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USAID Kenya (APHIAplus Nuru ya Bonde) Quarterly Progress Report October – December 2014



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USAID KENYA (APHIA*plus* Nuru ya Bonde)

APHIA*plus* Nuru ya Bonde
FY 2015 Q1 Progress Report
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The authors' views expressed in this report do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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Acronyms and Abbreviations

ADT	-	ARV Dispensing Tool
AMTSL	-	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
BEmONC	-	Basic Emergency Obstetrics and Newborn Care
CCC	-	Comprehensive Care Centre
CD4	-	Cluster of Differentiation 4
CDC	-	Centre for Disease Control
CHMT	-	County Health Management Team
CHV	-	Community Health Volunteer
CHW	-	Community Health Worker
CME	-	Continuous Medical Education
CPwP	-	Community Prevention with Positives
CYP	-	Couple Year of Protection
DBS	-	Dried Blood Spot
DHIS	-	District Health Information System
DIC	-	Drop in Centre
DQA	-	Data Quality Audit
EBI	-	Evidenced-Based Intervention
EID	-	Early Infant Diagnosis
EMR	-	Electronic Medical Records
eMTCT	-	elimination of Mother to Child Transmission of HIV
EQA	-	External Quality Assurance
FHI 360	-	Family Health International
FP	-	Family Planning
FSW	-	Female Sex Worker
GOK	-	Government of Kenya
HAART	-	Highly Active Antiretroviral Therapy
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
LVCT	-	Liverpool Care and Treatment

M&E	-	Monitoring and Evaluation
MARPs	-	Most at Risk Populations
MDT	-	Mentorship Development Team
MNCH	-	Maternal Newborn and Child Health
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
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
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 Sister EBI
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
SIMS	-	Site Improvement through Monitoring System
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

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 fifth year of implementation. This report highlights the achievements of the first quarter (October – December) 2014.

County Quarterly Review Meeting: The Program Management Team (PMT) continued to provide support to the county teams to review project achievements. During this quarter, the PMT supported all the five counties to review project achievements for the period of July – September 2014. There was a steady improvement in performance of most indicators across all technical areas. The teams were requested to focus on consolidating the project gains as well as developing clear plans of how to transition project activities to the community and relevant Government of Kenya (GoK) line ministries or departments for sustainability as the project progresses towards the closeout.

Local Implementing Partner Organizations (LIPs) Quarterly Performance Review: The project team held performance review meetings with all LIP implementing Health Communication and OVC interventions to review July – September 2014 project performance. During the review, emphasis was laid on sustainability initiatives that would ensure that gains made within the four year of activity implementation were sustainable beyond 2015. LIP were also advised to use existing project data to document project successes to demonstrate project performance/impact over the years. The LIP were also taken through project close-out and transition processes, highlighting critical activities that should be done to assure smooth transition of the project to the community and relevant GoK line ministries or departments. As a result, LIPs were advised to develop clear transition plans.

Monitoring of LIP activities and Technical support: During the quarter under review, the project staff continued to provide support supervision to partners, and jointly conducted routine Data Quality Assessments (DQAs) to ensure quality activity implementation and execution of action plans developed during the performance review meetings and support supervision visits.

Site Improvement Monitoring System (SIMS) visit and Quarterly Performance Review Meeting by USAID: During the quarter, USAID Program Management Team (PMT) visited Baringo County to monitor implementation progress using the newly developed tool, SIMS. The SIMS tool was administered in two facilities (Kabarnet County Referral Hospital and Marigat Sub-county Hospital) and one LIP (i.e. Christian Community Services). The USAID PMT acknowledged that there was progress made in the quality of service delivery. On the same note, they identified areas that required improvement. For example, at the facility level, there was need to provide SOP, institutionalize DQA activities and strengthen documentation of community and facility referrals. At the LIP level, the gaps identified included lack of referral booklets and child protection policy, and non-functionality of the Quality Improvement Teams (QIT). So far, the project has worked with the facility teams to avail the SOP. In addition, referral booklets have been provided to five high volume facilities in the county. The Multi-Disciplinary Team (MDT) in the county is working with the LIP and facility staff to address other gaps.

In addition, USAID PMT and Project staff held the quarterly progress review meeting for the period July-September 2014. The USAID PMT noted that the project had made progress and improvement. Some of the areas highlighted for improvement included documentation of nutrition activities, follow-up of HIV positive pregnant mothers for increased uptake of prophylaxis, poor linkages for

care for HIV positive patients in the peripheral facilities, and need for the project to document successes of the household economic strengthening initiatives.

LIP orientation: During the quarter under review, all the project LIP were oriented on the new USAID requirement for seeking exemption on Value Added Tax (VAT) for all purchases made. At the same time, the LIPs were further oriented on finance management, cost-share and human resource management in relation to project closeout.

A. Qualitative Impact

Commemoration of 2014 World AIDS: During the quarter, the project in collaboration with National AIDS Control Council (NACC) and the County Health Management Teams (CHMT) supported commemoration of 2014 World AIDS Day in all the counties. The 2014 World AIDS Day theme was “*Closing the gap in HIV prevention and treatment*”. The project provided technical and logistical support during the preparatory period, and facilitated provision of HTC services in all the counties during the event.

16 days of Activism against Gender Based Violence (GBV): In collaboration with Nakuru County government, the GBV network, UN Women and other partners, the project participated and supported marking of 16 days of activism against gender based violence. The 2014 theme was “*peace from home to peace in the world*”. SGBV sensitizations and discussions were carried out to the community members in Kaptembwa and Barut divisions, a football match was organized to sensitize the community on the importance of men engagement in GBV prevention and response. The GBV activism activities culminated with a march through Nakuru town to create awareness with final celebrations being held at Nyayo gardens, Nakuru officiated by the deputy County Commission on behalf of the governor.



Pic 1: 16 days of activism against GBV celebration

Sub-County Health Records and Information Officers (SCHRIOs) issued with Motorbikes: During the quarter, the project supported four Sub-county SCHRIOs (from Kuresoi, Molo, Gilgil and Rongai sub-counties in Nakuru County) with motorbikes to facilitate timely collection of reports as well as ability to address data quality issues in a timely manner. The motorbikes were handed over through the Nakuru CHMT. The motorbikes have been very helpful to the SCHRIOs in following up on reporting and addressing data quality issues from the facilities.

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. Details are provided in Section III of the report.

Table I: Project Performance Summary

Output	Indicator	Baseline	2015 Quarterly Achievements		Cumulative Year Achievements					Percentage (%) Achieved vs Year 2015
			Year 2015 Target	Oct-Dec 2014	2015	2014	2013	2012	2011	
Improved facility reporting rates in PMTC	Improved facility-reporting rate in PMTC.	85%	95%	90%	90%	91%	88%	84%	96%	90%
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	800,000	300000	141643	141,643	479,631	420,566	411,890	577,337	47%
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%	92%	92%	87%	111%	112	4221	92%
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%	89%	92%	92%	83%	274%	47%	1272	92%
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%	75%	57%	57%	58%	69%	100%	127	57%
Infants born to HIV infected mothers receiving prophylaxis to reduce MTCT	C4.2.D Percentage of infants born to HIV infected mothers who receive	65%	90%	86%	86%	83%	157%	116	80%	86%

	prophylaxis to reduce MTCT									
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%	93%	93%	92%	91%	90%	93	93%
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)	58000	45333	38003	38003	39494	31244	17466	78122	84%
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	50888	47923	47923	45585	41036	34670	31957	94%
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	6702	2330	2330	6,779	4707	4536	4994	35%
Couple Years of Protection	Couple Years of Protection	0	0	40349	40349	150,902	126303	141582	111808	
Pregnant women make 1st ANC visits	Number of pregnant women who made 1st ANC visits	127404	125000	26599	26599	112,667	101907	113101	107134	21%
Women attending at least 4 ANC visits	Number of women attending at least 4 ANC visits	41625	45000	13835	13835	47,602	41350	41354	36374	31%
Deliveries by skilled birth attendants	Number of deliveries by skilled birth attendants	54272	60000	19592	19592	72,930	61092	60893	62400	33%
Vitamin A supplementation coverage increased	Percentage of children under 5 years of age who received Vitamin A from USG supported programs	70%	120000	11487	11487	140,304	207739	276314	313110	10%
Children under 12 months of age received DPT3	Number of Children under 12 months of age who received DPT3	800000	120000	31531	31531	146,099	114479	144500	112383	26%

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	38,000	4531	4531	160,604	152732	34626	50558	11%
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)	40000	10,300	433	433	15,001	4581	4314	16051	1%
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	17000	1250	1250	26,212	33590	9085	103	7%
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	0	4,618	4914	4914	4,827	2959	15	74	106%
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	11286	11286	11009	11866	2876	3266	75%
Vulnerable households provided with basic food package	Number of vulnerable households provided food and nutrition education	0	10000	16,069	16,069	24762	30822	21928	6977	161%
Households with hand washing facilities	Percentage of households with hand washing facilities		75%	87%	87%		73%	100777	0	87%
Households with safe water storage facility at point of use	Percentage of households treating water	20%	75%	84%	84%	31%	69%	Survey	0	84%

C. Constraints and Opportunities

There were no significant management or operation challenges, or changes in planned activities during the reporting period. However, insecurity in East Pokot restricted project staff movement in that area, affecting reporting rates in that region.

D. Subsequent Quarter's Work Plan

In the subsequent quarter, the project will continue supporting health facilities, counties and sub counties to improve the delivery of quality HIV/MNCH/RH/FP services and continue with discussions with key stakeholders to lay the ground for transition. The project will continue to provide technical assistance to health facilities and sub county health managers to continue delivering quality services as well as collect, analyze and submit quality data. Technical assistance will focus on the following areas: Increasing patient monitoring using viral load; enhancing defaulter tracing; increase coverage of HAART for HIV positive pregnant women; prophylaxis for infants, linkage of HIV positive clients to care; improvement of quality of Basic Emergency Obstetric and Neonatal Care (BEmONC) services at selected sites offering Maternal Child and Neonatal Health (MNCH) services in Narok and Baringo counties; and strengthening usage of Electronic Medical Records (EMR) as a point of care system. In addition, the project will continue to reach young women aged 15-24 years with HIV prevention interventions using standard Evidenced Based Interventions (EBI) and improving quality of services to OVC. A detailed work plan for the next quarter is presented in Section XIII 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)

In this reporting period, the Multi-Disciplinary Teams (MDT) continued to provide mentorship to service providers on various pertinent topics including the rapid advice on the management of HIV/AIDS, use of HAART for prevention of mother to child transmission of HIV, nutrition, Basic Emergency Maternal Obstetric and Neonatal care (BEMONC) and documentation of MNCH data tools. Through these activities, 363 health care workers (HCW) were mentored, 69 oriented and 556 reached through CME all undertaken with a view to improving their capacity to provide quality health services.

Project staff, who in the previous quarter had been trained as quality improvement (QI) coaches/mentors, continued to collaborate with URC-ASSIST staff in the implementation of Continuous Quality Improvement (CQI) activities in various facilities. Below are the achievements per county.

Baringo County: The MDT provided HCW with mentorship and CME, in order to improve the quality of the services. The topics covered included, rapid advice on the management of HIV/AIDS, use of HAART for prevention of mother to child transmission of HIV, nutrition, BeMONC, biosafety, post exposure prophylaxis and documentation of MNCH data tools. In total, 59 HCW from 41 facilities were reached.

The project supported CQI activities in the five facilities that were trained in the last quarter; the five formed Work Improvement Teams (WIT) and each held at least one meeting in the quarter.

Kajiado County: The project team working together with the MOH mentors supported CME on the use of Gene X-pert machines and reached 40 HCW. Mentorship was also carried out on cohort analysis, ART data documentation and reporting, defaulter tracing and documentation, and accessing of viral load results from the NASCOP website was carried out in 11 ART sites and reached 26 HCW. The facilities were also supplied with reference materials and job-aids such as the Rapid Treatment Advice, ART flip charts and BMI calculators. Three CME reaching 29 HCW were conducted on use of HAART for PMTCT and proper documentation of PMTCT services in the national tools.

Laikipia County: A joint supportive supervision was conducted with MOH staff that reached 14 facilities. Mentorship, CME and OJT activities were carried out reaching 33 facilities and 145 HCW. The mentorship focused on the rapid treatment advice and TB/HIV integration. Integrated facility outreaches were conducted in three hard to reach areas of Laikipia North. A total of 96 assorted job-aids were distributed to these facilities and the HCW mentored on their use.

Nakuru County: During the quarter under review, the project provided targeted mentorship to 20 facilities reaching 63 HCW. In addition, 192 HCW were reached through three orientations and three CME. The mentorship focused on the orientations and CMEs were the was the rapid advice, CQI, Gene X-pert utilization, use of viral load results in patient management, BEMONC and Integrated Management of Acute Malnutrition (IMAM). The topics covered were informed by knowledge and skills gaps identified during site assessments. ,

The project continued to support the MOH to accelerate PITC in the county by placing 47 PITC counsellors at 22 high volume facilities to improve service delivery s as well as linkage to care for those testing HIV positive. Viral load testing was intensified in 41 sites and Genexpert sample transportation was scaled up to 11 facilities (Nakuru PGH, Langalanga, Kapkures, FITC, Molo DH, Naivasha DH, Bahati DH, Subukia, Olenguruoni, Rongai, Gilgil); this is expected to increase number of HIV-positive patients diagnosed with TB and subsequently put on treatment. The project supported defaulter tracing in targeted sites through facilitating meetings of their support groups and provision of airtime (17 facilities). From a sample of 12 high volume facilities, the client retention rate stands at 94% at 12 months.

Narok County: During this quarter, the project worked with USAID ASSIST staff to conduct a baseline data sharing workshop for the five functional QIT reaching 39 HCW. Three HCW from facilities that are targeted for the next round of CQI activities roll-out, also participated. During this highly interactive workshop, success lessons were shared from each team as well as action plans for the areas that required improvement. Follow up onsite coaching was done in three of the five QIT's to ensure standardized approach to quality improvement.

Five orientations were also conducted on service integration, BEMONC and nutritional assessment counselling and support (NACS) reaching 30 HCW. A further 120 HCW were reached through CME and 70 through mentorship. The mentorship focused on service integration, use of HAART for PMTCT, implementation of revised ART guidelines, commodity management and BEMONC.

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

The project facilitated County Health Management Teams (CHMT), Sub-County Health Management Teams (SCHMT) and facility Health Management Teams (HMT) to plan and manage service delivery through mentorship, OJT and supporting supervision activities. During the quarter, the project jointly with MOH executed 63 joint work plans (JWP) with five CHMT, 25 SCHMT, and 33 HMT. 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 while the facility specific JWP provided resources and technical assistance to improve service delivery within the high volume facilities and a few selected low volume facilities. Following are the achievements per county.

Baringo County: Through JWP support integrated mentorship in MNCH services continued in high volume facilities and dispensaries of Baringo County. Two sub-counties (Baringo North and Baringo Central) conducted supportive supervision at 27 facilities and interacted with 54 HCW. Other two-sub counties (Baringo North and Koibatek) held health facilities' feedback meetings that brought together 79 in-charges to deliberate on their respective performance and adopt the best practices.

Laikipia County: In this quarter, the project team engaged the County and Sub-county teams to implement the activities in the JWP. The project provided resources to conduct one CHMT and SCHMT support supervision that visited 14 facilities. The main findings from these supervision visits were: inadequate staffing at some of the sites, and failure of HCW to update registers and

reporting tools consistently. Recommendations for remedial action were made to the affected staff. Four sub-county data review meetings were supported reaching 60 HCW with recommendations for improvement made based on the findings of the reviews. Three facility in-charges' feedback meetings with 37 facilities represented were held in the five sub-counties. In addition, two client exit interviews were also supported.

Nakuru County: The project supported the SCHMT/HMT in implementation of the JWPs. It collaborated with the county in marking various international and national events (World Contraceptive day, Malezi Bora and World Aids day). In this quarter, the project in collaboration with Mothers 2 Mothers (M2M) supported the training of HCWs and mentor mothers from 28 health facilities on Strengthening Outcomes through Analyzing Results (SOAR) to support data for decision making at those sites. Additionally, a refresher HTC support supervision training for 83 PITC counsellors was held to improve the quality of HTC services. Joint supportive supervision visits were conducted to address gaps in service delivery, documentation and commodity management at two facilities (Mau Narok and Lare H/C).

Narok County: During the quarter, the project supported the CHMT, SCHMTs and facility HMTs to fast track the implementation of the JWPs. The project supported the CHMT to conduct support supervision jointly with the SCHMT's in both Narok South and Narok North where 23 facilities were visited (12 in Narok South and 11 in Narok North). Among the key focus areas for these visits were scaling up of HIV testing through PITC and enhancing linkage to care for HIV positive patients, implementation of the revised ART guidelines and nutrition assessment. During the supervision, the facilities were provided with timely feedback on findings and areas for improvement. The supervision report shared with the relevant county authorities also captured infrastructural and staffing gaps. In addition, Narok North and Narok South SCHMTs conducted dissemination for the revised ART guidelines reaching 24 HCW

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

During the quarter under review, the project implemented activities aimed at ensuring standard reporting tools were both available and in correct use; monitoring of facility and community reporting rates to ensure complete and timely reporting; updating of community databases, improving data quality, EMR deployment and promoting use of data. A total of 158 health facilities were visited for routine data quality reviews, mentorship and review meetings. In addition, 19,503 MOH 219 F1A and 185 F1B tools were distributed across the five counties. Mentorship on recording and reporting was provided to 413 HCW, and to 958 Community Health Volunteer (CHV) on new OVC F1A and F1B resulting in consistent use of the standard tools.

To improve data quality, comparison of data from KePMS and DHIS2 systems was done on a monthly basis to ensure consistency. The information was shared with facilities and sub-counties to address inconsistencies arising from data entry and transmission errors. In addition, Routine Data Quality Assessments (RDQA) were conducted in six EMR facilities and eight CBOs during which reported data was verified against source documents. The project teams continued to engage facilities and community programs in data-for-decision making activities through facility data review meetings and performance monitoring charts for selected indicators.

In collaboration with I-TECH and Futures Group, the project continued to support implementation of the EMR system. By the end of the quarter, 55 out of a target of 84 facilities had the EMR deployed albeit at different stages of implementation as detailed in Table below. EMR DQAs was also done in six health facilities where data entry is complete to assess the quality of historical patient data entered. Key findings included: IQ care system was not updated with clients last visit encounter, system was not being used for patient management, all facilities did not have external

back up devices apart from the three in Baringo. In addition, IQ tools generated inaccurate MOH731/711A reports and inconsistencies were noted between electronic patients' records and MOH 257. It was agreed that facilities would update the missing patient information and start to use EMR for daily patient management. A three-day IQ care training was also conducted for staff in three sites namely Nakuru PGH-33, Evans Sunrise-2 and Olenguroune-15 bringing the total of individuals trained to 50.

Table 2: EMR implementation status per county

Implementation Status	County					Total
	Baringo	Kajiado	Laikipia	Nakuru	Narok	
Sites targeted for EMR	13	13	14	30	14	84
IQ care/EMR deployed	13	11	12	10	9	55 (65%)
Data entry complete	5	4	6	3	5	23 (42%)
Data entry ongoing	8	7	6	7	4	32 (58%)
Sites using EMR as point of Care	2	3	0	0	5	10 (18%)
RDQA conducted	3	1	0	0	2	6 (26%)

During this reporting period, community electronic data systems were upgraded to include some additional modules and reports in response to end user feedback. Fourteen 18 Local Implementing Partner (LIP) had the PWP and OLMIS updated system updated. Below are details of accomplishments in each county.

Baringo County: During the quarter under review, 52 HCW in 32 health facilities were mentored on various MCH-RH-FP and HIV primary data collection and reporting tools. Further, 91 clinical staff were sensitized on EMONC related HMIS tools (HEI, PNC, Maternity, FP registers) with the objective of improving documentation and reporting of EMONC services. A total of 1,326 varied HMIS tools were distributed to health facilities. A shortage of recording and summary tools especially the non- HIV programs (e.g. service workload, morbidity and service delivery reports) remained a challenge across the six sub-counties. This was mitigated by issuance of photocopied reporting form leaflets on request.

In addition, the project continued to support SCHRIOs to promote timely and complete reporting from the facilities. This was done through direct assistance to health care workers in preparation of monthly reports and delivery of reports from far flung facilities. Overall, MoH 711A and MoH 731 reporting rate was 95 % in December compared to 100% for all the months in the previous quarter. The 5% decline was attributed to closure of six facilities in East Pokot due to rampant insecurity.

To ensure quality data, the Baringo CHMT conducted a RDQA on Focused Antenatal Care (FANC) and immunization indicators covering nine health facilities. Identified gaps included slight disparities on actual and reported data, unavailable or incomplete source tools and knowledge gaps in compiling reports. Onsite mentorship was provided based on need. To promote data-use for decision making at facility level, the project facilitated a CME on data use at Kabarnet CRH attended by 57 participants. The CME covered both the basic concepts of data use and a practical session on generation, visualization of data, discussing and action planning from DHIS2. Additionally, seven high volume facilities namely Kabarnet DH, Eming HC, Marigat DH, and Mercy Hospital, Kabartonjo DH, Tenges HC and Chemolingot were supported to conduct internal data reviews. The meetings involved 161 participants who discussed respective facility data generated to assess quality of services and progress on quality improvement indicators.

Out of recommendations made by USAID PMT during the SIMS visit, the project provided an SOP on RDQA to the SCHRIOs to guide staff in undertaking internal RDQAs and provided community facility referral booklets to five high volume facilities to strengthen documentation of community and facility referral.

By the end of the quarter, Kenya EMR had been rolled out in 100% (13) facilities in the county. Six more facilities completed legacy data entry bringing to nine the number of facilities that have completed entry of legacy data. Following this progress, the MoH, I-TECH and project staff conducted a RDQA of EMR data in three facilities (Torongo HC, Timboroa HC and Esageri Dispensary) to assess consistency of data and aggregate results between the electronic and paper records. Both human and technical gaps were identified including duplicate entries, missing fields, inconsistent data backup, non-use of MCH module of EMR and weak data validation checks inherent in DHIS2. Action plan was agreed on to correct the identified errors. It was recommended that I-TECH include data validation in the next system upgrade.

The project conducted support supervision using the OVC IP checklist at one LIP, Christian Community Services (CCS). Gaps identified included, inadequate documentation of OVC transition and poor documentation of referrals between community and health facility. As a result, two community-facility link desks were established in Kabarnet and Marigat DH to strengthen implementation and documentation of the linkages. Eighty one CHVs were provided with community-facility referral booklets and orientated on their use as well as the patient defaulter tracing registers. A total of 55 F1A, 13 patient referral tools were distributed to LIP. Supportive supervision was also provided to two LIP to ensure complete and timely reporting of SDH activities. The county recorded a reporting rate of 95% for two consecutive quarters which is attributed to continued technical support on OLMIS, availability of reporting tools and fidelity to reporting protocols

The project continued to support LIP to update and use OLMIS version 2. The Community Prevention with Positives (CPwP) data management system was upgraded with KePMS reports, auto backup, data backup reminders and late entries report, which designed to records of accomplishment entered after official timeline of submission. The system was deployed for use by CCS where one user was mentored on the features.

During the reporting period, the project conducted follow up RQDAs for two LIP. Findings indicted that action points from previous assessment had largely been implemented including filing in accordance to the SOPs, use of current OVC master lists, timely updating of benefits in OLMIS, updating the filing tracker and following up on OVC who had not been served for over three months. However, more gaps were identified including; OVC files missing birth certificates and school progress reports, missing household vulnerability assessment forms and F1A not signed by CHV. Action plan was developed to address existing gaps.

Kajiado County: During the quarter, the project team visited 14 health facilities and mentored 109 staff on updating of the ART register and populating the page summaries in the HTC, DAR and ANC registers across all five sub counties. The team also administered the M&E data verification checklist in 26 facilities to assess recording and reporting gaps. Discrepancies were noted between the reported and recounted data for current individuals on ART, tested at ANC and L&D and those testing HIV positive at L&D. The reports were corrected and changes made to the DHIS2 with support of the respective SCHRIO. Transfer of CCC staff at Masimba, Mashuru and Namanga may erode gains made in improved documentation at those sites. In the next quarter, the project plans to conduct CMEs on documentation on care and treatment data tool in the three facilities. In addition, the project supported SCHMT to distribute 3,495 tools to health facilities based on gaps identified.

The project continued to support the implementation of Performance Reimbursement Plan (PRP) for SCHRIOs in supported sub counties. As a result, there was a slight increase in the PMTCT 731 reporting rate from 91% in the previous quarter to 92% in the reporting quarter. The SCHRIOs also received support to collect missing reports (MoH 711) in Kajiado Central (15%) & East (14%) thereby reducing the proportion of missing MoH 711 reports to 8% in Kajiado Central and 9% in Kajiado East. All the 184 immunizing sites reported resulting in a slight improvement in reporting rates from 88% during the last quarter to 91% this quarter. There was slight improvement in the nutrition reporting rate from 42% in previous quarter to 52% this reporting quarter. In the coming quarter the team will focus on supporting Kajiado Central and East to improve their reporting rates to above 90%.

Eleven of the 18 supported ART sites have IQCare deployed on at least one computer. Four out of 11 of these sites have completed entry of historical data. Three sites (Kimana, Loitokitok and Kajiado DH) are using the system as point of care. A DQA was conducted at Kimana HC jointly with Futures Group indicated that the facility is able to generate reports from the system. Key issues identified during the DQA such as the system not counting PMTCT clients on HAART as being on ART, system counting clients for an extra 90 days even when they do not have drugs and lack of back up devices were all resolved during the exercise. This resulted in the system producing accurate reports. Fourteen facilities in the county are currently displaying their data using the charts meant to trigger the facility in-charges and service providers to identify gaps in key areas (HTC, PMTCT, ART).

Five LIP were provided with 99 F1As to ensure consistent data collection at the household level. A total of 73 CHV and 23 LIP staff were mentored on use of Form 1A and the reporting tracker to identify OVCs not served. This resulted in an improvement in OVC monitored from 97% last quarter to 99% in the current quarter. In addition, the project conducted supportive supervision visits to eight LIPs using the OVC LIP support supervision checklist to assess the understanding and utilization of M&E SOPs and program technical understanding. The major gap identified was that OVCs files did not have progress reports and school levels were not updated yearly in OLMIS. As a follow up, mentorship was provided to 19 LIPs staff on use of the filing SOP and creation of filing index to be able to know the content of the OVC files.

In order to strengthen data management, the project upgraded the CPwP system for three LIPS (BOH, CDON and ESM) and installed the system for two others (AJAM Cluster & MAAP). A total of 13 LIP staff were mentored on its use and transmission of data to the project. In addition, 16 LIP staffs (6 field officers, 4 data clerks and 6 CPwP service providers) from the two partners were mentored on filling of the CPwP data collection tool. This resulted in these partners reporting on CPWP this quarter. The project also supported two LIPs (DC-Ngong & CIWOCH) with refurbished desktops to facilitate access of OLMIS by the field officers. In addition, 16 LIP staffs were mentored on the importance of updating OLMIS timely and uses of the filing SOP.

