,818 tested, 12.5% were children below 15 years of age and among the adults, 61.8% were females. Cumulatively, 38,864 (42% males) individuals have been tested in the last three quarters. The outpatient department contributed the bulk 11,215(76%) of the total tested while the VCT and inpatient departments contributed 12% each. Out of the total tested, 329 (2.2%) patients were HIV positive. The crude HIV prevalence rate varied with the testing department; the in-patient department had the highest positivity (4.0%) followed by VCT (3.4%) while the OPD had the lowest positivity (1.7%). This finding informs the project's interventions aimed at maximizing yield rates by targeting 100% testing

for all the patients admitted in the wards. Out of the 329 clients with HIV positive results, 229 (69.6%) were effectively linked to care and treatment.

In addition, 151 HCW were trained on the new HTC algorithm being 68% of the targeted 222 HCW. The remaining HCW will be trained in the next quarter. Supportive supervision and onsite mentorship on HTC was conducted in 10 facilities (Kisanana HC, Esageri HC, Chemolingot DH, Kabartonjo DH, Kipsaram HC, Tenges HC, Marigat DH, Timboroa HC, Emining HC, Eldama Ravine DH and Kabarnet DH) and 16 HCW mentored.

Kajiado: The project supported 97 facilities in the county to provide HTC services. A total of 20,829 (41% males) tested compared to 16,885 patients tested last quarter. Deployment of sessional counselors and the development of site-specific targets contributed to the observed improvement in testing. Cumulatively, 50,851(40% males) have been tested in the year. Testing in the OPD contributed 16,307 (78%) of the total patients tested while the inpatient and VCT departments contributed 1,000(5%) and 3521(17%) respectively. Out of the number tested, 11.8% were children below 15 years and among adults, 60% were females. The number of patients diagnosed with HIV during the quarter was 657 (3.2%). The positivity rate varied with testing departments as follows; OPD 2.7%, IPD 5.0% and VCT 4.5%. Out of the 657 HIV positive clients, 445 (68%) were enrolled into care. The nine high volume sites with project supported sessional counselors contributed to 13,220 (63%) of the county performance.

In addition, the project trained 73 HCW on the new HTC algorithm; enrolled for Proficiency Testing (PT) and forwarded their names to NHRL. Counselor support supervision was carried out in all the nine high volume facilities (Oloitokitok DH, Kimana HC, Kitengela HC, Isinya HC, Kajiado DH, Ongata-Rongai HC, Ngong SDH, and Namanga HC) and 13 PITC counselors were reached.

Laikipia: The project supported 58 HTC facilities in the county. During the reporting period, the project with MOH conducted support supervision and mentorship in 39 facilities aimed at improving HTC coverage and linkage to care. Correct documentation, inadequate staffing and frequent staff rotations were the key challenges hampering provision of quality services in most of the facilities visited. In addition, the project trained 165 HTC providers on the revised HTC algorithm. The 165 providers were enrolled to participate in the upcoming (round13) of HIV proficiency testing. As a result of delayed supplies by KEMSA, the project distributed 17,000 RTKs to avert stock out and ensure continuity of service provision. All the facilities received their supplies from KEMSA by the end of June 2014. Additionally, five sessional counselors were deployed in Nanyuki DH, Ndindika HC, Ng'arua HC and Rumuruti DH to help scale up access to PITC in the outpatients and in-patient departments.

A total of 9,372 individuals were tested compared to 8,168 patients tested in the previous quarter. This was a 14.7% improvement partially attributable to the deployment of sessional counselors and un-interrupted supply of test kits in the facilities. Cumulatively 23,093 (39% males) have been tested. Outpatient department contributed 5,601(60%) of the total individuals tested while the inpatient and VCT departments contributed 994 (10%) and 2,777 (30%) respectively. Out of the number tested, 9.7% were children below 15 years and among adults, 65% were females. The total number of patients diagnosed with HIV during the quarter was 276, translating to a prevalence of 2.9%. The positivity rate varied with testing departments as follows; OPD 3.1%, IPD 3.1% and VCT 2.6%. During the quarter, 185 patients were enrolled into care, representing 67% of the number diagnosed with HIV within the same quarter.

Nakuru: The project supported 187 HTC facilities in the county. A total of 44 PITC counselors were deployed in 22 high volume facilities so as to increase uptake of HIV testing through

PITC. During the reporting period, 58,648 individuals (40% males) were tested which was a slight drop from 61,261 tested the previous quarter. Cumulatively 164,325 individuals have been tested this year. Out of those tested in the reporting period, 8% were children below 15 years and among adults, 64% were females. Of those tested, 2,023 individuals tested positive giving a crude prevalence rate of 3.4%. The crude HIV prevalence varied with the department; IPD (5.4%), OPD (3.4%) and VCT (3.2%). A total of 1,497 (74%) were enrolled into care during the period, an increase of 9% from the previous quarter.

In addition, the project mentored 72 HCW at 21 health facilities (Nakuru PGH, Kapkures Health Centre, Langalanga Health Centre, FHOK dispensary, FITC, Nakuru-west Health Centre, Subukia Health Centre, Kabazi Health Centre, Dundori Health Centre, Bahati DH, Gilgil SCH, Naivasha CH, Mogotio RHDC, Rongai Health Centre, Njoro Health Centre, Elburgon SCH, Molo DH, Keringet Health Centre, Karagita dispensary, Maimahiu Health Centre and Olenguruone SCH). The mentorship focused on linkage and enrollment of HIV positive patients into care and quality assurance in HTC. The project, jointly with the RVPGH HMT and SCHMT conducted supportive supervision in nine high volume facilities reaching 26 counselors. The project also facilitated training in the new HTC algorithm; 609 HCW/PITC counselors were trained.

Narok: The project supported 39 HTC sites in Narok North and Narok South. During the quarter, the project mentored 37 HCW at 13 health facilities (Narok CH, Ololulunga SCH, Enabelbel Health Centre, Olokurto Health Centre, Olchorro Health Centre, Sogoo Health Centre, Nairagie Enkare Health Centre, Ntulele Dispensary, Naarosura Health Centre, Nkareta Dispensary, Sakutiek Health Centre, Sekenani Health Centre and Entasekera Health Centre). Mentorship focused on intra-facility linkages and post-test counseling to ensure adoption of risk reduction strategies among the patients. In addition, the project supported the SCHMTs to train 203 HCW on the revised HTC algorithm. In order to monitor improvement in the quality of HTC, all those trained were enrolled to participate in the next round of national HIV proficiency testing.

During the reporting period, 14,650 individuals (36% males) were tested and provided with their results. This was a 10% drop from last quarter where 16,334 patients were tested. The drop was attributed to stock out of test kits experienced in the month of April because of delays in delivery of test kits from KEMSA. Children below 15 years of age contributed 17% of the total individuals tested. Most (75.3%) of those tested accessed testing from OPD while VCT and IPD contributed 16.5% and 8.2% respectively. Out of the 14,650 patients that were tested, 251(1.7%) were HIV positive. The crude prevalence rate was as follows; OPD (1.4%); IPD (1.1%) and VCT (3.3%). A total of 289 patients were enrolled into care compared to the 251 that were newly diagnosed within the same period. The discrepancy was attributed to the patients tested in previous quarters and those tested in other facilities not supported by the project.

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

The project supported 420 PMTCT sites and 242 EID sites across the five counties. During the reporting period, 28,283 women attended their first ANC clinic compared to previous quarter where 30,641 attended bringing the total reached in the year to 79,707 (64% of the annual target). Out of those attending first ANC, 27,929 (98.7%) were tested for HIV and 434 (1.6%) tested positive. From the maternity an additional 4,211 mothers were tested with 86 (2%) being newly diagnosed. Another 397 mothers were enrolled with a known positive status bringing the total positive women in the quarter to 917; 753 (82.1%) received maternal prophylaxis and 842 (92%) were issued with infant nevirapine.

In the 2013/2014 year, 94,742 pregnant women were tested for HIV (86% of the annual target); 2,584 were HIV positive. Of those positive 2,369 received maternal prophylaxis (91% uptake). A total 1,104 received Option B/Option B plus, 1,181 received option A while 58 received Nevirapine. The total of disaggregation by type is less than total given prophylaxis because of the deficiency of the 711 tool used in the first quarter (Oct to Dec 2013). A total of 586 DBS/EID samples were analyzed and 47 (8%) turned positive. Out of the positive infants, 28 (60%) were started on ART while tracing for the others is on-going with a view to starting their babies on ART

The project also mentored HCW on adoption of HAART as the preferred maternal ARV prophylaxis, correct documentation and reporting of PMTCT indicators, linkages between FP/PMTCT/CCC and other departments, and follow up of the HIV Exposed infants (HEI). As a result, the proportion of mothers using HAART for PMTCT has progressively increased from 33% in quarter one (October-Dec 2013) to the current 60%, while use of option A has decreased from 64% to 38% in the same duration.

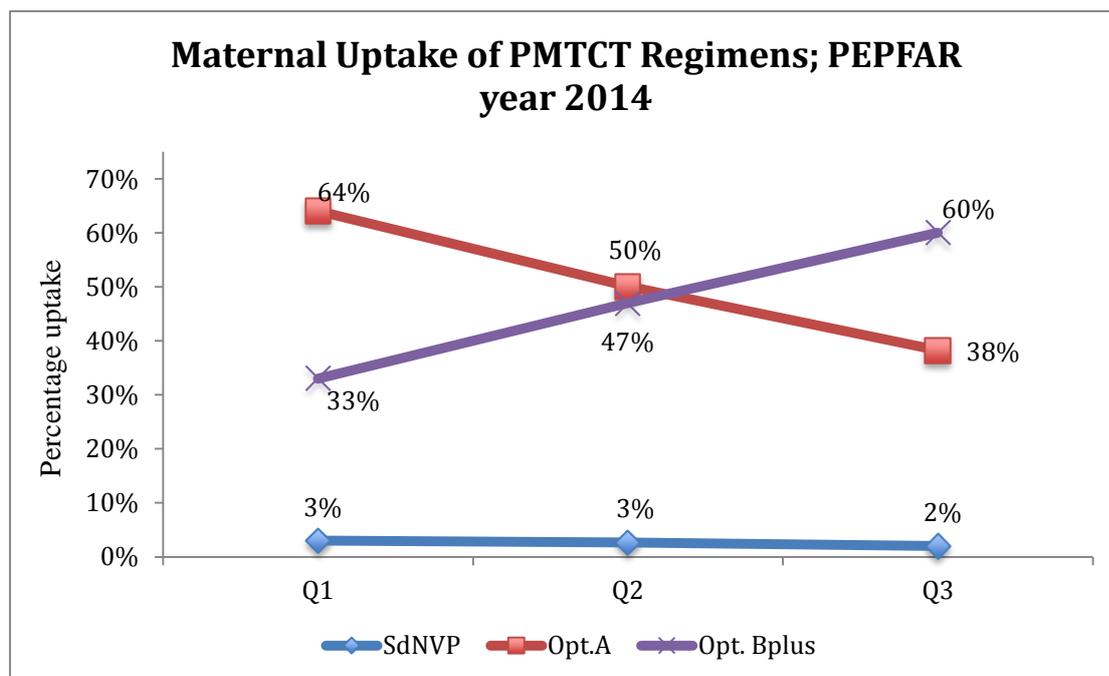


Figure 2: Scaling up usage of PMTCT Option B plus

Baringo: The project supported 85 facilities offering comprehensive PMTCT services. During the quarter under review, the project mentored HCW 36 HCW from eight supported sites on documentation in the HIV Exposed Infant (HEI) Register/ card, HEI follow up, EID algorithm, HEI cohort analysis, commodity management, current PMTCT guidelines (Option B+), and integration of PMTCT into MNCH model and use of data for decision making.

During the quarter in review, 10,273 pregnant women attended ANC clinics; 3,795 (37%) were first visits. A total of 4,299 clients were counseled and tested for HIV (3,857 in ANC, 415 during labor and delivery and 27 during post-natal care). Out of the clients tested, 49 tested HIV positive (44 in ANC and 5 during labor/delivery) while 36 women had known HIV positive status at entry to ANC. Maternal ARV prophylaxis was issued to 81 (95.3%) clients and infant prophylaxis issued to 87 (102.4%) children. The variance in infant prophylaxis was due to double counting of mothers who were issued infant prophylaxis twice - at ANC and maternity. Thirty eight male partners were tested in the ANC.

A total of 32 DBS/EID samples were analyzed during the quarter and four (12.5%) were positive. All the four infants were started on HAART. Interrogation of all of the positive results revealed late or no PMTCT intervention for the mothers.

The project supported four mentor mothers deployed in Eldama Ravine SCH, Kabarnet CH and Marigat SCH. The mentor mothers were trained in partnership with KMMP to improve their performance in care and follow up of PMTCT clients and their infants. Their support in the eMTCT program has shown marked improvement in the HEI follow up as showed by the April- June 2014 cohort analysis; 13 HIV-exposed infants were enrolled in 2 high volume facilities (Eldama Ravine Hospital and Mercy Hospital) one year ago, none were positive at 6 weeks.

Kajiado: The project supported 83 health facilities to provide PMTCT services. A total of 26 health care providers from 14 health facilities (Bissil, Namanga, Masimba, Isinya, Kitengela sub County hospital, Ongata Rongai, St. Therese dispensary, Magadi hospital, Ngong SDH, Entarara, Kimana, Namelok, Isinet dispensary and Nkama dispensary) were mentored on PMTCT interventions. The mentorship focused on correct documentation and reporting of PMTCT indicators, HAART regimes for positive mothers, key areas of capturing the missed opportunities, linkages between FP/PMTCT/CCC and other departments and follow up of the HIV Exposed infants. Three CME/CPD sessions on new PMTCT guidelines were conducted at Ngong SCH, Kitengela HC and Ongata Rongai HC where 37 service providers were reached.

Following mentorship and sensitization of 16 HCW on the use of PMTCT option Bplus, 12 ART sites (Kajiado SCH, Ongata Rongai Health Centre, Loitokitok SCH, Kimana Health Centre, Namanga Health Centre, Entarara Health Centre, Namelok Health Centre, Rombo Health Centre, Ilmurtot HC, Masimba Health Centre and Ngong SCH) adopted the WHO recommendation of life-long HAART for all expectant mothers. The project supported three health facilities (Kajiado SCH, Loitokitok SCH and Ongata Rongai Health Centre) in implementing the Kenya Mentor Mother Program (KMMP), in a bid to achieve the goals of eMTCT. All the mentor mothers were oriented on PMTCT integration. A total of 77 positive mothers were reached with PMTCT information and 24 support group sessions were held.

In this period, 5,509 mothers attended their first ANC visit of whom 5,492 (99.7%) were counseled and tested for HIV with 92 (1.7%) testing positive. Another 35 women tested positive at maternity and postnatal care, and 51 were of known HIV positive status. Shortage of test kits was the main hindrance to testing but with redistribution of kits, mothers who missed testing in their first visit were tested in subsequent visits. Out of the 178 HIV positive pregnant women, 172 (97%) received maternal prophylaxis/treatment, an improvement from last quarter's 80%. The improvement is attributable to the sealing of documentation gaps through mentorship. The challenge in achieving 100% maternal prophylaxis owes to the fact that low volume PMTCT sites have not been stocking ARVs for PMTCT. The project and the CHMT have mentored HCW on ordering and stocking ARVs for at least two mothers at any time.

A total of 124 DBS (EID) samples from 16 facilities were analyzed this quarter out of which 6 (4.8%) turned positive. The proportion of children testing positive has declined progressively over time from 8.1% in the first quarter, to 5.2% in the second quarter to 4.8% in the current

period, consistent with the goals of eMTCT. Out of the six infants that turned positive; two were enrolled to care and put on treatment while four are still being traced.

Cohort analysis of 52 HIV-exposed infants enrolled in 10 high volume facilities (Bissil Health Centre, Ngong SDH, Loitokitok DH, Kajiado DH, Kitengela Health Centre, Kimana Health Centre, Namanga Health Centre, Rombo Health Centre, Isinya Health Centre and Ongata Rongai Health Centre) one year ago shows that two turned positive at 6 weeks and were started on ART. Out of the remaining 50 on HEI follow up, 39 (78%) were active on follow up, 10 (20%) were lost and one died.

Laikipia: The project supported 54 PMTCT sites in Laikipia County. The project mentorship team and the MOH conducted joint mentorship and support supervision to 39 facilities among them 14 ART sites, they mentored 78 HCW. Mentorship focused on shifting to PMTCT option B plus, HEI follow up and retention strategies, integration of PMTCT/ART services in MCH, and performance monitoring using project-designed charts. A total of 13 CME/CPD sessions were held across the county addressing topics such as current P/eMTCT practices, integration of HIV/RH services and newborn care reaching 125 HCW. Four PMTCT monthly support group meetings were held at Nanyuki Training and Referral Hospital, Ndindika Health Centre, Oljabet Health Centre and Rumuruti SCH with an aim of strengthening PMTCT services and follow up of HEI. Additionally, 158 assorted job aids/guidelines/SOPs were distributed to 39 health facilities and staff oriented on how to use them.

During the reporting period, 2,354 ANC mothers attended 1st ANC visit while 2,541 were tested for HIV, out of whom 33 (1.3%) were HIV positive while 36 had a known positive status at enrollment. Reporting of re-testers in some facilities accounted for the reported >100% testing. This was addressed through mentorship and feedback during the facility in charges' meeting. A total of 101 male partners were also tested at ANC. In the maternity, 500 mothers were tested for HIV and 10 (2%) turned positive. The reported maternal uptake of maternal prophylaxis at the ANC was 53 (67%) out of the 79 total positive and 35 (44%) of the mothers were given infant NVP. Out of the 36 DBS EID sample sent from six facilities, three (8.3%) were positive and two were started on ART.

Of the 24 HIV exposed infants enrolled a year ago, one turned positive and was started on ART. The remaining 23 infants were followed up in the MCH of whom 15 (65%) were active at the 9th month appointment while the rest missed their appointment. These infants and their mothers are being traced through the mentor mothers. In order to improve outcomes of the P/eMTCT, the project in collaboration with the CASCO, the county pharmacist and RH coordinators resolved to increase access to ARVs in all the facilities. This will be addressed through orientation for all staff in the lower level facilities on new PMTCT guidelines followed by mentorship on requisition and reporting consumption of ARVs.

Nakuru: The project supported 158 PMTCT sites in the County out of which 25 facilities have integrated PMTCT/MCH model. During the period under review, the project mentored 80 HCW at 44 health facilities based on the previously identified skills gaps. In addition, eight CME/CPD sessions focusing on PMTCT/eMTCT updates were held reaching 186 HCW. The team also supported dissemination and distribution of assorted job aids and guidelines to 44 facilities, on-job-training on KMMP (15 HCW), service integration in 18 facilities and provided 15 more facilities with airtime for efficient patient tracking and follow-up. Thirteen health facilities (PGH-Nakuru, Langalanga, PCEA Nakuru West, Molo, Njoro, Olenguruone, Keringet, Rongai, Bahati, Naivasha, Gilgil, Mariashoni and Mother Kevin) have support groups for PMTCT mothers; with PGH-Nakuru having three support groups.

During the quarter, 14,197 mothers were tested for HIV in ANC, maternity and the postnatal period (within 72 hours) compared to 10,280 tested in the previous quarter. In the ANC, 12,552 (97.3%) of the mothers were tested, out of whom 225 (1.8%) were positive and an additional 254 mothers were enrolled with a known HIV positive status. In the maternity, an additional 1,645 mothers who did not know their HIV status were tested and 30 (1.8%) were reactive. In total 509 HIV positive mothers were identified out of whom 401 (78.8%) were given prophylaxis and 484 (95%) provided with infant prophylaxis. The variances in the PMTCT maternal and infant prophylaxis is due to the recounting of the commodities issued to the known positive clients in the consecutive visits and the issuing and reporting of the prophylaxis in maternity while the mother had previously been issued with maternal and infant prophylaxis in ANC. Mentorship is ongoing to address the challenge.

In this quarter 29 (8.4%) of the 345 DBS/EID samples that were analyzed were positive. Out of the 29 positive infants, 15 were started on ART, two children died and 12 babies are being tracked to enable enrolment. Through the mentor mothers, 987 mother/baby pairs were enrolled into the mentor mother initiative and of the 20 defaulters, 10 have been successfully traced and re-started on treatment.