As part of county M&E TWG action plans to promote use of data, the project developed standard performance monitoring charts and mentored six LIPs data officers on updating the charts. The standards chart covered: CHV reporting rates; HTC uptake among active OVC; linkage to care for positive OVC; % of OVC with birth certificate; % of households involved in SILC activities; HH treating water: % of HH with latrine and % of HH washing facilities. Consequently, all the six LIPs have the charts displayed. In the coming quarter, the M&E officer will track the use of the charts to inform program activities at the partner level.

A county M&E TWG meeting was held during the quarter attended by 13 LIP staff. The group reviewed progress reports and identified priority activities which included: updating tangible services; data use; updating of CPwP system: ensure timely reporting by LIPs and conducting DQA

to ensure data quality. The M&E officer provided timely feedback to the LIPs on monthly reports submitted, supported the LIPs in conducting data quality assessments and updated the CPwP system.

Laikipia County: During the quarter, the project mentored 89 HCWs at 33 facilities and supported facilities to report using appropriate standard tools. Mentorship focused on correct recording on ART, ANC and HEI registers and summary data collection tools for reporting, performance monitoring charts, importance of producing quality data as well as using their data for decision making. As a result, there is less inconsistency (5%) of data in MOH711A and 731 compared to the start of 2014. In addition, the reporting rates for MOH 711A and 731 have improved from 89% in previous quarter to 95% in the reporting quarter.

Out of the 33 health facilities visited, the monthly data verification checklist was administered to 15 health facilities. Gaps identified in the MOH 731 report were addressed through mentorship and data review before submission. A total 145 HMIS tools (MOH 711, 731, ART registers, Maternity and HEI cards) were distributed to 55 health facilities based on need. Currently, most facilities within the County have run out MOH 711A reporting tools, the DAR registers, and the project has supplemented them by photocopying.

The project together with Futures Group has deployed EMR to 12 out of 14 targeted facilities and data entry is complete in six of them. Challenges such as inadequate staffing, training, lack of backup devices, antivirus, computer literacy, staff rotation and space in some of the sites like Rumuruti HC, Nanyuki DH and Ngarua HC still exist and are affecting full implementation

To strengthen community M&E system, 20 LIP staff and 422 CHV were oriented on correct use of new F1B, reporting tools and use of SOPs with emphasis on quality data. In addition, the project provided two LIPs with 65 F1A, 45 F1B, 200 exit forms, and 200 bio data forms. Technical assistance was provided to 10 LIP staff to ensure proper updating of OVC files, adherence to the filing SOP and OVC file index format. In addition, spot checks were conducted to targeted eight OVC households in Muthiga to verify validity and accuracy of reported data in F1A versus what was posted in OLMIS. Out of the eight households visited, six had consistent service data in OLMIS.

The overall OVC reporting rate dropped to 96% from 97% last quarter. The drop is attributed to late reporting related to slow uptake and understanding of new tools (F1A, F1B) by CHV. To mitigate this, 422 CHV from two LIP (LIFA and Caritas) were trained on F1B during monthly CBO cluster meetings. Continuous mentorship for field supervisors and the CHVs will be done in the next quarter to improve on the rate and quality of data.

Nine joint data review meetings were held with LIP technical staff on monthly basis; gaps were identified and action points drawn. Based on gaps identified, the LIP mobilized OVC and their households for HTC resulting in testing of 2,067 OVCs. These meetings have led to improved data quality as well as created demand for data since the LIP are now able to generate data from OLMIS and use existing reports to make informed decisions. Both LIFA and Caritas conducted RDQAs and action points developed to address identified gaps.

Nakuru County: The M&E team conducted routine assessment in 27 health facilities aiming at assessing if MOH tools were available, in use and completely and correctly filled. In response to needs identified, 12,335 assorted standard tools were distributed to the facilities across the nine sub-counties. In addition, the project supported Naivasha DH, Nakuru PGH (MCH CCC) and FHOK to

update CCC patient files and HIV care and treatment registers. The exercise in FHOK will be completed in the next quarter.

During the quarter under review, the project supported 17 facilities across the sub counties to generate monthly MOH 711A & 731 reports. As a result, reporting rates for the HTC, PMTCT and ART services were at 100%. In addition, the project monitored monthly reporting rates for ten dataset reports in the DHIS2. Over the four quarters of 2014, there was significant improvement in reporting rates for three dataset reports (i.e. MOH 711A from 92% to 97%, MOH 731-1 from 92% to 98% and MOH 731-3 from 94% to 99%) between Jan-Mar and Oct-Dec2014 quarters. The improvement in reporting rate was due to consistent joint review of MOH reports with the SCHRIOs. A CME for 10 HRIO on data management at Nakuru PGH was carried out. The HRIOs were then assigned responsibilities in ensuring follow up on specific program (HTC, PMTCT, Maternity, ART, TB) reports from the facility and ensuring that data is uploaded into the DHIS2. The project also mentored 114 staff from 39 health facilities across the nine sub-counties to address knowledge gaps identified during the review of 711A and 731 reports by the project team and SCHRIOs.

As part of data verification, 28 facilities were visited and the data verification checklist administered. A tools assessment was also done for three facilities namely Maai Mahiu, Naivasha DH and Gilgil DH, which indicated an improvement in overall scores on availability, accuracy and correct use compared to previous quarters. The scores ranged from 83% in April to June quarter to 95% October to December quarter for HTC and from 69% in April to June quarter to 90% October to December quarter for ART.

The Project also monitored the consistency of 50 data elements in MOH731 and uploaded on DHIS2 from 33 high volume sites on a monthly basis. Average consistency scores for the period Mar 14-Dec 14 were at 94% in Nakuru County with exception of the month of May which recorded an average score of 87%. Sub-counties performed differently as follows; Naivasha 100%, Subukia 99%, Rongai 96%, Molo 95%, Nakuru North 95%, Nakuru Central 92%, Gilgil 90%, Njoro 89% and Kuresoi 87%. Some of the reasons for not achieving 100% were; delayed uploading of reports from some of the sub-counties, transposition errors when doing data entry in DHIS2, some sites not allocated dataset (PEP), some facilities not reporting on certain data elements i.e. cohort report and HIV care visits (e.g. FHOK), wrong arithmetic errors from hard copy entered into DHIS2. The noted data quality errors were addressed with the SCHRIOs. Further to improve complete reporting in DHIS2, the project worked with the SCHRIOs to ensure that 13 private health facilities were mapped and provided with MFL codes to allow for data entry in DHIS2.

In an effort to promote data use, the project monitored the use of performance monitoring charts in 25 health facilities. As a result, staff at Gilgil DH consistently plotted their charts and used the data to make two decisions; following up of pregnant mothers at MCH to improve 4th ANC visits coverage, and to intensify follow ups for clients at CCC to reduce defaulter rate. In Molo DH & Langa HC, the MCH staff realized poor partner involvement for pregnant women attending ANC and the staff proposed to give first priority to new ANC client who are accompanied by their partners. At Bahati DH, the QIT/WIT held a data use meeting and 12 staff from all hospital departments were refreshed on use of data use handbook and performance monitoring chart. As a result, the staff members agreed to recruit all clients testing HIV positive clients in the facility and link them for HIV Care to increase enrollment rate; the enrollment rates at Bahati increased from 58% in Nov 2014 to 104% in December 2014.

By the end of the quarter, 10 sites out of a target of 30 had EMR deployed. Of these, three had completed data entry and none was using the system as a POC. A three days IQ Care training was conducted for 50 participants in three sites (Nakuru PGH, Evans Sunrise Hospital and Olenguruone SCH]. A meeting to discuss legacy data entry strategy and migration of 10,687 records from

COMPACT to IQ Care was conducted at Nakuru PGH to ease the burden of retrospective data entry.

In support of community-based interventions, 140 F1B, 553 biodata, 153 needs assessment and 131 HC1 tools were distributed to four LIPs based on need. To ensure proper understanding and use of tools, 459 CHV were oriented on the new tools. To improve efficiency of the data systems, LIP were supported to update the existing databases. Nine staff were trained on OLMIS, 29 on CPwP, nine on HC1 system. As a result, Health Communication LIPs cleaned their data through editing function while OLMIS was updated to allow OVC LIPs to update OVC school names and locations through the registration module. The five LIPs consistently continued to record improved OVC reporting rates from 98% in Jul-Sep to 99% in Oct- Dec quarter. This was attributed to strengthening of reporting systems through quarterly data quality audits, data verification, feedback and prompt response to address emerging gaps in data completeness, validity and correctness. The performance is above the target of 90% demonstrating the stability of OLMIS as a reporting system as well as good understanding of the system by end users.

During the quarter under review, HC reporting rates improved from 89% in Jul-Sep to 100% in Oct-Dec, across the five HC implementing partners. The marked improvement was attributed to trainings of staff, consistent use and understanding of the HC systems. The project supported seven LIPs in strengthening of community level data management systems through capacity building of 66 LIP staff. Sixteen supportive supervision visits were conducted to eight LIPs; 55 LIP staff were involved in the exercise. Below are some of the notable findings; there was evidence of data use for decision making; LIP staff had requisite knowledge and understanding of data management procedures and standard operation system guidelines; and newly recruited OVC at one DIC (Nakuru DIC) did not have files and a cabinet to keep their records.

Narok County: The project jointly with SCHMT conducted mentorship to 49 HCW in 24 health facilities on MNCH indicators interpretation, updating of ANC, maternity, immunization, FP and HIV nutrition, HTC, ART and cohort summary registers. The project participated in the MNCH/FP/PMTCT TWG quarterly meetings and facilitated discussions on the use of GAP analysis for improvement of data quality, report corrections and mop-up of late reports. The county recorded improved reporting rates with MOH 711As & 731 reporting being 96% for Narok North and 98% for Narok South for both MOH731 and 711A. The project supported five facilities to track and chart performance monitoring charts (PMC) in Narok North and South. The HCW selected a few key performing indicators, calculated the indicators to track and chart. Twenty HCW at 24 health facilities received technical guidance on tracking and use the immunization charts.

Nine sites out of a target of 14 have the IQCARE EMR deployed; of these five have completed entry of legacy data and are using it as a point of care system. During the period under review, project staff, Futures Group and MoH team mentored 20 HCW at seven sites on the use of IQCARE system as a point care.

During the reporting period, OVC reporting rates increased to 97% compared to 95% last quarter. The achievement is attributed to consistent M&E TWG meetings which lay emphasis on timely monitoring and reporting. The project continued to improve on the existing CPwP, Health Communication and DIC electronic data managements system to address feedback from end users and updated OLMIS, DIC and CPWP systems for all LIPs. Following the system updates, three OVC LIP were mentored on new forms, running new scripts, exporting OLMIS data into excel, generation of PEPFAR summary, CHV reporting rates and graphical presentation of performance reports. In addition, the project mentored eight LIP staff to use the CPwP system to create simple graphs using excel, generate reports, removing duplicates, and transmission of data to project. Further, seven staff were also oriented to use the DIC system. The project supported the M&E

TWG to conduct a DQA for two LIPs. The following were the key findings; documents such as photos, birth certificates, report cards were missing in OVC files; and data use was low as well as data availability and consistency. An action plan was developed to address the identified gaps.

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

The project finalized the handing over of the 141 community units in 2014 hence there are no achievements for this reporting period.

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

The project through the Gold Star Network (GSN) supported 65 sites to provide quality services in HTC, PMTCT, ART, RH and MNCH. In this reporting period, 152 patients were enrolled into care with 124 started on HAART including pregnant mothers. Technical support to these private practitioners was extended through CME sessions, onsite mentorship, distribution of job-aids and MOH data recording and reporting tools. MOH and project staff also conducted supervision visits to these providers jointly. The project worked with MOH managers to facilitate the transition of supplies for ARV and OIs for these providers from Kenya Pharma to Kenya Medical Supplies Authority (KEMSA).

During the quarter, the sites in the network contributed to project achievement in the quarter by 7,206 (5%) in HTC, 152 (6%) enrollment in care and 124 (5%) initiated on long term HAART. Cumulatively, the private providers in the network have contributed 3,930 (8%) of those enrolled on ART and 2,159 (7%) of those actively on treatment.

Kajiado County: Facility based CME on TB diagnosis through Gene X-pert for co-infected clients was conducted at Kitengela Medical Center reaching 23 service providers. In addition, the project conducted onsite dissemination and distribution of the fourth edition ART Rapid Advice at Magadi Hospital, Kitengela Medical and Nairobi Women hospital reaching nine HCW. The SCHMT was facilitated to engage HCW on one-on-one mentorship at selected facilities that had gaps in indicator definitions of MOH 711 & 731 in order to address data quality. HIV care services for Kitengela Medical were decentralized to a satellite clinic in Kajiado Town to ease accessibility to the community. Further, dissemination, mentorship and distribution of Family planning (FP) commodity reporting tools was undertaken at Sucos Hospital, St Paul Hospital, KKIT Nursing Home and Kiserian Medical Center.

Nakuru County: Fifty-eight HCW from Egerton University Hospital, Mediheal Hospital and Peak Health Medical Centre were sensitized on revised ART guidelines. In addition, three HCWs from three facilities were trained on viral load sample collection and packaging. A total of 34 multi-specialty service providers were sensitized on Cervical Cancer (Ca Cx) diagnosis and management in the era of HIV. Six HCWs at Valley Hospital and St Elizabeth Hospital were sensitized on TB diagnosis for HIV co-infected using Gene X-pert technology. Six HCW at three facilities (Nakuru Heart Centre, Shaabab Integrated Clinic and Dr Osore's clinic) were mentored on RTK commodity management. The facilities have subsequently been linked to the RTK supply chain management system. Two service providers at Evans Sunrise Hospital were trained on use of EMR whose implementation will enhance reporting.

Jointly with MOH, the project supported one technical review forum aimed at facilitating the transition of the ARV commodity supply chain among private health practitioners in the network from Kenya Pharma to KEMSA.

A total of 5,502 individuals were provided with HTC services through this sector, a 10% drop performance in compared to the previous quarter. The average positivity rate was 4% with the IPD (documenting the highest rates followed by OPD and VCT. A total of 107 PLHIV were enrolled into care and 106 initiated on HAART during the reporting period. Monitoring of patients on HIV care continued with 48 CD4 and 178 viral load specimens forwarded to the various laboratories for processing. Five supported sites were supplied with dried blood spot (DBS) kits for patient monitoring.

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

HIV Counseling and Testing

During the quarter under review, 141,643 (59.2% females) individuals were tested and received their test results from 479 HTC sites; PITC accounted for 111,318(78.6%) of the total tested where 100,284 were from the outpatient, 11,034 from the inpatient and 30,325 were tested through VCT. A total of 3,707 (62% female) individuals tested positive (2.6% crude prevalence rate) out of whom 2,506(67.6%) were enrolled into care. The in-patient departments contributed the highest yield (3.6%) of the positive clients followed by VCT (3.1%) and the lowest was the outpatient testing (2.3%). The 44 high volume facilities supported with sessional counselors contributed 64.5% of the total tested. The total tested were 47% of the annual target (300,000). This is attributable to the index client testing RRI and accelerated HIV testing around the world AIDS day. The project supported the MOH to conduct supportive supervision and mentorship to tier 1 health facilities and some tier 2 ART facilities in all the sub counties.

The project supported the MOH with printing and distribution of tools for the National RRI on using index clients to test family members, and training of HCWs in the new algorithm. The project also supported the local implementing partners to conduct HTC for OVC in all the regions. In Baringo, 175 service providers were given a refresher course on HTC. The project supported the orientation of 23 sub-county AIDS and STI Coordinators (SCASCO) and sub-county Medical Laboratory Technologists (SCMLT) on counselor support supervision. A total of 306 proficiency-testing panels were received and distributed to the respective counselors and 262 results returned to the National HIV reference laboratory.

Baringo County: During the reporting quarter, the project supported 98 health facilities to provide quality HTC services. A total of 15,510 (60% female) individuals were tested and received their test results; 234 (58.5% female) tested positive and 163 of them were enrolled into care. Children under 15 years comprised 2,327 of those tested (52.6% female) and of these 18 tested positive (66.7% female). The five high volume facilities contributed 58.9% of the total tested. A total of 188 couples were tested and received their test results with five couples having discordant results. The project supported HTC to 908 (M 477 F 431) OVC from Nandi and Baringo counties; 562 (45.7% female) were tested in Nandi with 19 (47.4% female) testing positive, giving a crude prevalence of 3.4%. There were no positive cases identified in Baringo, where 346 OVC were tested.

In addition, the project placed sessional counselors in five high volume facilities in the county (i.e. Kabarnet County Referral Hospital, Marigat sub-county Hospital, Eldama Ravine Sub-county Hospital, and Eming Health Center). Twenty three HCW were trained on the new HTC algorithm and 25 others were mentored on current HIV prevention, care and treatment. The project also provided mentorship to HCWs on effective linkages and referrals to care and treatment for those who test HIV positive. A total of 43 proficiency testing panels were received and distributed to the respective counselors and all have had their results returned to the National HIV reference laboratory.

Kajiado County: During the quarter, the project supported the MOH to conduct HTC in 97 HTC sites. This support included a HTC refresher course for 35 HTC counselors and other service providers to update them on current HIV prevention, care and treatment updates and provide mentorship to the SCASCO and SCMLT for continuous support to the HCW during support supervisory visits. A total of 20,364 (59.5% female) individuals were tested and received their test results; 732 (63% female) tested positive. Of those tested positive, 429 (58.6%) were enrolled into care. The nine high volume facilities contributed 58.4% of the total tested. A total of 365 clients tested positive at the high volume facilities; 335 (91.8%) were linked to care compared to 25.6% of those identified from other facilities. The project will be addressing this gap with the respective sites in the coming quarters. There were 445 couples tested and 30 had discordant results; 6.7% discordance rate. A total of 691 OVCs (60% female) were tested and received their results with 4 (3 female) tested positive, and were linked to care.

In addition, the project supported the National RRI with distribution of data tools to facilitate data entry for the exercise. During this exercise, 13,474 (against 11,600 target) family contacts of index clients were tested for HIV and 287 (2.1%) tested positive and all were linked to care and treatment. Fifty seven proficiency testing panels were received and distributed to the respective counselors and 48 results returned to the National HIV reference laboratory.

Laikipia County: During the quarter, 38 health facilities were provided with support supervision and mentorship to improve HTC coverage and linkage of positive clients to care and treatment. A total of 24 (3 SCASCOs and 21 HTC counselors) were taken through a refresher course on continuum of care in HIV services, Kenya HIV prevention revolution road map, KAIS report, HTC laboratory component, data and proficiency testing. Thirty one proficiency testing panels were received and distributed to the facilities and 26 results were taken back to the National HIV reference laboratory.

A total of 11,393 (61.2% female) individuals were tested in the county with 245 (60% female) testing positive. Of those positive 147 (60%) were enrolled into care. The four high volume facilities contributed 63.3% of the total client's tested. A total of 190 couples were tested and received their test results with 4 couples testing discordant and were linked to care.

Nakuru County: In this reporting period, the project supported the orientation of 23 SCASCOs and SCMLTs on counselor support supervision. Additionally, 83 HTC service providers were taken through refresher course on current HTC prevention, care and treatment including Kenya prevention revolution road map. The project supported MOH to conduct an RRI for family of index patients and tested 26,986 individuals. Of those tested: 743 tested HIV positive (2.8% crude prevalence); 694 (93.4%) were enrolled into care and treatment at nine supported facilities. A total of 121 proficiency testing panels were received and distributed to the respective counselors; 98 results were returned to the National HIV reference laboratory. Those who failed to return their results will be followed up to ensure they do so.

A total of 79,364 (58.8% female) individuals from the 187 facilities were tested and received their test results; 2,260 tested positive. Of those positive 1,545 (68.4%) were linked to care. The 22 high volume facilities contributed 67.6% of those tested. The project tested 784 couples and one couple had discordant result. A total of 2,646 (50.9% female) OVC were tested against a target of 1,790.

Narok County: During the quarter, the project supported refresher course for 16 HTC counselors and SCASCOs to improve their skills and knowledge on the latest HIV prevention and treatment strategies. The project also supported MOH to conduct an RRI testing the family members of

index HIV-positive clients in seven facilities. A total of 4,575 were tested of whom 24 were positive; 20 were enrolled into care.

In this quarter, 15,069 (58.5% female) individuals were counseled, tested and received their test results with 236 (60.6% female) testing positive; 223 (94.5%) were enrolled into care.

Of the total tested, 2,764 (51.4% female) were children under 15 years tested and received the results and 14 (50% female) tested positive. A total of 223 couples were tested with five couples getting discordant results. The project also supported HTC for 1,166 (50.6% female) and none of them were positive. A total of 54 proficiency testing panels were received and distributed to the respective counselors; 47 results were returned to the National HIV reference laboratory.

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

The project supported 420 PMTCT and 242 EID sites across the five counties. In this reporting period, 31,671 women (28.8% of the annual target;109,946), attending their first Ante-natal Care (ANC) clinic, labour and delivery and post natal clinic had an HIV test and obtained their results. Those who newly tested positive were 528 giving a crude sero-prevalence of 1.7%. Another 377 had previously known their status bringing the total number of mothers with positive status to 905; 831 (92%) received prophylaxis and 674 (74%) were issued with infant prophylaxis. In the reporting period, 642 DBS/EID samples were analyzed with 48 (7.5%) turning positive; 31 infants were initiated on treatment. In the following quarter, the project in collaboration with facility service providers will follow up those not yet initiated.

Baringo County: The project continued to support PMTCT/EID services in 85 health facilities. Mentorship/OJT visits continued in collaboration with County and sub county staff reached 54 HCW from 27 facilities. The mentorship focused on documentation in the HEI register/card, HEI follow up, HEI cohort analysis (HCA), EID algorithm, Infant and Young Child Feeding (IYCF), commodity management, current PMTCT guidelines (Option B Plus), integration of PMTCT into MNCH model and use of data for decision-making. To scale up uptake of HAART for HIV positive pregnant women, the project supported six sub counties to conduct orientations and updates on option B Plus to 54 service providers. In addition, 18 HCWs drawn from high volume facilities were mentored on management of HEI and HCA.

During the period under review, 9,505 pregnant women attended ANC clinics; 3,115 being first time visits. A total of 4,361 clients were counseled and tested for HIV through PMTCT (3,830 in ANC, 504 during labor and delivery and 27 during post-natal care). Out of these clients tested, 37 tested HIV positive (33 in ANC and 4 during labor/delivery) while 23 women had known HIV positive status at entry to ANC bringing the total number of positive to 60. Maternal ARV prophylaxis was issued to 60 clients (100%) and infant prophylaxis issued to 40 clients (108%). There was an increase of infant prophylaxis attributed to replacement for those infants that had been given earlier. However, the ongoing mentorship and orientations on Option B+ PMTCT have contributed greatly in improving HAART in PMTCT/prophylaxis uptake in the County. A total of 45 EID samples were analyzed from the county; five tested positive. Of these infants, three were traced and put on treatment while follow-up is ongoing for the remaining two.

The county faced security challenges in East Pokot and Marigat sub-counties leading to displacement of people from their homes. In addition, some mothers tested at facilities that are non-ART sites do not follow through with referrals to the nearest ART site.

Kajiado County: A total of 83 sites were supported to provide PMTCT services. During the reporting period, 5,474 mothers attended their first ANC visit with 5,428 being tested in ANC and 376 tested in maternity and PNC. Out of the 174 positive pregnant women 170 (98%) received maternal prophylaxis and 164 (94%) infant prophylaxis. Out of the 91 newly tested HIV positive mothers from ANC and Maternity, 69 (76%) were enrolled to care immediately after diagnosis.

Ninety four DBS samples for EID were analyzed from 15 supported EID sites; nine tested positive bringing the county's positivity rate to 9.6% from 7.1% last quarter. This increase in positivity rate is attributed to missed opportunities that are now being captured in CWC, OPD and hospital wards. Out of the nine positive children, four were enrolled to care, one transferred to Nyanza, one died and three are still being traced.

Additionally, 21 HCWs from 16 health facilities were mentored on PMTCT interventions i.e., correct documentation and reporting of PMTCT indicators, HAART for positive mothers, key areas of capturing the missed opportunities, linkages between FP/PMTCT/CCC and other departments, and identifying and follow up of the HEI from various service delivery points. To enhance quality PMTCT follow up, eight PMTCT diaries were distributed to high volume PMTCT sites Continuous medical education sessions on the revised PMTCT guidelines were conducted in three health facilities (AIC Oriene, Succos Hospital and St. Therese dispensary) reaching 29 service providers.

The project also supported an eMTCT/MNCH Technical Working Group (TWG) meeting. A total of 16 participants attended the meeting. During the meeting, the new ART guidelines were disseminated by the CASCO. Key areas of discussion were, testing mothers in postnatal clinic, inadequate supply of test kits, transition to option B+ and management of the HEI. The sub county nurses and RMNCH coordinators were tasked to disseminate the same to service providers and follow up these issues during supportive supervision.

The project supported three health facilities to implement Kenya Mentor Mother Program (KMMP) i.e. Kajiado Referral and County Hospital, Loitokitok County Hospital and Ongata Rongai Health Center. At these facilities, 13 support group sessions were held this quarter. In collaboration with M2M, 12 service providers, among them three mentor mothers were trained on QI using the 'Strengthening Outcomes through Analyzing Results (SOAR) platform. They comprehensively reviewed data using the KMMP HIV Positive Logbook and KMMP HIV Negative Logbook. Gaps identified included: lack of male involvement, delay of PCR test results, delay in CD4 collection in pregnant women and limited resources to conduct cervical screening to all positive mothers. Every facility generated a work plan that will be followed up in subsequent months.

Laikipia County: The project and MOH conducted joint mentorship and support supervision to 45 facilities among them 14 ART sites and mentored 89 HCWs. Forty eight assorted job aids/guidelines/SOPs were distributed to 23 health facilities and staff oriented on their use. Mentorship focused on adopting PMTCT option B plus, HEI follow up and retention strategies, integration of PMTCT/ART services in MCH, and performance monitoring using MOH and project-designed charts. Six CME/CPD sessions were held addressing topics such as current P/eMTCT practices, integration of HIV/RH services, newborn care and Maternal and Peri-natal Death Register use, reaching HCWs. Four PMTCT monthly support group meetings were held in Nanyuki DH, Ndindika HC, Oljabet Health Center (HC) and Rumuruti DH with the aim of strengthening PMTCT services and follow up of HEI.

During the reporting period 2,019 ANC mothers attended first ANC visit. A total of 2,064 were tested for HIV out of whom 30 (1.5 %) were HIV positive with another 27 having a known positive status at enrollment. An additional 563 mothers were tested in labour/delivery and at the postnatal clinic; nine (1.6%) tested positive bringing the total women who had HIV positive results to 66. Sixty-eight (103%) mothers received maternal prophylaxis and 31 (50 %) infants received infant prophylaxis. There was short expiry Nevirapine and stocks were low because supply was not given as per the order. A total of 135 male partners were tested and five couples had discordant results. A total of 44 DBS/EID samples were analyzed and 2 (4 %) turned positive; one infant was started on ART while the other infant died before receiving results. A 12 months cohort analysis of 36 HEI enrolled in five high volume facilities (Nanyuki, Ndindika, Rumuruti, Kalalu and Oljabet) shows that two had sero-converted by the time of the 6-8 weeks PCR and were enrolled and started on

ART. Among the 10 who were tested at nine months, none tested positive. Of the remaining 34 HEI, 19 (55.8%) were active being followed up, while 15 (44.1 %) were lost to follow-up.

In order to improve outcomes of the PMTCT, the project will continue to work with MOH to increase access to ARVs by all facilities offering the service. The project will facilitate HCW orientation on new PMTCT guidelines for staff at the lower level facilities and mentorship on requisition and reporting consumption of ARVs.

Nakuru County: The project supported 158 PMTCT sites; 25 of them offer an integrated PMTCT/MCH model of services. During the quarter under review, the project carried out targeted mentorship at 47 health facilities and reached 177 HCWs. The team disseminated and distributed assorted job aids and guidelines to these facilities. The project supported facilitative supervision on eMTCT and service integration through the joint work plans. Twenty facilities were provided with airtime for efficient patient tracking and follow-up. Eighteen facilities have functional PMTCT support groups. The project in collaboration with M2M supported training of health care providers and mentor mothers from 28 health facilities on the Strengthening Outcomes through Analyzing Results (SOAR) approach to support data for decision making at the respective facilities.

During the quarter, 14,081 mothers were tested for HIV at ANC, labor and delivery and at the postnatal visit within 72 hours as compared to 15,853 tested the previous quarter. At the ANC, 12,569 (101%) of the mothers were tested, out of whom 259 (2%) had a positive result and 222 mothers were enrolled with known HIV positive status. In the maternity, 1,512 mothers who did not know their HIV status were tested and 47 (3%) tested positive. Maternal and infant prophylaxis was issued to 460 (87.1%) and 472 (89.4%) respectively, against a target of 528. A total of 410 DBS samples were analyzed with 29 of them turning positive (7.1%) and 23 of the infants have been initiated on care and treatment (79%). The remaining infants are still being traced. Cohort analysis of 176 HIV-exposed infants enrolled at seven high volume facilities (Nakuru PGH, Molo DH, Elburgon SDH, Njoro HC, Naivasha DH, Gilgil SDH and Rongai HC) one year ago shows that eight (7%) turned positive at 6-8 weeks and five have been started on ART and the remaining three babies have been lost to follow-up.

Narok County: The project supported 46 facilities to provide PMTCT services; 25 of these implement an integrated PMTCT/MCH model of services. The project oriented 26 HCW from 17 facilities on revised ART/PMTCT guidelines. The project also distributed PMTCT/MNCH job aids to 15 facilities and mentored the HCWs on their use.

The four mentor mothers from three high volume sites: Narok DH, Ololulunga DH and Nairegi Enkare HC were mentored on KMMP report writing, use of registers, defaulter tracing, importance of strengthening support groups and HEI cohort analysis. In addition, the project in collaboration with M2M trained three mentor mothers, three MNCH nurses, CASCOs and CHRIOs on Strengthening Outcomes by Analyzing Results (SOAR). The purpose was to improve data quality and use of data for decision-making. Eight PMTCT support group meetings were held, and eight mothers and their babies tracked and reinitiated on ART.

During the quarter, 3550 mothers attended their first ANC, compared to last quarter's 4048. A total of 4,862 mothers were tested with 46 (0.9%) turning positive. The total number of positive mothers identified were 78 (46 positive in ANC, 23 known positives, 6 in maternity and 3 PNC) out of whom 76 (97.4%) were given maternal and 78 (100%) received infant prophylaxis. The remaining two clients from Kojonga Dispensary and Naroosura HC denied their positive status and declined to take up treatment.

A total of 48 DBS/EID samples from 11 health facilities were analyzed during the quarter and two (4.1%) were positive; the babies are being traced. Analysis of the 48 EID samples indicates that the median age at first DBS has increased from 2.2 months in the previous quarter to a current median

of 2.8 months. This was because of late diagnosis for babies whose mothers never attended ANC, delivered at home and only captured during CWC visits. The program aims to reduce the age at first DBS to 6 weeks by screening all mothers and children at their first immunization clinic visit. An analysis on feeding options for the 48 samples analyzed showed that 40 (83.3%) were on exclusive breastfeeding, three (6%) exclusive replacement feeding out of which one was positive. Out of five (10%) on mixed feeding one turned positive.

HIV Care and Treatment

The project supported 113 sites with 32,469 (29,601 adults and 2,868 children; 95% of annual target) patients currently receiving ART. In this reporting period, 2,506 clients were enrolled into care and 2,320 were started on ART (35% of the annual target). Mentorship continued to address compliance to the rapid advice for ART. Routine virological monitoring for patients on ART continued in this quarter though at a much reduced level compared to the last quarter owing to shortage of filter papers and reagents to carry out the test. This bottle neck is currently being addressed with the Clinton Health Access Initiative team. Of the clients who had a virologic test, 1517 (76%) had undetectable viral load while those who had detectable levels are due for a confirmatory repeat test in three months. Those patients who had a confirmatory test to the end of September, 59 still had detectable viral load and have been put on second line therapy.

Baringo County: The project continued to support the 12 reporting ART sites and provide mentorship to the additional 13 facilities where ART services had been decentralized earlier. During the reporting period, 163 (72 % of the newly diagnosed HIV positive clients) were enrolled with 134 being started on ART. A total of 2,355 patients are currently on ART with children aged below 15 years constituting 282 (12%) of these patients. Analysis of a cohort of 99 patients started on ART in high volume facilities one year ago shows the patient retention rates for the period being 84% retained and on treatment at 12 months compared 81% the previous quarter. Of those not retained, the majority were lost to follow up. Among the 83 patients retained on treatment 82 (99%) were on the original first line regimen and one had a minimal drug substitution with none having been switched to a second line regimen. This regimen stability in part is due to good clinical management skills by the HCWs at the facility coupled with ongoing clinical system mentorship.

Defaulter tracing was intensified during the quarter, through the establishment of four link desks each manned by a CHV. Out of 293 identified defaulters, 169 were traced back and resumed services - 104 defaulters via phone and 65 physically traced. Thirty Viral Load (VL) tests were performed and 10 of these had levels above 1000 copies/ml.

Kajiado County: In the reporting quarter, the project supported 8 ART sites, in addition to supporting the initiation of ART services in three more facilities i.e., Shompole dispensary, Fatmah Hospital (Lenkism) and Itilal HC. Key issues addressed during mentorship included correct documentation and reporting of HIV services in the national tools, defaulter tracing, rapid advice of the ART guidelines and sensitization on the calculation of BMI on the patient blue cards. During these visits various reference materials, documentation tools and laboratory logistics were supplied including BMI calculators. CMEs on Gene X-pert were conducted in two facilities namely Isinya HC and Kitengela Medical Services reaching 40 HCWs.

In this period, 429 (59%) out of the 732 clients who tested positive for HIV in the quarter, were enrolled to care. A total of 361 clients were newly initiated on ART within the quarter. The clients currently on ART at project supported facilities are 5,243 (79%) out of the county's total of 6,650, with 8% of this number being children under the age of 15 years. Defaulter tracking continued in the county with one more facility (Isinya HC) getting airtime support for the activity bringing the number of facilities receiving this support to 12. In this period, 952 patients were identified as defaulters and 707 reached either by phone or by physical tracing and of these reached, 649 (91.8%)

have resumed services. Frequent transfer of trained staff has negatively affected provision of services.

A total of 400 VL specimens were analyzed; nine were rejected. Of the processed samples, 291 (74%) had complete viral suppression i.e., undetectable levels of viral load, 14 (4%) had partial viral load suppression while 86 (22%) had viral above 1000 hence suspected treatment failures. Repeat samples for this latter group will be carried out after three months.

Laikipia County: The project supported 14 ART facilities in the county. Clinical mentorship and joint support supervision with sub-county supervisors was intensified at supported sites with emphasis on correct documentation (with notable improvement in the consistency of reports and source documents), patient care following the rapid advice, integration of services and follow up. All these facilities have access to CD4 and VL monitoring through laboratory networking. Three facilities were supported with defaulter tracing phones and airtime to facilitate patient's retention in care. Five facilities have integrated Cardio Vascular Diseases (CVD) screening services (i.e., Nanyuki TRH, Ndindika HC, Rumuruti SDH, Oljabet HC and St Joseph Dispensary).

In this period, 147 patients were enrolled into care, 126 above 15 years (74.6% female) and 21 (14%) children below 15 years (61.9% female). A total of 168 patient were initiated on ART out of whom 140 (83%) were adults bringing the total number of patients on ART to 2,982 (90% adults, 67.8% females). A summary of defaulter tracking outcomes from three high volume facilities showed that out of the 155 patients who had missed their appointments, 136 were contacted out of whom 80 (52%) had since returned to care, 19 could not be reached as the contacts given were either not reliable/ had not given contact details while 56 were contacted but did not return to care.

A one-year cohort analysis of 105 patients starting ART one year ago at seven high volume ART sites indicated that; 75 (71%) were still active on first line ART at these sites, 15 (11%) were lost to follow up, two (2%) had died and none had stopped treatment while 12 transferred out to other facilities. In this reporting period, 812 CD4s were analyzed, 45 EID with two positives (4%) and 190 VL of which 33 (37%) had viral loads >1000 and were scheduled for a confirmatory viral load test after three months.

Nakuru County: The project supported facilities with the implementation of CQI, conducted CMEs at facilities on patient monitoring using VL tests, use of Gene X-pert for the diagnosis of TB in HIV infected individuals and disseminated relevant job aids and IEC materials. In this reporting period 1,545 patients were enrolled into care; 68.3% of those who tested positive (2,260). The 12 month retention rate for 12 sampled high volume sites is at 94.8%. Activities that have been undertaken to achieve this include facilitation of support groups, treatment preparation sessions, continuous psychological counseling and defaulter tracing systems for clients on care.

The project supported shipment of 3,563 CD4 samples, 1,109 VL and 414 Gene X-pert samples to testing hubs for analysis. Currently 41 facilities are accessing viral load to monitor and detect treatment failure. Out of the samples tested this quarter, 854 had viral loads of less than 1,000 copies and 15 were to confirm previously suspected treatment failure; eight confirmed to have failed and started on second line ARVs.

Narok County: The project supported 14 ART sites in the county through mentorship, OJT and support supervision. During the quarter under review, the sites provided HIV care and support services to 2,086 patients; 267 (12.8%) of whom are children. A total of 1,748 patients are currently receiving ARVs, out of whom 215 (12.3 %) are children below 15 years. The project mentored 70 HCWs on patient monitoring, linkage to care and transitioning the eligible ones to ART.

Additionally, 120 HCWs were reached through CME. The project also supported the dissemination of the revised ART guidelines to 24 HCWs from both Narok North and South.

During the reporting period, 223 (94.5%) of the 236 positive patients were enrolled into care which is 99.5% of the quarterly target of 224 and 21.9% of this year's annual target. In addition, 195 patients were started on ART. The increase in enrollment (from 69% to 94.5%) and ART initiation (from 72% to 87.8%) in this first quarter compared to the same quarter last year is attributable to enhanced targeted mentorship and CME. The project in collaboration with the recently formed quality improvement teams embarked on a process to identify all the eligible children and initiate them on ART as per the new guidelines. This process will raise the proportion of children on ART to at least 13% of the total patients.

Among the patients on care, 882 had CD4 tests and received results. In addition, 380 VL samples were processed within the quarter up from the 64 samples in the previous quarter. A cohort analysis for patients started on ART one year ago from seven high volume ART sites, showed a 12 month patient ART retention rate of 77.2%, 17 clients (18.5%) were lost to follow up, and 4 (4.3%) had died. Within the quarter, 117 out of 162 treatment were traced back and re-started on treatment. In addition, the project facilitated the establishment and on-going meetings of seven support groups linked to ART sites.

Laboratory Support

During the quarter under review, one project Laboratory Technical officer attended a workshop to finalize Rapid HIV testing QA documents. In conjunction with Becton Dickinson and the National HIV Reference Laboratory (NHRL) through a public private partnership, one laboratory technical officer facilitated a Stepwise Laboratory Management Towards Accreditation (SLMTA) workshop. Two facilities enrolled in SLMTA, which included Narok District Hospital.

Baringo County: Mentorship was conducted at five health facilities reaching 11 HCWs on commodity management, DBS collection and packaging, proficiency testing and proper CD4/VL sample collection. Three new laboratory staff were also mentored on proficiency testing (PT). The project received and distributed 43 round 13 HIV PT panels to the HTC counselors within the county and submitted all the results back to the National HIV Reference Laboratory (NHRL). In addition, new HIV testing algorithm job aids, laboratory SOPs, DBS bundles for VL and MOH 240 register were distributed to four facilities. Torongo HC was provided with a cooler box to improve the quality of CD4 samples.

The project provided airtime to six SCMLTs and three lab in-charges for the online uploading of CD4 data and Facility Consumption Data Report and Request (F-CDRR) for RTKs. During the quarter under review, the county obtained; 80%, 100% & 100% reporting rates for October, November and December respectively. The insecurity issues experienced in East Pokot and parts of Marigat caused the low reporting rates in October.

The project supported the transportation of 550 samples to laboratory hub for processing and analysis compared to 686 in the previous quarter. The reduction is attributed to a breakdown of equipment at Kabarnet County Referral Hospital (CRH). Nine PMTCT facilities shipped 45 samples to testing hubs with four of the samples testing positive. Thirty DBS for VL were processed with 10 of the samples having levels above 1000 copies /ml; repeat confirmatory tests will be done after 3 months.

Kajiado County: Project mentored 14 laboratory staff from nine laboratories. The mentorship focused on VL scale up, Laboratory Quality Assurance and Quality Management System (QMS), accessing EID results from the NASCOP website and supporting online laboratory RTKs/CD4

commodity reporting. Loitokitok DH and Kajiado CRH identified for accreditation begun implementing the 12 essentials of laboratory QMS. The project supported SCMLTs and lab in-charges of facilities with CD4 machines with data bundles to enable online reporting of RTKs and CD4 commodities. During the reporting period, the county was not supplied with HIV RTKs. The project redistributed 3500 KHB tests kits to mitigate the effects of this shortfall. A total of 683 VL, 1,467 CD4 samples from 17 ART sites and 98 EID samples from 16 PMTCT sites were analyzed; 144 VL samples showed virological failure. Confirmatory tests are scheduled after three months. Ten out of the 98 EID samples tested positive.

Laikipia County: During the quarter under review, the project mentored 10 HCWs at four facilities on the new HTC algorithm, accessing the NASCOP EID/VL website, EID/VL sample collection and transportation. The Nanyuki Teaching and Referral Hospital laboratory is participating in external quality assurance (EQA) for Hematology, clinical chemistry and CD4. This site is undertaking the SLMTA process. The project supported the distribution of 31 HIV rapid PT panels to facilities in the county as well as shipment of laboratory TB commodities from the KEMSA depot in Nakuru to Nanyuki. To improve documentation and reporting, three sub-counties (Laikipia East/Central and North) were supported to print and distribute daily activity registers (MOH 642) and MOH 643 Facility Consumption and Commodity reporting tools.

Through laboratory networking, 190 VL samples were transported for analysis compared to the previous quarter's 126 samples. The project supported sub-county Medical Laboratory coordinators with monthly data bundles, which improved HIV RTKs online commodity reporting rates from 86% to 92%.

Nakuru County: A CME on GeneXpert TB diagnosis was conducted at Bahati DH and Langa HC and reached 50 HCWs. Gene X-pert sample transportation was scaled up to 11 sites. Additionally, the project mentored 25 HCWs at 12 facilities on EID, VL sample collection and transportation, commodity management and Laboratory Internal Quality Control. Two laboratories (Nakuru PGH and Naivasha DH) are participating in EQA for hematology, clinical chemistry and CD4; 61 laboratories from the county are participating in TB microscopy EQA, while PGH Nakuru and Naivasha DH laboratories are still undergoing SLMTA. The project continues to provide ongoing technical assistance (mentorship, OJT on development and use of SOPs) to these laboratories and together with the County/Sub-County MLTs monitors site improvement and progress towards accreditation.

The project facilitated the transportation of 3,563 CD4, 1,109 VL, 414 Gene X-pert and 646 EID samples from peripheral facilities to the laboratory testing hubs. A cohort analysis of 176 HEI enrolled in seven high volume facilities (Nakuru PGH, Molo DH, Elburgon SDH, Njoro HC, Naivasha DH, Gilgil SDH and Rongai HC) one year ago shows that eight (7%) turned positive at 6-8 weeks and 57% were started on ART. Those not yet started on ART will be followed up to ensure they start treatment. A total of 1,109 VL samples were processed in the quarter compared to 1,775 in the previous quarter. This was occasioned by stock outs of DBS bundles and reagents in the laboratory hub. In this quarter there was 100% HIV RTKs commodity reporting rates. Redistribution of HIV RTKs was done to three facilities, which were experiencing stock outs. The project facilitated the distribution of round 13 HIV rapid PT panels for 97 participants in the county.

Narok County: During the quarter under review, the project provided technical assistance 10 HCWs (laboratory technologists and other cadres) at six ART sites to address the challenges facing scale up of VL testing. The staff were mentored on DBS sample collection for VL and online reporting of CD4 commodities, routine maintenance of lab equipment and QMS in the laboratory. The project supported Narok CRH laboratory, which is undergoing accreditation, with files to enable proper filing of SOPs. Fifteen SOPs were filed in line with accreditation requirements.

Alongside mentorship, the project offered mobile CD4 services using the portable PIMA CD4 machine to rural facilities during CCC clinic days to maximize on the patient numbers. Thirty 30 CD4 samples were processed and results provided on the same day. A total of 380 viral load, 882 CD4 samples from all the 14 ART sites and 48 EID samples from 11 PMTCT sites were analyzed during this reporting quarter. The drop in CD4 samples analyzed is attributed to stock out of EDTA tubes.

The sub-county laboratory coordinators were provided with internet bundles and technical support to ensure timely online reporting of RTK and CD4 commodities. The average reporting rate in the quarter was 91%. Thirteen Viral DBS kits were distributed to six ART sites as needed.

Pharmacy Support

The project worked with SCHMTs and health facilities to raise FP DHIS commodity reporting rates to 92 % from 33% in January 2014.

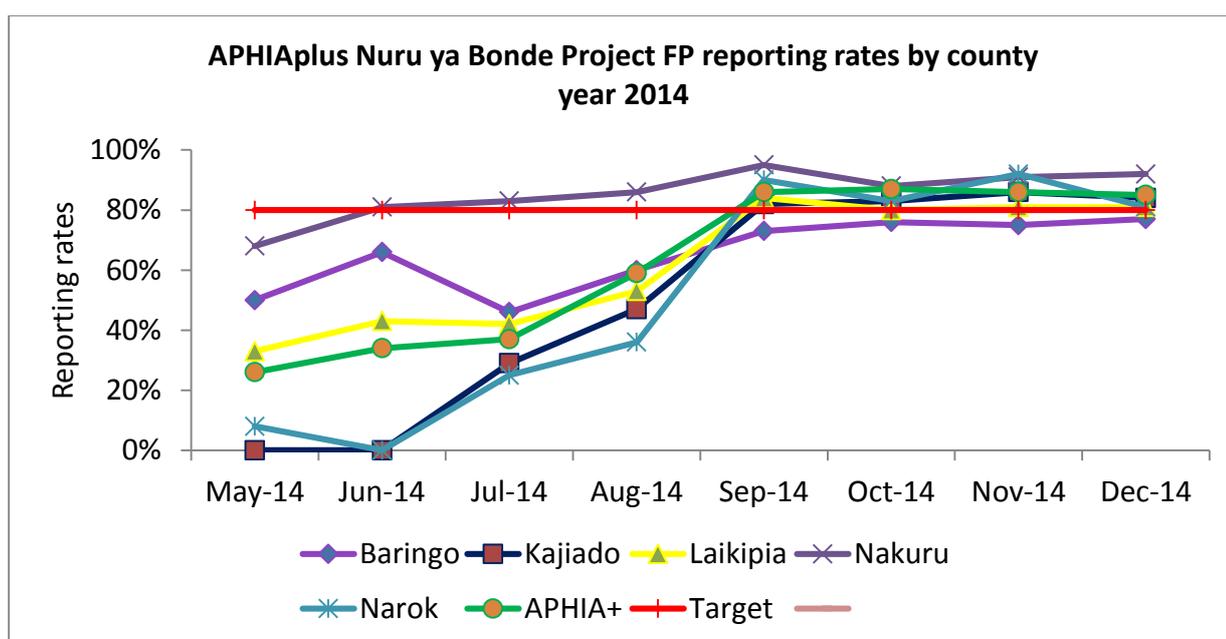


Figure 1: FP Reporting Rates by County

Baringo County: The project continued to support the timely preparation and submission of ART commodity reports and request from satellites, central sites to the supply agencies. The project focused on strengthening online reporting to the Kenya Pharma supply chain. The four central sites had 100% reporting rates to the national supply chain and there was no ARV/OI drug shortage in the county. The pharmacist and pharmaceutical technologist in Chemolingot DH were oriented on electronic supply chain management (e-SCM).

During the quarter, five HCWs in four facilities (Eldama Ravine DH, Chemolingot DH, Olarabel HC and Barwessa HC) were mentored on commodity management with an emphasis on reporting. In addition, the project in collaboration with the sub-county pharmacists and HRIOs ensured accurate reporting of FP and malaria commodities onto the DHIS. The figure below shows the reporting rates of the various commodities. The phase out of stavudine continues with clients’ regimens being substituted as they come for visits.

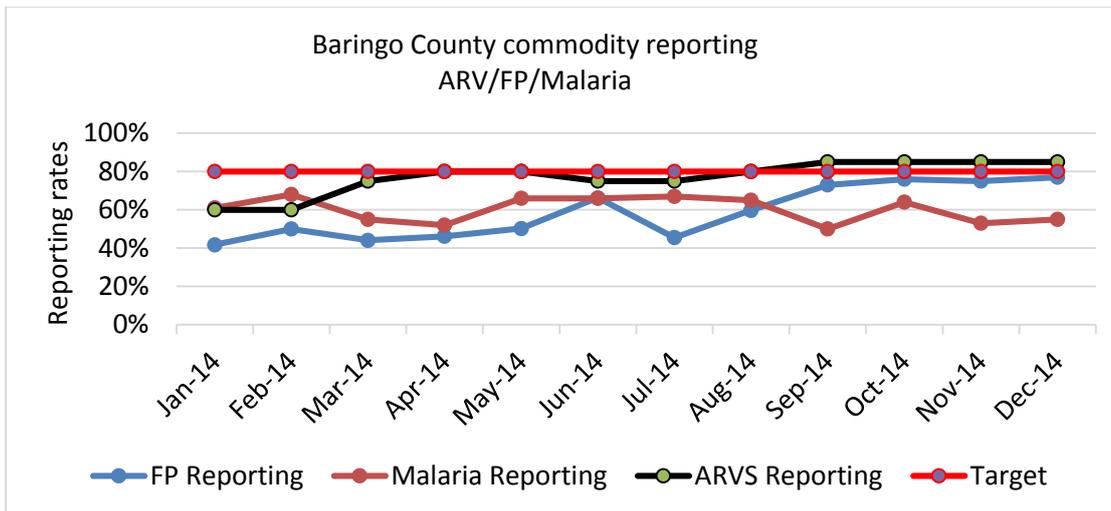


Figure 2: Baringo County Commodity reporting 2014

Kajiado County: During this quarter the project mentored 34 HCWs in 20 sites on commodity management, the distribution cycle of medicine, use of the pharmacy Daily Activity Register (DAR), forecasting in the Facility Consumption Data Report and Request (FCDRR), documentation using the pharmacy tools and DHIS reporting for commodities. The sites were replenished with the reporting tools as required. One notable challenge was poor documentation in the recording tools that was occasioned by the mass transfers of trained and mentored staff. FP reporting tools were distributed to five facilities. In collaboration with the Kenya Pharma, the project was provided with 30 DARs, FCDRR and Facility Monthly Antiretroviral Patient Summary (FMAPs) tools for distribution within Kajiado and Narok counties.

The project reached 43 HCWs in Ngong SCH with CME on pharmacovigilance reporting. Since then, two cases of adverse drug reactions were reported to the Pharmacy and Poisons Board (PPB). An assessment was done for the potential upgrading of Kitengela Sub-County Hospital as a central site; an approval is being awaited from NASCOP. Three Medicine and Therapeutic committee (MTC) meetings were held at three facilities and two more committees were formed at other facilities. The drug formulary for Kajiado CRH was developed. The on-line reporting rates for FP commodities improved from an average of 60.2% in the July to September period to 83.6% in the reporting period. This is due to on-going mentorship of the sub-county pharmacists on the use of the system as well as the provision of modems to enable them upload their data.

Laikipia County: During the quarter under review, assorted pharmacy data collection and reporting tools were distributed to three ART sites and 13 staff were mentored on their use. Mentorship focused on documentation of DAR for ARV/OI, use of ADT tool as well as commodity management and pharmacovigilance. The project worked with SCHMTs and health facilities to maintain FP DHIS commodity reporting rates above 80 %. The project supported three MTC meetings at Nanyuki TRH, Doldol SDH and Rumuruti DH attended by 17 HCWs. The MTC reviewed prescribing practices within the hospitals in order to prevent adverse effects and misuse of antibiotics. Nanyuki TRH MTC reviewed their formulary. MOH, Kenya-Pharma and project staff mentored six HCWs during joint support supervision to six facilities in Laikipia West sub-county.

Nakuru County: The project mentored 15 HCWs on the use of Paediatric ARV/cotrimoxazole dosing charts, use and management of the ARV Dispensing Tool (ADT), proper use of F-CDRR and FMAPS and commodity inventory management with emphasis on the use of stock control cards, quantification, forecasting request and reporting. A MTC meeting was held at Njoro HC that focused on improving rational use of medicines and commodity supply chain management.

Because of implementation of the action areas drawn from the MTC meetings, ART commodity reporting improved from 33% to 100% and consequently the central-ordering site in the sub-county was able to correctly quantify ARV consumption and place orders accordingly. ART Paediatric dosing charts and wheels were distributed to St. Mary’s Hospital in Gilgil. ART Paediatric dosing charts and wheels were distributed to St. Marys Hospital in Gilgil.

The project supported and strengthened HIV/AIDS, Malaria and FP commodity reporting through the DHIS with the average reporting rates above 80%. The redistribution of TB drugs from Bahati DH to the Nakuru central store was also done. In the quarter, 15 clients were switched from stavudine-based regimen to other regimens at PGH Nakuru. The graph below shows the performance of second line treatments at PGH Nakuru.