Of the 164 HIV exposed infants enrolled in 7 high volume facilities (Nakuru PGH, Bahati DH, Langalanga Health Centre, Kabazi Health Centre, Molo DH, Elburgon SDH, Njoro Health Centre) one year ago shows that 9 (6%) turned positive at six weeks and seven were started on ART; one child died and one child was lost to follow-up (wrong telephone contacts). Out of the remaining on HEI follow up, 140 (90%) were active on follow up, 14 (10%) were lost to follow-up and one child died. The main challenge experienced was slow implementation of a comprehensive integrated PMTCT/MCH model intended to follow the mother baby/pairs from the same point and by the same health care provider. The project has engaged the support of the HMT through on-going mentorship and generation of evidence that integrated models improves both maternal and infant outcomes

Narok: The project supported 40 facilities to provide PMTCT services. Twelve high volume facilities are following up mother-baby pairs in the MCH while the other dispensaries follow them in the general outpatient department. During this quarter, the program supported the county eMTCT TWG meeting that developed a county roadmap to address the high rates of mother-to-child transmission. During the meeting it was decided that all ART sites will provide HAART for all pregnant women regardless of their clinical or immunologic status, as the others continue with Option A, awaiting national adoption of 2013 WHO guidelines. Additionally the facilities in charges were charged with the responsibility of ensuring timely testing of infants through the CWC clinic. The project mentored 40 HCW at 18 facilities on correct use of registers reporting, correct filing system, HEI cohort analysis, as well as the rationale for adopting Option Bplus and defaulter tracing. As a result, seven mothers and their babies were traced back and re-initiated on ART. The project distributed 200 PMTCT/MNCH job aids to 15 facilities and mentored the HCW on their use.

During the reporting period, 3,731 mothers attended their first ANC clinic compared to last quarter's 3,985. Out of those attending ANC clinic, 3,487 were tested with 40 (1.1%) turning positive. Another 925 mothers were tested in the maternity out of whom 6 (0.6%) turned positive while 20 were enrolled with a known positive status. Of the 66 positive mothers identified, 46 (70%) were given prophylaxis and 45 issued with infant nevirapine. The reported low rate of maternal prophylaxis is attributable to misreporting of the previously known positives on ART whereby they were not recorded as having received prophylaxis in their first

visit. This is being addressed by the mentorship team, the CASCO and RH coordinators. One of the challenges affecting correct documentation and reporting is frequent staff rotations. In the next quarter, the project will support a maternity users' meeting where all staff in maternity and ANC will deliberate on and address the barriers to provision of quality services and reporting.

Forty nine DBS/EID samples from 12 health facilities were analyzed during the quarter and five (10.2%) were positive. Four out of the five positive infants were started on ART while the remaining one was transferred out to a CMF supported site. Though MTCT rates in the county have been on the decline since 2012, the current rates are still above 10%. The County eMTCT task force is keen to reverse the trends through adoption of efficacious PMTCT regimens and ensuring that all mothers get PMTCT interventions. Analysis of the EID samples shipped during that quarter shows that the median age at first DBS has decreased from 2.9 months in the previous quarter to a current median of 2.2 months. The aim is to lower this to 6 weeks by screening all mothers and children at their first immunization clinic. In addition, from the analysis, we established that only 24 (49%) of the HEI mothers received HAART. One of the main impediments to implementation of PMTCT option Bplus was staff resistance, especially at the Narok CH. However, the recent national adoption of the WHO recommendations and release of the guideline is expected to increase uptake of HAART among the HIV positive mothers and therefore translate into lower transmission rates. The mentor mothers employed by the program came in handy in task shifting following comprehensive mentorship. Through the mentor mothers program, nine mother/baby pairs were traced and re-initiated on treatment this quarter.

HEI Cohort analysis of 41 HIV-exposed infants enrolled in four high volume facilities (Narok CH, Ololulunga SCH, Nairegi Enkare and Sogoo Health Centre) one year ago shows that five (12%) turned positive between six weeks to nine months and were started on ART. Out of the remaining 36 on HEI follow up, 22 (61%) were active on follow up and the rest lost to follow-up.

HIV Care and Treatment

The project supported 113 ART sites with 28,922 patients currently on ART (97% of the annual target of 29,746) among them 2,700 (9.7%) children below 15 years. In this reporting period, 3,724 patients were enrolled into care and 1,854 started on ART compared to last quarter where 1,460 patients were started on ART. A total of 4,497 have been started on ART in the year (83% of the annual target)The project continued to mentor HCW on strengthening linkages between HIV testing and enrollment into care, shift to viral load monitoring for patients on ART, documentation of service statistics and reporting.

The project continued to strengthen the existing laboratory sample transportation networks to accommodate upcoming ART sites. Out of the 4,306 viral load samples analyzed during the quarter, 3,040 (70.6%) had undetectable viremia and 929 (21.6%) had a viremia suggestive of treatment failure. All the patients with a suspected treatment failure were scheduled for a confirmatory viral load test. Analysis of repeat viral load among 62 patients previously suspected to be failing 1st line ARVs showed that 25(40.3%) had virologic failure, 29(46.8%) had undetectable viremia and eight (12.9%) had viremia below the limit for treatment failure. The project will prioritize the follow-up the patients with confirmed treatment failure to ensure they are promptly put on second-line ARV regimens.

Baringo: The project supported 25 ART sites. During the reporting period, 229 (69.6% of the newly diagnosed) patients were enrolled into care while 196 were started on life-long ART

compared to 111 started on ART the previous quarter. The increment in the number of patients started on ART is attributable to adoption of the WHO 2013 guidelines that recommended use of ART for patients with CD4 counts less than 500/mm³. Cumulatively, 413 patients have been started on ART this year, translating to 93% of the county's annual target of 446.

Currently, 2,097 patients are on ART, which is 96.8% of the county annual target of 2,166. Children aged below 15 years contribute 256 (12%) of the total number of patients on ART. The project plans to increase the proportion of children on ART to 16% through rapid roll out of the new national guidelines recommending ART for all HIV-infected children below the age of 10 years.

During the quarter under review 687 viral load samples were analyzed 473 (69%) had undetectable viremia while 170 (25%) had suspected treatment failure. All the patients with suspected treatment failure were contacted for a confirmatory test. Among the patients on care 1,382 CD4 samples were analyzed.

Kajiado: In this quarter, the project supported 18 ART sites. Continuous medical education was conducted in seven ART sites (Ilmurtot Health Centre, Namanga Health Centre, Mashuru Health Centre, Kitengela medical services, Bissil Health Centre, Embulbul Dispensary, Magadi Hospital) reaching 64 clinical staff. In addition, the project mentored 58 HCW at 13 ART sites on viral load monitoring for patients on ART, documentation and reporting, defaulter tracking, management of TB-HIV co-infection, and utilization of NASCOP website to obtain viral load and EID results.

During the quarter, 445 (68%) out of the 657 patients who tested positive for HIV, were linked to care. In addition, 248 patients were initiated on ART, compared to 232 in the previous quarter. Cumulatively, 689 patients have been started on ART in the year. By the end of the quarter, 4,636 patients were on ART (83% of the county annual target); 359 (7.7%) being children below 15 years. The roll out and implementation of the new ART guidelines is expected to increase the number and proportion of children on ART to the project target of 15%. Through the participation of CHW/community health volunteer and use of phone call tracking, the project supported defaulter tracing for the patients on follow up in the CCC. Out of the 854 patients who missed their appointments from eight high volume sites, 654 (74%) were contacted. Out of these patients contacted, 474 (72.5%) resumed care, 14 (2.2%) obtained an official transfer out to other facilities, 16 (2.4%) were confirmed dead, 25 (3.8%) had enrolled in other facilities (self-transfer outs), while 125 (19.1%) are still being followed up.

Assessment of 161 patients started on ART one year ago shows that 147 (93.3%) were alive and on treatment, two (1.2%) were dead and 12 (7.5%) were lost to follow up. Among the 147 patients on treatment 141 (96%) were on the original first line regimen, five (3.3%) had substitutions due to toxicities and intolerance and one (0.6%) had been switched to second line regimen due to virologic failure. The number of clients accessing viral load testing increased from 401 by last quarter to 840 this quarter. Out of the 840 patients who had a viral load test, 180 had viremia suggestive of treatment failure and 67 were reassessed for adherence. Forty-two of these had a confirmatory viral load, which showed that 35 had ARV treatment failure; 14 were switched to second-line regimens. In the next quarter, the project will follow up the remaining patients to ensure they are started on second line treatment.

Laikipia: The project supported 14 facilities to provide quality ART services. The project mentored 38 HCW at the 14 sites on documentation of service statistics and reporting in MOH

731 and MOH 711, transitioning to routine viral load monitoring among patients on ART, CD4 testing for those on care and strengthening laboratory sample transportation networks. The HCW were also updated on the revised WHO guidelines on clinical management of HIV/AIDS.

During the reporting period, 185 patients were newly enrolled into care. In addition, 148 patients were started on ART. Cumulatively, 359 patients were started on ART in the year bringing the total currently taking ART to 2,881; 252 (9%) are children below 15 years. Through the established sample transportation networks, 726 CD4 and 197 viral load samples were analyzed. Out of the 197 viral load samples analyzed, 40 (20%) were suspected to have treatment failure and 27 of the patients have had a confirmatory viral load sample taken. The confirmatory tests indicated that eight patients had treatment failure and were started on second-line ARVs. The slow uptake of viral load testing was occasioned by staff resistance at Nanyuki CTRH. However, the mentorship team through the support of the CASCO and the CCC stakeholders have established a robust system for daily sample collection and transmission to the national reference labs.

A cohort analysis of 90 patients started on ART a year ago from seven facilities showed that 64 (71%) were retained at 12 months, 7 (5.6%) died, and 19 (15.3%) were lost to follow up. Among those active in care, 61(95%) were on the original first line regimen while three (5%) had been moved to alternative first line regimen due to toxicity. Within the quarter, 166 patients missed their clinical appointment of whom 149 (90%) were contacted. Of those contacted, 108 (72%) returned to care, seven (5%) were confirmed dead, 15 (10%) had self-transferred out to other facilities, 5 (3%) had stopped ART and 14 (9%) are still being followed up.

Nakuru: The project supported 55 sites to provide ART services to 17,801 patients. The project mentored 75 HCW from 26 health facilities on PITC and linkage to care, and implementation of the 2013 WHO's recommendations on management of HIV/AIDS. In addition, by linking with other national mechanisms (CHAI and KEMSA), the project supplied DBS kits to facilitate viral load monitoring. Thirty-six (65%) of the ART sites are currently providing routine viral load testing for patients on ART. As a result, 2,932 viral load samples were transported and processed and 722 (24.6%) had viremia suggestive of ARV treatment failure. Confirmatory viral load testing are scheduled after three months as the patients undergo adherence support and counselling.

During the reporting period, 2,023 (74%) of the patients diagnosed with HIV were enrolled into care. A total of 1,066 new patients were started ART; 21% increment from the last quarter's performance. Cumulatively, 17,801 patients are currently on treatment in the county; 1,583 (9%) are children below 15 years. Analysis of cohort of 594 patients started on ART in 12 high volume facilities one year ago shows that 460 (77.4%) were retained and on treatment at 12 months, 110 (30%) were lost to follow up and 20 (6%) were dead. Among the 460 patients on treatment 427 (93%) were on the original first line regimen, 32 (7%) had substitutions due to toxicities and intolerability and one had been switched to second line regimen due to virologic failure.

Narok: During the quarter under review, the project supported 14 sites to provide ART to 1,507 patients. Three CME/CPD sessions were conducted in five ART sites (Mulot HC, Naarosura HC, Nairagie-Enkare HC, Ololulunga DH and Enabelbel Health Centre) reaching 19 HCW. The supported ART sites were sensitized on treatment failure, and the current recommendation for monitoring patients on ART. In addition, the project mentored 16 HCW

from 11 ART sites (Sogoo HC, Narok CH, Olokurto Health Centre, Ololulunga SCH, Enabelbel HC, Nairagie Enkare HC, Entasekera HC, Olmekenyu HC, Olchoro HC, Naarosura HC and Ntulele HC) on patient monitoring, documentation and reporting, defaulter tracking and accessing viral load and EID data from the NASCOP website.

During the reporting period, 285 patients were enrolled into care and 196 started on ART. Cumulatively, 436 patients have been started on ART this year bringing the total number of patients currently on ART to 1,507; 172 (11.4%) are children below 15 years. Cohort analysis of 91 patients from eight facilities started on ART a year ago shows that 70 (77%) were retained at 12 months, five (5%) died, and 14 (15%) were lost to follow up. Among those active in care, 67 (96%) were on the original first line regimen while three (4%) had been moved to alternative first line regimen due to toxicity. Within the quarter, 115 patients missed their clinical appointment of whom 109 (95%) were contacted. Of these, 105 (96%) returned to care, one could not be reached, two had drugs and were rescheduled while one had picked drugs from another facility while on transit.

Laboratory Strengthening

During the quarter under review, the project supported development and distribution of laboratory SOPs and job aids in all the five counties. Additionally the project supported training laboratory and PITC providers on the new HTC algorithm.

Baringo: During the quarter under review, the project mentored 18 HCW from six sub-county hospitals, 10 ART sites and five high volume HC on DBS sample processing and packaging, commodity management and online reporting of CD4 commodities. In addition five HCW from Eldama Ravine SCH laboratory were mentored on correct filling of the MOH 362 (permanent lab register). The mentorship team introduced a color-coding scheme to help the HCW retrieve records of patients suspected to have virologic failure for confirmatory testing and patient management.

The project continued to support online reporting of test kits by providing modems and internet bundles to the SCMLTs and lab in-charges. So far, five sub-counties in the county are reporting online with an average timely reporting rate of 93%. The project also supported mop up and redistribution of 3,000 determine test kits from facilities that were not utilized in low volume facilities to the high volume sites in order to avert expiries.

Kajiado: The project facilitated a joint MOH support supervision to the private facilities in Kajiado North focusing on laboratory biosafety and sample processing. During the supervision, the private laboratory providers were mentored on quality sample processing and were linked to other county laboratories. In addition, the project organized and supported a laboratory practitioners' professional development forum where 19 lab technologists working for private facilities in the sub-county participated. With support from CHAI, two PIMA CD4 modems were installed at Kitengela HC and Namanga HC to facilitate data transmission.

The project also supported training of laboratory technologists and PITC providers on the new HTC algorithm. To ensure continuous testing of clients in the supported facilities, the project also distributed 5,200 supplementary Determine test kits to avert stock outs. The project continued to provide airtime to two SCMLTs and three labs in-charges for the online uploading of F-CDRR for laboratory commodities. The current county average online reporting rate for the quarter was 46%. The low reporting rate was because of non-reporting in Kajiado North

and Kajiado Central sub-counties. The project will engage the SCHMT in intense mentorship in the next quarter to improve the reporting rates.

Laikipia: During the quarter under review, eight HCW from three facilities were mentored on the new HTC Algorithm, EID, viral load sample collection and transportation, commodity management, and SOP writing. In addition, the project trained 168 HCW on the new HTC algorithm the laboratory Manager in Rumuruti SCH and Nanyuki CTRH were mentored on online reporting of CD4 commodities in the NASCOP website. By the end of the quarter, the average online reporting rate was 100%. Nanyuki Training and Referral Hospital is participating in EQA for hematology, clinical chemistry and CD4. The facility is undergoing WHO Strengthening Laboratory Management toward Accreditation (SLMTA) stepwise accreditation process.

During the quarter under review, the Partec Cytoflow CD4 equipment in Rumuruti SCH malfunctioned. It was shipped to the vendor for preventive maintenance. Segera Mission Dispensary was linked to the National TB program for TB laboratory consumables.

Nakuru County: During the reporting period, the project supported a CME for 25 HCW at PGH in Nakuru on accessing the NASCOP EID data base, specimen collection/rejection criteria in the laboratory and viral load collection. Laboratory managers in PGH Nakuru, Naivasha SCH and Molo SCH were mentored on online reporting for CD4 commodities. Twenty-eight HCW at nine facilities were mentored on EID, viral load sample collection and transportation and commodity management. Additionally, the project produced and distributed laboratory job aids to four facilities. Three laboratories (Naivasha SCH, Molo SCH, and PGH Nakuru) are participating in EQA for hematology, clinical chemistry and CD4. Another 61 laboratories are participating in TB microscopy EQA, while PGH Nakuru and Naivasha SCH laboratories are currently undergoing the WHO AFRO SLMTA stepwise accreditation process.

The project supported shipment of 2,709 CD4 samples from nine Sub-counties to the four CD4 testing hubs for analysis. CD4 testing was low due to stock out of BD reagents in the laboratory hubs. In the reporting period, viral load testing through laboratory networking was rolled out to three additional sites (Kabatini HC, Dundori HC and Engashura HC) and 2,905 viral load samples were shipped for analysis.

Narok: The project supported laboratory sample networking/transportation from satellite sites to the central laboratories; 1,086 CD4 samples were processed and analyzed at the two CD4 testing hubs. The project facilitated shipment of Nairagie Enkare's faulty PIMA CD4 POC to Alere for repair. During the time the machine was under repair, the project supported shipment of CD4 samples to Narok CH. The project assisted nine laboratories to develop 63 SOPs to enhance quality laboratory practices and mentored 11 HCW on commodity management, and collection of DBS samples for EID and viral load testing. The facilities were also provided with 54 laboratory job aids and 100 stock cards. In addition, six facilities (Nairagie Enkare HC, Enabelibel HC, Mulot HC, Olchorro HC, Ntulele dispensary, Olokurto HC and Entasekera HC) were provided with cooler boxes to assure CD4 sample integrity during shipment.

The project facilitated nine trainings on the new HTC algorithm in which 203 HCW were trained. In order to ensure uninterrupted HIV testing in the supported facilities, the project provided 4,500 supplementary determine test kits and re-distributed 2,267 Determine and 148 Unigold test kits from eight facilities that had excess stock. The two SCMLTs and two laboratory in-charges were provided with internet bundles to facilitate online uploading of

Facility Consumption Data Reporting and Request (FCDRR) for laboratory commodities. With this support, the county has had 100% CD4 reporting rate to the CD4 LIMS since March 2014 and above 90% FCDRR reporting since April 2014.

Pharmacy Support

During the quarter under review, the project in collaboration with SCHMTs mentored HCW on commodity reporting and pharmacovigilance tools. In addition, the project supported the county and sub-county pharmacists to redistribute essential medicines, family planning (FP) commodities and ARVs to buffer delayed supplies from KEMSA as experienced in Narok and Kajiado counties. As a result, none of the 114 ART sites experienced stock out of ARV drugs. The project also supported distribution of pharmacy tools and job aids to all the ART facilities. In collaboration with Kenya pharma and the county pharmacists, the project facilitated discussions to phase out use of stavudine.

Baringo: During the quarter under review, five HCW at four facilities (Kabartonjo SCH, Olarable HC, Barwessa HC, and Tenges HC) were mentored on commodity management with emphasis on quantification and reporting. In addition, because of integration of commodity reports with the monthly service data reports submitted to HMT and SCHMT, reporting from ART satellites improved greatly. The county had a 100% reporting rate for all ART sites; there was no ART stock out during the period under review.

Kajiado: During the reporting period, the project supported 17 out of the 18 ART sites through mentorship on pharmacy documentation, pharmacovigilance reporting and commodity management reaching 28 nurses and pharmacy staff. As a result, six cases of suspected adverse drug reactions were reported to the Pharmacy and Poisons Board (PPB). The project supported the upgrading of the ADT at Kajiado CH from the version 3.0 to version 3.1 is superior and easier to navigate. The project also linked with the national mechanism, Kenya Pharma for the supplies of 30 Daily Activity Register (DAR) and 20 FCDRR, which were distributed to nine facilities (Kajiado CH, Kitengela HC, Ngong SCH, Ongata Rongai HC, Namanga HC, Embulbul Dispensary, Namelok, Entasopia, Rombo and Ilmurtot HC). In addition, the project facilitated the county pharmacist to redistribute short expiry drugs and essential medicines to facilities with high consumption.