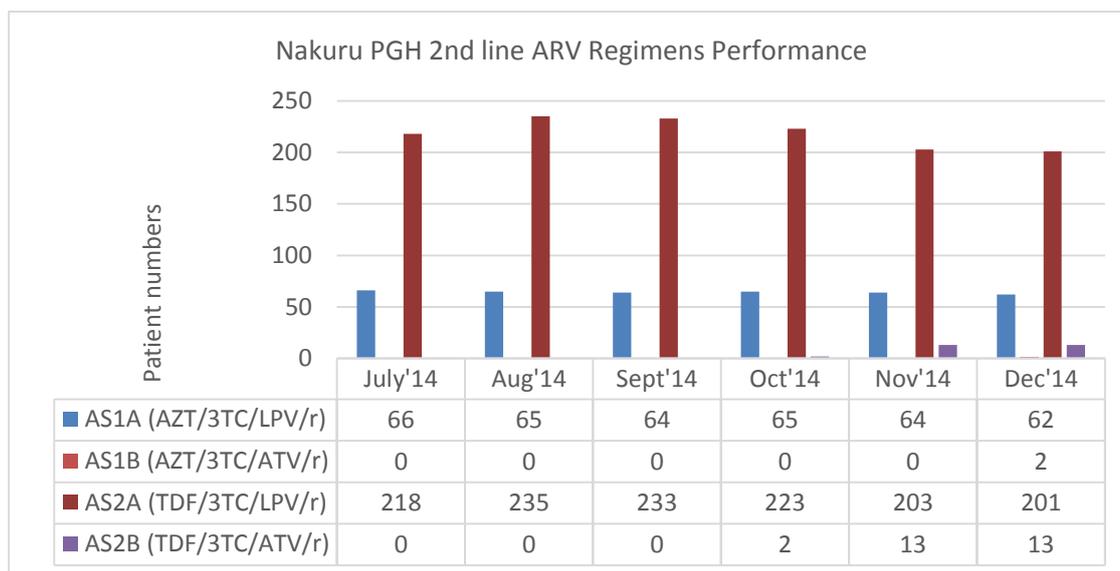


Figure 3: Nakuru PGH 2nd line ARV Regimens Performance

Narok County: In this reporting quarter, the project distributed nine DARs, seven FMAPS, six FCDRR for ARVs and OIs, six FP reporting tools to facilities that lacked them. Seven HCW from two sites were mentored on the effective use of the tools. Twenty HCWs at Narok CRH were also reached through a CME on Pharmacovigilance focusing especially on the how to fill the reporting tools for adverse drug reactions. Three MTC meetings were also supported in the quarter. Additionally, the project supported the distribution of ARVs, and other pharmaceuticals to five other facilities within the County. The two central sites (Narok and Ololulunga) were also supported to redistribute ARV’s to avoid stock outs and overstocking.

The project supported the sub-county Pharmaceutical Technologists with data bundles to enhance online reporting of commodities, especially the FP commodities. As a result, the County sustained high reporting rate of 86% at end of December 2014 from 50% in July 2014. This is attributed to mentorship of sub county pharmacists on DHIS use, supporting them with the modems for feeding in data and distribution of reporting tools.

Nutritional Support

During the reporting period, 329 HCW from across five counties were reached through OJT, sensitizations, CME and mentorship on nutrition service delivery. Other activities included; dissemination meetings on Maternal Infant and Young Child Nutrition (MIYCN) policy and operational guidelines, distribution of nutrition commodities as well as micronutrient deficiency control guidelines and protocols, and nutrition service and commodity data reporting. Additionally, the project supported photocopying and distribution of nutrition data capture tools and job aids to

various facilities. In order to facilitate active growth monitoring of children being, facilities were provided with the new Child Health Nutrition Information System (CHANIS) tools and monthly reporting tools.

Baringo: The project sensitized 109 service providers on MIYCN, and facilitated CME on the new Mother Child health booklet, NACS and growth monitoring at Kabarnet CRH, Tenges HC, Koibatek and Eldama Ravine Hospital. Facilities in the county were also supported with nutrition reporting tools as well as mentorship on their use.

Kajiado: Twenty 20 members of health management teams were sensitized on nutrition and HIV indicators. The sensitization focused on nutrition assessment counseling and support, data collection and correct filling of MOH 713 and MOH 733 tools. Additionally, 100 HCW from Kajiado CH, Ngong SCH and Kitengela HC were reached through CME sessions on NACS, food by prescription, IMAM, MIYCN and IYCF guidelines. The project supported and participated in the county nutrition technical forums. Five HRIO were oriented on the new nutrition service registers and reporting tools, MOH 713.

Nakuru: During the quarter under review, mentorship and support on use of nutrition service registers and reporting was done to Bahati DH, Subukia, Gilgil DH, Naivasha DH, Karagita Dispensary, Maela HC, Finlays Dispensary, Oserian HC, Nakuru PGH, Langa HC, Kabarak HC, Rongai HC, and Lanet HC. In addition, nutrition reporting tools and vitamin A monitor charts were distributed to the facilities.

Narok: The project supported photocopying and distribution of nutrition service delivery tools and job aids for 51 health facilities in Narok North and South sub-counties. Additionally five CME sessions on nutritional assessment were facilitated at Narok, Ololulunga and Sogoo health facilities reaching 100 HCWs.

3.1.9 Increased availability of screening and treatment for TB

The project supported the implementation of the five I's through mentorship and OJT of HCWs with an emphasis on their use of the Intensified Case Finding (ICF) recording tool. Following the introduction of the Gene X-pert machines, HCWs were also mentored on its use in diagnosis of TB infection amongst the HIV positive patients.

Baringo County: The project continued to support 12 TB/HIV treatment sites to provide integrated HIV prevention, care and treatment services. During the reporting period, 71 TB cases were detected, of whom 61 were tested with 10 testing HIV positive all of whom were started on ART.

Kajiado County: CME on Gene X-pert testing for TB was done in two facilities i.e., Isinya HC and Kitengela Medical Services reaching 13 HCWs. A total of 219 ICF tools were distributed to four ART sites to enhance TB screening of HIV positive clients. In this period, 277 TB cases were detected and 77 (28%) were TB/HIV co-infected and 68 (88%) were started on HAART.

Laikipia County: Clinical mentorship and joint support supervision was intensified in all the 14 ART sites leading to eight facilities integrating TB/HIV service delivery. The remaining six ART sites were at various stages of integration. This quarter, there were 165 new TB cases detected of whom 82 (49.7%) were tested for HIV and of these 28 were HIV positive and 23 started on ART. The low testing rate is attributed to staff reshuffle in the TB clinic thereby affecting documentation.

Nakuru County: During the quarter under review, the project mentored 33 HCWs on the management of TB/HIV co-infected workers and the use of Gene X-pert for the diagnosis of TB in HIV infected persons. A total of 690 TB cases were detected in the quarter, of these 633 (91.7%)

were tested for HIV; 35.67% (246) were TB/HIV co-infected and 238 of them were put on CPT and ART. Use of Gene X-pert was enhanced with 414 samples collected for analysis.

Narok County: During the quarter under review, the project distributed ICF cards and mentored 24 HCWs from eight facilities on intensified TB case finding and management of TB/HIV co-infection. Out of the 13 sites offering TB/ART services, eight have integrated TB/HIV services. During the reporting period, 159 TB cases were detected, of which 149 (93.7%) were tested for HIV; 51 (34.2%) tested HIV positive and 44 (86%) were started on ART.

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

The project continued with mentorship activities that included integration of RH and HIV services, FP commodity data management and LAPM. In this period, 75,888 clients for FP services were reached compared bringing the couple years of protection (CYP) in this period was 28,998. New FP clients comprised 19,503 (67%) of those who came for services.

Baringo County: During this reporting period, 20 service providers from 11 facilities in East Pokot were mentored and provided with OJT on FP commodity data management. A total of 8,098 clients were reached with FP services (29% new). There was an increase in the uptake of Long Term and Permanent Methods (LAPMs) of FP; 397 clients received implants compared to 358 in previous quarter: 51 clients had an IUCD inserted, while 20 clients underwent Bilateral Tubal Ligation (BTL). Injectable contraception is still the leading method of choice of FP. This quarter, the CYP declined from 3701 last quarter to 3156.

Kajiado County: The project supported provision of FP services at 102 sites in the County. In this period, five HCW from 4 health facilities (Namanga, Lexis Hospital, Kajiado AIC Dispensary and Isinya HC) were mentored on RH/HIV integration. Two service providers from Rombo HC were also mentored on use of cycle beads and received 30 cycle beads. A total of 14,144 women of reproductive age (WRA) were reached with FP services, out of whom 4,745 were first time users of modern FP methods, bringing the CYP to 7617.

Laikipia County: The project strengthened integration of HIV services into MCH and FP services aimed at reducing missed opportunities. There were 2,033 (19.5 %) new FP visits and 8,392 revisits. The injectable method was the most popular with 7,369 (70.6 %) users, while LAPM (236 implants and 93 IUD insertions) contributed to 18.6% of FP coverage. The project also redistributed FP commodities.

Nakuru County: The project supported 176 FP sites in the County (public, private and FBOs) and nine of these have the capacity to offer voluntary surgical contraception. The project mentored 169 HCW on LAPM at 44 health facilities and distributed assorted job aids and guidelines. In this reporting period, 24,096 CYPs was achieved compared to 24,866 the previous quarter. Long acting and permanent contraception contributed to 70% of the CYPs in the quarter.

Narok County: During the quarter under review, the project supported a 3-day training of 40 CHWs from two community units namely Ntulele and Mulot on community FP. The county had been experiencing a stock out of LAPMs and Depo provera injection due to changes in the supply and requisition system. The program facilitated the redistribution of implants from sites with surplus to those that had run out. A total of 4,279 clients received different methods of FP, 2,846 from Narok North and 1,433 from Narok South. The CYP was 1,943, a decline from last quarter's 3,590, due to the erratic supply of LAPMs in the county.

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

During the quarter under review, 27,069 pregnant women attended first ANC visit (22% of annual target) compared to 30,215 for last quarter. A total of 14,085 clients attended four ANC visits and 20,195 delivered under Skilled Birth Attendants (SBA) compared to 19,760 served in previous quarter.

The project continued to scale up availability of BEMONC in five counties but prioritizing Narok and Baringo counties; they have comparatively poorer MNCH indicators. Mentorship was provided to HCW based on the findings of the baseline assessment conducted earlier. The project also continued to provide mentorship on FANC, partograph, Individualized Birth Plan (IBP), AMSTL and essential newborn care at facility level; assorted job aids to facilities were also distributed.

Baringo County: During the quarter under review, FANC and Skilled Birth Attendance (SBA) services continued to be supported in the county through mentorship, CMEs, and OJT on BEMONC signal functions reaching 91 HCWs from 12 facilities. Additionally, three facilities (Tenges HC, Kimalel HC and Kiptagich HC) were supported with maternity admission forms to improve monitoring of women in labor and documentation in the maternity. Through JWP support the project facilitated BEMONC support supervision in five sub-counties and 27 facilities were visited, reaching 34 service providers. Assorted MNCH job aids were distributed to the facilities. A total of 9,505 pregnant women attended ANC visits; 3,115 were new visits, while 6,390 were revisits, out of these 1,801 attended four visits. There were 2668 births by SBA.

Kajiado County: During the reporting period, four facilities (Namanga, Lexis Hospital, Entasopia and Isinya HC) were assessed on their ability to handle obstetric emergencies within their facility and capacity to refer in a timely manner, using a BEMONC tool that focused on the seven signal functions. Of these facilities, one had anticonvulsants in stock and had information on its use, none had the capacity to conduct assisted vaginal deliveries by use of vacuum extractors, and all the four facilities had uterotonic drugs and antibiotics in stock. During this assessment, five service providers were mentored on identified gaps. Key areas of mentorship included; neonatal resuscitation, use of partographs to monitor labor and timely referrals. Further, 45 HCWs from Kajiado CRH were sensitized on the importance of the Maternal and Perinatal Death Review (MPDR) committees. They were taken through the documentation of the same and the protocols to be observed in the event such incidents occur.

The project supported one RMNCH/eMTCT Technical Working Group (TWG) meeting, with 16 participants consisting of (RMNCH coordinators, sub-CASCOs, sub-county nurses and members of the CHMT. During the meeting, BEMONC findings from 21 facilities visited previously were shared and new eMTCT updates were disseminated. The TWG developed a way forward to address challenges and gaps identified. A total of 5,474 mothers attended their first ANC visit and 2,776 pregnant mothers attended FANC up to the 4th visit. Skilled birth attendants conducted 2,658 deliveries.

Laikipia County: The project mentored HCWs from 23 health facilities on IPC and provided them with job aids. During the quarter under review, 3,491 women attended ANC with 2019 being first time visits. A total of 1,472 mothers attended their 4th ANC visits and 1,659 deliveries were performed by a skilled birth attendants BA compared to 1,711 last quarter.

Nakuru County: The project supported 158 ANC sites; 62 are equipped to offer BEMONC. Eighteen county and sub-county hospitals offer comprehensive emergency obstetric and newborn care (CEMONC). The project also mentored 162 HCWs at 42 high volume facilities on infection prevention, FANC, Partograph, AMSTL, Magnesium Sulphate and management of obstetric

emergencies. The facilities received assorted job aids. A total of 12,414 clients attended 1st ANC visit and 6,702 clients completed the four ANC visit compared to 14,191 and 6,978 respectively during the previous quarter. In addition, 10,891 deliveries were performed under skilled attendants.

Narok County: During the quarter, the number of deliveries by SBA increased to 1,713 up from last quarter's 1,628. The number of first ANC visit were 3,550 while fourth ANC attendants were 1,076. The improvement was because of orientation of TBAs in redefined the role as escorts, social mobilization through community units, motivation to mothers at fourth ANC visit and male involvement. Most TBAs have been taken through reorientation package whereby they are expected to escort five mothers to labour ward in exchange of a sheep. Male involvement is being advocated in churches, chief's barazas, and hospitals through health education.

In addition, the project mentored HCW at three facilities (Ololulunga DH, Baraka and Sogoo HC) on use of vacuum extractors, correct use of partographs, proper storage and use of oxytocin, AMTSL and management of PPH, manual removal of placenta, use of Mgso₄, and the need to ensure essential antibiotics and other drugs are available in maternity. The biggest challenge at facilities were lack of vacuum extractors.

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, 204 HCWs were reached through mentorship, OJT, facility nutrition CMEs and orientations on nutrition service delivery across in the five counties. In addition, the project disseminated the MIYCN policy and operational guidelines, and micronutrient deficiency control guidelines. Mentorship and/or OJT focused on nutrition assessment and diagnosis using the nutrition reference charts, forecasting and quantification of nutrition commodities, food by prescription protocol, infant and young child counseling, micronutrient powder policy guidelines including nutrition services and commodity data documentation and reporting. The project also provided mentorship to HCWs on essential newborn care, breastfeeding, newborn resuscitation, prevention and management of common childhood emergencies including diarrhea and prevention of childhood illnesses.

During this reporting period, 33,422 children received Penta 3 vaccine (28% of annual target), compared to 34,301 children in previous quarter. Vitamin A supplementation was provided to 23,588 children under five years while 44,247 children were treated for diarrhea and 14,210 treated for pneumonia in this quarter.

Baringo County: During the quarter under review, the project supported mentorship on immunizations, Integrated Management of Childhood Illnesses (IMCI), management of diarrhea and vitamin A supplementation in six sub counties reaching 12 facilities. A total of 3,582 under one year old children received DPT3 vaccine (xx of annual Target) compared to 4,084 in the previous quarter and 3,636 received PCV10. Additionally, 2,941 children were fully immunized. Vitamin A supplementation for 6-11 months increased from 549 to 2,020 while for more over one year olds increased from 1,931 to 3,670. Rotavirus which was introduced in the county in July 2014, recorded an increment from 226 to 2,857. Recorded cases of diarrhea reduced from 7,686 to 6859, while pneumonia cases also reduced from 1,968 to 1,719.

Kajiado County: During the quarter under review, five service providers from four health facilities (Namanga, Lexis Hospital, Entasopia and Isinya HC) were mentored on neonatal resuscitation and timely referrals. During this reporting period, 4,570 (60% coverage) children under one year received all the scheduled immunizations inclusive of the recently introduced Rota virus 1 & 2. The low percentage is due to inclusion of the recently introduced Rota virus vaccine in the denominator. The penetration/coverage of Rota virus vaccine is not yet optimal. Vitamin A coverage for under one currently stands 36%.

Laikipia County: Three facilities (Nanyuki TRH, Rumuruti SCH and Doldol SCH) held MPDR meetings during the period under review. Doldol SDH and Nanyuki TRH audited two maternal deaths. One community unit attached to Doldol SCH conducted a verbal autopsy for one maternal death. . Integrated outreaches were carried out in Laikipia East, Laikipia Central and Laikipia North to boost immunization, vitamin A and deworming coverage. A total of 2,431(77.6% coverage) children received Penta three and 2,385 (76.1% coverage) were fully immunized.

Nakuru County: During the quarter under review, the project mentored 177 HCWs at 47 facilities on BFHI, IMCI, immunization and neonatal resuscitation and disseminated job aids/SOPs. Immunization coverage for Penta 3 was 14,013 (111% coverage) compared to 14,437 (102% coverage) the previous quarter. FIC was 11,776 (94% coverage) against 13,567 (96% coverage) in last quarter. A total of 7,257 children under five received Vitamin A supplementation. Additionally, 16,039 children were treated for diarrhea compared to 17,117 in previous quarter while 5,453 were treated for pneumonia compared to 6,796 treated the previous quarter.

Narok County: The project supported the county to collect and distribute vaccines and mother baby booklets from the national offices to the designated facilities. In addition, 11 HCWs from Narok DH and Naroosura HC were oriented on BEMONC with special attention to newborn resuscitation, immediate newborn care, kangaroo mother care, breast-feeding, neonatal sepsis, management of HIV/hepatitis B, syphilis and TB in neonates. Further, the project staff distributed job aids on hand washing, help babies breath, infant NVP, danger signs for the baby, infant nutrition for HEI to seven facilities. Mentorship also focused on establishment and use of ORT corners, promotion of the use of zinc in the management of diarrhea and BFHI. Three facilities were supported to establish ORT corners.

A total of 5,130 (129%) children received Penta 3 compared to 6,082 last quarter's. Also, 1,473 (37%). received vitamin A supplementation and 3,597 were fully immunized. In this period, 5,998 children were treated for diarrhea while 2,276 children were treated for pneumonia.

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 continued to implement Sister to sister (S2S) EBI targeting young women aged 15 to 24 in Kajiado, Laikipia, Nakuru and Narok counties and reached 3,124 young women. In collaboration with the MOH, four integrated outreaches were conducted to Laikipia, Kabarak, Egerton and Masai Mara Universities and reached 1,262 young men and women out of which 657 were young women 15 to 24 years with various health services. All the 657 young women were counselled and tested for HIV, of which 152 were new testers and the two who turned positive were linked to care and treatment; 639 females were screened for STI and 222 young women received STI treatment; 441 received FP services and 485 referred for various services. It is important to note that whereas only young women 15-24 years were reached with S2S EBI, during the outreaches, males who sought services were served. However, the quarter witnessed reduced activity both in the community and at the respective institutions of higher learning occasioned by other competing activities such as examinations, graduations, closing of institutions for end of year vacations and the festive season.

During the quarter, the program held a progress review meeting with institutions where S2S EBI was implemented. The participants emphasized the need to continue with S2S activities in the coming year; they reported observing increased demand for condoms and improved communication on SRH issues among their students, including open discussions on HIV prevention attributed to S2S intervention. The program also used the opportunity to disseminate the findings of the rapid

survey conducted in selected 10 out of 24 institutions implementing S2S in Nakuru County. The survey sampled 500 young women, 15-24 years who were exposed to the S2S EBI to obtain feedback on changes in their attitudes and practices.

The project also reviewed five fact sheets covering the following topics; care and treatment, management of diarrhoea, family planning, PMTCT, and prevention of stigma and discrimination

Laikipia County: During the quarter under review, the project reached 485 females aged 15-24 in Laikipia County with HIV prevention information through Sister to Sister sessions. The messages focused on safer sex, increased self-efficacy to negotiate safer sex to reduce HIV and STI infection and unplanned pregnancies. The use of contraceptives was also discussed. In addition, the project in collaboration with Cancer Foundation and Laikipia University held a week long service uptake drive at Laikipia University. As a result, 289 female aged 15- 24 were counselled and tested, 260 were screened for STI, 450 were screened for cervical cancer with five testing positive; they were referred for specialized attention 260

Nakuru County: The project reached 806 young women aged 15 to 24 years using the S2S EBI. They were provided with the following biomedical services; 351 young women were counselled and tested out of which 149 were new testers and one tested positive and was referred for treatment; 686 were screened for cervical cancer; 639 were screened for STIs of which 222 received STI treatment, and 441 were provided with FP services.

During the world AIDS day celebration, the program screened *inside story* movie at Nairobi aviation college, Nakuru TTC, Njoro and Bondeni DICs. As a result, 320 young people (62% females) were reached; 89 were counselled and tested for HIV with none turning positive.

Narok County: During the reporting period, 1,833 females were reached through the Sister-to-Sister Sessions. A total of 17 females were reached with HTC during the services outreach at Mara University; one female tested positive for HIV and was referred to Narok County Hospital for management. In collaboration with Tasaru girls rescue center, 35 girls aged 12-16 years at Tasaru girls rescue centre were reached with information on career development, life skills, STIs prevention and management, alcohol and substance abuse messages. The sessions at Tasaru ended with Alternative rites passage (ARP) seminar for the 35 girls upon graduation.

Key Populations Interventions

The project works with 300 trained volunteer peer educators and five Drop- In- Centres (DIC) serving the key populations in four project counties. The counties have an estimated population of 9,981 FSW and 245 MSM/MSW. The Key Population interventions continued to target 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 the four counties. The interventions included 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 also continued to implement the Sister-to-Sister Kenya, an evidence based intervention, to complement the peer education and outreach activities.

During the quarter under review, 1,224 SW were reached with peer education. Through the DICs, 1,258 accessed at least one biomedical intervention including 949 SW who accessed HTC services with 24 (2.5%) testing positive and were linked to the nearest health facility for management; 662 SW were screened for STI and 38 (5.7%) presenting with STIs were treated while 261 SW were provided modern contraceptives in addition to condoms. Through Sister-to-Sister, outreaches 788 SW were reached in various hotspots.

The project initiated transition meetings and activities with the MOH and partners in Narok, Laikipia and Nakuru counties. The aim of the meetings was to explore how FSW will continue to access health services from established public health facilities and the DICs in the different hotspots.

Kajiado County: The intervention targeting key populations is implemented only in Ngong Division of Kajiado North Sub County. The other sites in the county are covered under the Shujaa Project supported by CDC Kenya. There are nineteen (19) trained peer educators and services are provided through monthly outreaches in the three locations with an estimated 800 sex workers

As part of the World AIDS day activities, condom promotion outreaches were conducted in established hotspots. The KP project was transitioned to the Ministry of Health during this quarter. Handing over meetings with relevant stakeholders and the FSW representatives were conducted. The meeting discussed and agreed on how FSW would continue accessing services from established public facilities in the different hotspots. The CASCO and the RH coordinator committed to continue supporting outreaches to established hotspots and ensure all health facilities have adequate supplies of condoms. Members of the established SW groups committed to continue distributing condoms to their peers and referring them for services.

Laikipia County: There are an estimated 1500 SWs in the County. There are eighteen (18) FSW and twenty (20) MSW trained peer educators. The targeted spots for the intervention include Nanyuki and Nyahururu towns and trading centres in Laikipia Central and Laikipia West sub-counties.

During the quarter under review, 554 FSW were served at the DIC including 394 FSW who were tested for HIV with eight testing positive. Those who tested positive were linked to the Nanyuki Teaching and Referral Hospital and Huruma Centre for care and treatment. A total of 13,823 male condoms and 510 female condoms were distributed. In addition, 64 FSW were provided modern contraceptives while 138 FSW were screened for STIs with 14 FSW presenting with STIs symptoms; they were treated for the STIs.

Nakuru County: During the quarter under review, Key Population interventions were implemented in Nakuru and Naivasha Municipality, Gilgil Town, Salgaa, Mai Mahiu, Kikopey and Makutano truck stops. Hotspot mapping and peer tracking was institutionalized in the Nakuru sites in order to improve coverage and effectiveness in reaching out to FSWs.

Peer education and outreach activities continued in the county resulting in 539 FSW were reached through peer education and outreach services. Through the three DIC located in Nakuru Central Business District, Naivasha town and Salgaa truck stop, 406 FSW accessed HTC and 9 tested positive and were linked to care, and 475 were screened for STIs with 20 presenting with symptoms and were treated for different STIs. In addition, 154 FSW participated in various economic empowerment activities including table banking; Kshs. 554,500 had been saved through table banking and SILC groups.

Narok County: During the quarter under review, 788 FSW were reached with a package of HIV prevention information and services. A total of 165 FSW were provided services at the DIC; 149 tested for HIV and seven tested positive and were linked to the Narok County Hospital for care and treatment. In addition, 49 were screened for STIs and four (8%) treated using national guidelines on syndromic management of STIs. Interventions targeting FSW and MSM in Narok County are implemented in Narok North and Narok South sub counties. Seventeen active trained peer educators reach the FSW using the peer education approach and biomedical services are provided through the

DIC and outreaches to hot spots. In addition, the project in partnership with the NASCOP Technical Support Unit were oriented peer educators on hotspot mapping and peer tracking.

Fisher folk

The program continued implementing Fisher folk activities in Baringo and Nakuru counties. The intervention continues to work closely with the respective stakeholders, strengthening the implementation of the intervention in selected fish landing beaches in the two counties. During the quarter under review, the program reached 1407 individuals (74% males) in the targeted beaches. Fisher folk Stepping Stones EBI sessions continued to increase knowledge and skills in HIV prevention, stigma reduction, and general problem solving skills.

The program collaborated with the Beach Management Units (BMUs) to mark World Fisheries Day. The occasion was used to sensitize fisher folks and the surrounding communities about HIV/AIDS prevention and create demand other reproductive health services. Monthly review meetings with peer educators and BMU official were conducted to review progress, lessons learnt and discuss phase out plans, including sustainability measures.

Baringo County: During the quarter, 369 fisher folk (52% males) were reached and completed the recommended sessions based on the Stepping Stones EBI. Sixty-six accessed HTC. In addition, peer educators distributed 3,614 male and 244 female condoms.

Nakuru County: During the quarter, 1,038 fisher folk [83% males) completed the recommended sessions based on the Stepping Stones EBI. Through outreaches, 116 individuals accessed HTC; two tested positive and were linked to the nearest health facility for enrolment into care and support. In addition, 3,460 pieces of male condoms were distributed to peers attending sessions.

Voluntary Medical Male Circumcision (VMMC)

During the quarter under review, the project undertook a VMMC RRI during the December holidays thereby covering more sub-counties than in previous quarter. Following a consultative meeting with the Nakuru County Department of Health, a joint coordinating committee was formed to direct and monitor the VMMC - RRI in the county. In each sub-county the Member of the County Assembly was involved in mobilizing young men from their areas to participate in this exercise. In preparation for this expansive and intensive circumcision service delivery, the project recruited additional thirty six temporary personnel to increase the number of surgical teams from four to nine. The county medical department also recruited 10 more clinicians and 13 nurses to support the exercise and work together with the project team in the various sites. Before the exercise commenced, the temporary new hires were trained on VMMC to ensure quality service delivery as per standard operating procedures. Most of the procedures were conducted in November with 3,765 procedures performed as shown in the table below.