Laikipia: The project supported 12 satellite ART sites to report on Facility Monthly ARV Patient Summary (FMAPS) and FCDRR to the two central sites, Nanyuki CTRH and Rumuruti SDH. A total of 18 pharmacy staff and nurses were mentored. Drugs were supplied as per the FCDRR; therefore, no facility experienced stock outs of ARVs. In addition, all the facilities were sensitized on availability of Atazanavir-boosted with ritonavir (ATV/r) at two central sites and were mentored on procedure for requesting. One Medicines and Therapeutics Committee (MTC) meeting was held at Nanyuki CTRH attended by 11 staff. The project supported installation of ADT at Oljabet HC and on-job training on ADT at Lamuria Dispensary. ARV'S were redistributed in four facilities i.e. Nyahururu SCH, Oljabet HC, Rumuruti SCH and Nanyuki CTRH. Additionally, the project supported a 3-day orientation on pharmacovigilance reaching 30 participants.

Nakuru: During the quarter under review, the project distributed and disseminated 15 DAR-ARV/OI, 20 pediatric dosing charts, 17 expiry tracking charts, 11 FCDRR and four FMAPS to 19 ART satellites sites receiving ARVs from the Nakuru central store, Njoro HC, Molo SCH, Gilgil SCH and Naivasha SCH ART central sites. In addition, the project mentored 13 HCW on the use and management of ADT, use of Pediatric ARVs, use of expiry tracking charts and commodity inventory management. The project supported redistribution of ARVs

from Kericho CH to Molo SCH as a stop gap measure to avert shortage that was occasioned by delayed and inadequate supplies from KEMSA.

ART central sites (Nakuru central store, Bahati SCH, Naivasha SCH, Gilgil SCH, Molo SCH and Njoro HC) and two stand-alone sites (St Mary’s Hospital Gilgil and Nakuru PGH) had 100% reporting rates to the national supply chain and there was no ART drug shortage. The project participated in the health commodity-reporting workshop, which emphasized on monitoring and evaluation (M&E) for supply chain.

Narok: During the reporting period, 22 HCW at 10 ART sites (Olchoro, Olokurto, Sogoo, Nairagie - Enkare, Mulot, Enabelbel Health Centre, Ntulele Dispensary, Ololulunga SCH and Narok CH) were mentored on pharmacy documentation/reporting and pharmacovigilance reporting. At satellite sites (Sogoo HC, Olchoro HC and Entasekera HC), the objective of the mentorship was on forecasting and reporting of consumption data and expiry tracking. Because of continued mentorship on pharmacovigilance, Ololulunga SDH reported a case of adverse drug reaction to the PPB. In addition, the supported the upgrading of ADT at Narok CH from the version 3.0 to version 3.1 which is superior and easier to use. The ART pharmacist was mentored on how to generate FMAP reports using the data from the ADT. In order to improve the efficiency of ARV drug supply in the county, the project supported the up grading of Ololulunga SCH into a central site for Narok South Sub-county. The facility received its first supply during the quarter and serves nine satellite ART sites.

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

The project continued to monitor use of RDTs during routine site visits to facilities. In addition, the project assisted in the re-distribution of 960 malaria rapid diagnostic test kits in Narok County.

3.1.9 Increased availability of screening and treatment for TB

During the reporting period, the project supported 113 TB-HIV treatment sites. A total of 1,615 TB cases were detected of which 1,204 (75%) were tested for HIV with 439 testing positive, giving a TB/HIV co-infection rate of 36.5%. A total of 422 (96%) TB/HIV co-infected patients were started on co-trimoxazole. Sample data (1,285 TB cases) from 33 selected high volume facilities show that out of 372 (33.6% of 1,081 tested for HIV) co-infected patients, 326 (88%) were started on ART. The remaining patients who were diagnosed towards the end the quarter are being followed up to ensure they are initiated on ART within eight weeks.

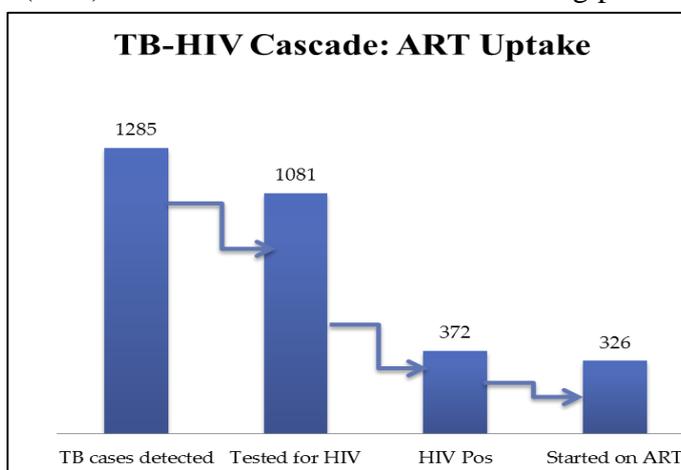


Figure 3: TB-HIV Cascade: ART uptake from 33 sites

Baringo: The County has 91 TB treatment sites of which 31 (34.0%) sites are TB diagnostic sites. During the reporting period, 96 TB cases were detected and 85 (86.0%) were tested for HIV. Of these, 19 (22%) tested HIV positive and 16 (84%) clients were started on co-trimoxazole. Among the 17 patients diagnosed with TB/HIV co-infection in eight high volume

sites, 16 (94%) were started on ART. In addition, the project provided technical mentorship to scale up implementation of 5Is. As a result, five children below five years with contact to smear-positive cases were started on isoniazid prophylaxis (IPT). HCW were mentored on intensified case finding/TB screening at every visit to give room for successful implementation of IPT.

Kajiado County: During the quarter under review, the project mentored HCW on intensified case finding, immediate initiation of treatment and integration at 17 ART sites. From 18 TB/HIV treatment sites, 423 new TB cases were diagnosed out of whom 223 (53%) were tested for HIV and 68 (30.5%) turned positive. Out of the 68 TB-HIV co-infected patients, 66 (97%) were started on co-trimoxazole. Further analysis from a sample of 344 TB cases detected at 10 facilities (Oloitokitok SCH, Kimana HC, Masimba HC, Ngong SCH, Ongata-Rongai HC, Kitengela HC, Isinya HC, Entarara HC, Embulbul Dispensary and Kajiado CH) show that 286 (83%) were tested for HIV. Out of the total tested, 90 were HIV positive translating to a co-infection rate of 31%. Of the co-infected patients, 82 (91%) were started on ART. The remaining eight patient are undergoing adherence preparation with an aim of starting ART within the recommended eight weeks.

Laikipia County: The project team visited 14 TB-HIV facilities and mentored HCW on the implementation of the 5Is. Mapping was done in Laikipia West and Nyahururu with an aim of networking sputum sample transportation for molecular diagnosis at the Nyahururu SCH. A total of 328 cases of TB were detected out of whom 114 (48%) individuals were tested for HIV. The co-infection rate was 42 (36.8%) of whom 39 (93%) were started on co-trimoxazole. Analysis from four ART sites (Nanyuki CTRH, Ndindika HC, Oljabet Dispensary and Rumuruti SCH), indicates that out of 87 TB cases detected 92% (80 out of 87) were tested for HIV and the co-infection rate was 26% (21 patients). Sixteen (76%) of the co-infected patients were started on ART.

Nakuru County: During the quarter under review, 700 TB cases were detected, 636 (91%) were tested for HIV and 246 (35%) were TB/HIV co-infected; 236 persons (96%) were started on co-trimoxazole and initiated on ARVs. The variance is due to the known positive who were started on co-trimoxazole within the quarter.

The team mentored HCW on management of TB/HIV co-infected patients. Data from four high volume facilities show that 106 (90%) of the 118 patients diagnosed with both TB & HIV within the quarter were started on ART.

Narok County: During the quarter under review, 12 HCW from eight facilities were mentored on intensified TB case finding and management of TB/HIV co-infection. From 14 TB/HIV treatment sites, 158 new TB cases were diagnosed out of whom 146 (92%) were tested for HIV and 61 (42%) found positive. All the 61 TB-HIV co-infected patients were started on co-trimoxazole. Analysis from six high volume ART sites (Narok CH, Ntulele Dispensary, Sogoo HC, Nairagie-Enkare HC, Enabelibel HC and Ololulunga SCH) where 116 TB cases were detected show a testing rate of 92% (107 out of 116) and TB-HIV co-infection rate of 34% (36 out of 107). Out of the 36 TB/HIV co-infected patients, 24 (67%) were started on ART.

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

During the quarter under review, the project reached 239 HCW in 83 facilities with the mentorship/CMEs/OJT activities. The areas of focus were LAPM, recording and reporting, cancer of the cervix (CaCx) screening and integration of RH/HIV services. The lack of tools

to capture integrated services continues to be a major challenge. The team also disseminated national FP job aids, SOPs and cervical cancer screening guidelines to these facilities.

In the quarter, the project supported health facilities to reach 80,249 clients with FP services compared to 78,559 FP clients served in previous quarter. Total number of FP clients served for the year stands at 218,034. The quarters Couple Year of Protection (CYP) stood at 41,653 compared to 37,283 last reporting period. Cumulatively the CYP for the year is 108,692. New FP clients comprised 31.3% of the clientele.

Baringo: During the quarter under review, seven HCW from four facilities (Timboroa HC, Torongo HC, Simotwet dispensary and Kabarnet CH) were mentored on the minimum package of RH/ HIV integration. In addition, MNCH assessments for ART-MNCH were conducted in 12 facilities and identified the following gaps; HCW have limited skills in insertions of IUCDs/implants; there is limited documentation of HTC services in the FP service areas; dual protection is not routinely promoted to those who need it; integration of cervical cancer (CaCx) screening in FP services delivery is not routinely practiced; the facilities lack of speculums and reagents and that FCDRR reports are not being consistently filled. Facility action plans were developed to address these gaps with the technical support from the project teams and sub-county staff.

During the quarter, 8,527 clients were reached with FP services (67% revisits). A total of 565 clients received Long Acting and Permanent Method (LAPM) compared to 419 in the previous quarter. Despite this increase, the uptake of the LAPM is still relatively low comprising 7% of overall use. In addition, 45 clients were screened for cervical cancer at Timboroa HC, Eldama Ravine SCH and Emining HC. Out of 10 facilities with capacity to offer cervical cancer screening, only three reported this quarter. The main challenge in the integration of this service is the erratic supply of reagents in all facilities.

Eldama Ravine has integrated RH-HIV services in a number of departments. At the CCC, 36 clients received FP services and five were screened for CaCx. In addition, at the youth center, 45 youths receiving Adolescent Sexual and Reproductive Health (ASRH) counseling services also received HTC and five receiving FP services. In Emining HC, Timboroa HC, Solian HC and Kabarnet SCH, integration of CaCx screening and HTC services were evident during the assessment, however reporting needs to be strengthened. During the next quarter these sites will be supported with temporary reporting tools. There is evident use of postnatal services at these facilities. Out of 382 clients who delivered at this facility 214 received PNC care.

Kajiado: The County has 102 sites offering FP services. During this quarter, seven HCW from six health facilities: Kajiado CH, Loitokitok SCH, Ngong SCH, Kitengela HC, Isinya HC and Ongata Rongai HC, were mentored on HIV/FP integration. The project team in collaboration with MoH staff coordinated the distribution of 168 copper IUCD insertion kits to 44 health facilities; 286 women of reproductive age (WRA) who selected IUCD as a method of choice were able to receive the service.

In this period, 14,937 WRA were reached with FP services, out of whom 5,159 were first users of modern FP methods contributing to a CYP of 7,477 from 6,844 of last quarter. Three health facilities offered CaCx screening services reaching 69 WRA. All screened women had a negative VIA/Villi result. HTC was done to 27 WRA and three were known positives referred from the CCC. A total of 37 WRA in Loitokitok SCH and two from Ngong SCH were counseled and tested as they received the FP services.

Laikipia: Fifty-four health facilities supported by the project have integrated RH and HIV. Three health facilities (Nanyuki, Ndindika and Kalalu) were chosen as models in integration. Nanyuki CH is offering MNCH services over the weekend in order to increase male involvement coverage. A total of 107 male partners of ANC clients were tested for HIV and none was positive. The project supported 56 FP sites in Laikipia; RH assessment was carried out in 20 facilities and action plans developed to scale up FP services. In this period, 76 HCW were mentored on FP and 40 assorted FP job aids provided. Five facilities (Nanyuki CH, Ndindika HC, Ngarua HC, Likii HC and Nanyuki Cottage Hospital) offered CaCx screening; 95 clients were screened and three with suspect lesions were referred for further management.

In this quarter, 10,422 FP clients (78% re-visits) were served contributing total CYP of 3,727 as compared to 4,367 last quarter. The most popular contraceptive method was the injectable with 7,049 (67.6%) served, while implants and IUDs contributed to 377 (3.6%) of FP coverage. LAPM will be the focus of mentorship in the coming quarter in order to improve the uptake of the methods.

Nakuru: In Nakuru County, 176 FP sites (public, private and FBOs) were supported by the project. Nine among them are equipped for routine voluntary surgical contraception. The county CYP has increased to 21,138 in the reporting quarter compared to 20,922 achieved in the previous quarter. As a result of the ongoing mentorship on correct and prompt forecasting and quantification of contraceptives commodities, there was no reported stock out of contraceptives. The project also mentored four HCW on Standard Days Method (use of Cycle Beads) and a further 32 on FP/HIV integration and LAPM. In addition, the project disseminated and distributed assorted job aids to HCW at 38 facilities. The table shows integration service statistics in selected sites of Molo, Njoro, Elburgon, PGH-Nakuru, Bahati, Gilgil and Naivasha.

Table 2: integration service statistics at selected sites

	Apr-Jun 2014 integration service statistics at selected sites	# reached
1	CCC clients offered FP	258
2	HTC for FP clients	86
3	FP clients screened for CaCx	389
4	CCC clients screened for CaCx	246

Narok: During the quarter under review, the County experienced stock out of LAPMs and depo-provera injection due to changes in the supply and requisition system. Therefor the Project redistributed implants and depo-provera from rural health facilities to those with shortages. In the next quarter, the project will continue to orient HCW on commodity management to reduce the shortages occasioned by poor FP commodity management.

The program conducted a training needs assessment for RH and submitted the training gaps to Funzo Kenya for action. Some of the challenges facing HCW are inadequate skills in providing LAPM especially IUCDs and lack of equipment for the IUCD insertion. The last quarters CYP was 3,590, an improvement from last quarter's 2011. Five out of 45 (11.1%) facilities offered CaCx screening serving 235 clients; three clients had suspicious lesions and were referred to the gynecologist for further management. This was an improvement from last quarter where 37 clients were screened.

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

The project continued to scale up availability of basic emergency maternal obstetric and neonatal care in all the five supported counties but with priority in Narok and Baringo counties; they have poor MNCH indicators. The project RH technical officers worked with selected facilities through mentorship on FANC, partograph, Individualized Birth Plan (IBP), Active

Management of Third Stage Labor (AMSTL) and essential newborn care to address gaps identified during the facility assessments in order to improve quality of Basic Emergency Obstetrics and Newborn Care (BEmONC) services. In addition, they distributed assorted job aids to 92 facilities during the reporting period.

During the reporting period, 28,283 pregnant women went for first ANC with the number of visits to date being 79,707 (64% of the annual target of 125,000), while 13,044 had four ANC bringing the cumulative number of fourth visits to 33,677 (66% of the annual target of 50,750). A total of 18,639 women had skilled deliveries, compared to 17,505 served in the previous quarter representing an achievement of 51,727 (166% of the annual target of 31,250).

Baringo: During the quarter under review, an MNCH assessment was conducted in one facility namely Equator HC. The findings showed that the facility had the infrastructure and equipment to offer maternity services. However, the structure is 90% complete. Action plan was shared with the SCHMT for support with basic BEmONC equipment.

There was an increase in uptake of Focused Antenatal Care (FANC) and Skilled Birth Attendance (SBA) whereby 1,583 pregnant women attended the fourth ANC visits compared to 1,375 in the previous quarter. However, there was a slight decrease in the first ANC attendance with 3,795 clients served in the quarter compared to 4,040 in the previous quarter. A total of 2,583 women had deliveries by SBA compared to 2,473 in the previous quarter.

Kajiado: The project supported 83 sites. Two HCW from two health facilities (Ngong SCH and Kitengela Medical Center) were mentored on use of partograph and AMTSL. During this reporting period, the project coordinated the distribution of mother and child health booklets within the county as follows: 17,800 in Kajiado North and Isinya sub-counties, 7,100 in Kajiado Central and 6,900 in Loitokitok.

Four HMT members from Kajiado CH, Loitokitok SCH and Ngong SCH were sensitized on the importance of having functional maternal, perinatal death review (MPDR) committees to minimize infant and maternal morbidity and mortality. During this reporting period 5,509 mothers attended their first ANC visit bringing the cumulative total to 18,365 (81.6% of annual target). A total of 2,446 pregnant mothers attended FANC up to the 4th visit bringing the cumulative total to 7,647 (83.7% of the annual target). In addition, SBA delivered 2,668 births bringing the cumulative total for the county to 8,124 in the year.

Laikipia: The project supported 54 ANC sites. Among them 33 sites were visited for mentorship, joint support supervision and data review. Assorted job aids were distributed and staffs were oriented on how to use them. A total of 158 staffs were mentored on scale up of skilled deliveries, correct use of partograph, AMSTL, prevention and management of postpartum hemorrhage and infection prevention practices. A CME on preconception care was held at Nanyuki CTRH attended by 59 staff.

First ANC visits reduced to 2,354 from 2,724 last quarter while fourth ANC visits improved to 1,392 (22% increase), while SBA deliveries improved to 1,698 (14% increase compared to last quarter. Late attendance of mothers to the clinic continues to be a major challenge. For instance, out of 620 new ANC clients served at Nanyuki CTRH, 134 (22%) visited the antenatal clinic for the first time during the third trimester and only 86 (14%) had attended in the first trimester. Reasons given for late ANC attendance by clients included not knowing the right time of gestation at which they should start seeking ANC care, distance to the facility, negative staff attitudes and long waiting time for services. To address the issue of distance,

some facilities in the county e.g., Doldol and Segera Mission hospitals are picking clients from their homes for delivery, which has improved the number of births in these facilities.

Nakuru: The County has 158 ANC sites. Most of the tier two-health facilities offer Basic Emergency Obstetric and newborn care. PGH Nakuru, Olenguruone SCH, Molo SCH and Naivasha SCH offer Comprehensive Emergency Obstetric care services. During the quarter under review, the project team mentored 60 HCW at 30 sites on infection prevention, FANC, Partograph, AMSTL, administration of Magnesium Sulphate and management of obstetric emergencies. Eight HCW were given orientation on life saving skills in obstetrics. In addition, assorted job aids were disseminated and distributed to 44 facilities.

In this reporting period, 12,894 clients attended their first ANC visit and 6,758 completed their fourth ANC visit as compared to 13,876 and 5,314 respectively for the previous quarter. Also, 10,156 mothers delivered under SBA compared to 8,266 the previous quarter. In the next quarter, the project will implement strategies to improve uptake of fourth ANC visits and SBA by strengthening linkage to community units, sustained demand creation through health communication, continued mentorship on essential health packages, provision of basic equipment and facilitative supervision. Lack of ambulances services at lower level facilities remain a major challenge. To address this, facilities have been encouraged to have hotline numbers and develop a referral mechanism with the referral facility with an ambulance to ease access to the service.

Narok: During the quarter under review, the project distributed ANC booklets and partograph sheets to 15 health facilities and the staff mentored on their use. The eMTCT/MNCH taskforce meeting held in the quarter acknowledged the low deliveries by skilled attendants in the county. Towards improvement of this indicator, the meeting developed an action plan that seeks to have the county employ more staff and train them, need to redefine the role of the traditional birth attendants (TBAs) as escorts, conduct social mobilization through CUs on importance of skilled attendance, motivate mothers to attend four ANC visits and encourage male involvement. TBA were re-oriented to become escorts to pregnant mothers to facilities; they will be rewarded with a sheep when they successfully escort five mothers to deliver at health facilities.

During the quarter, deliveries under SBA increased to 1,534 from last quarter's 1,436. A total of 3,731 pregnant women attended first ANC visit compared to 3,985 pregnant women in the previous quarter. Fourth ANC visits were 865 up from 757 the last quarter. This low performance was discussed during the First Lady's Beyond Zero campaign and in the county MNCH TWG. Proposed actions included community advocacy by CHWs, elders and leaders and health education within the ANC on the importance of early initiation of ANC visits and completion of the 4th visit. In the next quarter, the project will train 30 HCW on BEmONC.

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 quarter under review, the project provided OJT and/or mentorship to HCW on essential newborn care, breastfeeding, newborn resuscitation, prevention and management of common childhood emergencies including diarrhea, and prevention of childhood illnesses. The HCW were also sensitized on the importance of monitoring and documentation of height for age in the Mother/Child booklet and reporting of the same in the CHANIS. In addition, 44 HCW from Nakuru, Narok and Laikipia counties comprising of nutritionists, nurses, pharmacy technologists, health records and information officers were mentored on nutrition service delivery. The OJT/mentorship addressed nutrition assessment and diagnosis for the different

age cohorts (0 – 5 years, 5 – 17 years and adults) using reference charts for nutrition diagnosis, documentation of nutrition services in the relevant registers and reporting tools, nutrition counseling on critical nutrition practices and integrated management of malnutrition including use of the food by prescription protocol. Nutrition job aids, BMI wheels and guidelines were distributed. Infant and young child feeding guidelines, integration of high impact nutrition interventions in TB/HIV, quantification and forecasting of nutrition commodities were also covered.

During the reporting period, 31,517 children received Pentavalent 3 vaccine, compared to 32,740 children in the previous quarter bringing the cumulative number of children who have received the vaccine in the year to 87,520, which is 73% of the year 4 target. A total of 37,429 children under five received vitamin A supplementation during this period, bringing the total reached to 107,519 which is 89% of the annual target of 120,000.

Baringo: The County is one of the 14 counties identified as having declining MNCH indicators especially fourth ANC attendance, low deliveries by SBA and postnatal care. Nineteen facilities in the county were identified for support to improve MNCH service uptake within a period of four months (June to Sept 2014). To support the scale up, the project in partnership with PIMA oriented 25 RH coordinators, public health nurses and health information officers from six sub counties on data tool for conducting Emergency Obstetric and Newborn Care (EmONC) assessment on 7-9 signal functions. The finding of the assessment will be shared in the next quarter to inform actions to improve MNCH service delivery. In addition, FUNZO will train HCW on BEmONC in the next quarter.

The project continued to provide mentorship to HCW on immunization, especially plotting facility performance in the immunization drop out chart. Eight facilities were mentored on documenting and plotting immunization drop out chart (Torongo HC, Timboroa HC, Emining HC, Kabarnet CH, Kabartonjo SCH, Ngubereti HC, Solian HC and Eldama Ravine SCH). In this period, 3,811 children received pentavalent-3 vaccine, while 3,751 received PCV3 and 4,236 were fully immunized.

Four health care workers comprising of three nutrition staff and one nurse from Eldama Ravine SCH and Mercy hospital were mentored on nutrition assessment, counseling and support approach, maternal infant and young child feeding guidelines and documentation of nutrition services including DHIS nutrition reporting. Triaging and referral criteria for nutrition counseling of children and pregnant mothers were also discussed to address their low coverage.

Kajiado: Out of the 83 ANC sites, 36 health facilities have the capacity (designated areas and basic equipment) to conduct deliveries. There are 59 facilities with functional Oral Rehydration Therapy (ORT) corners. During this reporting period, the project facilitated the distribution of basic MNCH equipment (23 delivery kits, 17 vacuum extractors, 15 ambu bags, 15 baby warmers and 14 fetal scopes) to 12 health facilities (Kajiado CH, Namanga HC, Kitengela SCH, Ngong SCH, Magadi hospital, Entasopia HC, Shompole HC, Namelok HC, Loitokitok SCH, Kimana HC and Entarara HC). The equipment will enable the facilities to offer quality EmONC services. Six HCW from five health facilities (Kitengela SCH, Ngong SCH, Ongata Rongai HC, Loitokitok SCH and Bissil HC) were mentored on infection prevention in maternity rooms/departments. During the reporting period, 6,370 children received pentavalent-3 vaccination and 4,707 received vitamin A supplementation.

Laikipia: The project supported a CME session on newborn care at Nanyuki CTRH reaching 11 service providers with the objective of improving their skills in newborn resuscitation and

reduce neonatal mortality rates (NMR). In addition, the project mentored 26 HCW on the use of emergency trays. During the mentorship visits, the trays were examined to ensure that they had complete complement of essential emergency drugs. Out of 33 facilities visited in the quarter, 28 had ORT corners. The five sites that did not have ORT corners were encouraged to establish them.

During this reporting period, 2,319 children received pentavalent-3 vaccination and 4,746 received vitamin A supplementation. Eleven out of 33 facilities visited had not updated their immunization summary charts, which was rectified during the visit. The county achieved fully immunized coverage (FIC) of 92.3% with a dropout rate of 10%. Additionally, ten HCW from non-reporting nutrition priority sites were mentored. The facilities visited were Ng'arua HC, Rumuruti SCH, Nanyuki CH, Ndindika HC, Oljabet HC and Melwa HC. The mentored focused on nutrition screening and referral for nutrition services at the triage, documentation of nutrition services in the relevant nutrition registers and tools, updating Vitamin A monitoring charts and DHIS reporting for nutrition services including high impact nutrition interventions. Noteworthy were serious staffing challenges identified in Ndindika and Oljabet HCs. Both facilities did not have nutritionists and existing staff could not adequately support nutrition services due to heavy workload.

Nakuru: The project supports 158 primary care centers in the county; of these 43 have functional ORT corners. During the quarter under review, 87 HCW at 43 facilities were mentored on baby friendly hospital initiatives (BFHI), IMCI, Immunization and Neonatal resuscitation. Job aids/SOPs were also disseminated at the 43 facilities. A total of 12,879 children received pentavalent-3 vaccine translating to 102% against the annual target. Additionally, to 15,873 children below 5 years were given Vitamin A supplementation. The facilities had not started giving the second measles dose for the children in the general population but were giving to the HEI. In this period, 17,791 children were treated for diarrhea while 7,637 children were treated for pneumonia.

In order to improve nutrition service delivery, the project mentored 20 HCW from Keringet HC, Piave HC, Sanchangwan HC, Langalanga HC, Mogotio RHDC, Olengeruone SDH and Nakuru PGH. The mentorship addressed nutrition assessment and diagnosis for the different age cohorts (0 – 5 years, 5 – 17 years and adults) using reference charts, documentation of nutrition services in the relevant registers and reporting tools, nutrition counseling on critical nutrition practices, integrated management of malnutrition including use of the food by prescription protocol and quantification and forecasting of nutrition commodities. Nutrition job aids, BMI wheels and guidelines were also distributed. In addition, the project supported a one-day meeting for the county nutrition team to plan and draft the county nutrition action plan. The project also re-distributed nutrition commodities from central sites to satellite sites.

Narok: During the quarter under review, the project mentored HCW at three facilities on the use of MNCH equipment (vacuum extractors). The equipment were procured and distributed by USAID to seven facilities (Narok CH, Ololulunga SCH, Naisuya Dispensary, Olokurto HC, Enabelbel HC, Endonyo Narasha Dispensary and Chemwokter Dispensary). Mentorship also addressed establishment and use of ORT corners, promotion of the use of zinc in the management of diarrhea, BFHI, infant feeding in HIV and proper use of registers and reporting tools. Ten 10 facilities were provided with buckets for use in the ORT corners. Additionally, the project distributed job aids on AMTSL, hand washing, infant nutrition for HEI to 20 facilities.

In this reporting period, 5,846 children received pentavalent-3 up from last quarter's 5,729. In addition, 3,709 received vitamin A supplementation; a decrease from 3,829 in the previous quarter. In this period, 5,599 children were treated for diarrhea in the quarter, a decline from 7,910 in the previous quarter.

To ensure quality nutrition service delivery, HCW from five high volume facilities (Ntulele HC, Enabelbel HC, Ololunga SCH, Narok CH and Olchorro HC) were mentored on nutrition assessment and diagnosis for the different age cohorts (0 – 5 years, 5 – 17 years and adults) using reference charts for nutrition diagnosis. The mentorship also addressed documentation of nutrition services in the relevant registers and reporting tools, nutrition counseling on critical nutrition practices, integrated management of malnutrition including use of the food by prescription protocol, infant and young child feeding guidelines, integration of high impact nutrition interventions in TB/HIV, quantification and forecasting of nutrition commodities. Nutrition job aids, BMI wheels and guidelines and nutrition supplements were distributed to nine facilities.

In addition to the above mentioned nutrition activities, documentation of nutrition assessment in the blue and HEI cards, replacement feeding guidelines, growth monitoring for stunting and data capture issues from the electronic nutrition reporting system (Narok CH) were also addressed. MOH 713 nutrition monthly summary tools were distributed to health facilities in Narok North and South to improve DHIS reporting for the high impact nutrition interventions.

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

Youth Program

During the quarter under review, the project reached 4,619 females 15-24 years in compared to the reach of 2,956 last quarter bring the total reached to 10,192 females which is 21% of the annual target. During the quarter, the project mapped out 54 education institutions where females 15-24 years were schooling and rolled out the Sister to Sister (S2S) Evidence Based Intervention (EBI) targeting females in the institutions. In partnership with NASCOP, the project trained 144 Sister-to-Sister EBI service providers who rolled out the intervention in the quarter. They were also provided with relevant teaching aids i.e. Penile & vaginal models, sister-to-sister DVD, facilitator's guide and client pamphlets for effective delivery of session.

The project also continued with the implementation of the LSE in Nakuru and Narok counties and the 4-Pillars program in Loitokitok targeting in-school youth. During the quarter under review, the project reached 12,059 youth bringing the total reached in the year to 64,738 youth (52% females) which is 130% of the annual target. The high achievement is attributed to intensified support supervision and increased capacity of the schools to implement LSE in the respective schools.

Kajiado County: During the quarter under review, the project conducted a mapping exercise to identify institutions with females aged 15 to 24 years to target with S2S EBI. Ten tertiary institutions and two other formal female clubs/ groups were identified. In addition 24 S2S facilitators were selected and trained on S2S EBI. A total of 1,320 females aged 15 to 24 years were reached during the reporting year.

Additionally, the project continued to support the four pillars intervention in Loitokitok targeting 20 primary schools. The four pillars refer to mentorship of girls, scholarship to girls,

teacher professional development and community engagement. Through the intervention, community dialogues on the importance of girls' education were held. This has led to an increase in school enrolment and particularly for girls. Girls' enrolment in one of the schools increased from 256 in January 2013 to 422 in January 2014 (65% increase). During the reporting period, the project conducted a workshop to adapt the Girls Mentorship Guide for use by the teachers.

Laikipia County: During the period under review, the Youth friendly Services Centre (YFSC) hosted at the Youth Emporment Centres under the departemnt of Youth Affairs was transitioned from APHIA plus support to the Ministry of Health support. The YFSC still remains the main referral point for health services among the beneficiary population in the project.

During the period, 95 females ages 15 to 24 were reached using S2S EBI which is 2% of the annual target of 5,000. A mapping exercise was conducted and identified five tertiary institutions and four community based female clubs/ groups for targeting with S2S EBI. In addition, 30 S2S facilitators were trained.

Nakuru County: During the quarter under review, the project reached 1,951 females aged 15 to 24 year using S2S EBI. Out of those reached 296 referrals for health services were done as follows; 16 females were referred for STI, 296 for HTC, 48 RH/FP for services and one case for rape management. Similarly, 436 females were sensitized on SGBV and 180 on VMMC. In addition, the project held meetings with Egerton University, Njoro Campus, Nakuru Town Campus and Kabarak University to discuss roll out of Sister-to Sister EBI in those institutions. The project trained 12 female (11 students & 1 counsellor) S2S facilitators from these particular institutions.

In the same period, 45,491 pupils' form class two to eight were reached with minimum 10 lessons based on the Life Skills Curriculum cumulatively, of which 12,059 were newly reached during the reporting period

Narok County: During the reporting period, the project mapped out institutions (11 colleges, one tertiary institution, two girls' rescue centers and two community groups) with females aged 15 to 24 years to reach with S2S EBI. Additionally, the project trained 30 S2S facilitators using NASCOP certified Trainers of Trainers (ToT). As a result the project reached 2,573 females 15-24 years using S2S EBI. A total of 5,184 male and 100 female condoms were distributed.

Additionally, the project continued to support 35 schools that are providing LSE maintaining a reach of 18,610 as last quarter. The newly enrolled pupils in the schools are yet to complete the 10 minimum lessons as prescribed in the Life Skills Curriculum.

Most at Risk Populations (MARPs) Interventions

The project continued to implement MARPs interventions targeting female and male sex workers (FSW and MSW) and Men who have Sex with Men (MSM) in nine urban areas and three truck stops spread in four 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 Drop- In- Centres (DIC) serving the key populations in the

different areas. There are an estimated 9,981 FSW (NASCOP AND APHIAplus 2012) and 245 MSM/MSW (NASCOP 2012) in the priority areas.

During the quarter under review, the project contacted 3,398 FSW and 133 MSM/MSW. Among them 834 FSW and 109 MSM/MSW were reached for the first time and 2,564 were repeat clients visiting the DIC. A total of 6,635 FSW (55% of annual target of 12,000) and 279 MSM/W (47% of annual target) have been reached this year. Among those served in the quarter, 812 SW and 23 MSM accessed HTC services; 3% FSW tested positive and were linked to care. In addition, 1,274 SW were screened for STI; 218 (23%) presented with STIs and were treated. Another 488 SW were provided with modern contraceptives in addition to condoms (63 who opted for implants, 286 for injectable and 139 for oral contraceptives).

Table 3: Service uptake among FSW Oct 2013 to June 2014.

Period	HTC – FSW		STI - FSW		FP
	Tested	HIV +ve	Screene	Treated	
Oct-Dec 2013	756	22	712	200	530
Jan–March 2014	673	24	1090	243	570
April–June 2014	812	24	1274	218	488
Oct 13 to June 14	2241	70	3076	661	1588

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 19 trained peer educators while service delivery is through monthly outreaches in the three locations with an estimated 800 sex workers. During the quarter under review, 17 active peer educators conducted 306 peer education sessions reaching out to 440 FSWs; 317 completed the recommended six sessions based on the National Peer Educators Reference Manual for Sex Workers. Six facilitators were trained in preparation for the S2S EBI in the next quarter.

Two integrated outreaches were conducted reaching to a total of 52 FSWs with different services; 52 were screened for STI, 31 counseled and tested for HIV and 39 provided with family planning services (21 got oral contraceptive pills, six injectable and 12 FSW on long acting methods were reviewed). A total of 9,072 male condoms were distributed to FSWs.

One self-help group was established by FSW with support from the project accessed a loan of Ksh. 100,000 from the Women Enterprise fund to be repaid in six months. The group members loaned the money among themselves to improve on their small businesses.

Laikipia County: The County has an estimated 1,500 SWs. The project has trained 18 FSW and 20 MSW trained peer educators. During the quarter under review, 309 FSW and 23 MSM were provided with services at the drop-in center including 155 FSW who were reached for the first time. A total of 121 FSW and 23 MSM were tested for HTC with one FSW tested positive and linked the Nanyuki Teaching and referral Hospital for HIV care. Another 86 FSW were provided family planning services as follows; 70 who opted for injectable and 16 for oral contraceptive pills. In addition, 227 FSW and 19 MSM were screened for STIs with 23 FSW and one MSM presented STIs symptoms and were treated. Also during the quarter, 116 FSW and 133 MSM enrolled for peer sessions out of who 109 FSW and 109 MSM completed the six required sessions. The project distributed 19,613 male condoms and 425 female condoms.

Nakuru County: During the quarter under review, MARP interventions were implemented in Nakuru and Naivasha Municipality, Gilgil Town, Salгаа, Mai Mahiu, Kikopey and Makutano truck stops through outreaches and drop-in-centers. In the same period, the project institutionalized hotspot mapping and peer tracking in the Nakuru sites in to improve coverage and effectiveness in reaching out to FSWs. The 74 active peer educators enrolled 730 FSW for peer education and 609 completed the recommended six sessions. In addition, the peer educators mobilized their peers to access services from drop-in centers and health facilities. A total of 2,713 FSW accessed services from the drop in centers; 463 FSW were reached for the first time.

A total of 353 FSW accessed HIV testing services with 15 (4.2%) testing positive and referred for care and treatment. STI screening services were provided to 697 FSW out of whom 166(23%) presented with STI symptoms and were treated. Family planning services were provided to 272 FSW out of who 170 were provided with injectable contraceptives, 54 oral contraceptives and 48 implants. Cervical cancer screening was provided to 67 clients of whom four tested positive and were referred for further investigations. In addition, 267,369 male condoms were distributed to FSW and to the 161 hotspots served by the peer educators.

Economic empowerment interventions continued with the table banking groups reporting a threefold increase in their savings from last quarter's Ksh. 104,650 to Ksh. 320,996. The number of FSW actively participating in the table banking groups also increased to 98 from 50 last quarter. Three groups are currently accessing mentorship from the Youth and the Women Enterprise Fund in preparation to accessing loans for their small businesses.

The results of the polling booth survey conducted by NASCOP in the Jan-March quarter were shared in the quarter under review. The objective of the survey was to determine if, and by how much, program activities are achieving their intended effects among SWs. The survey was conducted in seven towns including Kisumu, Nyeri, Thika, Mombasa, Nairobi, Eldoret and Nakuru. A total of 456 FSW were sampled in Nakuru. The results indicated that 91% of the FSW reported condom use with paying clients compared with an average of 88% from the seven survey sites, with 76% reporting consistently using condoms with the paying partners against an average of 64%. Self-efficacy on condom use was high with only 17% reporting having had unprotected sex because the partner did not want to use a condom compared to an average of 31% from the seven towns covered by the survey. Ninety seven per cent (97%) reported having ever taken a HIV test with 78% reporting having had a test in the last three months compared to an average of 94% and 74% respectively for the seven towns covered by the study.

Narok County: During the quarter under review, the project implemented MARPs interventions in Narok North and Narok South sub-counties. The project supports 17 trained peer educators, utilizes static drop-in center in Narok town, and outreaches to other hot spots. The project in partnership with NASCOP Technical Support Unit oriented peer educators on hotspot mapping and peer tracking. During the quarter, 291 FSW enrolled for peer education sessions and 209 (71.8%) completed the recommended six sessions. The peer educators also mobilized 404 clients who were tested for HIV out of whom 307 were FSW. Among the tested six clients were seropositive and were linked to health facilities for enrollment into care.

A total of 298 FSW were screened for STIs and 29 (10%) treated while 10 clients were screened for pulmonary TB but none was found to have TB. Family planning services were provided to 103 FSW (15 provided with implants, 40 injectable contraceptives and 48 oral contraceptives). FSW's were also screened for alcohol and drug use, counseled as appropriate

and referred for further support. Out of the 307 FSW accessing services, 216 were reached for the first time while 91 were repeat clients.

Fisher folk

The project continued to reach fisher folk along six beaches of Lake Naivasha and Baringo using Stepping Stones curriculum. The trained peer educators expanded their reach by targeting fisher folk operating away from the landing sites to ensure an all-inclusive intervention. During the reporting period, 336 fisher folks were reached with seven sessions using the stepping-stone EBI

Baringo County: During the reporting period, and through collaboration with the Ministry of Health, 283 fisher folk completed the seven stepping stone peer education sessions. Among the topics covered were STI, HIV, RH/FP, Alcohol abuse and Risky assessment/ reduction strategies. Among those reached, 17 people were counseled and tested and 19,822 male condoms and 778 female condoms distributed.

Nakuru County: During the quarter under review, 28 active peer educators reached 53 fisher folks with peer education using the Stepping Stones curriculum. The peer educator focused their efforts at three beaches namely Kasarani, Kamere and Central along Lake Naivasha. As a result of the intervention, fishermen applied skills acquired during peer education sessions to address alcohol abuse and mismanagement of disposable income by adopting the ‘*Check four point*’ practice. The practice ensures each person is his brothers’ keeper under the patron-ship of the BMU chairperson. The practice has reduced the number of fishermen reporting to work drunk and increased requests for linkages to AA groups for those wanting to stop alcohol abuse.

One condom dispenser was erected at Kasarani beach and 3,100 pieces of male condoms distributed in the quarter. Health service outreaches were conducted in Kamere and Kasarani; 72 individuals were counseled and tested and the two that turned positive were linked to health facilities for enrollment into care; five were referred for VMMC services; one for STI screening and two for family planning.