Table 3: VMMC Achievements Oct to Dec 2014

Age group	October	November	December	Total
<1	0	0	0	0
1-9	0	0	0	0
10-14	6	1,886	541	2,433
15-19	81	1,807	323	2,211
20-24	69	45	32	146
25-49	83	27	12	122
50 +	1	0	1	2
Total	240	3765	909	4914

Community Prevention with Positives activities (CPwP)

During the quarter under review, the project reached 1250 PLHIV (19% males) with a minimum package of CPwP messages against quarterly target of 3750. As a result, 377 PLHIV disclosed their HIV status to close family members. In addition, 314 partners accessed HIV counseling and testing; 353 children were tested for HIV and 202 TB suspects were referred for screening. The project supported formation of additional 13 support groups bringing the total to 323. The project was not able to reach the target because most service providers took a break during the festive season. Through the 52 link desks, the project reached 16,478 clients (including children) who were referred to and from community to facilities and accessed various services compared to 22,884 reported last quarter. As a result of the defaulter-tracing efforts, 114 defaulters were enrolled back to care and treatment in various facilities. Below are detailed county specific achievements.

Baringo County: The project supported 40 PLHIV support groups and 18 CPwP service providers in the County. During the reporting period, the project reached 20 PLHIV (15 % males) with CPwP messages against a quarterly target of 582. Currently, 722 PLHIV are linked to support groups through which they receive CPwP messages. As a result of CPwP activities, 338 PLHIV were reached with adherence counseling; 11 disclosed their status to close family members; 9 children were referred for HIV testing and all were negative; 7 partners were tested for HIV. In addition, eight PLHIV were referred for nutritional supplements, three for FP services and one for TB screening.

Through the link desks, 517 adults (34% males) and 170 children (38% males) were referred from the community to facility, eight PLHIV were referred to support groups and 53 for family planning services. During the quarter under review, the project in collaboration with MOH established additional two link desks bringing the total to four. Through the link desk, the project supported defaulter tracing for nine clients who were restarted on ART.

Kajiado County: During the quarter, 155 (82% females) were reached with CPWP messages compared to 56 reached last quarter, against quarterly target of 593. During the period, 155 PLHIV disclosed their status to families and loved ones compared to 69 reported last quarter. A total of 136 partners undertook partner testing and 140 children were tested. A further 129 PLHIV were screened for TB. The trained CPWP providers facilitated formation of 11 additional support groups bringing the total number of support groups to 65. Through the link desks, 9,577 (60% females) clients were served compared to 11,368 (61% females) served last quarter. The reduction in number is attributed to the festive season as many families travelled.

Laikipia County: The project supported 30 active support groups within the County. During the quarter under review, 382 clients (79% females) were reached with CPwP messages, a significant improvement from last quarter when none of the clients received the minimum package. During the reporting period, 25 couples were tested for HIV; 40 children were tested and 31 clients disclosed their HIV status to close family members and 17 PLHIV screened for TB. In addition, the project supported 18 link desks in the county which served 1,325 (35% females) clients within the quarter. Three ART defaulters were traced and re-initiated into care at Nanyuki DH.

Nakuru County: During the period under review, 672 PLHIV (80% females) received minimum package of CPwP messages out of a quarterly target of 1500 compared to 675 reached last quarter. Out of the 441 clients referred to the health facilities for various services within the quarter, 29 were screened for TB; 25 screened for STI; eight received FP services and two PMTCT clients delivered HIV negative babies. In addition, 120 PLHIV disclosed their status to family members while 57 children received HTC counseling and testing. A total of 1,536 condoms were distributed and 16 new clients were linked to various support groups. The project supported formation of additional two support groups bringing the total number of active support groups to 128 with a membership

of 2,890. Through linkages with Child Lead the Way, a community forum was held in Naivasha Sub-county to facilitate anti-stigma campaigns and 30 PLHIV participated.

Through the 18 link desks, 917 children and 2366 adults were referred from community to facility for various health care services, while 620 children and 2119 adults were referred from health facilities to community. A total of 102 defaulters were traced and enrolled back into care and treatment.

Narok County: During the reporting period, the project reached 21 (85% females) clients with CPwP messages against a quarterly target of 400. The project supports CPwP interventions in 17 support groups. During the reporting period, three PLHIV were screened for STI, 16 were screened for TB, 60 were supported to disclose their status to close family members, 107 children were tested for HIV, 100 clients received FP services and 71 partners tested for HIV. During the quarter, one link desk was established at Enabelbel HC bringing the total to six. Through the link desks 192 (68% females) clients (including 27 children) were referred from the community to the facility while 141 clients with 17 children referred from the facility to the community. A further 497 clients were referred for various services within health facilities and back to communities.

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

During the period under review, the project supported the Narok BCC Committee to mobilize and disseminate information for both Tetanus and Polio campaigns in Narok County and provided them with IEC materials.

RESULT 3.3: INCREASED ADOPTION OF HEALTHY BEHAVIORS

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

The project supported the MOH to strengthen therapeutic support groups using a therapeutic framework that provides an opportunity for the survivors to share their experiences, disclose their traumatic experience, know how they are progressing on adherence to treatment, follow up with legal processes and know the outcome of the legal process. The trauma counselors also use the opportunity to educate the survivors on different health topics. The project supported site support supervision and mentorship to HCWs at 58 facilities to ensure improved quality of care to the survivors. CMEs on clinical management of sexual and gender based violence were conducted and reached 110 HCWs. Sensitizations on SGBV were conducted for youths, students, teachers and pupils, CHWs and community leaders that reached 235 individuals.

The project supported the MOH to disseminate revised PRC data tools in Laikipia and Nakuru counties targeting the County and Sub County and Health Management Teams (HMTs) to update them on the new tool to ensure complete data collection. Trauma counselor orientation was conducted in all the counties to complete the last phase of trauma training. The project in collaboration with other stakeholder's participated in the 16 days of gender activism week to create awareness on SGBV prevention and response.

During the quarter under review, 274 survivors (0.08% males) were attended to and received various services such as emergency contraception, STI screening and treatment, HIV testing and counseling and trauma counseling and referral for other services. Four therapeutic support groups

meetings were supported and 55 survivors attended. The project also supported data tools dissemination in two counties (Laikipia and Nakuru). During the 16 days gender activism week, 373 (30% female) community members were sensitized on SGBV and 45 participated in community football to increase awareness and participation of men in GBV prevention and response.

Baringo County: The project supported the County Reproductive Health Coordinator to sensitize 30 clinical officers at Kabarnet CRH on three topics: Post Rape Care Clinical Management, the Sexual Offences Act and Post Rape Care Forms (PRC) documentation. The clinicians identified challenges as follows: limited knowledge and skills in managing SGBV, data entry and documentation; delay in reporting survivors, weak referral and linkages for the survivors. The participants recommended that the facility in-charges avail the commodities and instruments required to do comprehensive examination and sample collection; orientation of service providers on the clinical management of an SGBV survivors, building the capacity of laboratory personnel on forensic laboratory procedures and strengthening the referral linkages and community sensitizations.

Kajiado County: The project supported the MOH to conduct CME on clinical management of sexual violence in Ngong Sub County Hospital reaching 50 HCWs.

Laikipia County: The project supported a therapeutic support group meeting at Nanyuki TRH where 24 participants inclusive of parents and guardians attended. The participants were taken through three sessions: a) the RH, gender and FP session, b) substance abuse, myths, causes, types and effects of substance abuse session and c) relation techniques following traumatic events to enable survivors overcome the feelings of anxiety and panic as they narrate, write or speak of their traumatic stories.

The project staff working with MoH Laikipia County and Division of Reproductive Health disseminated the SGBV revised data tools to 55 county and Sub County HMTs and HCW. The key issues identified during the dissemination were dissemination of the tools at the facility level, engagement of the HRIOs in the process of dissemination and implementation, and updating of the DHIS with collected data.

Nakuru County: The project in collaboration with the county SGBV/HIV Committee and other stake holders supported 16 days of Gender activism celebrations in Kaptembwa, Barut and final day celebrations at Nyayo Gardens - Nakuru. The theme of the 16 days of gender activism was “Peace from home to peace in the world”. A total of 373 people participated in the sensitizations and celebrations aimed at strengthening identification, referral, linkages and follow up of the survivors. Additionally, 45 people attended a football match followed by a sensitization of men on the importance of men engagement in GBV prevention and response. The project reached 31 HCWs with CME on clinical management of sexual violence to update HCW on the management of sexual violence in accordance with the revised national guidelines on management of Sexual Violence in Kenya. SGBV sensitizations were conducted for 25 community leaders and people with disability (PWDs) to equip them with knowledge, skills and attitudes towards SGBV prevention and response.

The project supported the MOH to disseminate revised PRC tools to 25 health managers targeting the county and sub-county HMTs to update them on the new tools to ensure accurate and complete data collection. Key follow-up issues from this meeting were: the dissemination of these data tools at the facility level, engaging the HRIOs in the process of dissemination and implementation and updating of the DHIS.

Trauma counselor orientation was conducted for 25 HCWs in all the counties to complete the last phase of the trauma training. The project also supported therapeutic support group meeting for 29 survivors (86% female) in Molo DH and Gilgil SCH. The key topics covered were drug and substance abuse and their effects, gender, RH and FP, and feelings and thoughts related to SGBV using the therapeutic framework. From the support groups, 25 cases have been reported to the police an 18 cases filed at the law courts in the county and 4 cases not reported, the reason being that the perpetrators were unknown to the survivor.

Narok County: The project supported therapeutic support group meeting at Narok CRH where 15 females including parents and guardians attended. The participants were taken through two sessions: drug and substance abuse, myths, causes, types and effects of substance abuse, and RH, gender and FP. The project also supported sensitization of 115 (36% female) participants that included youths from Narok Catholic church, providers from Nairegi Enkare HC and Pentecostal church leaders to equip them with knowledge, skills and attitudes on GBV prevention and response.

In this quarter, the project conducted CME on management of sexual violence in accordance with the revised national guidelines on management of Sexual Violence in Kenya attended by 31 HCWs. At Narok CRH, the management has identified space where trauma counseling services will be offered to the SGBV survivors with the aim of improving service provision, referral, linkage and follow up.

RESULT 3.3: INCREASED PROJECT EFFECTIVENESS THROUGH INNOVATIVE APPROACHES

Koibatek Study Update: The project continued supporting GIS mapping and use of mobile technology as an innovation aimed at reducing maternal and neonatal mortality in the catchment area of three selected CUs in Koibatek and Mogotio sub counties (Emining, Solian and Ngubereti) in Baringo County. The objectives of the intervention are to: increase completion rates of the minimum required four antenatal visits by pregnant women; increase delivery by skilled attendants; and to increase postpartum care of mothers by health care workers at health facilities by way of targeted health messages delivered via short message service to their mobile phones.

The enrollment of clients continued in the three intervention sites through the 18 CHWs (who receive stipend depending on the number of clients enrolled as agreed in the previous quarter), with support from the project staff and MOH. All the mothers received the relevant SMS messages.

During the reporting period, a meeting was held, that convened CHWs, project staff and MOH to review progress. During the meeting, it was noted that so far, 114 women had been enrolled of whom 66 were attending ANC at intervention sites. Data quality was identified to be one of the challenges as some of the ANC numbers were not tallying with those at the facility. It was realized that mothers attending ANC at different facilities during their pregnancy occasioned this. The project staff together with MOH managers carried out a supportive supervision to the three intervention sites. The enrolment process ended at the end of this quarter and currently, final data verification and analysis is ongoing.

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, 11,286 adults and children benefitted from household economic strengthening (HES) interventions against quarterly target of 5,192. The project supported 194 HH to initiate IGA; 510 HH were linked to MFI for financial support compared to 201 last quarter. In addition, 344 caregivers were reached with financial literacy aimed at improving their business management skills. Twenty groups were linked to the GoK Uwezo fund and seven secured the loans.

During the quarter, 11 new SILC groups were formed bringing the total number of groups to 727. A total 97 groups conducted share out in quarter four 2014 and had not re-grouped bringing the total number of active groups within the reporting period to 630. The cumulative savings stood at Ksh. 36,194, 458 compared to 33,639,332 reported in quarter four of 2014. A total of 6,008 households participated in SILC compared to 8,918 households reported in quarter four, benefiting 15,617 OVC (49% males) compared to 21,233 OVC reported last quarter. The benefits included payment of schools fees, scholastic materials and provision of food by their caregivers who participated in SILC.

Below are detailed county specific achievements:

Baringo County: The project reached 706 (59% of quarterly target) individuals with HES activities compared to 558 reached in quarter four 2014. Four new SILC groups comprising of 66 individuals (84% females) were formed while nine SILC groups shared out their savings and interest bringing the cumulative number of active groups to 30 compared to 35 in the last quarter. Total of 430 OVC caregivers (82% females) participated in SILC, benefiting 1,516 OVC (61% females). The cumulative savings was Ksh. 713,673 compared to Ksh.670,581 in quarter four 2014. In addition, 13 OVC HH initiated IGA, 286 caregivers were linked to MFI to access financial services, 161 caregivers were reached with financial literacy, 11 OVC were reached with job market skills and seven OVC were linked to job opportunities.

Kajiado County: During the reporting period, the project reached 1,379 individuals with HES interventions against quarterly target of 875. The trained field agents continued to provide support to SILC groups especially during the interest and savings share-outs at end of cycle. The project supported formation of 11 new groups bringing the total number of groups formed to 219. The cumulative savings stood at Ksh. 7.8 million compared to Ksh. 6.09 million in the last quarter. A total of 1,288 OVC HH participated in SILC activities benefiting 2,386 OVC.

The project linked 20 groups to Uwezo Fund and seven accessed funds amounting to Ksh. 660,000 in the 1st Phase of disbursement. This support will help them improve and develop their businesses for economic empowerment and sustainability. In collaboration with MOAL&F, the project facilitated orientation on enterprise development for 245 (91% females) caregivers from ten support groups.

Laikipia County: During the quarter, 787 individuals were supported with HES interventions against a target of 300 for the quarter. Of these 243, individuals were given financial literacy, 373 engaged in SILC activities and 171 engaged in other IGA. The total SILC savings stood at Ksh. 632, 665, an increase from Ksh. 506, 535 reported last quarter. Total number of OVC households engaged in SILC was 281 with 1,355 OVC. Through leveraged support, the project was able to provide 28 drip kits to members of one support group. The drip kits will help the HH to improve

kitchen gardening. In addition, 143 HH were supported with farm inputs including *capsicum* seedlings through the MOH.

Nakuru County: During the quarter under review, 4,176 individuals benefitted from HES initiatives out of a quarterly target of 4,950. The project supported 181 HH to initiate IGA. Forty-seven caregivers received financial education and another 308 were sensitized on HES initiatives especially on SILC and IGA.

During the period under review, eight new SILC groups were formed within the quarter bringing the total number of active SILC groups to 189. There were 4,086 OVC HH caring for 8,062 OVC participating in SILC groups. The groups currently have cumulative savings of Ksh. 8,182,932 compared to Ksh. 8,602,232 reported in the previous quarter. The reduction is due to share out of savings and interest conducted by six groups. Participation in SILC enabled caregivers to develop their IGA and provide basic needs to their families. Through partnerships with other stakeholders, the project trained 529 (85% females) individuals from 18 support groups on chicken processing. The members were supplied with 5,100 chicks each member getting 10 day old chicks. This support is expected to help the HH improve their nutritional needs and raise their income by selling the surplus.

Youth Employability initiative (YEI)

During the quarter under review, 186 youth between ages of 18-24 years from Nakuru County were recruited to participate in a Youth Employability Initiative (YEI) within the project. The selected youth are members of OVC HH and were once supported by the project before exiting due to age. They were selected using a selection criteria developed with the participation of the APHIAplus OVC Implementing partners. The project also established an Advisory Committee with the aim of addressing youth employment issues in Nakuru County. The Committee is composed of various stakeholders in Public and private sector as well as youth CSOs in Nakuru County. It is chaired by the County Governor's office while APHIAplus is the secretariat of the Committee. It is envisioned that this Committee will represent Youth employment issues beyond the Project for sustainability.

A number of partners with Potential in Youth Employment have committed to participate. These include d.light Solar who will provide youth with solar products for sale; Bedi Textile industries for youth interested in textile manufacturing; and Digital Opportunity Trust (DOT) for small-scale entrepreneurship. The Project is approaching other partners such as Spin Knit and Living Goods organization to offer a variety of opportunities to youth interested in self-employment (small skill business). In addition, a soft skills training curriculum and a training manual were developed. A market assessment done earlier had indicated that one of the greatest barriers to youth employability was lack of soft skills to enable them become responsible employees.

In the next quarter, the youth will receive soft skills training followed by placement with various potential employers for on job technical skills training, apprenticeship and ultimately job placement. In addition, youth mentors will be identified, trained and paired with youth for mentorship. A mentors' guide has been developed to guide the selection and conduct of the mentors who will be attached to youth

Nandi County: During the quarter under review, the project reached 1,009 individuals with HES interventions against a quarterly target of 909. The good performance was attributed to enrollment of more caregivers in SILC thus resulting into 25 new SILC groups of 521 members (87% females) bringing the total number of SILC groups to 107. Total of 2,384 individuals participated in SILC out of whom 299 were OVC caregivers taking care of 970 OVC (54% females). The cumulative savings stood at Ksh. 11,369,338 compared to Ksh. 10,073,233 in the previous quarter. A total of 210 caregivers were linked to MFI to access credit for business, four were linked to job

opportunities; 183 were reached with business skills while 82 older OVC were reached with financial literacy training.

Narok County: During the quarter, the project reached 3,229 (50% females) adults and children with economic strengthening initiatives. Twenty new SILC groups were formed during the quarter against a target of 27 bringing the total to 121. Cumulative savings stood at Ksh 7,742,064 compared to Ksh. 7,695,040 reported last quarter. Through SILC, 2,459 OVC (51% males) benefitted from SILC through improved household income which enabled caregivers to meet their basic needs. During the quarter, 10 groups conducted their share out of savings and interest for the cycle.

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

During the quarter under review, the project linked 413 HH to local markets against target of 250. In collaboration with Ministry of Agriculture, Livestock and Fisheries (MOAL&F), the project facilitated support supervision to 30 greenhouses. The groups were supported to enhance sustainable agricultural practices, which are environmentally friendly and cost effective. In addition, the project supported meetings with partners' staff and members of 10 support groups in Nakuru County to give feedback and support the groups prioritize value chain interventions. The support groups developed actions plans that will help enhance their capacity in implementing the prioritized value chains. Below are detailed county specific achievements:

Baringo County: During the quarter under review, the project linked 94 HH to local markets against a quarterly target of 16. The HH are engaged in various activities including, honey retail, agribusiness and sale of groceries.

Kajiado County: The project linked 27 HH to local markets against a quarterly target of 35. The project supported the HH to negotiate with the County Government to allocate them stalls that enabled them sell their commodities. A group of 35 caregivers trained on value addition in 2014 continued to sell their products in the local markets and were pursuing Kenya Bureau of Standards (KEBS) stamp that will enable them reach institutional markets such as the supermarkets.

Laikipia County: During the reporting period, the project continued to support six groups that were provided with greenhouses. In collaboration with MOAL&F, the project facilitated capacity building for all the six groups in organic farming. Six greenhouse attendants were each provided with weekly wages of Ksh 200 for weeks from the harvests to assist them meet household needs while attending to the greenhouse. Members of the greenhouse also benefitted from weekly pack of tomatoes for domestic consumption.

Nakuru County: During the quarter, 30 caregivers were linked to local markets for their products, which included vegetables, eggs, milk, tomatoes, bead and baskets making. During the period, the project facilitated orientation on organic farming for 11 support groups managing green houses. During this reporting period, four greenhouses harvested 588 kg and collected Ksh. 35,553 while seven were at planting stage.

In addition, the project supported meetings with partners' staff and members of 10 support groups in Nakuru County to give feedback and support the groups prioritize value chain interventions. The support groups developed actions plans that will help enhance their capacity in implementing the prioritized value chains. During the period, the project facilitated capacity building for 529 (85% females) individuals from 18 support groups on value addition.

Nandi County: During the quarter under review, the project linked 176 HH to commodity markets against a quarterly target of 24. The HH were engaged in small-scale agribusinesses.

Narok County: During the period under review, the project linked 86 HH to commodity markets against the quarterly target of 90. The HH were engaged in bead making using locally available resources. Through partnerships, 248 (85% females) support group members were trained on enterprise development, 35 caregivers underwent training on value addition while 147 caregivers were trained on poultry keeping and provided with day old chicks. The project also trained members of two greenhouses on organic farming. One of the greenhouses harvested 116 kg of tomatoes, sold over Ksh. 7,000 in the local markets, and used portion of the proceeds to provide transport to PLHIV members attending ART clinics.

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

During the quarter under review, the project reached 16,010 HH with food and nutrition education against an annual target of 10,000. A total of 1,631 new kitchen gardens were established compared to 1,232 in the last quarter. In addition, the project supported MUAC assessments for 3,330 children (49% males) compared to 2,728 children in the last quarter. Twenty-three children (56% females) severely malnourished OVC were referred to health facilities for further management and received appropriate services. Below are detailed county specific achievements:

Baringo County: During the quarter under review, the project reached 1,663 HH with food and nutrition education against a target of 531. A total of 581 HH established new kitchen gardens compared to 320 in the previous quarter. The project supported MUAC assessment for 1,464 OVC (41 % males) and none of them was found malnourished. Thirty OVC (50% males) participating in JFFL activities replicated agricultural skills at home and their gardens were at various stages of development. During the period, 26 caregivers were trained on drip irrigation and provided with drip kits. Another 15 HH received certified seeds from the MOAL&F. The project mentored 77 caregivers (16% males) on use of organic manure and control of pests and diseases.

Kajiado County: During the reporting period, the project reached 3,026 HH with food and nutrition education. Of these, 654 OVC (55% females) accessed food aid leveraged from other sources. The project supported 259 HH to establish new kitchen gardens. The kitchen gardens continue to provide the HH with food for better nutrition and they sell surplus to generate income to meet other basic needs.

In collaboration with MOAL&F, the project facilitated support supervision for six greenhouses. During the quarter, the six greenhouses harvested tomatoes and managed to collect over Ksh. 75,000. The greenhouses support 159 HH caring for 470 OVC (51% females). The groups used part of the proceeds to buy seedlings for next season. During the reporting period, 13 JFFLS clubs were active with a membership of 482 children. The project leveraged support for 55 HH who received upgraded indigenous poultry. They also received financial literacy training. This will enable them meet their dietary needs and improve their livelihoods in the long term.

Laikipia County: During the quarter under review, the project reached 1,519 HH with food and nutrition education against the quarterly target of 200 HH. This was due to enhanced leveraged support from church congregations and other stakeholders. The project, in collaboration with MOAL&F continued to provide technical support to six greenhouses and by the end of the quarter, four groups had planted the second cycle of tomato. One of the groups shifted from tomato farming to *capsicum*, which is comparatively easier to manage and has high demand in the region.

Nakuru County: During the quarter under review, the project reached 8,916 HH with nutrition education and counseling out of a quarterly target of 1,200. During the reporting period, the project supported MUAC assessments for 1,731 children (51% females) out of which 17 OVC (51% females) were found malnourished; they were referred for further management and received services. In addition, 377 new kitchen gardens were established. In addition, the project supported 12 JFFLS with 178 children who continued to replicate agricultural skills in family plots.

Nandi County: The project reached 886 OVC HH with food and nutrition education against a quarterly target of 770. Of these 152 HH established new kitchen gardens, 114 OVC (64% females) were assessed using MUAC and; six OVC were malnourished. They were referred to health facilities for further management and received services. A total of 272 OVC (53 % males) participated in JFFLS clubs and were reached with life skills education. In addition, six OVC who are members of JFFL clubs replicated the activities at home by establishing kitchen gardens. A total of 69 OVC HH received farm inputs through MOAL&F in preparations for the next planting season.

Narok County: During the period, the project reached 175 HH with food and nutrition education against a quarterly target of 450. The project trained 305 CHVs on pediatric growth monitoring and nutrition assessment using MUAC. As a result, 21 OVC were assessed and none was malnourished.

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

During this reporting period, the project provided 8,315 OVC (49% males) with education support against quarterly target of 7,500. A total of 3,288 OVC received school fees, 622 OVC received school uniforms, 871 girls benefitted from sanitary towels and 3,534 OVC received other scholastic materials. During the quarter, 2,624 OVC sat for the 2014 Kenya Certificate of Primary Education (KCPE) out of whom 1,139(43%) scored 250 marks and above. In the subsequent period, the project will sensitize caregivers on the importance of their involvement in monitoring academic performance of the OVC, conduct targeted follow up on some OVC who scored poorly in the exams with a view to understand the specific issues which affected their performance and identify remedial measures to improve OVC performance in 2015. The project has made efforts to link the OVC who scored 350 marks and above with various scholarship opportunities and results will be reported in next quarter.

The project participated in a close out meeting for Life POA organized by Save the Children in Nairobi to share the successes and challenges of the program. By the end of the quarter, 5,939 youths had completed the financial education sessions. As a result, fifteen children opened new SMATA accounts with Post Bank bringing the total number of children with bank accounts to 1,545. Below are detailed county specific achievements:

Baringo County: During the quarter under review, the project provided educational support to 318 OVC (51 % males) against a quarterly target of 728 OVC. A total of 315 OVC (51 % males) who participated in three JFFLS and four Life POA clubs were reached with life skills. A total of 418 caregivers participated in their children's education by assisting them to do their homework and 36 attended adult literacy classes. During the period, 320 OVC sat for KCPE out of whom 213 OVC scored 250 marks and above.

Kajiado County: During the reporting period, 2,614 OVC (51% females) were reached with education support against target of 1,376; of these 1,412 OVC received secondary school fees, 571 (54% females) received school uniforms, 400 girls received re-usable sanitary towels and 30 OVC benefitted from scholastic materials. The project supported Fatima ECD center block grant. The money was used to improve the school kitchen, pavements and construct a toilet block for the children. The ECD center will in return allow 95 OVC to access free ECD education for one year

effective January 2015. The project reached 106 (59% females) OVC with career guidance and mentorship. This was aimed at improving school performance and helping the children make better choices in life. During the period, 411 OVC sat for their KCPE exams and 235 (57%) scored 250 marks and above. The project will continue to work with caregivers and education stakeholders to enhance education support to OVC for improved performance in 2015.

Through LIFE POA initiative, 15 children opened SMATA accounts bringing the total number of children with bank accounts to 284. There are 107 clubs with a membership of 2,439 (49% males). The clubs teach children the importance of savings early and teach them financial literacy skills.

Laikipia County: During the quarter under review, the project reached 341 OVC with education support against target of 908. A total of 327 OVC benefited from secondary school fees while two OVC received vocational training support. During the period, 296 OVC sat for 2014 KCPE out of whom 53 (19%) scored 250 marks and above. At the county level, 55% of 10,569 candidates managed to score 250 marks and above. The project will conduct follow up with sampled OVC especially those who scored poorly in the exams to identify the specific issues, which may have contributed to the underperformance. Meanwhile, the project will facilitate meetings with caregivers to discuss their role in promoting academic excellence.