Voluntary Medical Male Circumcision (VMMC)

During the reporting period, the project continued to provide VMMC services in both Baringo and Nakuru counties. The project increased static sites offering the service from one to three by initiating services at Langalanga HC in Nakuru town and Naivasha SCH. Additional staff were recruited to operate these new sites as well as to accommodate the upcoming anticipated increase in demand for services during the August school holiday and October to December period. The project conducted outreaches in Molo, the flower farms around Lake Naivasha and Kampi Samaki on the shores of Lake Baringo. In total, 769 procedures were performed as depicted in the table below, with 30 number of moderate adverse events reported. As of end of the quarter, the project had reached 2,919 clients, which is 63% of the annual target.

Table 4: VMMC performance April to June 2014

VMMC performance April to June 2014				
Age group	April	May	June	Total
10-14	122	6	3	131
15-19	207	58	54	319
20-24	43	35	45	123
25-49	56	64	76	196
50 +	0	0	0	0
Total	428	163	178	769

Community Prevention with Positives activities (CPwP)

During the quarter the project reached 4,193 PLHIVs (29% males) with minimum package of Community Prevention with Positives (CPwP) messages bringing the total reached since October 2013 to 26,090 against an annual target of 15,000. In the quarter, 47 PLHIVs disclosed their HIV status to their spouses/close family members, 39 treatment defaulters were traced and restarted on treatment and 4,674 pieces of condoms were distributed to PLHIVs within the support groups. Below are the achievements per county.

Baringo County: The project reached 404 PLHIV (31% males) with CPwP messages bringing the total reached in the year to 2,248, which is 68% of the annual target of 3,299. The underperformance was due to the late formation of support groups who had not completed the 13 key messages by the time of reporting. As a result, nine PLHIVs disclosed their status to their partners and close family members, two caregivers took their children for HIV testing and they all turned negative, seven PLHIVs were referred for nutritional supplements and four defaulters (3 females) were traced and restarted ART. Four female clients were effectively referred for family planning services and four for TB screening.



cPwP service provider during a session with one support group members in Koibatek

Through the link desks, 247 adults (40% males) and 60 children (55% males) were effectively referred from the community to facility and vice-versa. Twenty one 21 individuals were referred for TB services out of whom two turned positive and were started on treatment; 17 were referred for HTC and two tested HIV positive and were put on care; 15 PLHIV were referred to join support groups and 10 defaulters were traced and restarted on treatment.

Kajiado County: During the quarter, the project reached 262 PLHIV (51% males) with key CPwP messages bringing the total reached this year to 7,216 against an annual target of 2,371. Twenty-seven clients who had defaulted from treatment were traced and restarted on treatment. In addition, five support groups were formed in the quarter bringing the total support groups to 46. Because of the CPwP, couples accessed HTC; three couples turned discordant and received further counseling on discordance and family planning. In addition, 29 PLHIV disclosed their status to close members of their families and a further 58 (22% males) new clients joined support groups.

During this reporting period, link desks based at health facilities served 10,913 clients (42% males) with referral to facility and community based services. This was a 9% increase from those served last quarter.

Laikipia County: During the quarter under review, 1,272 clients (30% males) were reached with CPwP messages bringing the total reached this year to 7,598 against annual target of 7,732. The achievement is attributed to intensified sensitization of PLHIV through group meeting and household visits. In addition, the project collaborated with Ministry of Health to facilitate training of 33 (18% males) CPwP service providers bringing the total to 46 in the county. A total of 1,296 male condoms and 141 female condoms were distributed to PLHIV.

The 18 link desks in the county served 416 clients (36% males) during the quarter. The clients were referred for TB screening, STI screening, nutrition screening, disclosure and adherence, partner testing and services offered at and by support groups. Eight defaulters were traced and restarted treatment.

Nakuru County: The project reached 1,821 PLHIV (27% males) with CPwP messages bringing the total reached in the year to 7,219 against an annual target of 5,876. Fifty-one PLHIV were referred for various services as follows; 15 for TB screening, seven for STI screening and 38 for FP services. In addition, 13 PLHIV on treatment reported to have improved their drug adherence while nine disclosed their HIV status to close family members. Ten couples and four children tested for HIV while five PLHIV were effectively referred for nutritional supplements. A total of 3,237 pieces of condoms were distributed during the quarter. Two new support groups were formed during the quarter bringing the total of support groups to 116.

Through the 18 link desks 3,582 clients (27% children) were served. Total of 560 children and 1,810 adults were referred from community to facility while 417 children and 795 adults were referred from health facilities to community.

Narok County: During the quarter under review, the project reached 434 PLHIV (24% males) with CPwP messages bringing the total reached to 1,217 against the annual target of 722 PLHIV. As a result 12 (11 females) received condoms and 14 clients disclosed their HIV status to close family members. Through the four link desks, 162 individuals were referred from the facility to the community and a further 368 clients were referred from the community to the facility.

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 Sub-counties to develop, implement and monitor customized communications strategy

The BCC committees continued to provide overall coordination and championing of all behavior change communication activities in the counties. In collaboration with Health Communication Marketing project (PSI), the project supported two meetings in Nakuru and Narok.

Nakuru County: The project supported the BCC committees to launch three key documents which included National Health Communication guidelines, Health Promotion Strategy for Kenya and Operational guidelines and Standards for Health Promotion.

Narok County: The project continued to support the activities of BCC committees in two Sub-counties namely 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, 196 (10% males) survivors were served compared to 214 the previous quarter. A total of 173 (88.3%), were provided with PEP during the quarter compared to 188 last quarter. Those who did not receive PEP were not eligible because either they reported late after (72 hours) or were already HIV positive. Additionally, 1,038 (3% males) youths, students and teachers, HCW, community health workers and community leaders were sensitized on sexual and gender based violence to increase awareness and strengthen referral and linkages of survivors. CMEs was also conducted to equip the HCPs with skills, attitudes and knowledge on updated clinical management of sexual violence according to the revised National guidelines. Thirty survivors inclusive of their parents and guardians attended support group meetings and were provided with psychosocial support to help them cope and enhance re-integration into the community.

The project also supported MOH to conduct support supervision and mentorship to 17 tier one facilities and 29 tier two facilities and provided feedback to the health management and the service providers. Below are achievements per county.

Baringo County: During the quarter under review, five survivors were served compared to 11 served quarter; all of them were provided with PEP. Through CME, the project updated 25 (40% males) HCW on clinical management of sexual violence in Kenya. Data tools (PRC form MOH 363, PRC register and national guidelines on clinical management of sexual violence) were disseminated and distributed to the facilities. Additionally, the project supported MOH to conduct site support supervision to Eldama Ravine CH, Mercy Mission Hospital, Toronto HC, Esageri HC and Emining HC. Some of the gaps identified included referral, linkage and follow up of the survivors.

Kajiado County: During the quarter, the project supported facilities to provide PRC services to 29 survivors of sexual violence. All survivors were treated for STI and given trauma counseling; 28 were provided with PEP and 26 with ECP. In addition, the project supported MOH to conduct site supervision at Loitoktok SCH. Some of the gaps identified included; referral, linkage and follow up of the survivors. During the supervision, PRC and SGBV materials were distributed. Service providers were also mentored on PRC cohort analysis. As a result, HMT designated a staff in the outpatient department to work with the trauma counselor in strengthening delivery of PRC/GBV services. Additionally, CME on clinical management of sexual violence was conducted at Ngong and Loitoktok SCH and 91 HCW participated.

Laikipia County: During the quarter under review, 25 survivors of sexual violence were served in the county. All the survivors received PEP, STI treatment, trauma counseling's and HTC and 18 of them received ECP. The project also supported the MOH to conduct CME on updated module of clinical management of sexual violence reaching 59 (42% males) HCW. Additionally, MOH was supported to conduct site support supervision and mentorship at Nanyuki Referral and Teaching Hospital (NTRH) and Kalalu Dispensary. Data tools (PRC form MOH 36) were distributed to facilities during visits. Mentorship was conducted on PRC

data cohort analysis and reporting to five staff at NCTRH. As a result, the facility started undertaking cohort analysis and reporting. The project facilitated the formation of survivors' therapeutic group at Nanyuki TRH to provide a conducive environment for survivors to de-brief and support each other in their journey to recovery.

During the quarter, the project sensitized 45 (44% males) OVC Community Health Volunteers (CHV) on SGBV prevention and response. The CHV will enhance referral and linkages of the survivors and disseminate the information at the household level

Nakuru County: During the quarter under review, 115 survivors of SGBV were served. Among those served 93 received PEP, 110 STI treatment, 60 ECP, 115 trauma counseling and STI tested for HIV. A total of 871 (M- 28% males) youth, HCW, CHW, GBV actors, HTC counselors and sex workers were sensitized on SGBV to enhance prevention, identification, referral and linkage of the survivors to services. The project also worked with other actors (FIDA Kenya, UNTF and LVCT HEALTH) to sensitize 34 police officers from Nakuru County. The sensitization covered clinical management of SGBV, multi-sectorial GBV prevention and response, law and sexual violence and forensics evidence management. Some of the concerns raised by police officers were: lack of adequate knowledge and skills in forensic evidence management, lack of evidence storage and preservation facilities, transportation of evidence to government chemist and weak linkage between the facilities, police and the community. The police officers developed work plans on how to cascade the knowledge, skills and attitudes acquired during the orientations.

The project also supported MOH to conduct site support supervision and mentorship to 17 sites in the county (FHOK, Molo ,Bahati, Gilgil SCH, Ndindika , Subukia , KITI , Nakuru west , Langalanga, Kabatini , Lanet , Engashura , Kapkures , Subukia , Kabaazi , Kiwamu ,Karunga, Njoro HC and Sunrise Evans Hospital). From the supervision, all the facilities are offering PRC services. However, all the facilities lacked SOPs. In addition, the project supported MOH to conduct CME on the updated module of clinical management of sexual violence in Kenya reaching 55 HCW at Nakuru West Clinic, Family Health Care Clinic and War Memorial Hospital. The project also supported the MOH to conduct therapeutic support group meeting in Gilgil and Molo Sub-County hospitals that brought together 20 survivors including children, adults and caretakers. In the next quarter, the project will distribute and orient service providers on SOP.

Narok County: During the quarter under review, the project reached 22 survivors of sexual violence with PRC services. All the survivors were provided with PEP, trauma counseling, STI treatment and HTC. Only 18 were eligible for ECP. Additionally, the project supported the Reproductive Health Coordinator to conduct site support supervision and mentorship at Narok CH and Olololunga SCH. Some of the gaps identified include strengthening referral linkages.

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

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

During the quarter under review, the project facilitated the formation of 68 new Savings and Internal Lending Communities (SILC) groups increasing the cumulative number of active groups to 658 groups (109% of annual target). The groups have cumulative savings of Ksh. 26,339,389 compared to Ksh. 28,006,236 reported in the previous quarter. Some SILC groups shared out the savings leading to reduction in the total cumulative savings. A total of 9,089 households (HH) participated in SILC compared with 8,975 HHs reported in the previous quarter. A total of 24,873 OVC (51% females) benefitted from SILC compared to 24,071 OVC reported last quarter.

In addition, 7,811 adults and children benefitted from other household economic strengthening (HES) interventions bringing the total number of HH in the year to 10,811 (72% of the annual target). The improved performance was because of training of additional 30 SILC field agents who facilitated formation of new groups. Below are the achievements per county.

Baringo County: During the reporting period, the project reached 608 (69%) individuals with HES activities bringing the total reached in the year to 684 individuals (24% of the annual target). There are 38 existing SILC groups (three newly formed) with membership of 852 individuals from 828 HH and taking care of 3,410 OVC. The groups have cumulative savings amounting to Ksh. 1,527,983. In addition, the project supported 801 OVC HH to initiate Income Generating Activities (IGA); linked 137 HH to Micro-Financing Institutions (MFI) for credit out of whom 34 (29% males) accessed loans of Ksh. 10,000 each and purchased farm inputs. Cumulatively, 290 HH were linked to various MFIs in the county this year.

Kajiado County: During the quarter under review, 298 individuals were reached with HES activities bringing the total reached in the year to 1,643 (47% of the annual target). In addition, fifteen (15) new groups were formed bringing the total number of active groups to 194. The cumulative savings stood at Ksh. 5,651,622 compared to Ksh. 5,207,148 in the previous quarter and loans of 4,760,534 compared with 3.8 million reported last quarter. A total of 7,649 OVC (48% males) benefitted from SILC activities. A HH monitoring tool was administered to 3,845 HH. The information gathered indicated that 70% of caregivers in those HH were engaged in IGAs. More HHs (56) were enrolled in the Government Cash Transfer (CT) program compared with 52 HH reported last quarter. The increase is attributed to advocacy by project staff and their participation in the Kajiado County Social Assistance committee.

As a result of Life POA activities supported by the project, 196 children have opened bank accounts with support from their parents/guardians and have started saving. The Project supported 58 Life POA clubs with a membership of 1,465 (49% males). The participating children learn money management skills and specifically the good and bad sources of money and the importance of saving to meet goals in life.



Life POA participants fill in account application forms to apply for SMATA accounts



Jubilant children holding ATM cards for their accounts with Post Bank

Laikipia County: During the quarter, 905 caregivers (43% males) were supported with HES initiatives bringing the total to 1,928 (96% of annual target) supported in the year. The 29 SILC groups with a representation from 398 HH had a cumulative savings of Ksh. 1,355,214. The SILC activities benefitted 953 OVC (49% females). In addition, 53 SILC members were trained on financial literacy; five support groups were linked to MFI and 243 HH supported to start IGAs through trainings and mentorship by Equity bank. The project also provided drip kits and water tanks to 109 HH to put up initiatives to enhance food security.

Nakuru County: During the quarter under review, 4,382 individuals (22% males) benefitted from HES activities bringing the total reached to 4,091, which is 50% of the annual target. The project supported formation of additional 23 SILC groups bringing the total to 170 with 3,773 (14% males) OVC caregivers a cumulative savings of Ksh. 7,301,396. The SILC group activities benefitted 7,884 OVC (49% are females) by enabling their caregivers to earn money for paying school fees an hospital bills, purchasing food and clothing and improving their living standards. A case in point, one group borrowed a loan of Ksh. 1.2 million from a bank and invested in a 10-acre piece of land. They intend to sub-divide the land for the members in the near future. The loan will be repaid through the savings from members. Six support groups with 142 members previously trained on poultry management are currently selling eggs in the local markets and making profits.

Nandi County: During the quarter under review, the project reached 508 individuals with HES activities bringing the total reached to 919 (23% of annual target). Thirteen new SILC groups were formed during the quarter bringing the total to 94 with representation of 1809 HH taking care of 4,977 OVC. In addition, 192 OVC HH initiated IGA, 15 linked to MFIs to access credit for business and 74 linked to GOK cash transfer program. The cash transfer program is benefitted 151 OVC

Narok County: During the period under review, the project reached 1,110 individuals (48% males) with HES activities bringing the total reached in the year to 1,546 (34% of annual target). Five new SILC field agents were trained to help increase mobilization of HH for SILC. As a result, nine additional SILC groups were formed bringing total active SILC groups to 105 with a membership of 1,033 HHs benefiting 2,386 OVC (51% males). The total savings during the quarter increased to Ksh. 4,360,073 from 3.2 million reported last quarter. In addition, 25

HH were supported to initiate IGA, which included goat keeping and farming bringing the total HH supported in the year to 173.

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

In partnership with Agriculture Sector Development Support Program (ASDSP) under the Ministry of Agriculture, Livestock and Fisheries, the project facilitated a validation meeting for the report on rapid market assessment. The stakeholders at the meeting discussed the report and its recommendations and developed way forward in terms of how the project will implement the identified value chains and related market driven opportunities for farmers especially in Nakuru County. Ten groups were identified from Nakuru County to participate in the roll out of the value chain initiatives in the next quarter. During the quarter, 303 HH were linked to various commodity markets bringing the total linked in the year to 408 (41% of annual target).

The project provided 30 support groups with green houses. During the quarter under review, the project in partnership with AMIRAN and the Ministry of Agriculture, Livestock and Fisheries (MOALF) strengthened capacity of the support groups on greenhouse technology. Eleven support groups with 423 members started harvesting tomatoes and selling to local markets during the quarter. The rest of the greenhouses will mature next quarter. Proceeds from the sale of tomatoes are saved by the groups to support greenhouse operations and also address OVC needs. Below find the achievements per county.

Baringo County: During the quarter under review, the project linked 150 HH to commodity markets bringing the total linked to 229 HH against an annual target of 110. From these, 69 milk producers from two support groups were linked to a cooperative society in order to increase their bargaining power for better pricing. The project in partnership with AMIRAN and the Ministry of Agriculture, Livestock and Fisheries strengthened capacity of five support groups on greenhouse technology. Two support groups comprising of 31 members harvested tomatoes and sold them to local markets. The other three groups will harvest in the next quarter.

Kajiado County: The project linked 67 HH to local markets bringing the total to 93 (66% of annual target). The linked HH are from four support groups that benefited from greenhouses and started harvesting their produce in the quarter and make profit of over Ksh. 10,000

Laikipia County: During the reporting period, the project linked 205 caregivers from six support groups to local markets. The support groups benefitted from greenhouses installed in the previous quarters and harvested the produce during the reporting quarter. The groups were linked to Nakumatt Nanyuki, British Army Nanyuki, a Conservancy Ranch and local open farmers markets. Overall, six support groups sold approximately 1160 kg per month and earned an average of Ksh. 66,800 per month. This trend will continue over the next four to five months. The support groups have laid plans on how the OVC from needy households will benefit from green house project.

Nakuru County: During the reporting period, the project managed to link four caregivers to commodity markets. Out of the four, two were SILC group members. They were linked to a market in Limuru where they supply *Sukuma wiki* for Ksh 1000 per sack. They borrowed their capital of Ksh10, 700 from the SILC group and have consistently repaid the loan. The other caregivers produce and supply liquid soap and disinfectants to a restaurant and private health

facility at Maai Mahiu. Six greenhouses benefitting 120 HH harvested 713 kilograms of tomatoes sold in the local markets earning an income of Ksh. 35,650.

Narok County: The project linked 42 HH to commodity markets and sold their farm produce. These include six HH dealing in cereals and 36 who are producing tomatoes. From the proceeds of the businesses, the caregivers have reported improved livelihood conditions for their families. In addition, two support groups provided with greenhouses and awaiting to harvest the tomatoes have secured a supply order with Naivas supermarket in Narok town.

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

During the quarter under review, the project reached 24,996 HH with direct food support, nutrition education and counseling against annual target of 20,000. A total of 1,912 kitchen gardens were established bringing the total established this year to 6,659. During the quarter, the project supported MUAC assessments for 5,261 children (51% males). From the assessments, 186 children (47% males) were severely malnourished and were referred to the health facilities for further management. Below find the achievements per county.

Baringo County: During the quarter under review, the project reached 2,039 HH with food security initiatives bringing the total HH reached in the year to 2,187 HH against the annual target of 2,200. Two out of the five greenhouses in the county started harvesting of tomatoes in the quarter and 31 HH benefitted. In addition, 377 new kitchen gardens were established and 32 existing ones improved, bringing the total number of households with kitchen gardens to 1,245. Out of the HH with kitchen gardens, 303 HH reported having enough vegetables for home consumption within the quarter. In addition, the project reached 126 caregivers with nutritional education during monthly household visits.

A total of 1,468 OVC (51% males) accessed nutritional assessments using MUAC out of whom 12 OVC were found severely malnourished and were referred to health facilities for further management. In addition, 60 pupils participated in Junior Farmer Field Life Skills (JFFLS) activities at school and replicated the skills at home.

Kajiado County: The project supported 4,427 HH with direct food support and nutrition education bringing the total supported to 4,874 in the year against the annual target of 2,800. A total of 612 HH had productive kitchen gardens of which 95 were established in the quarter. The sharp increase in kitchen gardens is attributed to accelerated QIT activities in Ongata Rongai addressing food insecurity in the informal settlement of Bangladesh.

Three out of the six greenhouses started tomato harvesting in the quarter and 165 OVCs from 67 HH are benefitting. The 16 JFFLS clubs actively involved in vegetable gardening, rabbit keeping and fish farming provide vegetables for schools and home. Two clubs with fishponds at school harvested twice and members took the fish home for family consumption. The fishponds were a donation from GOK Economic Stimulus Program.