Nakuru County: During the reporting period, 2,660 OVC (48% females) received education support against quarterly target of 2,812. Of those supported 51 OVC received uniforms, 699 received school fees support, 471 girls received sanitary pads and 862 received other scholastic materials. In addition, 5,214 OVC received life skills education. During the period, 1,062 OVC (54% females) sat for the K.C.P.E in 2014 out of whom 436 OVC (41%) scored 250 marks and above.

During the quarter, the project in partnership with Save the Children International reached 577 youths with Life POA financial education bringing the total number so far reached to 3500 out of a target of 3225. Seventeen youths opened savings accounts during the quarter and saved Ksh. 6000. Cumulatively, 1261 youths operate savings accounts with various financial institutions.

Nandi County: During the reporting period, the project reached 80 OVC with education support against a target of 581. A total of 62 OVC (63 % males) were supported by the project with school fees. The project facilitated career guidance and counseling sessions for 18 OVC (33% males) who are set to join colleges in quarter two. During the reporting period, 1,829 OVC received life skills education. A total of 777 caregivers participated in their Childs' education by assisting them to do their homework and 68 attended adult literacy classes. During the reporting period, 253 OVC sat for KCPE and 142 OVC (56%) scored 250 marks and above compared to 58% of all the children who sat for exams in the county.

Narok County: During the reporting period, 473 OVC received education support against target of 1,095. The project supported 470 OVC with secondary school fees and three OVC received vocational training fees. A total of 282 OVC (40% females) sat for KCPE in 2014 out of whom 160 OVC (58%) scored 250 marks and above compared to 62% of all the children who sat for exams in the county. Five OVC completed vocational training with various qualifications including tailoring (2), carpentry (1), welding (1) and automotive mechanic (1) and all had started earning a living from their trades.

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

The project reached 11,474 HH with WASH messages against quarterly target of 8,000 compared to 10,404 reached last quarter. As at the end of the quarter, 27,337 HH (85% of annual target) were

treated drinking water; of these, 1,805 OVC HH received water treatment kits from the MOH. Also 29,208 of OVC HH had access to functional latrines, which was an improvement from 18,150 reported last quarter. A total of 28,008 HH (87% of all OVC HH) had hand-washing facilities, compared to 43% reported last quarter. The success in delivery of WASH interventions was due to roll out of OVC caregiver service and monitoring form which not only captured accurate information but also enhanced engagement with caregivers at the HH level, in addition to a refresher training on WASH for 111 CHVs facilitated in collaboration with MOH. Below are detailed county specific achievements:

Baringo County: The project reached 596 HH with WASH messages against quarterly target of 723. In addition, 151 OVC HH received water treatment kits from the MOH. As at the end of the quarter, 2,381 HH (82% of annual target) treated drinking water. A total of 2,552 OVC HH had access to functional latrines against annual target of 2,992. A total of 2,358 HH (81% of all OVC HH) had hand-washing facilities, compared to 25% reported last quarter.

Kajiado County: The project reached 1,768 HH with WASH messages against quarterly target of 1,440. As at the end of the quarter, 4,708 HH (81% of annual target) were treating drinking water. Of these, 465 OVC HH received water treatment kits from the MOH. In addition, 5,204 of HH had access to functional latrines and 4,808 HH (83% of all OVC HH) had hand-washing facilities, compared to 73% reported last quarter. During the period under review, the project supported MOH to mark the Global Hand-washing Day during which over 200 OVC participated. The children learnt importance of hand washing at critical times using soap and water. The theme of the day was “*choose hand washing, choose health*”. During the period, the project rolled out the OVC caregiver service and monitoring form which improved data collection and also enhanced engagement with caregivers at the HH level. In collaboration with MOH, the project provided a refresher training on WASH to 111 CHV.

Laikipia County: The project reached 1,432 HH with WASH messages against quarterly target of 1,065. As at the end of the quarter, 3,704 HH were treating drinking water against annual target of 1,920; of these 152 HH received water treatment kits from the MOH. In addition, 3,971 OVC HH had access to functional latrines, which was an increase from 1,409 reported last quarter. A total of 3,908 HH (91% of all OVC HH) had hand-washing facilities, compared to 1,391 reported last quarter.

Nakuru County: The project reached 6,801 HH with WASH messages compared to 4,816-reached last quarter. As at the end of the quarter, 10,489 HHs (89% of OVC HH) were treating drinking water; of these 849 HH received water treatment kits from the MOH. In addition, 11,268 OVC HH had access to functional latrines, which compared to 8,916 reported last quarter. A total of 10,626 HH (90% of all OVC HH) had hand-washing facilities, compared to 13% reported last quarter.

Nandi County: The project reached 733 HH with WASH messages against quarterly target of 568. As at the end of the quarter, 1,901 HH (49% of annual target) treated drinking water; of these, 180 HH received water treatment kits from the MOH. In addition, 2,121 OVC HH had access to functional latrines against annual target of 4,352, an improvement from 1,156 reported last quarter. A total of 1,958 HH (86% of all OVC HH) had hand-washing facilities, compared to 975 reported last quarter.

Narok County: The project reached 144 HH with WASH messages against quarterly target of 1,263. As at the end of the quarter, 4,091 HH (81% of annual target) treated drinking water; eight OVC HH received water treatment kits from the MOH. In addition, 4,083 OVC HH had access to functional latrines against annual target of 4,896; a significant improvement from 1,561 reported

last quarter. A total of 4,356 HH (86% of all OVC HH) had hand-washing facilities, compared to 4,032 HHs reported last 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 reporting period, the project served 81,116 OVC (98% of active OVC and 91% of annual target) with various services; 37,272 received one or two services while 43,844 received three or more services. A total of 1,970 OVC were not monitored because some were in boarding schools and later travelled during the holidays while others had migrated with their families in search of pasture.

The project supported 2,645 OVC to access HTC services bringing the cumulative number of active OVC tested for HIV to 73,846 with 99% linkage to care for HIV positive OVC. The graph below is illustrative.

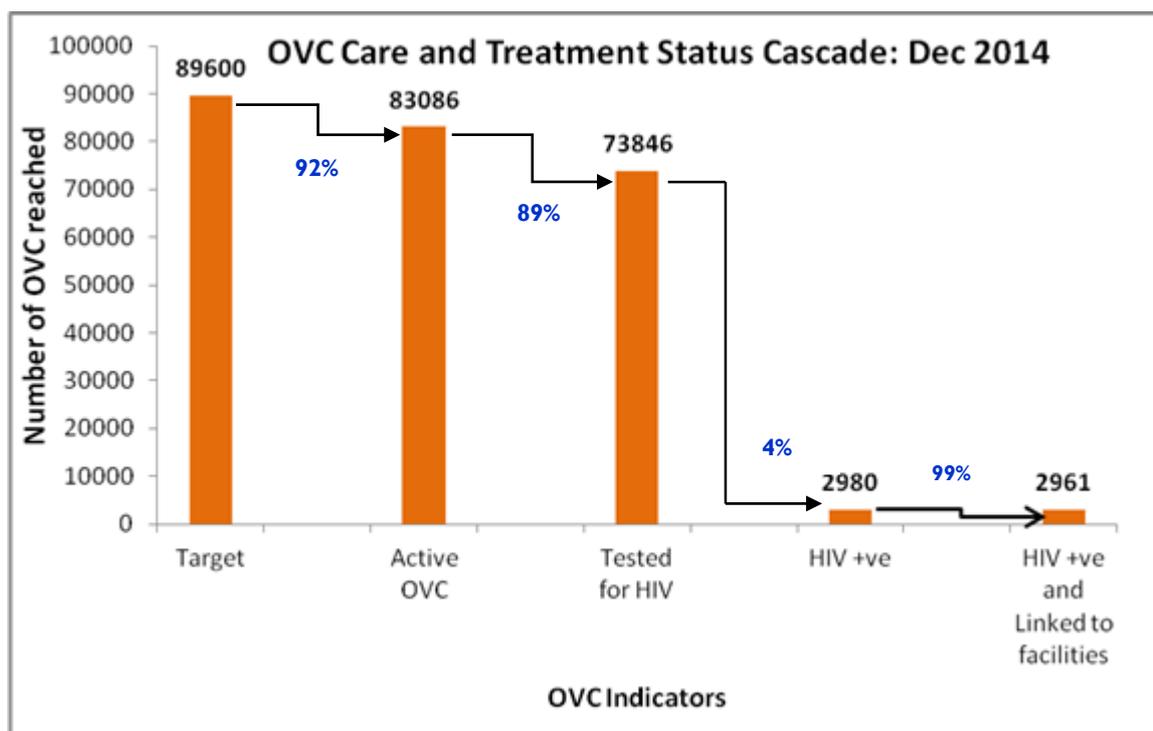


Figure 4: OVC Care and Treatment status

The project also provided psychosocial support to 53,255 OVC, healthcare referrals and treatment to 4,926 OVC and shelter and care support to 3,382 OVC. Below are detailed county specific achievements:

Baringo County: During the reporting period, the project served 7,637 (95% of active OVC) with various services; 2,597 received one or two services while 5,040 received three or more services. However, 431 OVC were not monitored because they were in boarding school and/or travelled during the holidays.

During the period, the project provided healthcare referrals and treatment to 1,040 OVC, shelter and care support to 626 OVC and psychosocial support to 5,154 OVC. The project carried out meetings with 1,052 caregivers to provide them with information on importance of legal documents and child rights. As a result, 50 OVC (54% males) were supported to acquire birth

certificates compared to 187 last quarter. In addition, 455 (56 % males) received TOM's shoes. In collaboration with the children's department, 68 new HH were enrolled in the cash transfer program bringing the total to 298 HH with 894 OVC. The project also facilitated HIV counseling and testing to 89 OVC and none turned positive; A total of, 6,021 active OVC (75% testing rate) have been tested with 273 living with HIV and accessing care and treatment. In addition, 557 caregivers were provided with information on health information and 153 were enrolled in NHIF.

Kajiado County: During the reporting period, the project served 15,167 (99% of active OVC) with various services; 3,977 received one or two services while 11,190 received three or more services. Only 77 OVC were not monitored because they had relocated beyond the project coverage. The project also facilitated healthcare referrals to 2,236 OVC, shelter and care support to 1,286 and psychosocial support to 12, 427 OVC. The project facilitated sensitization on health insurance to 1,463 caregivers; of these 69 HH registered with NHIF bringing the total number of HH registered to 625. The project facilitated HTC services to 160 (49% females) OVC bringing the total number of OVC tested to 14,028 (91% of active OVC). The number of HIV positive OVC stood at 740 with linkage to care at 99.7%.



Pic 2: A health worker giving de-worming tablets to OVC during an outreach at a village in Magadi, Kajiado North Sub-county

The project supported 40 OVC (17% of quarterly target) to acquire birth certificates bringing the total number of active OVC with birth certificates to 3,308. The process has been very slow due to lack of supporting documents from most families and sometimes limited resource allocation at County Registrars' office.

In collaboration with the department of children services, an additional 12 HH were enrolled in the Cash Transfer program bringing the total number to 104 benefiting approximately 312 OVC. During the reporting period, 21 OVC HH benefited from shelter renovation. A further 33 most vulnerable HH were supported with short-term rent provision while caregivers are supported to recuperate. Through leveraged resources, 59 OVC benefitted from home clothes donations. Another eight needy HH were visited by Parklands Baptist Church who donated blankets, foodstuffs and clothing and benefited 33 (61% males) OVC. They also donated cash for the treatment of one caregiver who had been involved in a road accident.

Laikipia County: During the quarter under review, the project served 9,687 OVC (96% of active OVC) with essential services. Among the OVC served, 3,456 OVC received three or more services while 6,231 received one or two services. However, 373 OVC were not served because they had relocated in search of pasture. The project also provided healthcare referrals and treatment to 406 OVC, shelter and care support to 55 OVC, psychosocial support to 8,565 OVC and 343 OVC to acquire birth certificates. Cumulatively 4,457 OVC have birth certificates. During the reporting period, additional 150 HH were confirmed as beneficiaries of the GoK Cash Transfer program bringing the total number of HH in Cash Transfer to 367 caring for 1,132 OVC. A total of 2,017

(51% females) benefited from HTC services bringing the total number of active OVC with known HIV status to 9,982 (99% coverage). The total number of OVC living with HIV stood at 310 and 99.2% were linked to care and treatment.

The project continued to support five QIT in the county. In collaboration with URC-Assist, the project facilitated support supervision for two QIT to review progress on implementation of actions plans. As a result of QI efforts, one of the QIT successfully linked seven OVC with CDF where each received support with school fees worth between Ksh. 3,000 to 4,000. The team also initiated other resource mobilization efforts, which secured support for scholastic materials for 16 OVC. Another active QIT recruited seven HH in to SILC activities.

Nakuru County: During the quarter, the project reached 30,736 OVC (99% of active OVC) with various services. 19,666 OVC received three or more services while 11,070 OVC received one or two services while 411 OVC were not served either because they were away in boarding schools and/or had travelled during the festive season. The project provided healthcare referrals and treatment to 2,282 OVC, shelter and care support to 728 and psychosocial support to 22,172 OVC. Twelve OVC were supported to acquire birth certificates bringing the total number of OVC with birth certificates to 13,714 (44% of active OVC). Ever registered OVC with birth certificates remain at 16,900. During the reporting period, 239 OVC (56% females) were tested for HIV bringing the total active OVC with known HIV status to 28,844 OVC (93% of active OVC). The number of OVC living with HIV stood at 1,177 out of whom 99.2% were linked to facilities for care and treatment. During the reporting period, the project distributed TOMS shoes to 18,699 OVC. Through the Children's Department, 425 HH confirmed enrolment into the CT program bringing the total number of HH in CT to 926 caring for 3,011 OVC. In addition, 183 new HH registered with NHIF compared to 1,344 last quarter. The total number of HH with health insurance stands at 1613; the HH care for 5,287 OVC.

The project continued to support 16 QIT to implement change ideas in OVC service delivery. Seventeen coaches support QITs to undertake interventions that seek to improve service delivery in education, legal protection, shelter and care and food and nutrition. During the period ended June 2013, Lockie QIT conducted a baseline CSI assessment for 158 OVC to identify areas for improvement. The baseline data showed that food security, nutrition, growth, and wellness scored highly on the bad and very bad scales at 34% and 15% respectively. The QIT chose to address food security, nutrition and growth. The end line CSI conducted during the reporting period showed that OVC who had scored bad and very bad in nutrition and growth dropped from 15% to 3%, which showed a marked improvement demonstrating that the change ideas worked. The legal protection domain also showed improvement from 6% to 3% who scored bad and very bad, even though it was not the focus, demonstrating the fact that when improvement is realized in one domain, other areas also improve. The figure below is illustrative.

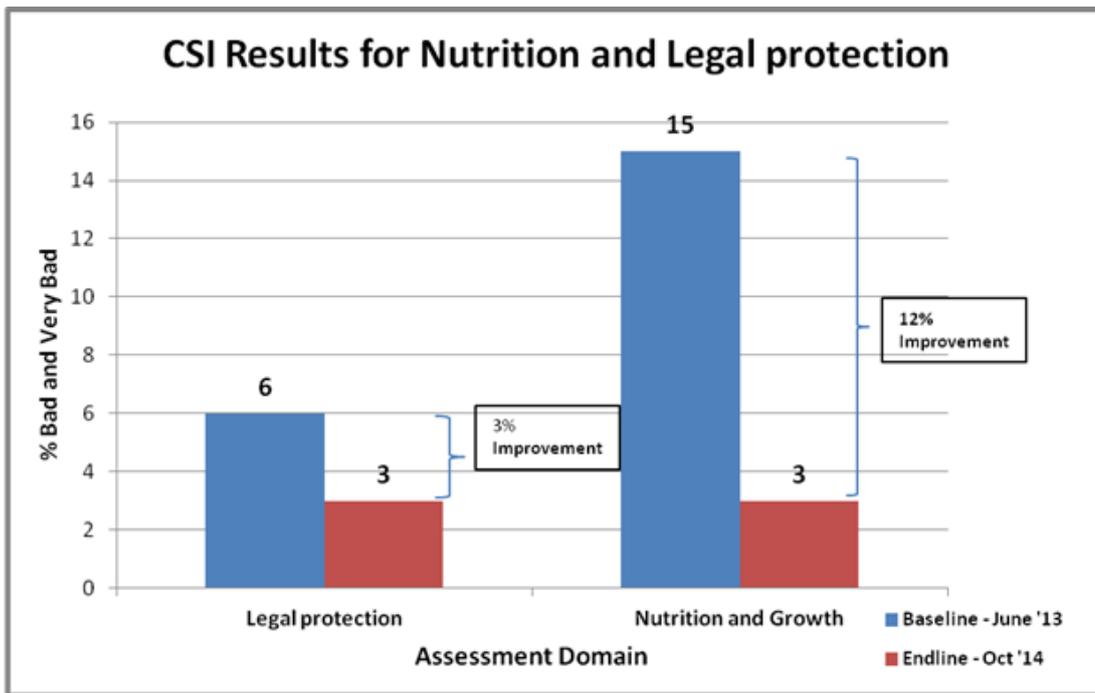


Figure 5: Nutrition and Legal protection CSI results

Nandi County: During the quarter, the project reached six, 139 OVC (95% of active OVC) with various services. 2,126 OVC received three or more services while 4,013 OVC received one or two services while 296 OVC were not served either because they were away in boarding schools and/or had travelled during the festive season. The project provided healthcare referrals and treatment to 470 OVC; shelter and care support to 214 OVC and psychosocial support to 1,931 OVC. The project supported 15 OVC to acquire birth certificates and 1,692 OVC were provided with Toms shoes. In collaboration with MOH, the project supported treatment of minor ailments to 470 OVC while 45 OVC received polio vaccine. Cumulatively, 5,309 OVC (82.5%) have been tested for HIV out of whom 291 are living with HIV (99% linked for care and treatment). In addition, the project provided age appropriate information on child rights to 1,644 OVC. The project leveraged for resources and supported 159 OVC with home clothes and 467 caregivers sensitized on childcare and parenting skills. In addition, 609 caregivers were provided with information about health insurance and 14 enrolled bringing the total of HH with health insurance to 176 HH

Narok County: During the quarter, the project served 11,750 OVC (97% of active OVC) with various services. The project reached 2,366 with three or more services while 9,384 OVC received one or two services. However, 382 OVC were not reached because they travelled during the festive season or to look for pasture for their livestock. During the reporting period, the project provided healthcare referrals and treatment to 728 OVC, shelter and care support to 473 OVC and psychosocial support to 3,006 OVC. The project supported 33 OVC to acquire birth certificates. The project also reached 2726 (50% males) OVC with HTC service and none of them tested positive. Cumulatively, 9,662 OVC had known HIV status out of which 189 were HIV positive and all were linked to care and treatment. In addition, 119 caregivers were sensitized on the importance of legal documents while 145 were provided with education on health insurance and 15 enrolled with NHIF.

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

During the reporting period, the project continued to provide technical assistance and skills transfer to the 16 OVC Local Implementing Partners (LIP) in key technical areas. The project facilitated quarterly review meetings with the partners and discussed performance in meeting OVC indicators as well as quality reporting.

Baringo County: The project conducted quarterly performance meetings with partners to review performance data for last quarter. During the period, the partners also benefitted from support supervision during which key areas of improvement were identified and remedial actions agreed upon. Nine LIP staff attended the meetings. One of the key issues discussed was HTC and birth certificates for OVC. As a result, 235 OVC were tested during December holidays while 50 birth certificates were acquired. The project also conducted support supervision to five support groups and mentored them on developing rules and regulations as well as initiating IGA for sustainability.

Kajiado County: During the reporting period, all the five LIP participated in one week training on management. This will help the organizations improve their systems on both human resource management and financial management.

Eleven partner staff participated in a one-day refresher training on report writing. This was necessitated by gaps identified in the previous quarter's report. The project facilitated quarterly program review meetings with all LIP to discuss the progress reports for quarter three 2014. The meetings helped strengthen partner capacity to deliver good quality reports as well as improve data use for decision making.

Laikipia County: The project conducted a follow up on previous support supervision recommendations for the two partners. During the follow up, the technical officers administered quality audit checklist and facilitated mentorship to 14 project staff. Detailed action plans were developed using a participatory approach and follow up is done on a monthly basis to fully implement the action plans by end of January 2105.

The project supported partners to roll out new caregiver status and service monitoring form {Form 1B}. All the 348 CHV and partner staff were oriented on how to fill and file the tool. Fifteen CBO leaders from Laikipia North participated in a program review meeting held at Caritas Hall. The meeting provided forum for the leaders to share achievements and challenges encountered in the previous quarter while exploring strategies for sustainability. The leaders committed themselves to continue enhancing linkages for improved service delivery to beneficiary HH.

Nakuru County: During the period under review, the project conducted RDQA in various sites to assess the quality of data. The exercise identified gaps and developed action plans, which will be reviewed to determine the progress made. One of the findings of the RDQA was that some of the OVC have birth certificates but not updated in OLMIS, some of the data in OLMIS have transcription errors while in some of the OVC files do not have the required documents. In addition, the project facilitated orientation of M & E staff and field staff from KCIU and WOFAK on documenting success stories. Similarly, KNOTE staff, KCIU and WOFAK staff were oriented on data analysis and use. The project also conducted support supervision to all the partners and mentored staff on OVC service delivery and reporting.

Nandi County: The project conducted quarterly performance review meetings for the partners to review performance for the previous quarter and among the gaps identified were poor performance

in acquisition of birth certificates across the two partners. A total of 10 project staff participated in the exercise.

Narok County: The project supported the M&E technical working group meeting during which the team discussed emerging issues on data quality. The project also facilitated support supervision for the LIPs during which 15 staff were mentored on better approaches to improve service delivery to OVC and their families.

Lessons Learned

In quality improvement efforts, improvement in one domain will lead to improvement in another domain even when that domain was not the targeted for improvement.

III. ACTIVITY PROGRESS (Quantitative Impact)

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

No constraints

V. PERFORMANCE MONITORING

During the period under review, the project continued with various performance monitoring activities aimed at monitoring data quality and monthly reporting rates. These activities included mentorship and supervisory visits to sites and implementing partners. Data verification across the 40 high volume sites continued as well verification of data in DHIS2 for all supported sites. The data verification checklist is administered quarterly in tier two facilities and three months of data audited. In larger tier 3 and 4 facilities, the checklist is administered on a monthly basis and one month of data is audited. Comparisons were also done between data reported on hard copies and in DHIS2 for key HTC, PMTCT, ART indicators. The monthly data quality verification was conducted in 85 sites across all counties a decline from 105 last quarter. Compared to last quarter, an analysis of verified data illustrated in the figure below shows high levels of underreporting according to the variance of reported against recounted data for selected indicators. The performance in the last month of the quarter (December 2014) is attributed to massive transfer of staff mainly in Nakuru, Narok, Laikipia and Kajiado counties in the month of November. This affected the recording of services across the various program areas because the newly deployed staff do not understand how to use MOH711A and 731. The project is addressing this through on-job trainings and mentorship specifically for counties like Narok where staff from EMR implementing sites have been transferred to sites not implementing EMR.

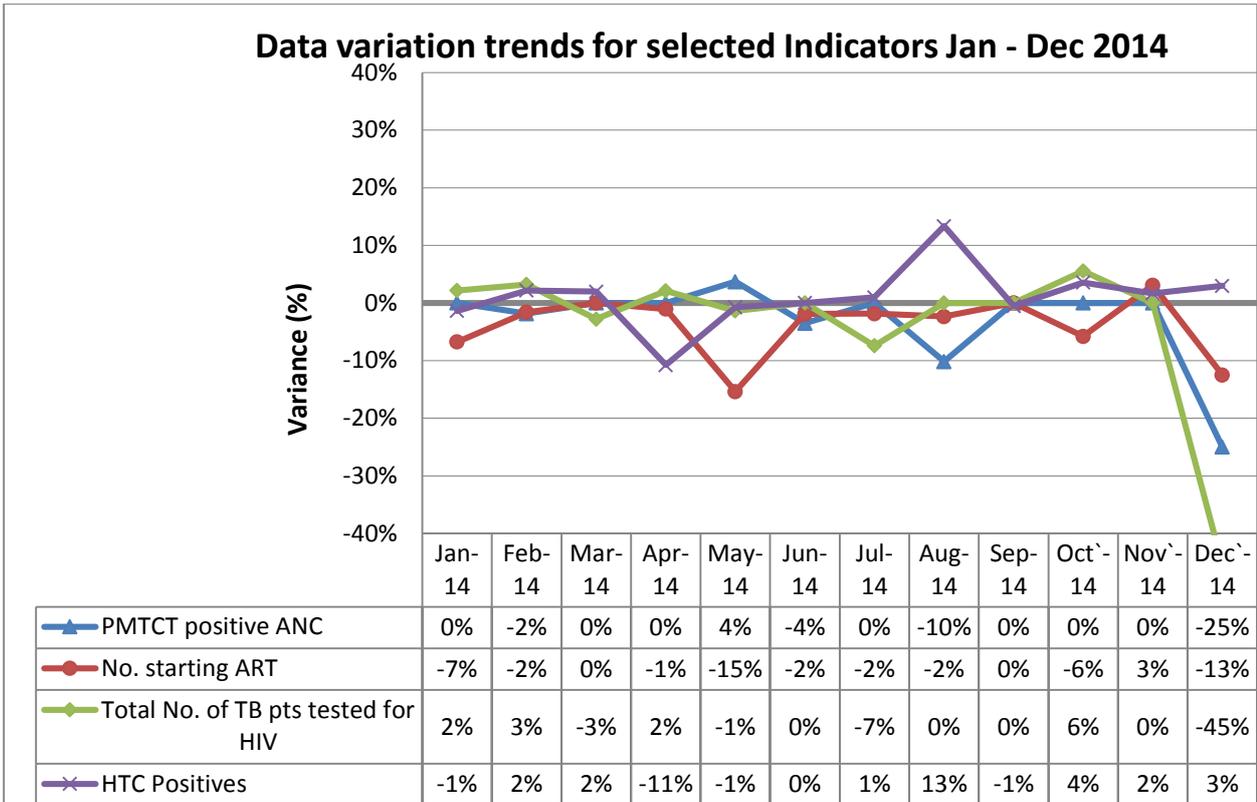


Figure 6: Data variation trends for select indicators

In a bid to strengthen the quality of data in DHIS2, the project continued to implement the performance reimbursement plan for 22 SCHRIO. The system monitors timely, complete and accurate reporting of HIV data and other data sets such as community units, nutrition and immunization reports in DHIS2. Due to this strategy the project has continued to record a steady increase in reporting rates throughout the quarters as illustrated by PMTCT reporting rates in the figure below. Whereas Nakuru County had a PMTCT reporting rate (97%) above the national standard this quarter, a slight decline on the overall PMTCT reporting rates was noted from 94% to 93% in the current quarter. This was occasioned by declines in PMTCT rates in Baringo (5%), Laikipia (3%) and Narok (1%). During the quarter, 42 PMTCT sites in these three counties submitted reports with no clients tested which is reflected as non-reporting in DHIS2. East Pokot in Baringo had insecurity challenges while Laikipia county performance was affected by staffing gap where one SCHRIO is responsible for two sub counties making follow up with facilities challenging.