Laikipia County: During the quarter under review, the project reached 3,092 HH with direct food support and nutrition education bringing the total reached in the year to 3,705 against the annual target of 1600). The HHs were supported to increase food security and nutritional status through education on kitchen gardening, nutritional counseling and better farming methods. As a result, 164 new kitchen gardens were established during the quarter bringing the total established in the year to 417 benefitting 3051 OVC (44% males).

Nakuru County: During the reporting period 9,500 HH were supported with food, nutrition education and counseling bringing the total number of HH supported in the year to 10,357. A total of 284 HH established kitchen gardens during the quarter under review bringing the total number of HH with kitchen gardens to 3,204. Another 1,444 HH engage in poultry keeping and 37 rear rabbits. In addition, 32 households benefitted from small scale irrigated agriculture mainly for subsistence. Households have utilized small stock (chicken) and vegetables to meet households' nutrition as well as earn income.

Community health volunteers conducted MUAC assessments for 3521 children (51% males); 142 children (46% males) were severely malnourished and were referred to the health facilities for further management.

In collaboration with the MOAL&F and other partners, the project trained 54 PLHIV in five support groups on poultry rearing. The project provided the groups with chicken feeds and each group received six bags of growers mash as they wait for delivery of chicks. In addition, the community was sensitized on modern farming techniques and seeds distributed to 23 caregivers by MOAL&F for the planting season. The trained JFFLS patrons including the MOAL&F and Ministry of Education (MOE) continued to support the JFFLS activities in 12 schools with 178 pupils (49% females) participating.

Nandi County: During the reporting period, the project reached 1,875 HH with food and nutrition education bringing the total reached to 1967 HH against the annual target of 3200. A total of 614 kitchen gardens were established bringing the total to 903 established in the year. Nutritional assessment using MUAC was done for 272 OVC (48% males) from 133 HH and 27 OVC who were severely malnourished were referred to health facilities for further management. A total of 278 OVC (51% females) participated in JFFLS activities. The project in collaboration with CCS Integrated Rural Development Program (IRDP) and the Ministry of Agriculture trained 23 caregivers and five Community Health Volunteers (CHV) on agribusiness and entrepreneurship.

Narok County: During the reporting period, 4,063 HH received food and nutrition education through collaborative efforts with stakeholders bringing the total number of HH supported in the year to 4,647. During the quarter, 378 households established kitchen gardens bringing the total to 795. The project trained 23 support group members on poultry keeping. In collaboration with the MOAL&F, 11 CHV received orientation on basic skills on modern farming techniques in order to pass the knowledge and skills to the OVC households.

During the quarter, the project followed up three JFFLS clubs and found that club members planted a variety of vegetables including kales, cabbages and onions. Overall, 37 members out of 99 have been able to replicate the agriculture skills learnt in school at the household levels.

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

During the quarter under review, the project provided educational support to 19,998 OVC (33% males) compared to 4,992 served last quarter. Cumulatively the project served 30,795 OVC with education (61% of the annual target). The support included provision of school fees, school uniforms, scholastic materials, and sanitary towels. Below are the achievements per county.

Baringo County: During the quarter under review, the project provided educational support to 1,178VC (38% males) bringing the total served in the year to 1,753 OVC. Among those

served in the quarter, 93 OVC (39% males) were supported with school fees, 15 girls received three months' supply of sanitary towels, 90 JFFLS members with life skills and another 48 were sensitized on FGM. In addition, 100 OVC (50% males) received messages on personal hygiene and financial education messages through Life POA clubs. Among the 119 OVC who sat for KCSE last year four have already secured full scholarship from the FUNZO project to further their education on health related courses.

Kajiado County: During the reporting period, the project provided educational support to 4,460 OVC (28% males). A total of 325 girls benefitted from sanitary towels bringing the total of girls supported in the year to 942 girls. The project supported vocational students last year out of whom 11 graduated last quarter with certifications in various trades. Two of the graduates secured stable jobs while the others are practicing hairdressing, electrical works and dress making among other trades on short-term engagement.

Laikipia County: During the quarter under review, the project served 4,573 OVC (9% males) with education support. Five OVC received scholarship from the Department of Children's Services while two OVC were supported to access vocational training.

Nakuru County: During the reporting period, the project provided educational support to 6,697 OVC (49% males) compared to 3,164 served last quarter. Cumulatively, 11,440 OVC have been served in the year. In partnership with Save the Children International (Kenya), the project reached 2,527 caregivers and 2,114 youths with financial education training. As a result, 744 children opened bank accounts this quarter, which brings the total number of accounts to date to 1,188.

Nandi County: The project reached 386 OVC (44% males) with education support bringing the number of OVC served in the year to 1,430. The project facilitated career guidance and counseling session for seven OVC who are joining college later in the year. Sixteen were awarded bursaries worth Ksh. 156,000 by the Ministry of Education and another 86 OVC received scholastic materials support through leveraged resources. Additionally, 58 OVC participating in JFFLS clubs were reached with lifeskills education.

Narok County: The project provided educational support to 2,704 OVC (4% males) compared to 306 served last quarter. This brings the cumulative number of OVC supported this year to 3,704. Out of the number supported, 3,092 were girls received sanitary towels.

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

During the reporting period, the project reached 14,661 HH with Water, Sanitation and Hygiene (WASH) education messages bringing the total reached in the year to 29,532 HH (92% of annual target). The messages included proper waste disposal, proper usage of toilets, hand washing, water treatment and establishment of tippy taps. Trained CHV disseminated the messages to the community and households. As a result of WASH interventions, 3,808 HH started treating drinking water bringing cumulative number of HHs treating drinking water to 23,515 against annual target of 22,400. A total of 12,968 HH established new latrines bringing the total in the year to 15,664 (61% if the annual target). During the quarter, 4,067 HH established hand washing facilities against quarterly target of 5,600 bringing the total in the year to 7,296 (33% of the annual target). Below find the achievements per county.

Baringo County: During the period under review, the project reached 2,213 OVC HH with WASH messages against the quarterly target of 880 bringing the cumulative achievement this

year to 7,380 against annual target of 3,520. A total of 568 HH started treating drinking water bringing the cumulative total to 3,685 against annual target of 2,464. On hand-washing facilities, 149 HH established tippy taps and another 57 HH established latrines.

Kajiado County: During the quarter under review, project reached 1,280 HH with WASH education messages bringing the total reached this year to 5,502 HH against annual target of 4,480. As a result, 860 HH started treating drinking water. Cumulatively 2,788 HH treated drinking water against annual target of 3,136. In addition, 1,431 HH established latrines bringing the total number of HHs with functional to 3,877 against annual target of 3,584. A total of 2,396 HH established hand washing facilities bringing the total to 3,712 this year against annual target of 3,136. Among key intervention during the quarter included the renovation of toilets at Fatima Nursery School as part to benefit 350 children including OVC through improved sanitation.

Laikipia County: During the quarter under review, 740 HH (88%) out of 840 received WASH messages. The total number of HH reached this year stood at 2,160 (84% of annual target). As a result of WASH education, 368 HH installed tippy taps bringing total this year to 1,130 (63% of the annual target). Another 1,331 HH (65% of the annual target) established new latrines while 838 HH (47% of annual target) treated drinking water.

Nakuru County: The project reached 7,269 HH with WASH education messages bringing the total reached in the year to 7322 (69% of the annual target). Because of WASH interventions, 612 HH started treating drinking water. Cumulatively 14,950 HH (202% of the annual target) treated drinking water. In addition, 8,916 HH had functional latrines. During the quarter, 397 households established hand washing facilities bringing the total of HH with hand washing facilities to 1,187 (16% of the annual target).

Nandi County: The project reached 1,476 HHs with WASH messages. A total of 2,817 HH have been reached this year which is 49% of the annual target. Because of these messages, 462 HH installed hand-washing facilities. During the reporting period, 307 HH treated water bringing the total HH reporting treating drinking water in the year to 631 (18% of the annual target). In addition, 977 HH established latrines during the quarter against target of 1,024 bringing the total this year to 1,151 HH (28% of the annual target).

Narok County: The project reached 1,683 HH with WASH messages bringing the total reached to 4,351 (85% of the annual target). A total of 256 HH established new latrines which is 6% of the annual target. Additionally, 295 HH established hand-washing facilities during the quarter.

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, 73,968 OVC (96.4% of the active 76,718) were served with various services. 68,769 (89.6%) of OVC received 3 or more services and 5,199 (6.8%) received one or two services. Cumulatively 77,091 OVC have been served in the year, which is 87% of the annual target of 89,000. Out of the active OVC, 2,750 (3.6%) were not served due to various reasons including temporary relocation and household migration in search of pasture. During this reporting period, the project supported the Department of Children's Services (DCS) to celebrate the Day of the African Child (DAC) in various counties. In addition, the project collaborated with DCS to enroll 462 OVC HH from highly vulnerable category to the Government Cash Transfer program. Below find the achievements per county:

Baringo County: During the quarter, the project had 6,656 active OVC out of whom 6,498 (98%) were served with various services. Among the OVC served, 303 (53% males) received one or two services while 6,195 OVC (51% males) received three or more services. In addition, 193 OVC received birth certificates during the quarter bringing the total received this year to 232. Other services included; TOMS shoes to 5,344 OVC (49% females); HIV counseling's and testing to 90 OVC and health education to 1,026 OVC after which 150 OVC were given de-wormers and Vitamin A.

Kajiado County: During the quarter under review, the project served 13,598 (93%) OVC out of the active 14,643 with various services while 1,045 OVC were not served due to relocation and migration in search of pasture. Out of the OVC served during the quarter, 12,889 (88% of the active OVC) were served three or more services while 709 OVC received one or two services.

In collaboration with MOH 75 OVC below five years of age were given vitamin A supplements and deworming tablets. A further 12,898 were reached with health education messages to promote positive behavior change and good hygiene practices. The project also supported treatment of minor ailments for 142 OVC who could not afford to cater for their hospital bills. In addition, 518 HH were mobilized to enroll and acquire NHIF cards to enable them cater for their hospital bills in the future. The project distributed TOMS shoes to 5, 868 OVC and caregivers.

During the quarter, 146 OVC acquired birth certificates against target of 2,095 during the quarter bringing the total birth certificates received this year to 368 which is 7% of the annual target of 5586. The quality improvement teams addressed various issues ranging from child abuse, neglect, exploitation, forced labor, and early marriages among the young girls. From the cases reported to the local authorities, three males accused of defilement were convicted and jailed for seven years each. The number of HH benefitting from the cash transfer funds increased to 108 compared with 52 reported last quarter.

Laikipia County: During the quarter, the project served 9,081 OVC (97% of active OVC) with various services. Among the OVC served, 8,581 OVC received three or more services while 500 received one or 2 services and 250 OVC were not served. A total of 3,065 OVC (51% males) received a new pair of TOMS Shoes and 346 OVC received birth certificates bringing the total to 1,095 OVC this year. In addition, 217 OVC HH with 963 OVC were linked to Government Cash Transfer program during the quarter.

Nakuru County: During the quarter under review, the project served 28,902 OVC out of the active 29,571 with various services while 669 OVC were not served due to various reasons including being away in boarding schools and relocation. Out of the OVC served during the quarter, 26,392 (98% of the active OVC) were served three or more services while 2,510 OVC received one or two services. A total of 12,667 OVC (42% of the active OVC) had birth certificates by the end of the quarter out of 28,015 who did not have at enrollment which is in the County. During the reporting period, 85 OVC were tested for HIV and those tested positive were linked to care. Cumulatively 1,139 OVC (76% of all HIV positive OVC) have been linked to care. During the reporting period, 115 new HHs were linked to GoK Cash Transfer program bringing the total linked to 356 and benefitting 8,222 OVC. Total of 467 households with 1,745 OVC are registered with NHIF.

Nandi County: During this reporting period, the project served 5,358 OVC (96% of active OVC) with various services. OVC Out of those served 5,287 received three or more services and 71 OVC received one or two services while 112 OVC were not served. In addition, 74 HH supporting 150 OVC were successfully linked to the GoK cash transfer program; 4,645 OVC received TjOMS Shoes; 22 HH were linked and registered with NHIF; 3,263 OVC received health education out of whom 160 OVC received de-wormers and another 102 OVC referred for minor illnesses and 150 OVC received their birth certificates. The project supported three QI teams in the county. One of the QITs completed its first cycle and is currently planning to replicate its change idea on food security in other project areas. The other two groups handling protection also conducted their meetings during the quarter and mobilized the community to embrace birth registration leading to the high turn-up witnessed during the outreaches conducted by the registrar's office.



Registrar of persons verifying documents in Tindinyo during an outreach registration exercise

Narok County: During the quarter, the project served 10,531 OVC (53% males) with various services which was 96% of the active OVC. Out of the number reached with services, 9,425 received three or more services (86.1% of active OVC) while 1,106 OVC received one or two services. A total of 416 OVC were not served due to various reasons including migration of households in search of pasture.

The project supported the five QI teams in Narok County. One of the team visited 10 HH and discussed issues related to good parenting with OVC guardians and identified five OVC HH needing shelter renovation. The team started mobilization of building materials to renovate the shelters.

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

The project continued to enhance the capacity of Implementing Partners (IPs) towards continuous improvement in project implementation, data quality and financial management. During the quarter under review, the project provided technical assistance to the 16 OVC Local Implementing Partners (LIP) in key technical areas. The project conducted support supervision to 12 IP, one Drop-In-Centre and two Community Based Organizations (CBO). During the exercise, the technical teams administered program and data quality assessment checklist. From the findings and discussions, the team assisted the partners to develop action plans to address the gaps identified and follow up efforts will be made in the next quarter. In addition, the project finalized the update on the new OVC and caregiver service and monitoring tools. The new tools which are in harmony with the PEPFAR OVC programming guidance (July 2012) will be rolled out in the next quarter. Below the key highlights per county.

Baringo County: During the period under review, the project supported IPs to conduct bi-annual caregiver's forums during which 167 caregivers attended. The project provide updates to caregivers including messages aimed at strengthening caregiver capacity to care for children and caregivers provided the project with feedback on the services provided.

Kajiado County: During this reporting period, the project facilitated quarterly program review meetings with all partners to discuss the progress reports for quality improvement, use of data for decision making and writing of quality reports. In addition, Catholic Diocese of Ngong staff were given a refresher training on report writing to address their report writing challenges.

The project also facilitated DQA for five IP and two affiliate CBOs. The findings will help improve data management and improve documentation in general. The key IP staffs were oriented on the new tools that will be rolled out in the next quarter.

Laikipia County: The project trained 17 partner staff on the new tools due for roll out in the next quarter. In addition, CHV cluster meetings were held to strengthen CHV capacity in service delivery and reporting and 15 CBO leaders were mentored on leadership and quality service provision to OVC.

Nakuru County: During the quarter, the project supported roll out of CPwP Management Information System to all the partners to enhance data capture and reporting for CPwP interventions. The project facilitated one-day meeting with IP to review Life POA roll out. During the meeting, the partners received mentorship and technical support on how to strengthen the activity in schools.

Nandi County: During the quarter, the project conducted support supervision and mentorship to two IP with a view to strengthen their understanding and capacity in program implementation and data quality management. The IP staffs participated in orientation of the new tools and cascaded the sessions to CHVs.

Narok County: A total of 17 partner staff were trained on the new service and monitoring tools and they were able to cascade the orientation to the community health volunteers.

III. ACTIVITY PROGRESS (Quantitative Impact)

This section presents a quantitative description of the key achievements of the April to June 2014 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. CONSTRAINTS AND APPORTUNITIES

Constraints and Opportunities: During the quarter under review, the project experienced the following constraints that affected the implementation pace of the scheduled activities.

- Weak ownership of the EMR system by the MoH staff coupled with inadequate capacity led to low/non-optimal utilization of the EMR system. In addition, there was backlog of the historical ART patient records that needed to be entered to allow for full operationalization of the EMR. The challenge was occasioned by lack of a SOP to guide the entry and training of facility staff on use of the system. This was addressed and the processes are underway in various facilities.
- However, the project will support the sites to input historical data and ensure the system is in use
- Staff shortages at public health facilities continue to affect the implementation of HIV services at facility level with health managers prioritizing other health services in deployment of staff within the facility. The project had to deploy sessional HTC counselors and clinical officers to provide HIV services in selected high volume sites. In addition, the project staff do provide services in some sites without clinical officers to man HIV services.
- Frequent stock out of standard facility reporting tools. The list of requirements was shared with USAID and photocopies provided as a stopgap measure to ensure consistent reporting.

Secondly is the historical ART patient records that need to be entered to allow for full operationalization of the EMR. The challenge was occasioned by lack of a SOP to guide the entry and training of facility staff on use of the system. This has since been addressed and the processes are underway in various facilities.

- Insecurity in some parts of East Pokot sub-county led to inaccessibility of the facilities, hence low reporting
- Acute shortage of HIV test kits affecting service provision for PMTCT and PITC. However, the project supplemented from the buffer stock.

V. PERFORMANCE MONITORING

During the quarter under review, the project continued to conduct various performance monitoring activities. These included tracking of facility and community reporting rates, monthly data quality verification and site visits. The project did data verification in 109 sites across all counties, an increase of 19 sites from last quarter. The data verification checklist was administered quarterly in tier two facilities and three months of data was audited. In larger tier 3 and 4 facilities, the checklist was administered on a monthly basis and one month of data was audited. The commonest gap identified was incorrect interpretation of PMTCT indicators across the counties. Identified gaps were addressed by remedial mentorship by project multidisciplinary teams. In the reporting quarter, significant progress was made in ensuring PMTCT data was correctly recorded. Figure 3 below summarizes performance results for over a six months period. The results show an improvement in data quality for selected indicators in the 109 sites visited by our project teams.

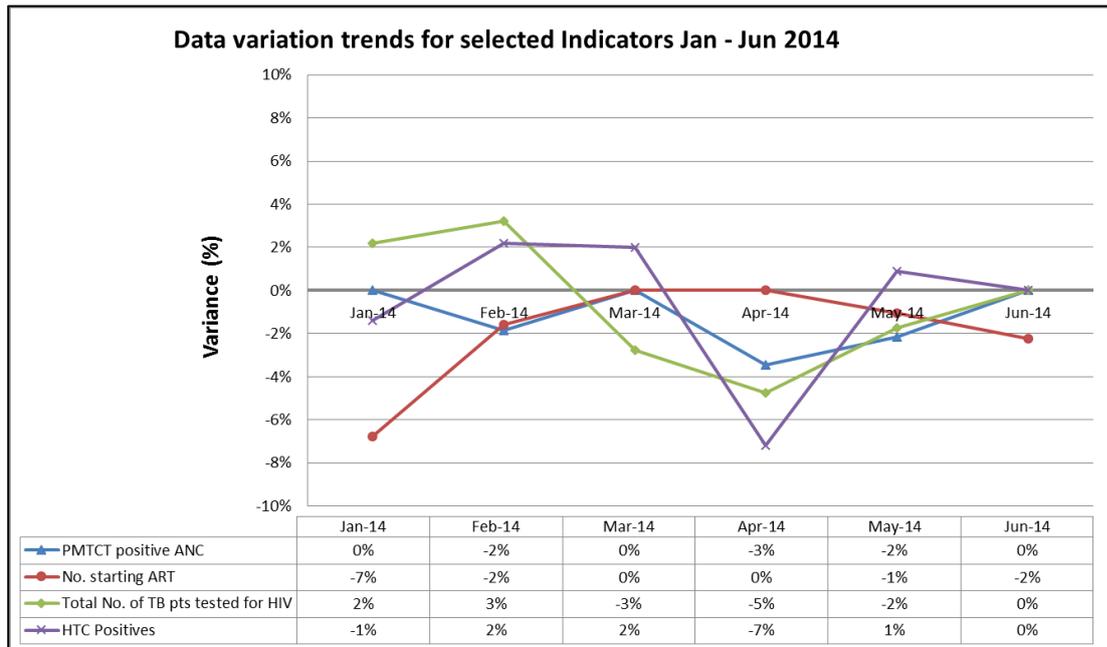


Figure 4: Performance monitoring of selected indicators

Although the Figure below shows a decline in DHIS PMTCT reporting rates in the month of June, there was no difference in the PMTCT reporting rates when comparing the two quarters of January to March and April to May 2014. The drop is spurious and was occasioned by late entries in into the DHIS. In Narok county reports with errors were retained. The newly recruited MOH HRIOs in sub counties of Baringo and Kajiado contributed to the reported

performance. The project will mentor the new staff on reporting requirements and use of DHIS2 to address this situation.