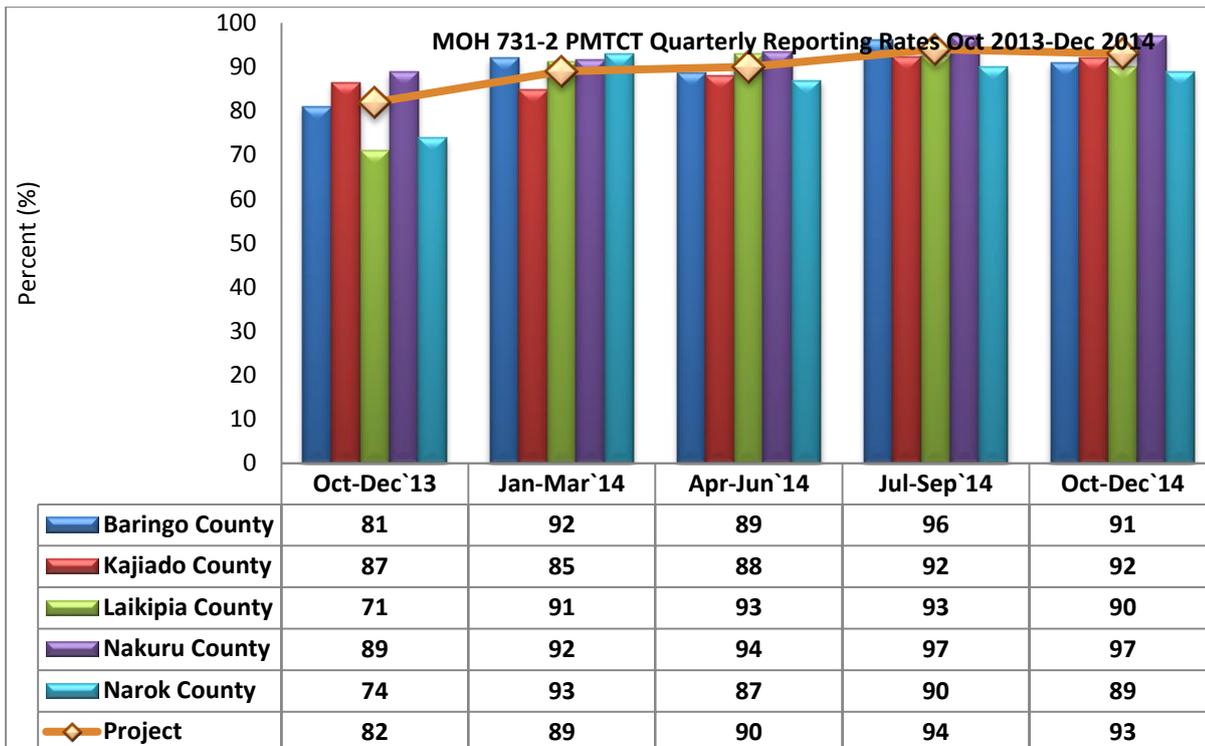


Figure 7: DHIS MOH 731-2 PMTCT reporting rates

In addition to performance monitoring activities above, the project continued to monitor the quality of data reported in DHIS2. This is done through comparing data reported in MOH 711A, 731 and DHIS2 for 50 indicators in ART sites as well as data entered into DHIS and that reported on the hard copies for the rest of the sites. The data quality analysis in the figure below indicates that by the end of the quarter, 92% of data for 50 selected indicators had been accurately transcribed from hard copy of MOH731 to DHIS2.

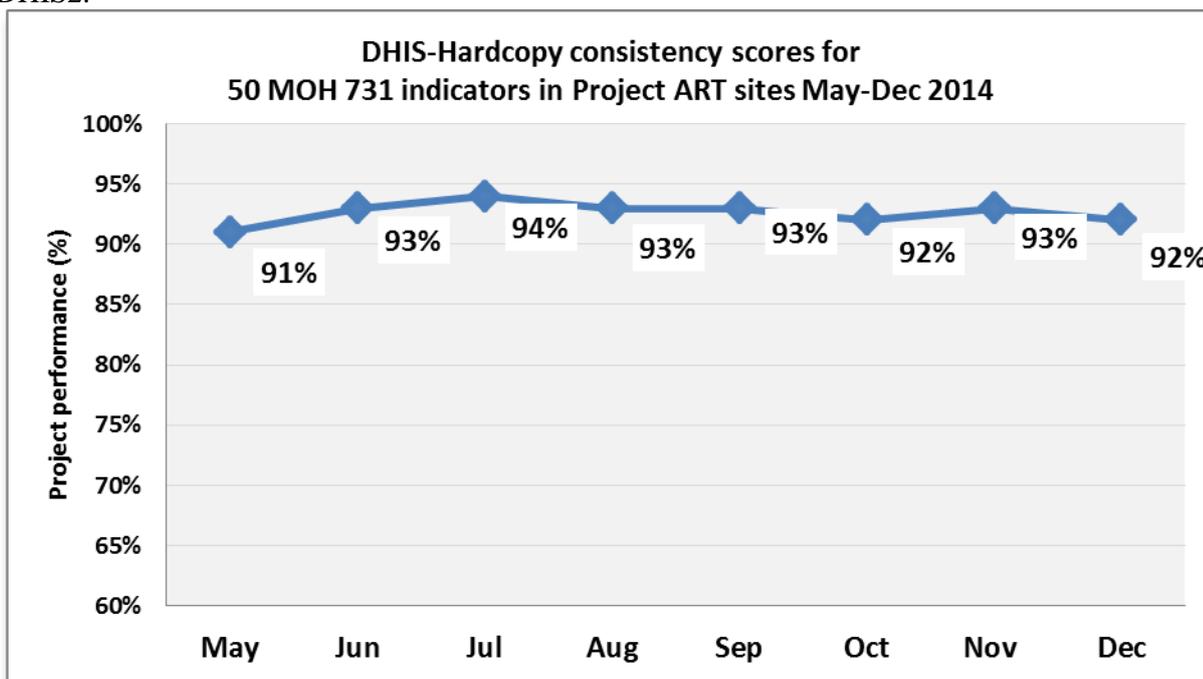


Figure 8: Consistency Scores of 50 MOH 731 indicators on DHIS 2 and hard copy summary

The project also continued monitoring quarterly reporting rates of OVC program. The overall reporting rate for the project was 95% in the current reporting period with Nakuru and Kajiado recording the highest reporting rate of 99%. The figure below demonstrates a great improvement

in quarterly reporting rates from Oct-Dec 2013 to same period currently for all the counties. . The improvement is attributed to the joint concerted efforts by both project and LIP staff to improve reporting rates. In the coming periods, the project intends to focus more on the quality of data and service provision.

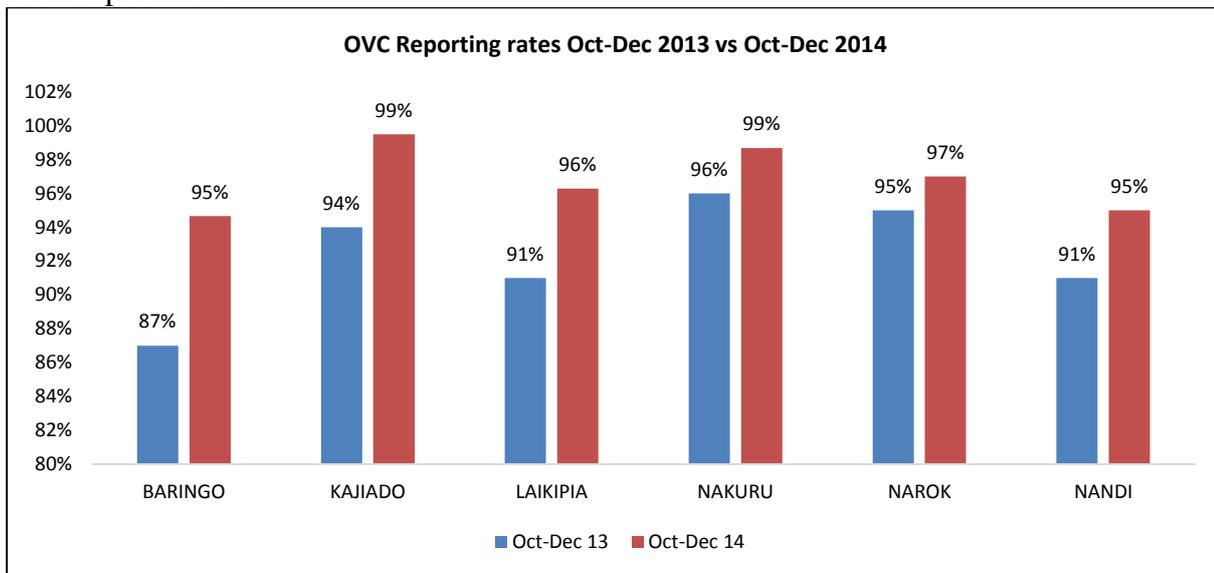


Figure 9: OVC reporting rates

VI. PROGRESS ON GENDER STRATEGY

The project continued to support SGBV activities in five counties. In order to provide timely and quality services to survivors of SGBV, the project sensitized 1,245 service providers on SGBV majority being women. The project also supported 17 facilities in offering SGBV/PRC services through mentorship, sensitization and CME. A total of 97 survivors accessed various services such as pre-exposure prophylaxis (PEP), STI treatment, trauma counseling, emergency contraceptive pills (ECPs) and HIV testing and counseling. Thirty survivors of GBV were supported to meet as support groups in Gilgil SCH, and Nanyuki TRH. Additionally, the project reached 3,124 young women aged 15 to 24 years with information on HIV prevention utilizing Sister to Sister EBI with the aim of equipping them with knowledge and skills to negotiate for condom use. A total of 871 girls enrolled into the OVC program were provided with re-usable sanitary pads to enable them manage their menstruation as well as attend school during that time.

The project continued to build social capacity in targeted communities by intensifying their participation in delivery of services. To this end, the project engaged CHVs, 70% of them women in delivery of services to the HH and community. In addition, 82% of HH heads/OVC caregivers who participated in household economic strengthening initiatives are women.

VII. PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING

The project, in addressing environmental and waste disposal issues at facility level, conducted 24 CMEs and distributed job aids to 62 facilities to facilitate HCWs waste management and disposal practices. The project had in the previous quarter distributed medical waste supplies and the use of this was monitored during mentorship visits that occurred at facilities that were visited. Facilities that had previously instituted TB Infection Prevention and Control (IPC) teams were also visited to check on progress in this regard.

In addition, the project provided sensitization to 30 support groups on the making and use of organic manure and pesticides in growing of vegetables within the provided green houses. This was to reduce their usage of inorganic fertilizers and pesticides.

VIII. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

- The project M&E team has been working closely with national mechanisms in HMIS which includes Measure evaluation PIMA project and AFYA Info in strengthening of the MOH HIS. On implementation of EMR system the project works with I-TECH and Futures Group
- **University Research Company (URC - Assist):** During the quarter, the project collaborated with URC - Assist to conduct follow up support supervision for three QITs in Narok and Laikipia. In addition, the project, in collaboration with URC-ASSIST, participated in a data-sharing forum for the five QITs in Narok County where 33 HCWs participated. In addition, 15 staff at Narok DH were oriented on QI methodologies using the KQMH approach.
- **FUNZO:** During the reporting period, the project linked with FUNZO the County and Sub-County HMTs to prioritize training needs and select participants for various trainings scheduled in 2015. As a result, a tentative training calendar for 2015 was developed.
- **Futures Group:** The project engaged the futures group during the on-job training and coaching on use of the EMR monitor and report performance. Jointly with Futures groups, 17 HCWs were coached on trouble shooting using the EMR in Narok and Kajiado.
- **Capacity Project:** The capacity project continued supporting 110 HCWs in 40 APHIAplus Nuru ya Bonde supported sites

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):** During the reporting period, the ministry provided farm inputs to farmer groups and caregivers across project sites in readiness for next planting season. The ministry staff also continued to facilitate support supervision for 30 greenhouses and farmer groups across all counties.
- **Agriculture Sector Development Support Program (ASDSP):** The project collaborated with ASDSP to give feedback to 10 groups and support them prioritize value chain interventions.
- **Department of Children's Services (DCS):** The project participated in the review of National Psychosocial Support guideline meeting convened by the department in Machakos.
- **Registrar of Births and Deaths:** The project continued to partner with the sub-county registrars of births and deaths in enhancing acquisition of birth registration certificates for 443 OVC.
- **Ministry of Health (MOH):** The project works very closely with the ministry strengthening service delivery in both public and private sector. In addition, the project works closely with the Ministry in strengthening referrals through link desks, enhancing HTC uptake for OVC families and facilitating MUAC assessments for OVC
- **Ministry of Education:** Worked closely with the Ministry of Education and Ministry of Health in strengthening school health clubs and LSE supportive supervision.

- **Ministry of Interior Security:** There was collaboration with law enforcers (police and chiefs), the Children department and county governments in fighting early marriages and female genital mutilations.
- **NASCOP:** Partnered with NASCOP to train Sister to Sister facilitators and on implementation of FSW program
- **County Governments:** Partnered with Nakuru County Government in delivering of VMMC to young men during the school holidays
-

X. PROGRESS ON USAID FORWARD

There were no activities implemented during the quarter under review.

XI. SUSTAINABILITY AND EXIT STRATEGY

During the reporting period, the project supported formation of additional eleven new SILC bringing the total number of groups to 727. The project continued to emphasize linking OVC HHs to SILC as a means to help the moderately vulnerable HHs develop their social and economic assets for sustainability. During this reporting period, the project continued to facilitate mentorship to farmer groups on organic farming. Over the previous periods, the project worked closely with the department of children services to link 1,832 HHs to Cash Transfer program thus enhanced safety nets for the households that will go beyond the life of the project.

Under the Key Population intervention, the program initiated transition meetings and activities with the MOH and partners in Narok, Laikipia and Nakuru counties. The aim of the meetings was to explore how the partners i.e. MoH and KNOTE would ensure the FSW continue to access health services from established public facilities and the DICs in the different hotspots. The activities included building Institution's capacity to take over program activities by making sure there are TWGs for HIV issues in the institutions with HIV policy.

XII. GLOBAL DEVELOPMENT ALLIANCE

Not applicable.

XIII. SUBSEQUENT QUARTER'S (JAN-MAR 2015) WORK PLAN

Planned Activities for the Reporting Quarter (Oct-Dec 2014)	Actual Status for Reporting Quarter	Explanations for Deviation	Planned Activities for Subsequent Quarter (Jan - Mar 2015)
Program Management			
USAID SIMS visit in Baringo County/project performance review	Done		
County quarterly review meeting – 5 Counties. As well as LIP performance Review	Done		County quarterly review meeting – 5 Counties. As well as LIP performance Review
Develop and submit year 5 annual project work plan and budget	Done		Prepare for end term evaluation, provide all necessary information to IBTC
Monitoring and Evaluation			
Conduct monthly data quality checks at 40 high volume sites	M&E checklists administered in 86 facilities	Competing activities/task (SIMS, EMR.)	Conduct monthly data quality checks using the standard data quality checklist/SIMS to 50 facilities.
Conduct monthly data reviews and use gaps to provide mentorship to IP staff and CHV	10 data review meetings held		Facilitate MOH staff to conduct monthly mentorship.
Conduct monthly data reviews and use gaps to provide mentorship to IP staff and CHV			
Continue mentorship for service providers and LIP staff in recording, reporting and use of data	Mentorship on recording and reporting was provided to 413 HCW and		Provide mentorship to service providers and LIP staff in recording, reporting and use of data.

Planned Activities for the Reporting Quarter (Oct-Dec 2014)	Actual Status for Reporting Quarter	Explanations for Deviation	Planned Activities for Subsequent Quarter (Jan - Mar 2015)
	958 CHV trained on new F1A & F1B		
Conduct monthly data review of DHIS and MOH 731 data for all sites and ensure consistency	Visited 158 facilities for support and mentorship, Done for the quarter		Conduct monthly gap analysis at sub county level with emphasis on identifying gaps in MOH 731 and DHIS2 data and develop action plans
Support 50 sites to complete entry of legacy data and use of EMR as POC			
	10 facilities already using EMR as point of care	Data entry not complete in some facilities/ because of EMR training.	Promote use of EMR as a point of care system and for monthly reporting in 23 facilities
Mentorship of EMR users and training on data use	45 staff mentored on EMR and 55 trained on data use		Provide mentorship to 55 EMR sites and training to provide training to Health care providers.
Conduct DQA EMR sites that have completed entry and support use of system as POC	EMR DQA conducted in six (6) facilities. Data entry ongoing in 32 facilities.		Conduct
EMR DQA in 20 facilities that have completed data entry and support 20 facilities to use EMR as point of care.			
Roll-out facility PRP to high volume sites.	Not done	Due to competing priorities, however PRP for sub-counties continued	Provide performance based reimbursement/recognition for HRIO and facilities to ensure facility reports are complete and submitted on time
Monitor availability of tools and support MOH in distribution and dissemination to facilities and implementing partners	19, 503 assorted HMIS tools		
219 Form 1A and 185 Form 1B were distributed across the five counties to ensure availability of tools		Monitoring the availability of tools and support MOH in distribution and dissemination to facilities and implementing partners	
Conduct DQA at IP level using a standard tool	DQA conducted to 15 LIPs		Conduct DQA at IP level using a standard tool
Promote data use for decision making at facility, county and community level (Follow up on trainees in Kajiado, Narok and Nakuru county)	Partially done 3 CMEs on data use done in Kabarnet DH, Bahati DH and Narok county referral hospital	Competing activities (SIMS, Baseline data, Staff leave, EMR.)	Hold quarterly progress review meetings community and facility level to discuss data and use and inform TA support. Follow up of trainees and 20 CMEs in high volume sites
Improved skills in data recording, reporting and use for decision making	-DHRIOs were supported in use of DHIS2.		Improved skills in data recording, reporting and use for decision making
			Build the capacity of existing M&E TWG at county and IP level in data analysis and use
Follow up SIMS findings and action plans to address identified gaps	Done in two three facilities. (Nakuru PGH, Marigat DH and Kabarnet DH)		Follow up SIMS findings and action plans to address identified gaps
Health Communications			
MARPS/KP			
<ul style="list-style-type: none"> Training of Sister-to-Sister facilitators for Nakuru and Laikipia Counties. 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 	<p>S2S training not done</p> <p>Sister –to-Sister outreaches conducted in Narok</p> <p>Done</p> <p>Done</p>	<ul style="list-style-type: none"> To use existing trained S2S facilitators 	<ul style="list-style-type: none"> Planning meeting with S2S facilitators Service delivery through DICs in Nakuru County Handover Naivasha site to a local Implementing partner.

Planned Activities for the Reporting Quarter (Oct-Dec 2014)	Actual Status for Reporting Quarter	Explanations for Deviation	Planned Activities for Subsequent Quarter (Jan - Mar 2015)
<ul style="list-style-type: none"> Integrated service delivery outreach for MSM in Nakuru 	Done		
Youth program Continued peer education among young women 15-24 years using the sister to sister EBIs	Sessions conducted in selected institutions in the four counties.		Conduct S2S sessions
Progress review monthly meetings with Sister to sister facilitators across the four Counties	Data collected and reviewed by supervisions before entry and reporting from all the sister to sister facilitators		Progress review monthly meetings
Supportive supervision to facilitators implementing Sister to Sister EBI	Done		Supportive supervision to facilitators implementing Sister to Sister EBI
Strengthen quality assurance on data collection and reporting	On-going		Strengthen quality assurance on data collection and reporting
Documentation of lessons learnt from the LSE program	On going		Documentation of successes across HC program
Strengthening BCC Induct Baringo and Narok BCC committees on the BCC implementation standards for use in the monitoring of county level BCC activities	Done in Narok		
OVC/ Social Determinants of Health			
Provide on-site training for attendants of the 30 greenhouses on organic farming technology	Done		Facilitate support supervision and mentorship on record keeping to 30 greenhouses
Monitor implementation of value chains activities in Nakuru county	Done		Monitor implementation of value chains activities in Nakuru county
Continue monitoring market linkages for farmer groups across six counties	Done		Continue monitoring market linkages for farmer groups across six counties
Mentor LIP Project Coordinators and M&E Officers on use of CPwP MIS	Done		Support LIPs to register all PLHIV receiving CPwP messages in CPwP MIS
Support 18 LIPs to conduct organizational capacity assessment	Not done	Deferred to March 2015	Support 18 LIPs to conduct organizational self-assessment
Conduct one QI learning session in collaboration with URC	Not done	Limited resources	
Provide mentorship to 40 QITs in six counties	Done to 20 teams		Provide mentorship to 20 QITs in six counties
Monitor LIFE POA activities in Kajiado and Nakuru counties	Done		
Conduct HTC for 4,000 OVC with unknown HIV status (out of 12,007)	Done for 2645 OVC	Full data was not entered in OLMIS	Conduct HTC for 50% of OVC with unknown HIV status
Transition 60 SILC FAs into Private Service Providers			
Conduct follow on HHVA	Not done	Deferred to next quarter	Transition 30 SILC FAs into Private Service Providers
Conduct follow on HHVA			
Train 25 support group members on CPwP (selected from all counties except Nandi).	Not done	Planned for March 2014	Train 25 support group members on CPwP (selected from all counties except Nandi).
Facilitate M&E TWG meetings in all six counties	Done in Baringo, Kajiado and Nakuru		Facilitate M&E TWG meetings in all six counties
Hold meetings with LIPs to discuss project transition process	Done		Hold meetings with LIPs to discuss project transition process
Initiate gradual disengagement of TA to LIPs	Not done	Awaiting capacity assessment	
Participate in Review of National PSS Guideline	Done		Support dissemination of National PSS Guideline

Planned Activities for the Reporting Quarter (Oct-Dec 2014)	Actual Status for Reporting Quarter	Explanations for Deviation	Planned Activities for Subsequent Quarter (Jan - Mar 2015)
Clinical Services			
Sensitize 15 sub-county Health Management Teams on TQAs.	Done		Review JWPs in all the five Counties
Conduct joint TQAs in 30 ART sites with sub-county teams	Done in 4 sites	Competing priorities with the County teams, rescheduled to next quarter	Conduct joint TQAs in 12 ART sites with sub-county teams
Sensitize all supported ART sites on the new ART guidelines.	Done		Intensive Clinical mentorship in Nakuru County and priority ART facilities in the other four counties Provide mentorship for implement the revised ART guidelines
Conduct TB/HIV collaboration CMEs in 30 more ART sites	Done in 22 HFs	Competing priorities in some of the Counties	Conduct TB/HIV collaboration/Genexpert CMEs in 15 more ART sites
Strengthen follow up of all suspected treatment failure clients; Feedback to the health facilities, CMEs on treatment failure	Ongoing		Conduct analysis of all suspected and confirmed cases of treatment failure, provide feedback to the facilities for appropriate management
Continue Clinical mentorship in all the 113 ART facilities	On going		Facilitate County TWGs on eMTCT and Commodity security
Roll out KQMH in HVS in Kajiado, Laikipia and Nakuru (25 sites)	Not done	Trainings for Kajiado, Laikipia Counties and Naivasha/Gilgil Sub-counties pending	Sensitize Naivasha/Gilgil Sub-county HMTs on QI
Support training of 60 HCWs in Kajiado & Laikipia on QI	Not done	Trainings Pending	Support training of 60 HCWs in Kajiado & Laikipia on QI
Support formation of 15 Quality improvement teams(QITs) in 25 health facilities in Kajiado, Nakuru and Laikipia	Not done	Trainings not done	Review performance of all the 15 QITs established last year and provide necessary feedback
Scale up online commodity reporting	On going		Scale up BeMONC in two priority Counties (Narok & Baringo)
Implementation of the action plan to address gaps identified	ongoing		Provide support for timely, online reporting of commodities

XIV. FINANCIAL INFORMATION

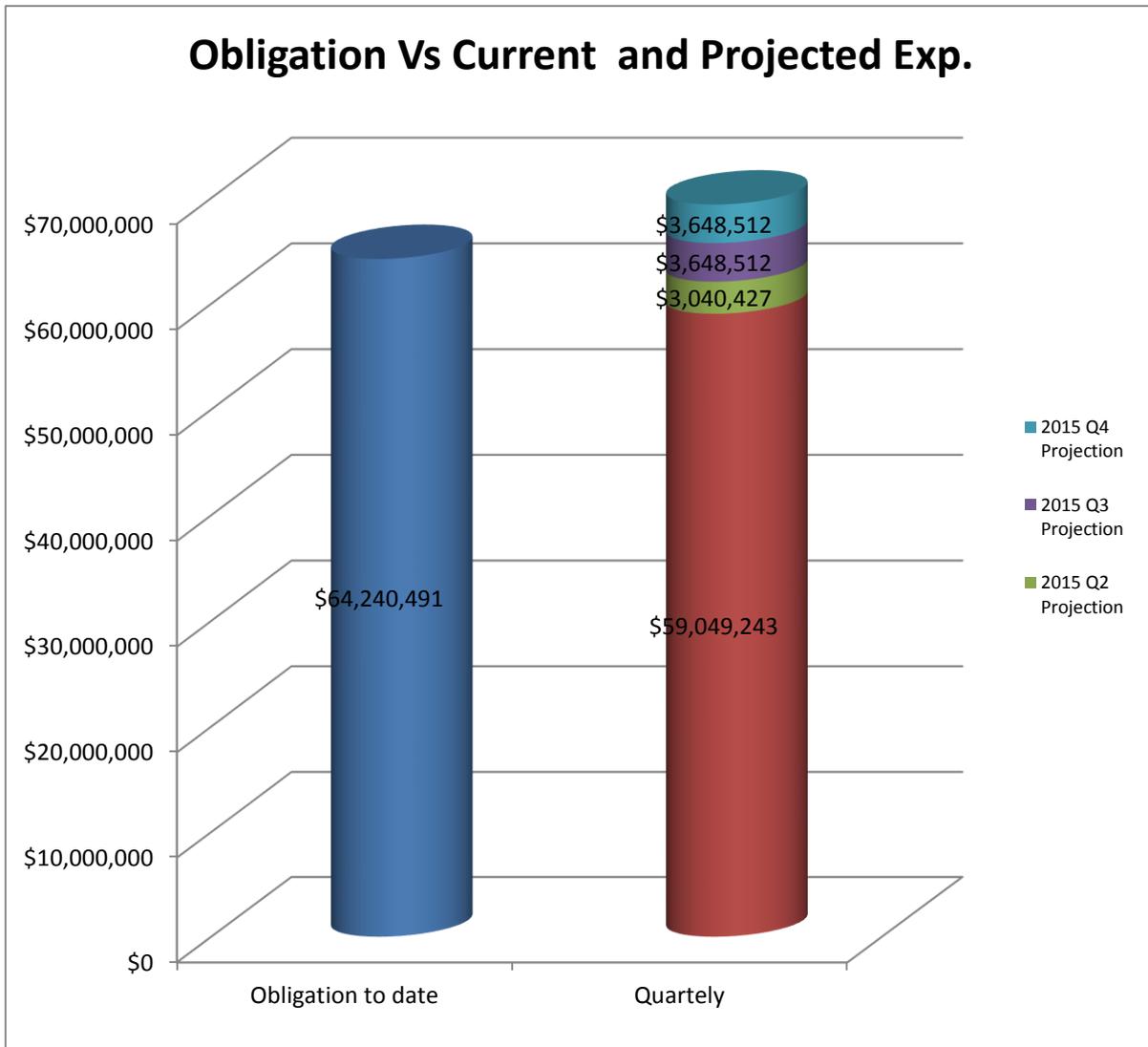


Figure 10: Obligations vs. Current and Projected Expenditures

Table 4: Budget details
T.E.C: \$ 70,980,677
Cum Oblig: \$\$64,240,491
Cum Expenditure: \$ 59,049,243

Obligation	2011-2015 Q1 Actual Expenditures	2nd Quarter- 2015 Projected Expenditures	3rd Quarter- 2015 Projected Expenditures	4th Quarter- 2015 Projected Expenditures
\$ 64,240,491.00	59,049,243	3,040,427	3,648,512	3,648,512
Salary and Wages	9,456,006	632,975	759,570	759,570
Fringe Benefits	2,468,746	178,729	214,475	214,475
Travel, Transport, Per Diem	1,081,005	37,488	44,986	44,986
Equipment and Supplies	536,539	30,730	36,876	36,876
Subcontracts	0		0	0
Allowances	0		0	0
Participant Training	0	0	0	0
Construction	0	0	0	0
Other Direct Costs	10,002,432	591,719	710,063	710,063
Sub-grants	26,609,560	951,466	1,141,759	1,141,759
Overhead	0		0	0
G&A	8,894,955	617,319	740,783	740,783
Material Overhead				
Total	59,049,243	3,040,427	3,648,512	3,648,512

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 will lapse in March 2015 and will be modified through to extend the period.
Overhead	
G&A	Calculated as per Award conditions.
Material Overhead	

XV. ACTIVITY ADMINISTRATION

Constraints and Critical Issues

A stock out of MOH 711A and DAR were reported across all the counties this quarter leading to low reporting rates in several sub counties. The project is working is providing photocopies to bridge the gaps while working with the county government for a long term solution.