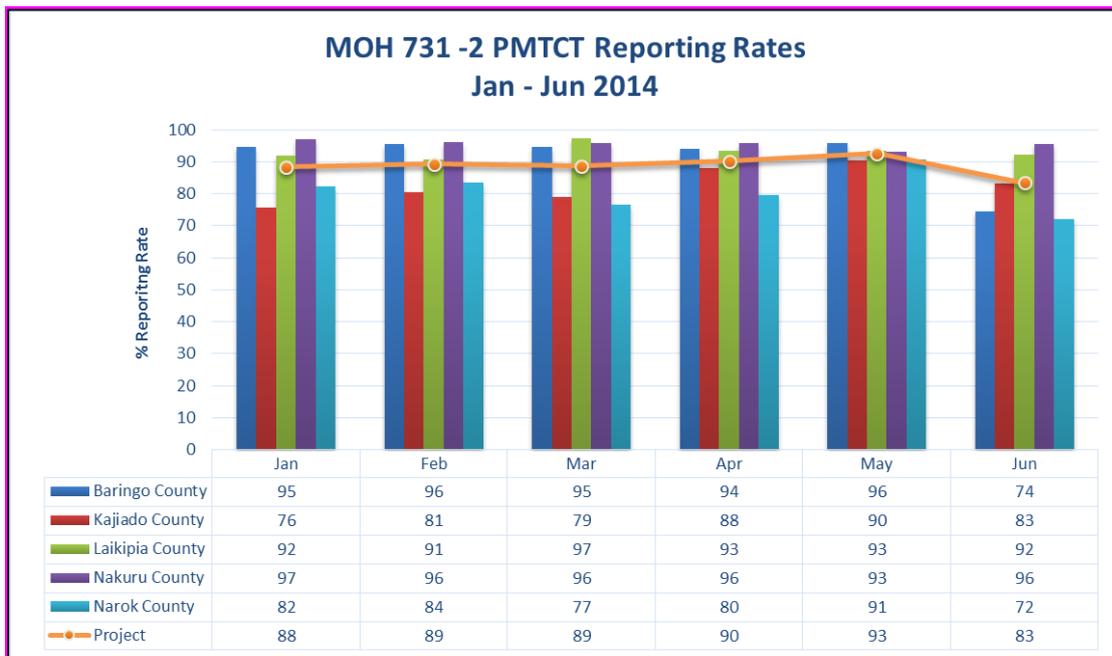


Figure 5: DHIS MOH 731-2 PMTCT reporting rates

In previous quarters, the project focused on monitoring consistency of 26 MOH 711A-MOH 731 common indicators. During the reporting quarter, the project started monitoring consistency 50 MOH 731 indicators across different data sources i.e. DHIS and facility hard copy aimed at strengthening the data quality between the two systems. The results show a steady increase from the first to the last month of the quarter. Figure below illustrates the project’s performance over the last quarter.

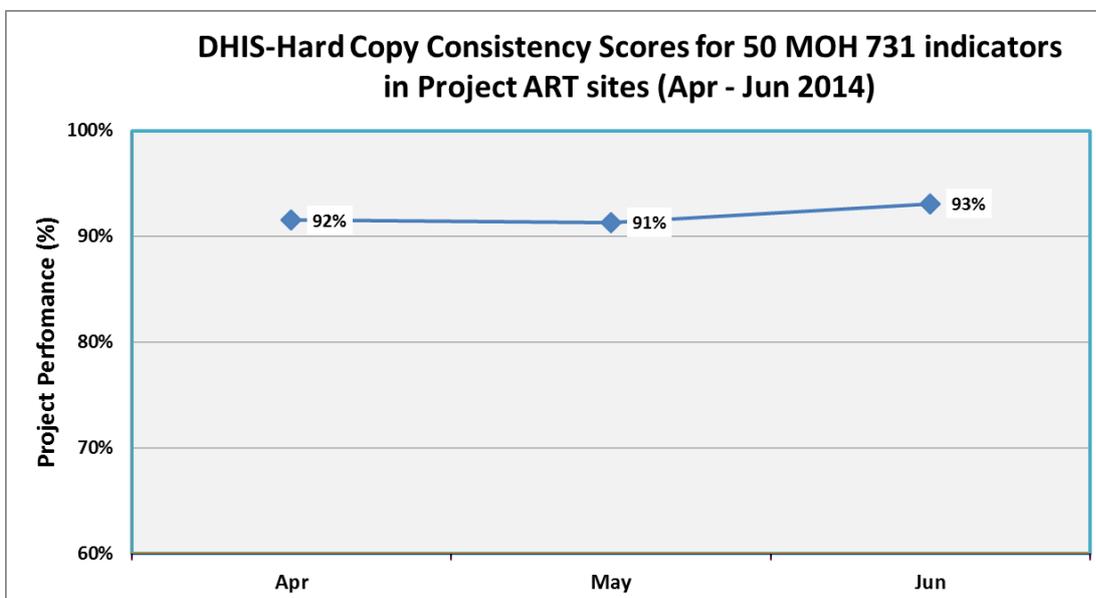


Figure 6: Consistency Scores of 50 MOH 731 Indicators on DHIS and hard copy

During the quarter, there was also a significant increase in overall OVC reporting rates from 94% to 96% as shown in the figure below. The improved performance is mainly attributed to continued supportive supervision and increased skills in the use of OLMIS, improved data consistency and use of data verification checklists and transmission SOPs.

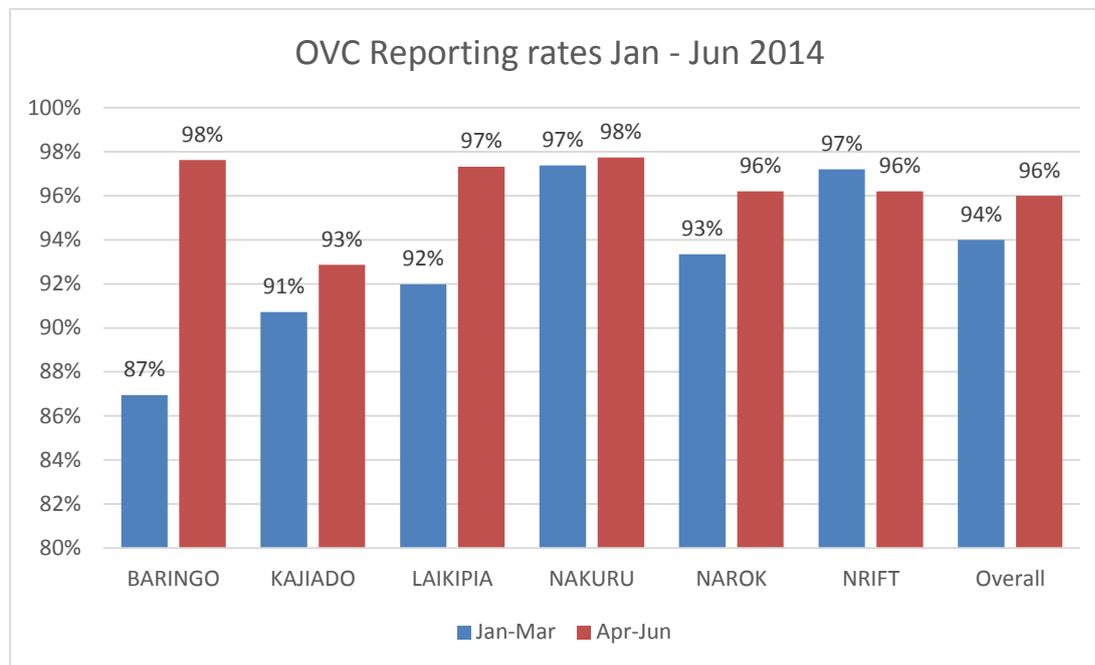


Figure 7: OVC reporting rates Jan-Jun 2014

VI. PROGRESS ON GENDER STRATEGY

During the quarter under review, the project supported 17 health facilities to provide SGBV services to 196 (20 males) with services. The support included mentorship of HCW on clinical management of survivors, CME, provision of IEC materials, distribution of data tools and support supervision. In addition, 1,038 youth, teachers, community leaders and CHW were sensitized on SGBV to increase awareness in the community for prevention and strengthen referral and services uptake by SGBV survivors.

The project also collaborated with other partners (FIDA Kenya, UNTF and LVCTHEALTH) to support the sensitization of 34 police officers from Nakuru County to enhance and strengthen referral, linkages and follow up of SGBV survivors through multisectoral collaborations. In order to strengthen coordination of SGBV activities in Nakuru County, the project supported GBV/HIV forum bringing together 106 GBV/HIV actors in GBV prevention and response and discussed the GBV/HIV situation in the county. From the forum, a County GBV/HIV committee was formed to steer GBV/HIV prevention and response within the county.

The project continued to implement a girl empowerment program branded ‘Four Pillars’ in Loitokitok sub-county that seeks to engage communities, school management, community leadership in creating safe environment for girls education through girls mentorship, teacher professional development, community engagement and scholarship. During the quarter under review, 1,922 girls from 20 schools were mentored on various life skills. Community meetings were held to deliberate on the importance of girls’ education, retention in school and the need to eliminate early marriages. The teachers were equipped with skills on mentorship and

leadership. There has reported increased enrollment and retention of girls in schools due to the intervention.

VII. PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING

During the quarter, the project mentored 22 health care providers on infection prevention at Ndindika HC in Laikipia, Olmoran HC, Lanet HC in Nakuru, Oloitokitok DH and Narok DH. In addition, the project distributed infection prevention IEC materials, job aids and color-coded bins to 30 facilities (18 in Narok and 12 in Nakuru). The project continued to support the activities of 26 health facility infection prevention committees; three were started during the quarter.

The project also oriented 585 CHVs on safe water, sanitation and hygiene to promote use of hygienic toilets for proper human waste disposal. The CHV were also oriented on water treatment at household level. The CHV in turn reached 3,808 HH who started treating drinking water. A total of 12,968 HH had functional latrines by end of the quarter.

In addressing social determinants of health, the project promoted use of organic manure in by 120 HH while establishing kitchen gardens and use of organic pesticides in seven groups practicing poultry farming.

VIII. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

- **FUNZO Scholarship:** The project supported linkage of OVC to the scholarship for health related courses. Four OVC were linked during the quarter to undertake health related courses.
- **University Research Company (URC):** During the quarter, the project in collaboration with URC facilitated QI review meeting with OVC project staff where the new CSI analysis tools and reporting templates were shared. The tools were rolled out to all the QI teams.
- **Health communication Marketing (HCM):** The project collaborated with HCM (PSI) to strengthen capacity of sub-counties to implement quality BCC activities.

IX. 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 (MOAL&F):** The project continued to strengthen collaboration with MOALF to facilitate support supervision for 30 greenhouses and capacity building for caregivers engaged in farming activities.
- **Agriculture Sector Development Support Program (ASDSP):** The project in collaboration with ASDSP facilitated a meeting to validate the report on participatory rapid market assessment conducted in five sites within Nakuru County. The meeting helped crystalize the action plans for implementation and as a result, 10 groups were identified to participate in the identified value chain strategies for SILC and agriculture.
- **Department of Children's Services (DCS):** The project supported the DCS in various sub-counties to facilitate celebrations to mark Day of the African Child (DAC). The project

also collaborated with the DCS to provide scholarship for 11 needy OVC in secondary schools.

- **Registrar of Births and Deaths:** The project continued to collaborate with the sub-county registrars of births and deaths to increase the number of OVC acquiring birth registration certificates.
- **Ministry of Education (MOE):** The project collaborated with the Sub-County level Bursary Committees to provide school fees bursaries for 15 needy OVC. The project is also supporting the ministry to strengthen life skills education for children in schools.
- **Ministry of Health (MOH):** The project works very closely with the ministry in strengthening referrals through link desks, enhancing HTC uptake for OVC families.
- **County Governments:** The project collaborated with the county governments of Nakuru and Narok to provide secondary education scholarship for 29 OVC.
- **Department of Youth Affairs:** The project transitioned the support of the Youth Empowerment centre from APHIA plus to the Department of Youth Affairs in partnership with the Ministry of Health
- **NASCOP:** The project collaborated with NASCOP to train 144 youth as Sister to Sister EBI facilitators in order to scale up the implementation of sister to sister in four Counties of Nakuru, Narok, Kajiado and Laikipia.

X. PROGRESS ON USAID FORWARD

There were no activities implemented during the quarter under review.

XI. SUSTAINABILITY AND EXIT STRATEGY

The project continued to work and collaborate with government line ministries and departments to create ownership of project supported activities. The project held discussions with county executives for health on the need to absorb the project short term hires and Capacity Project hires. Toward this end, the counties have started absorbing the hires. In addition, the project held discussions with various facility HMT to place nurses at project supported DIC and offer clinical services to FSWs.

The project was keen at linking eligible OVC households with SILC to improve their social and economic base. Efforts were made to link stable groups with MFIs and local financial institutions for further technical and financial support. The project supplied greenhouses to 30 support groups in 2013. During this reporting period, 11 greenhouses harvested tomatoes and sold to local markets. The beneficiary households have benefitted in terms of not only knowledge and skills but also income and occasional direct food support. The project made elaborate plans to strengthen the capacity of the groups to be able to run independently in the near future.

The project linked 462 new OVC households to Cash Transfer program. It is expected many more will get confirmed when the final vetted list is released by the government. By linking highly vulnerable HH with the CT program, the project has secured safety net for them that will go beyond the life of the project. During the quarter, the project continued to provide skills transfer and targeted capacity building sessions for IPs on human resource management, financial management, program design and implementation as well as institutionalizing data quality audits to ensure that partners remain capable after the project duration.

XII. GLOBAL DEVELOPMENT ALLIANCE

Not applicable.

XIII. SUBSEQUENT QUARTER'S (OCT-DEC 2013) WORK PLAN

Planned Activities for the Reporting Quarter (Apr-June 2014)	Actual Status for Reporting Quarter	Explanations for Deviation	Planned Activities for Subsequent Quarter (Jul-Sept 2014)
Program Management			
Host donor support supervision visit and project performance review meeting -Narok	Done		Host USG ITT Visit to Nakuru County
County quarterly review meeting – 5 Counties	Done		County quarterly review meeting – 5 Counties. As well as LIP performance Review
Development of County level implementation plans based on year 4 project work plan.	Done		Participate in FANIKISHA Close out dissemination forum.
Sub agreement amendments	Done. Funds obligated till September 2014		
Monitoring and Evaluation			
Conduct monthly data quality checks at tier 3 and 4 facilities and quarterly checks for tier 2 facilities with focus to 40 high volume sites	The checklist was conducted in 109 sites. 14 sites were high volume.	Competing priorities and extended duration required for the administration of the checklist.	Conduct monthly data quality checks at 40 high volume sites
Roll out the new tools and revised OLMIS system	Tools revised and printing in progress. OLMIS modified and pretested	Delays from vendor on delivery of new tools	Roll-out OLMIS and tools to all CBO
Provide onsite mentorship of service providers (public and private facilities), LIP staff and CHVs in recording and reporting of data	CHV oriented on new tools. Onsite mentorship provided to health care workers on PMTCT and cohort reporting		CHV to start using new tools for recording and reporting. Facility onsite mentorship to service providers.
Continue the adoption of DHIS system by the program.	Not achieved	Competing priorities in other systems	Adoption of DHIS system to start in earnest
Follow-up with High volume facilities, to monitor use and plotting on the charts.	All sites with performance monitoring charts monitored on use.	Although plotted, capacity to interpret and utilize data on charts for decision making is still limited	Follow up with high volume sites to mentor health care workers on considerations when selecting indicators for monitoring.
Continue supporting strengthening reporting of data in DHIS	Incomplete		
Facilitate full operationalization of already deployed EMR systems in 25 health facilities.	Scaled up to 51 sites. Fully Operational in less than 15 sites.	Security reinforcements in some facilities hampered full operationalization in a timely fashion.	Facilitate full operationalization to all 51 sites with EMR
Deploy web-based performance standards system	The system was developed	Awaiting training and deployment	Deploy and train users on the system
Train and support users to adopt the following new systems: HC1, PWP, DIC, TQA, HEI & ART cohort, MNCH Koibatek intervention	Users trained on all systems. Installations took place and systems are in use	ART cohort not useful for the project since data can be drawn from EMR	Continue user support and improve on list of reports
Entry of legacy data at facilities with EMR	Started in 11 sites, complete in 4 sites and ongoing in 4 sites.	Planning, refresher training and Approval of budget for assistance in legacy data at facility	Provide incentive and refresher training to main EMR users in all 51 sites to enter legacy data
Roll-out facility based recognition plan	Facility based recognition plan designed and ready for pretesting	Awaiting SCHRIO meeting for launch	Roll-out facility PRP to high volume sites.
Health Communications			
MARPS/KP <ul style="list-style-type: none"> Training of service providers on Sister-to-sister EBI 	<ul style="list-style-type: none"> Sister-to-Sister facilitators trained in Kajiado 	<ul style="list-style-type: none"> Limited number of facilitators available. Additional trainings in the next quarter 	<ul style="list-style-type: none"> Training of Sister-to-Sister facilitators for Nakuru and Laikipia Counties.

Planned Activities for the Reporting Quarter (Apr-June 2014)	Actual Status for Reporting Quarter	Explanations for Deviation	Planned Activities for Subsequent Quarter (Jul-Sept 2014)
<ul style="list-style-type: none"> Roll out of Sister-to-sister Rapid size estimation of new KP hotspots Peer education and Outreach to all priority sites Integrated service delivery outreaches to KP hotspots 	<ul style="list-style-type: none"> Allocation of hotspots to peer educators conducted Peer education and outreach conducted Integrated service delivery outreaches to hotspots conducted in all priority sites 		<ul style="list-style-type: none"> Roll out of Sister-to-Sister EBI in Laikipia and Narok Peer education and outreach Service delivery through the DIC and integrated outreaches Economic empowerment activities Integrated service delivery outreach for MSM in Nakuru
Youth program Mapping of institutions for sister to sister intervention	Exercise conducted in 4 counties		Continued S2S sessions & linkages
Training of ToTs and Health educators on Sister to sister	Project ToT not trained but worked with NASCOP certified ToTs		Progress review monthly meetings
Roll-out of sister to sister EBI	On-going in 4 counties		Supportive supervision to facilitators
Peer education sessions and monthly meetings	Meetings held		Data collection & reporting
LSE Impact assessment	Not done	Awaiting phase out meeting and plan on the same	LSE phase out meeting
DQASO quarterly meeting	Not done	Slated for July	
Supportive supervision	Done during regular D/ZQASO visit to schools		
LSE implementation in schools & roll out exit strategy	Not done	Meeting slated for July	
Mapping of institutions for sister to sister intervention	Exercise conducted in 4 counties		Continued S2S sessions & linkages
Training of ToTs and Health educators on Sister to sister	Project ToT not trained but worked with NASCOP certified ToTs		Progress review monthly meetings
Roll-out of sister to sister EBI	On-going in 4 counties		Supportive supervision to facilitators
Strengthening BCC Refocusing activities to care and treatment	Two meetings held, out of a possible 6	Meetings planned next quarter	Refocusing of activities to care and treatment Finalizing sustainability plans and exit strategies
OVC/ Social Determinants of Health			
Support for green houses as they move towards harvest and planting seasons	Done		Provide on-site training for greenhouse attendants on entrepreneurship and marketing skills
Finalize the MA report and develop the identified value chains	Done		Facilitate 10 groups to develop and engage in value chains
Share the Market assessment findings and linkage to identified markets	Done		Link households to identified markets
Scale up CPwP services through the support groups	Done		Scale up use of CPwP MIS
Conduct support supervision at LIP and HH level	Done		Conduct support supervision at LIP and HH level
Continue with QI learning sessions	Not done	Differed	Conduct QI learning session
Support more QI teams to conduct end line CSI assessment	On course		Provide technical support to QITs to conduct end-line CSI assessments
Technical support supervision and Monitoring of progress	Done		Technical support supervision and Monitoring of performance

Planned Activities for the Reporting Quarter (Apr-June 2014)	Actual Status for Reporting Quarter	Explanations for Deviation	Planned Activities for Subsequent Quarter (Jul-Sept 2014)
Provide technical support to and scale up Life POA sessions among youths	Done		Provide technical support to and scale up Life POA sessions among youths
Identify sites where CHVs have not received the WASH-PLUS training and orient them	Done		Identify sites where CHVs have not received the WASH-PLUS training and orient them
Enhance activities of the M&E TWG through regular meetings and updates	Done		Roll out new OVC and caregiver service and monitoring tools
			Conduct HTC for OVC with unknown HIV status
Train additional SILC Field Agents	Done		Train key LIP staff on SILC and install SILC MIS in all sites
			Train support group members on CPwP
			Implement positive deviance hearth to address malnutrition in Baringo county
Clinical Services			
Strengthen patient monitoring in all supported counties	All ART sites sensitized on viral load monitoring		Sensitize six sub-county health management teams on TQAs.
Follow up TQAs in 40 HVS	Rescheduled to 4th Quarter	Competing priorities with the County teams	Conduct joint TQAs in 15 ART sites with sub-county teams
Strengthen nutrition activities in the region(mentorship, dissemination of guidelines, reporting)	Ongoing		Sensitize all supported ART sites on the new ART guidelines.
Mentorship with refocus on new PEPFAR recommendations	Ongoing		Conduct TB/HIV collaboration CMEs in 30 ART sites
Roll out of KQMH in all High volume sites	Two County and seven sub-County HMTs sensitized. QI rolled out in additional eleven facilities. Roll out going on in quarter 4	Trainings for Kajiado and Laikipia Counties postponed due to competing priorities	Strengthen follow up of all suspected treatment failure clients; Feedback to the health facilities, CMEs on treatment failure
BEMONC scale up with focus on Narok and Baringo counties	Ongoing.	Trainings scheduled to take place in August 2014	Continue Clinical mentorship in all the 113 ART facilities
Continue roll out of EMR	Ongoing		Support training of 60 HCW in Kajiado & Laikipia on QI.
			Support formation of 15 Quality improvement teams(QITs) in 15 health facilities
			Scale up online commodity reporting
			Train 60 HCW and CHWs on BEMONC in Baringo and Narok Counties
			PMTCT mentorship to initiate option B+
			RH assessment
			Strengthen MPDR Committees
			Strengthen ORT corners
			Capacity building on BEMONC.
			Facilitate eMTCT task force review meetings in 5 counties
			Targeted commodity and pharmacovigilance mentorship
			Installation of ADT in 4 facilities (Langa-langa HC, Mogotio RHDC, Marigat DH, Ongata Rongai HC)
			Follow up on operationalization of ADT in Kajiado DH, Ngong SCH and Embulbul Dispensary and Kabarnet DH

Planned Activities for the Reporting Quarter (Apr-June 2014)	Actual Status for Reporting Quarter	Explanations for Deviation	Planned Activities for Subsequent Quarter (Jul-Sept 2014)
			Decentralization of ART services (Kitengela to be a central site) and more satellite sites.
			Increase on-line reporting (Buy modems and support monthly airtime for the sub-county pharmacists).
			Continued targeted mentorship on commodity management to ensure commodity security
			Sensitization of Seven SCHMT on FP commodity reporting through DHIS2
			Sensitization and enrollment of 2 facilities (Oloitokitok DH & Kabarnet DH) in WHO AFRO SLMTA accreditation
			Installation of PIMA POC CD4 machine in six health facilities

XIV. FINANCIAL INFORMATION

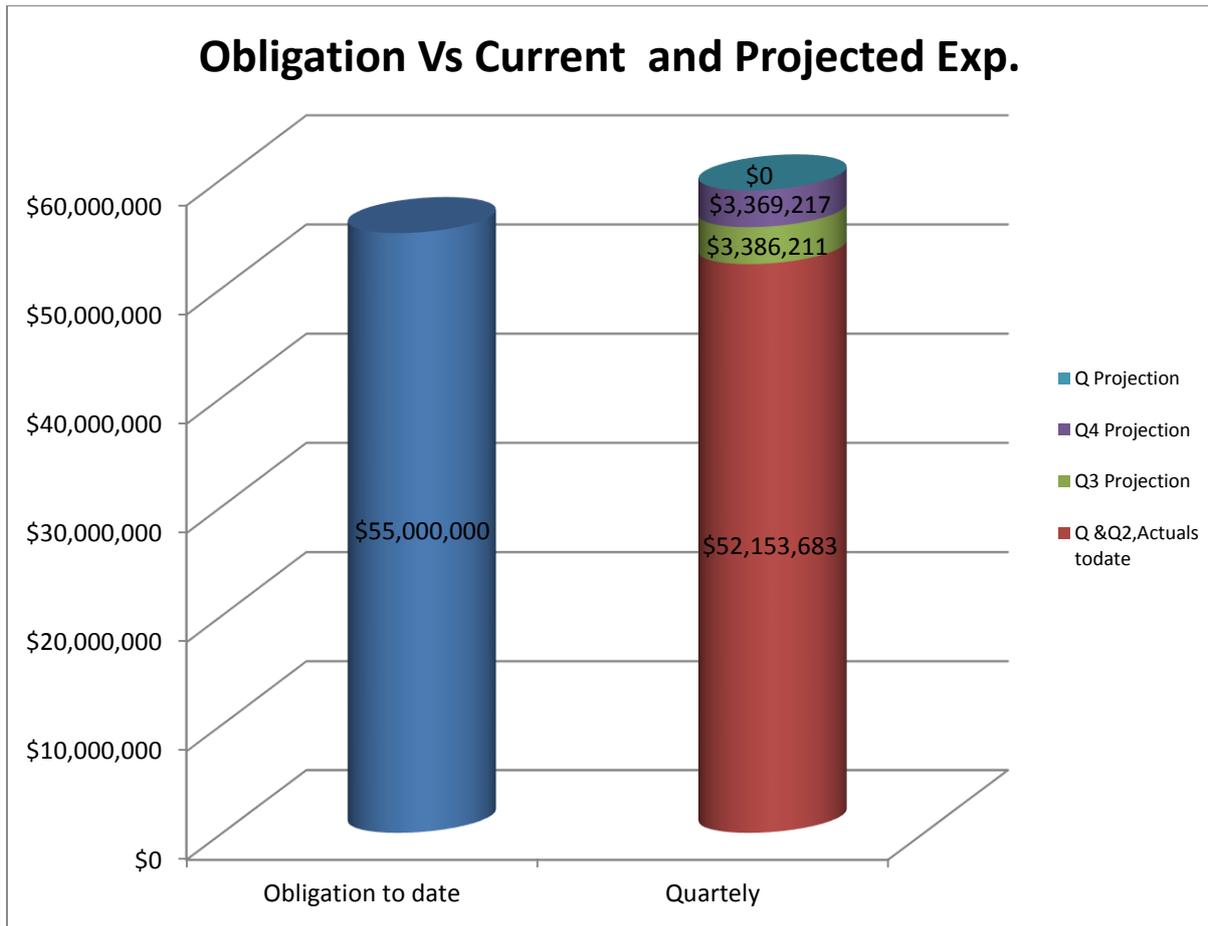


Figure 8: Obligations vs. Current and Projected Expenditures

Table 2: Budget Details
T.E.C: \$ 70,980,677
Cum Oblig: \$55,000,000
Cum Expenditure: \$ 52,153,683

Obligation	2011-2014 Q2 Actual Expenditures	3rd Quarter- 2014 Projected Expenditures	4th Quarter- 2014 Projected Expenditures	1st Quarter- 2015 Projected Expenditures
\$ 55,000,000.00	52,153,683	3,386,211	3,369,217	0
Salary and Wages	8,221,869	600,299	600,299	0
Fringe Benefits	2,097,642	227,106	227,106	0
Travel, Transport, Per Diem	977,298	34,539	34,539	0
Equipment and Supplies	532,371	37,088	37,088	0
Subcontracts	0	0	0	0
Allowances	0	0	0	0
Participant Training	0	0	0	0
Construction	0	0	0	0
Other Direct Costs	8,534,839	299,861	282,867	0
Sub-grants	24,122,458	1,803,950	1,803,950	0
Overhead	0	0	0	0
G&A	7,667,205	383,368	383,368	0
Material Overhead				
Total	52,153,683	3,386,211	3,369,217	0

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

Salary and Wages	Salaries for the coming quarter will remain the same.
Fringe Benefits	Fringe benefits will remain same as salaries
Travel, Transport, Per Diem	Travel expenses will increase with accelerated activities in the quarter.
Equipment and Supplies	No major equipment is to be purchased in the next quarter.
Subcontracts	
Allowances	
Participant Training	
Construction	

Other Direct Costs	The level of expenditures will remain the same.
Sub-grants	Most of the implementing partners sub agreements have been modified through to September 2014.
Overhead	
G&A	Calculated as per Award conditions. The figure is higher this quarter because of the application of the new approved rate for the fiscal year.
Material Overhead	

XV. PROJECT ADMINISTRATION

Programmatic Transitions

During the quarter, USAID directed the project to align its reporting to the USAID fiscal year. The implications of the directive is that the reporting will not be in line with the approved project annual work plan. For example, this report will be quarter three report in line with USAID fiscal year but quarter two in line with the annual work plan.

Community strategy activities were fully transitioned to the counties. The counties promised to continue implementing community strategy. However, most of the counties did not find commit to paying CHW stipends, as this is the most costly item in implementation of community strategy.

Changes in the Project:

AMREF closed-out activities they were implementing as partners in *APHIplus* Nuru ya Bonde. AMREF was implementing community strategy, which was transitioned back to county government necessitating their closeout. The project also laid off staff in line with available funding.

XVI. INFORMATION FOR ANNUAL REPORTS ONLY

Not applicable for the quarter under review

XVII. GPS INFORMATION

Implementing Mechanism/ Activity	Task	Activity Name	Implementing Partner	Sub-Awardee	Amount	Start Date	End Date	Nationwide?	Location	Admin 1 (County)	Longitude	Latitude	Precision Code	Admin 2 (Constituency)	Admin 3 (Location)	Admin 4 (Sub location)	Admin 5 (Town/Village)
APHIAplus Rift Valley Project	OVC Care and Support, Prevention with MARPS, addressing other social determinants of health	OVC Care and Support, Prevention with MARPS and fisher folk, addressing other social determinants of health	FHI360	Family AIDS Initiative Response (FAIR)	\$2,433,531.00	1/1/2011	12/31/2014	N		Nakuru	-0.287199	36.05953					
APHIAplus Rift Valley Project	OVC Care and Support, Prevention with fisher folk, addressing other social determinants of health	OVC Care and Support, Prevention with Fisher folk, addressing other social determinants of health	FHI360	Kenya National Outreach Counselling & Training Program (K-NOTE)	\$1,346,927.00	1/1/2011	9/30/2015	N		Nakuru	-0.701929	36.43369					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social	OVC Care and Support, addressing other social	FHI360	Kenya Council of Imams and Ulamaa (KCIU)	\$551,198.00	1/1/2011	12/31/2014	N		Nakuru	-0.292487	36.05626					

	determinants of health	determinants of health															
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Deliverance Church, Nakuru	\$330,235.00	1/1/2011	12/31/2014	N		Nakuru	-0.273177	36.11380					
APHIAplus Rift Valley Project	Addressing food and security interventions amongst OVC/PLHIV households	Addressing food and security interventions amongst OVC/PLHIV households	FHI360	Self Help Africa (SHA)	\$360,070.00	4/16/2012	12/31/2014	N		Nakuru	-0.30342	36.075222					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Women Fighting AIDS in Kenya (WOFAK)	\$610,107.00	3/1/2012	9/30/2015	N		Nakuru	-0.293744	36.05874					
APHIAplus Rift Valley Project	Prevention with young women at risk of HIV	Prevention activities with young women at risk of HIV in institutions of higher learning	FHI360	I Chose Life - Africa	\$367,775.00	1/1/2011	12/31/2014	N		Nakuru, Njoro	-0.369713,	35.93585					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social	OVC Care and Support, addressing other social	FHI360	LIFA CBO	\$371,947.00	1/1/2011	9/30/2015	N		Laikipia	0.015246	37.07355					

	determinants of health	determinants of health															
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Caritas Nyeri	\$620,162.00	1/1/2011	9/30/2015	N		Laikipia	0.019302	37.08340					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Maa Partners Initiative (MAAP)	\$437,615	1/1/2011	12/31/2014	N		Kajiado	-1.576853	36.80489					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Evangelizing Sisters of Mary (ESM)	\$376,909.00	1/1/2012	12/31/2014	N		Kajiado	-1.392730	36.74280					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Catholic Diocese of Ngong	\$828,623.00	1/1/2011	9/30/2015	N		Kajiado	-1.370782	36.65283					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Beacon of Hope	\$458,180.00	1/1/2011	12/31/2014	N		Kajiado	-1.394504	36.76305					

APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Apostles of Jesus AIDS Ministries (Ngong Hills Cluster)	\$457,009.00	8/1/2012	9/30/2015	N		Kajiado							
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Mother Francisca Mission Maternity Health Care (MFMMHC)	\$400,184.00	1/1/2011	12/31/2014	N		Baringo/Nandi	0.201934	35.08451					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Christian Community Services (CCS)	\$747,710.00	1/1/2011	12/31/2014	N		Baringo	0.491536	35.75472					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	ENOCOW (Enaitoti Naretu Olmaa Coalition for Women)	\$399,967.00	1/1/2011	12/31/2014	N		Narok	-1.09078	35.87255					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	NADINEF (Narok District Network Forum)	\$923,859.00	1/1/2011	09/30/2015	N		Narok	-1.09078	35.87255					

XVIII. SUCCESS STORIES & PREP SHEETS

SUCCESS STORY: From Desperate School Leaver to Supporting Family

Viola Jebotip's life has improved a great deal because of support from APHIAplus Nuru ya Bonde.



Viola makes a dress. Photo: Elly Chepkwony

From a desperate primary school leaver, Viola has grown into a confident young woman full of hope. She has started a thriving dressmaking business that earns her money to support her parents and help care for two younger siblings. After completing Class Eight, Viola could not proceed to high school. Her parents, both casual labourers around her home in Nandi County, could not afford the fees. Instead, the parents sent her to live with a relative.

Project volunteers from Mother Francisca Mission Maternity and Health Care (MFMMHC) heard her story when they visited the relative as part of their routine home visits to families affected by HIV. The organization has partnered with USAID's APHIAplus Nuru ya Bonde project to support orphans and vulnerable children.

After assessing her case, APHIAplus Nuru ya Bonde enrolled Viola for support and sponsored her to a tailoring course at St Joseph Chepterit Institute. The project paid part of her fees and lobbied for additional support from a

scholarship scheme run by the Constituency Development Fund (CDF).

Because of her good discipline record and exemplary performance, Viola was nominated upon to receive a business start-up kit on graduation in 2013. The Catholic Diocese of Eldoret that she was allowed to use until she could buy her own. Viola has started saving for her own machine.

Viola formally transitioned from getting project support in 2013. She no longer relies on project support.

Viola lives in Masaba village at the outskirts of Kapsabet town with her parents and two young siblings, who are in primary school and still enrolled in the project.

With some of the money she earns from making and selling clothes, Viola supports her parents meet the family's basic needs. In 2013, she helped pay fees for the younger children. This year, she plans to repair the leaking roof of the family house.

DREAMING BIG: After Dressmaking Course, Young Mother aspires to Create Jobs

Lillian Simalo, a 23-year-old mother two, is a successful dressmaker and family woman at Olasiti trading centre in Narok County. She earns up to Sh15,000 a month from selling the clothes she makes. These include school uniform, fashionable traditional Maasai shirts and dresses as well as re-usable sanitary pads. Many young women look up to Lillian for inspiration because she has overcome adversity to succeed in life.

Lillian says she owes her support to the support she got from USAID through a local organization that was working with the AIDS, Population and Health Integrated Assistance project in Rift Valley (APHIAplus Nuru ya Bonde) in 2007, when it was known as APHIA II.



Lillian tells her story to a visiting USAID project review team

Before help came, young Lillian faced an uncertain future after her father died. She had just completed primary school but her mother could not afford the fees for high school or vocational training.

Fortunately, social workers from a local organization called Enaitoti Naretu Olmaa Coalition of Women (ENOCOW) linked her to USAID's APHIA II project for support. In 2010, the project awarded Lillian a scholarship for a two-year tailoring course at Narok Polytechnic.

After she graduated in 2011, the project gave her a small business start-up kit comprising a sewing machine procured through USAID support. Project staff monitored her progress along with others who had transitioned from the project's support. In 2012, Lillian got married and moved to Olasiti, where she opened her current shop. Lillian looks forward to a bright future for her two children, aged one-and half years and six years. She also plans to help see her younger brother and two sisters through school.

She is passionate about her work and would like to advance her business and employ other people. She has a dream of running big dressmaking company one day.

NAOMI SUCCEEDS IN LIFE: A Story of Resilience and Resourcefulness

Naomi is 18 years old and her sister Alexa live with their single mother in rented room in Kware slums, near Ongata Rongai town.

Naomi and her sister were born with HIV and have borne untold problems as a result. Their parents separated due to domestic violence and infidelity. Naomi's mother moved out to the shanty settlement with the girls. They soon dropped out of school because their unemployed mother could not care for them.

In 2012, the family was referred to APHIAplus Nuru ya Bonde through a local partner organization. The project helped the children to resume school and continues to support their education by providing for their needs such as shoes and sanitary pads.

The girls and their mother were also counselled and linked to a health facility for treatment. They are all now taking antiretroviral drugs and continue to receive regular counselling.

Naomi completed graduated from high school in 2013 with a mean grade of B-. She has applied for admission to Technical University of Kenya and hopes to enroll for a Bachelor of Business and Information Technology.

As she awaits admission to college, Naomi has started a small business selling coffee in the evenings to traders and commuters at the local trading centre. In a day she is able to sell 40 to 50 cups at 10 shilling each, earning her a profit of 300 shilling daily.

Naomi saves most of her profit with Galaxy Savings and Internal lending Community (SLIC) group. Her mother is also a member of the group. She has been able to save and get loans to boost her small business and supplement school fees for Alexa.

Within the group Naomi and her mother have benefitted from financial literacy training that has enabled them save more and invest their money prudently.

Thanks to the support they received through APHIAplus Nuru ya Bonde, Naomi, her sister and mother are now living a better, dignified life.

Stigma and self-pity are choices but with caring friends I cannot opt to pity myself," says Naomi.

"I must continue to be a good example to other girls," says Naomi. "I will work daily to support my mum and sister."

Indeed Naomi is a good example. Some in her situation would have turned to drugs and other irresponsible behaviours but Naomi resisted all temptation and endured to triumph over adversity.



Naomi (right and holding a red shawl) participating in a SILC group meeting

Although she is not sure if she will get a scholarship, Naomi is determined to go university. She continues to save while appealing for well-wishers to help her get a scholarship so she can pursue her dreams.

I will continue to save money so that whatever finances there would be I will cater for my education’.

STRIVING FOR SUCCESS: Support group sees benefits of greenhouse farming

Founded in the year 2006, Masikizano group is a support group made up mainly of widows who came together for emotional support and financial support. The group has 13 members.

At first, members met monthly and contributed 50 shilling each. Part of the money was saved and the rest given to members to buy household items.

In 2008, the Family AIDS Relief Initiative (FAIR), a local partner in APHIAplus Nuru ya Bonde, introduced the group to Faida group, a savings scheme run by K-Rep Bank. The group registered and started saving with the bank.

After a while, they were eligible for loans to meet their basic needs, pay fees and start small businesses. When the bank stopped the Faida scheme in 2011, the group withdrew their savings and invested a vegetable supply business. They bought the popular traditional vegetable from farmers and resold it at a profit.

As business grew, the group decided to grow their one vegetable to maximize profit.

Impressed by their efforts, Self Help Africa, another organization working with APHIAplus Nuru ya Bonde, gave them a water tank so they could harvest water and grow vegetables all-year-round.

The group recently diversified into tomatoes growing after APHIAplus Nuru ya Bonde acquired for them a greenhouse from commercial company Amiran Ltd.

After 10 weeks of hard work and hand-on training by FAIR agricultural extension officer Antony Wekesa, the group harvested its first crop of tomatoes. They sold 141 kgs for 12,000 shillings.

From their group projects, individual members of Masikizano support group have benefitted from increased income and improved farming skills. They families enjoy better nutrition too.



The water tank donated to Masikizano support group



Annexes and Attachments

Annex I: Schedule of Future Events