The USG EMR partners reduced their support for hardware e.g. computers to support deployment of EMR in some high volume facilities. Despite making efforts to support facilities to enter legacy data in the EMR, the systems still need some updating to enable generating of accurate national summary reports.

Massive transfer of staff mainly in Nakuru, Narok, Laikipia and Kajiado counties in the month of November affecting recording of services because the newly deployed staff do not understand how to use MOH711A and 731. The project is addressing this through on-job trainings and mentorship specifically for counties like Narok where staff from EMR implementing sites have been transferred to sites not implementing EMR.

XVI. INFORMATION FOR ANNUAL REPORTS ONLY

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)	\$2,537,645.00	1/1/2011	03/31/2015	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)	\$1,441,969.00	1/1/2011	9/30/2015	N		Nakuru	-0.701929	36.43369					
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	Kenya Council of Imams and Ulamaa (KCIU)	\$572,513.00	1/1/2011	03/31/2015	N		Baringo, Nakuru	-0.292487	36.05626					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social	OVC Care and Support, addressing other social	FHI360	Deliverance Church, Nakuru	\$359,121.00	1/1/2011	03/31/2015	N		Nakuru	-0.273177	36.11380					

	determinants of health	determinants of health															
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)	\$381,791.00	4/16/2012	03/31/2015	N		Baringo Kajiado Laikipia Nakuru Narok	-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)	\$655,110.00	3/1/2012	9/30/2015	N		Baringo 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	\$382,296.00	1/1/2011	03/31/2015	N		Laikipia Nakuru Narok	-0.369713,	35.93585					
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	LIFA CBO	\$393,911.00	1/1/2011	9/30/2015	N		Laikipia	0.015246	37.07355					
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	\$649,800.00	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)	\$464,029	1/1/2011	03/31/2015	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)	\$413,935.00	1/1/2012	03/31/2015	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	\$866,902.00	1/1/2011	09/30/2015	N		Kajiado Narok	-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	\$484,999.00	1/1/2011	03/31/2015	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)	\$502,646.00	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)	\$422,900.00	1/1/2011	03/31/2015	N		Baringo/Nandi	0.201934	35.08451					

APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinan ts of health	OVC Care and Support, addressing other social determinan ts of health	FHI360	Christian Community Services (CCS)	\$766,087.00	1/1/2011	03/31/2015	N		Baringo	0.491536	35.75472					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinan ts of health	OVC Care and Support, addressing other social determinan ts of health	FHI360	ENOCOW (Enaitoti Naretu Olmaa Coalition for Women)	\$431,141.00	1/1/2011	03/31/2015	N		Narok	-1.09078	35.87255					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinan ts of health	OVC Care and Support, addressing other social determinan ts of health	FHI360	NADINEF (Narok District Network Forum)	\$983,622.00	1/1/2011	09/30/2015	N		Narok	-1.09078	35.87255					

XVIII. SUCCESS STORIES & PREP SHEETS

Narok County: Bright future as orphan returns to school, regains confidence

John Lenkoko koonyo, a 14-year-old orphan, is in his final year of primary school in Ntuka location of Narok County. He hopes to join high school next year.



It has not been smooth sailing for John. His parents died when he and his two siblings were very young.

His elder brother, now aged 20, became head of their household. He dropped out of school to herd the few cattle their parents left behind and get son got married. Almost all girls and many of the boys drop out of school to get married, become morans or work to earn money on farms in Narrosura irrigation scheme, not far from his home.

In 2011, community volunteers enrolled John and his 12-year-old sister into APHIAplus Nuru ya Bonde's support program for orphans and vulnerable children. The project provided much needed support by helping John's brother meet the younger children's school needs including uniform, books and shoes. They also got regular counselling.

But things took a turn for the worse when severe killed almost all the family's few cattle. "My brother couldn't afford to care for us," says John. "We would have one meal a day and walked long distance in search of water and pasture."

John quit school and looked for a job herding other people's livestock. Fortunately with John, APHIAplus Nuru ya Bonde community workers intervened and enrolled back to Class 7. He scored 278 marks in the end-year exam and was promoted to Class 8.

His brother and wife, Kisinyinye, have also benefitted from the project. Kisinyine was introduced to a community savings scheme from which she borrowed money to start a growing business selling potatoes and rice. With her earnings from the business, she helps her husband buy food and clothes and meet medical bills. John is confident of a bright future. He says: "After the counseling we have received from Moiparro (a community volunteer and local chief), we are able to go through challenges. As a family, we have gained confidence."

Kajiado County: Caregiver embraces agribusiness

Joseph Ngugi 44 years old is married and has six (6) OVC, five are his own; the first born is 21 years, second born 19 years, third born 17years, fourth born 15 years and last born is 13 years. The sixth child aged 15 years in form two at Enoo Matasia Secondary is a daughter to his ailing brother 42 years who is HIV positive and on medication. His brother Samuel lost his wife 2 years ago due to HIV and left him with a daughter to take care of. Samuel's health condition has been unstable since his wife died; Joseph took up the responsibility of taking care of Samuel and his daughter's upkeep including school fees payment. The family resides at Kahara area in Kiserian,

Kajiado North County. The need to feed the large family and to take care of his ailing brother made Joseph and his wife to venture into kitchen gardening as a source of food for the family as well as selling for an extra income.

Through Community Health Volunteer, the APHIA plus project under Beacon of Hope recruited the OVC and the household. The family has received different services from the project thereafter, including post primary school payment for Samuel’s daughter, NHIF cover for Samuel and his daughter, caregivers post-harvest training (Value addition) , birth certificate for the OVC, shoes, sanitary pads and psychosocial support during Kiserian support meetings and monthly monitoring. During the post-harvest training held in Kiserian supported by APHIA plus project in November 2013, Joseph gained skills on how to start a greenhouse project as well as adding value to agricultural products for improved and diversified markets. He is making tomato jam and yoghurt for sale and household consumption.

Furthermore, Joseph is growing a variety of indigenous vegetables black-night shade, spinach, kales, tomatoes and onions in the green house. From the farm sales, and a loan acquired from her wife’s women groups savings, he was able to improve his farming techniques by constructing a low cost greenhouse. Purchasing poles and sticks from construction sites, a second hand plastic covering from flowering farms in Naivasha and using locally available materials helped him construct a greenhouse where he practices his farming.

The farm has been the main source of income for the family’s wellbeing. Joseph sells the products to local customers, schools and churches. His main client is Naivas supermarket Ngong branch. He makes an average earning of Ksh 20,000 per month from the greenhouse sales. Moreover, Joseph has ventured into dairy farming for milk and manure for his farming.

Samuel’s health has improved due to good nutrition, adherence to drugs and attending Riverside support group meeting regularly. This has helped him disclose his status to his brother and the wife, to the support group members and he is working on when to disclose to his daughter. Samuel is now healthy and productive; he actively helps his brother in the farm activities.



Joseph and Samuel attending to the crops in the greenhouse

“The skills and knowledge gained from the project trainings has enabled me to meet my family’s daily needs and clear part of school fees arrears for my children and my niece, ”. Joseph says as he prunes the flourishing tomato plant. “My life and that of my family has never been the same again, thanks to APHIA plus and BOH for the training, we hope to have more trainings in the future” he remarked as he bid us goodbye.

Baringo County: Young tailor determined to uplift her family

Maureen Auma dropped out of primary school in Class 7 aged 14 years after her father died of HIV-related illness in 2008. Her father had been a plantation worker. His long illness drained the little he had saved from his wages as a labourer on a sisal plantation in Mogotio, Baringo County. Their unemployed mother could not afford to keep Maureen in school and also care for her younger siblings, a sister and four brothers.

In the year 2009, APHIAplus Nuru ya Bonde program recruited Maureen and the younger children for orphans and vulnerable children (OVC) support. The project, through its local partner Catholic Diocese of Nakuru (CDN) Mogotio Drop in Center, - now working under Women fighting AIDS in Kenya (WOFAK) enrolled Maureen for vocational training. Then project also provided the family with blankets and mattresses that the children shared. Each of them also TOM shoes.

Community volunteers visited the home at least once a month to ensure the children were going to school and to counsel them.



Maureen at her tailoring shop

Four years later, in 2011, Maureen completed her tailoring and dress making course. CDN linked her to a scheme that supports start-ups. Maureen got a start-up kit that included a sewing machine to enable her set up a tailoring business.

Today Maureen is a popular tailor and the business is doing well. The young woman is able support her mother care for the young children. She helps meet their basic needs, including buying them clothes.

As her business grows, she hopes to ensure her sister and brothers get a good education. Through CDN- Mogotio and other partners, APHIAplus Nuru ya Bonde has supported 12 OVC (8 males and 2 females) of young men and women from families affected by HIV to get vocational training and start their own businesses since 2008 in Baringo County.

XIX. Annexes and Attachments

Annex I: Schedule of Future Events

DATE	LOCATION	ACTIVITY
7 th May	<i>Baringo, Kajiado, Laikipia, Nakuru, Narok</i>	<i>World AIDS Orphan Day</i>
16 th June	<i>Baringo, Kajiado, Laikipia, Nakuru, Narok</i>	<i>Day of the African Child</i>

Annex II: Lists of Deliverable Products

None

Annex III: SIMS Update Nakuru Provincial General Hospital

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
Adult/Adolescent Treatment	ART Monitoring		70% of CD4 documentation available	Lab tech brings results during daily phlebotomy for CD4 samples at the CCC and a HRIO inserts the same in the files	CCC Nurse in-charge	On going	<ul style="list-style-type: none"> • CCC-WIT has scheduled an audit in 2nd Quarter (Jan-Mar 2015). • Breakdown of The machine and stock-outs of reagents are a contributing factor
Care & Support	Facility Linkage to Community Care and Support Services		No documentation for completed referrals	Create a template for use by the link persons	CCC-WIT	On going	<ul style="list-style-type: none"> • CCC-WIT is yet to create a template • Issue is up for discussion 2nd Quarter (Jan-Mar 2015)
Pediatric Care and Treatment	Pediatric ART Monitoring		CD4 available for only 80%	Lab tech brings results during daily phlebotomy for CD4 samples at the CCC and a HRIO inserts the same in the files	CCC Nurse in-charge	Ongoing	<ul style="list-style-type: none"> • CCC-WIT to sensitize staff on ensuring tests are requested as required • Breakdown of The machine and stock-outs of reagents are a contributing factor

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
	Pediatric TB screening		20% ICF card utilization	Sensitization by clinical mentors ongoing	CCC Doctor in-charge	Ongoing	<ul style="list-style-type: none"> • CCC-WIT to do periodic audits of files to ensure this is happening. DTLC to do periodic supervision on this. • Slow pick up
	Routine HIV Testing for children		Documentation done in the HTC register	Ensure all children are tested	CCC Doctor in-charge	In plan	<ul style="list-style-type: none"> • CCC-WIT to do periodic audits of files to ensure this is happening • HIV testing being done in the pediatric wards
	Pediatric Facility Referral to Community Care and Support services		Incomplete documentation	CCC Nurse in-charge to work with link desk persons to ensure complete documentation	CCC Nurse in-charge	Ongoing	<ul style="list-style-type: none"> • CCC-WIT is yet to create a template • Issue is up for discussion this quarter
PMTCT	ART in PMTCT Sites		70% of patients have documented receipt of ARVS	JWP supporting 40-60 clients to get baselines each quarter	CCC Doctor in-charge/APHIAplus technical staff	Ongoing	Cost of baseline investigations a hindrances to starting ART. JWP support facilitating tests for some of those unable to afford them.

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
	Early Infant Diagnosis		70% had documentation of DNA PCR test by 8 weeks*	Sensitize HCWs on ensuring that Results are documented in the HEI Card	MCH-CO in-charge	In plan	CCC-WIT to do periodic audits of files to ensure this is happening.
	Enrollment of HIV-infected Infants into ART Services		80% of infants enrolled in ART	-Conduct mentorship on enrollment of HIV positive children using revised guidelines -Fast track treatment preparation sessions	Clinical mentors/ CO –In charge Pediatric CCC	Ongoing	CCC-WIT to do monthly audits of files to ensure this is happening.
	Supply Chain Reliability (Adult ARVs)		No stocks have been experienced	Working with the county and hospital pharmacists to ensure no ARV stock-outs	County and hospital pharmacist and project pharmacy TO	done	Continuous monitoring of drug situation is happening with re-distribution taking place as needed
Food and nutrition	Adult Care and Treatment - Nutrition		40% documentation of nutritional categorization e.g., BMI	Sensitization of HCWs to ensure this gets done - CME on the same conducted by hospital nutritionist	CCC Doctor in-charge and hospital nutritionist	Ongoing	CCC-WIT to do monthly audits of files to ensure this is happening.

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
				-Provision of BMI wheels			
	Pediatric Growth Monitoring		30% documentation of nutritional categorization e.g., BMI	Sensitization of HCWs to ensure this gets done - CME on the same conducted by hospital nutritionist	CCC Doctor in-charge and hospital nutritionist	Ongoing	CCC-WIT to do monthly audits of files to ensure this is happening.
HTC	Supply Chain Reliability (Rapid Test Kits)		Stock outs of RTKs still being experienced	Working with the county and hospital pharmacists and NASCOP to ensure continuous supply of RTKs	County and hospital pharmacist and project pharmacy TO	Ongoing	<ul style="list-style-type: none"> • Continuous monitoring of RTK situation in place with rapid feedback to NASCOP and KEMSA to prevent stock outs • Streamlining of the pull system by NASCOP is underway
TB/HIV	TB Screening for Adults and Adolescents		20% ICF card utilization	Sensitization on the use of ICF by the HCWs has been conducted by facility clinical mentors	CCC Doctor in-charge	Ongoing	<ul style="list-style-type: none"> • CCC-WIT to do periodic audits of files to ensure this is happening. DTLC to do periodic supervision on this.

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
							<ul style="list-style-type: none"> • Slow pick up
	Facility Linkage to Community Care and Support		Incomplete documentation for referrals	CCC Nurse in-charge to work with link desk persons to ensure complete documentation	CCC Nurse in-charge	Ongoing	<ul style="list-style-type: none"> • CCC-WIT to do periodic audits of files to ensure this is happening • CCC-WIT is yet to create a template
Family Planning/HIV integration	Family Planning/HIV Integration Service Delivery		Stock out of E-pill	Working with the county and hospital pharmacists to ensure no FP commodity stock-outs	County and hospital pharmacist and project pharmacy TO	Ongoing	Continuous monitoring of the FP commodities situation with rapid feedback to DRH and KEMSA to prevent stock outs
Prevention/condom	Condom Access and Availability at Point of Service		Dispensers empty. Condoms are available in counseling area, link desk, pharmacy and clinicians rooms		CCC Nurse in-charge	Ongoing	PGH does not use the dispensers for condom distribution. This is to reduce wastage (children can easily access & play with them) and to maintain proper documentation of use. However condoms are

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
							available at all points of service
Site Management - Finance and Planning	HRH Staffing		(No comment)	-	-	-	-
Site Management - Performance Management	Staff Performance Assessment		In the process of finalizing JDs	-	-	-	-
Site Management - Policy and Practice	Stigma and Discrimination		policy for use within the facility is available in a booklet	To support print of the policy for display	CCC-WIT	Immediate	CCC-WIT to ensure it is displayed
Site Management - Monitoring and Reporting	Patient /Beneficiary Records		Space inadequate	Proposal to source for a container for CCC data storage	Project COP and Medical Supt to work on modalities for sourcing funds for this	Ongoing	
	DQA		Lack of SOPs for DQA	Create SOPs for DQA	CCC-WIT/project M&E TO	Immediate	<ul style="list-style-type: none"> • CCC-WIT is taking the lead in developing SOPs for future DQA • Creation is underway

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
Challenges	No HTC in the under 5 clinic in MCH			A PITC counsellor deployed to support HTC there		Ongoing	

Annex IV: SIMS Update Kabarnet County Hospital Baringo County

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
Adult/Adolescent Treatment	Patient Tracking (ART patients)		Results not used to calculate LTFU rates	WIT in the process of developing workable system	CCC Nurse in-charge/APHIAplus	On going	<ul style="list-style-type: none"> Working with ITEC Kenya to address the issue of a cohort builder in order to narrow the defaulter list to current using the EMR system
	PHDP		40% clients in Marigat provided	Routine PWP services been documented	RCO in charge	immediately	<ul style="list-style-type: none"> Documentation of services offered has improved
Care & Support	Facility Linkage to Community Care and Support Services		No system in place –Verbal communication done	National SOP provided, provided community-facility referral booklets to the link desk person documented	CCC-WIT	done	<ul style="list-style-type: none"> Strengthen the use of referral at both levels

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
				referral from bottom –up to up – bottom available at Kabarnet and Marigat			
	Co-trimoxazole		Some patients not given	Strengthened documentation	CCC-WIT	Ongoing	<ul style="list-style-type: none"> Same affecting the summary report 731 in care visits and patients on CTX .Once updated the numbers change
	<p>Routine HIV testing for children</p> <p>Adolescent Support services</p> <p>Pediatric facility referral to</p>		Only 31% of children are tested	<p>HTC deployed to the pediatric ward on rotational basis, HTC introduced to the pediatric ward with a target of reaching all the children</p> <p>Identification and Rescheduling of adolescent clients ongoing to build</p>	<p>SCASCO,HTC Team leader</p> <p>WIT</p> <p>CCC Nurse In-charge</p>	<p>Ongoing</p> <p>Ongoing</p>	<ul style="list-style-type: none"> 90% of the children reached First meeting expected during

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
	community care and support		No established adolescent support services None	up a reasonable number in both facilities National SOP provided, provided community-facility referral booklets to the link desk person documented referral from bottom –up to up – bottom available		Ongoing	the April Holidays <ul style="list-style-type: none"> Strengthen the use of referral at both levels
	Pediatric ART Monitoring		60% of children had CD4/VL done	Scale up monitoring with the availability of PIMA/PARTEC	Lab in charge	Ongoing	<ul style="list-style-type: none"> Mentorship on utilization of results and filing ongoing
PMCT	Tracking of mothers and infants for PMCT		LTFU rates not calculated	Mentorship to address the gap ,HEI defaulter tracing tool provided and referral booklets availed	MCH-NO in-charge	Ongoing	Calculation of defaulter now possible course mentor mothers have at hand monthly defaulters' numbers and the attendance.
	Early infant diagnosis		70% documentation of linkage	Currently , MCH PMCT services are fully integrated improving patient ,documentation,	MCH/NO in charge	Ongoing	

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
				tracking and monitoring			
	Enrolment of HIV-infected infants into ART services		50% only out of the 2 positive HIV HEI infants only one was successfully enrolled in Marigat	2 nd HEI has been traced and started on ART treatment	RCO I/C /MCH I/C	Ongoing	There are similar efforts ongoing to trace similar Positive identified in the subsequent months in Marigat and & Kabarnet
Food and nutrition	Adult Care and Treatment - Nutrition		50% had no evidence of follow up and linkage of categorized clients requiring nutritional support Kabarnet and Marigat	Nutrition follow up tool introduced to the facility to track SAM,MAM interventions	CCC nutritionist/Hospital nutritionist	Ongoing	Do follow up during monthly data use and data management forums(WITS)
	Pediatric Growth Monitoring		No evidence of follow up for clients requiring nutritional support in Marigat and Kabarnet	Nutrition follow up tool introduced to the facility to track SAM,MAM interventions	CCC nutritionist/Hospital nutritionist	Ongoing	Do follow up during monthly data use and data management forums(WITS)
HTC			Two HTC counselors not	416 more HCWs proposed for enrolment in to the	CMLT		Awaiting the NHRL response in round 14

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
	Site level HIV proficiency testing		enrolled into PT program	PT panel round 14 due in Feb 2015 including the HTC counselors across board			having proposed expansion
	HTC safety Measures		Waste segregation in temporal bins	Project Provided waste bins to the various departments	APHIAplus	Done	
TB/HIV	TB infection control		Waiting area not well ventilated	Status quo remains	SCTLC/Med sup	Not done	<ul style="list-style-type: none"> Awaiting the evacuation of KMTC library to their own premises
	Facility Linkage to Community Care and Support		Effective referrals not done	TB clinician and CCC staff to work with link desk persons to strengthen effective referral documentation	SCTLC	Ongoing	<ul style="list-style-type: none"> Review progress monthly during review meetings
	Isoniazid preventive therapy		Drugs available but service yet to start in Marigat	Not yet	RCO in charge CCC	ongoing	<ul style="list-style-type: none"> Due to holidays services were disrupted due to be implemented coming quarter

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
STI	STI screening		Only 60% screened for STI	Strengthened the documentation challenges at the site level	CCC staff	On going	•
	STI management and treatment		Service integrated difficult to track				• No comment
Gender	Post violence care		No staff trained	CME conducted to address the gaps	RCO in charge	Ongoing	• One more CMEs earmarked for the facility this quarter
Lab	Quality management		No evidence of staff being trained in inventory management	Quality policy developed ,laminated and filed Kabarnet Training file opened and available staff records filed in Kabarnet	Lab I/C	Ongoing	• Link to the national mechanism for management training; CME on inventory management earmarked to enhance capacity awaiting didactic training
	Lab biosafety		No documentation on training provided		QIT chairman		Work hand with the QIT to open up a file for staff development and training

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
	Testing interruptions		Stock outs of hematology reagents -10 days	County government intervened and procured the reagents		Ongoing	
	Quality Testing monitoring		No evidence on corrective action taken on QC	QC logs initiated for CD4, AFB ,chemistry and hematology tests for available tests	Lab In charge	Ongoing	
	Test SOPs		SOPs not updated	15 SOPs updated developed & signed and 12 are in the process of being developed ones pending	Lab In-charge /CMLT	Done	<ul style="list-style-type: none"> Staffs sensitized on gene x-Pert testing through the national mechanism
Point of care testing	Procedures and policies		POCT lacked algorithm for test provided	PIMA CD4 SOP developed and laminated for Marigat	SCMLT		<ul style="list-style-type: none">
	Quality assurance		Not enrolled into EQA program	Plans are underway to enroll the lab for CD4 EQA	SCMLT	Ongoing	<ul style="list-style-type: none">

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
Blood safety, waste management & injection safety	Access to safe blood		No electronic management system	No information system installed in the lab			<ul style="list-style-type: none"> No comment
	Waste management		Lack of temporary storage at the incinerator	Meeting held with the management to deliberate how to free up the space currently been used as an office	Med sup/Nursing officer in charge/Lab in charge		<ul style="list-style-type: none">
Family Planning/HIV integration	Systems for family planning /HIV integration		Quality assurance activities not conducted	Conducted client exit interviews to determine the level of client satisfaction of their services	NO in charge	Ongoing	<ul style="list-style-type: none"> Awaiting exit analysis report to be shared in this quarter.
Site Management - Finance and Planning	HRH Staffing		(No comment)	-	-	-	-
Site Management - Performance Management	Staff Performance Assessment		In the process of finalizing JDs	Appraisal currently ongoing	County government	-	<ul style="list-style-type: none"> strengthen the filing system for posterity purposes

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
Site Management - Policy and Practice	Stigma and Discrimination		No comment made	Supported the facility with sample work place HIV policy document for review and possible adoption	CCC-WIT	Feb 2015	<ul style="list-style-type: none"> • CCC-WIT to ensure it is displayed
Site Management – QI/QM	Assessment and utilization of performance data in QI activities		No external stakeholders in the QI team	Proposal to source for a container for CCC data storage	Project COP and Medical Supt to work on modalities for sourcing funds for this	Ongoing	<ul style="list-style-type: none"> • Consultations on going to see how to incorporate the external stake holders
Monitoring and Reporting	DQA		No written SOPs for DQA	SOPs developed for DQA and RDQA	CCC-WIT/project M&E TO	ongoing	<ul style="list-style-type: none"> • CCC-WIT scrutinizing the document for adoption

Annex V: SIMS Update for OVC - Baringo County

Component: Community SIMS at CCS Baringo Office

Initial Date: 21.11.2014 Updated as at December 31st 2014

NB: Some actions will be replicated across project sites and not just Baringo alone.

Domain/Element	SIMS Finding	Feedback and recommendation from USAID <i>(Note: Italicized statements are our emphasis)</i>	Remedial Action by project	Timelines
Food and nutrition (pediatric Growth Monitoring)	Needs Improvement	<p>Nutrition assessment categorization missing</p> <p><i>The project conducts MUAC assessment and data is available in file and OLMIS. However, there is no further documentation on use of the assessment findings and referrals made for the malnourished cases. In addition, there is no documentation on management plans for the malnourished cases.</i></p>	<ol style="list-style-type: none"> Facilitate MOH staff to conduct half day refresher session for CHVs (during monthly meetings) on pediatric Growth Monitoring at HH level. Conduct nutrition assessments for children. Support LIPs to develop and document care plans for malnourished OVC for follow up. 	<p>December 2014 (Done)</p> <p>Continuous</p> <p>Continuous</p>
Case management (identification and transitioning of OVC)	Exceeds/Meets Expectation	<p>Though engaged in succession planning there is no written SOP</p> <p><i>The team noted that the project has very good filing system for OVC documents. Both staff and CHVs signed the child protection code of conduct and follows confidentiality protocol. The staffs were very articulate on the transition guidance and how they manage the process.</i></p> <p><i>The team appreciated use of OLMIS and how the staff made reference to the system as source of data for decision making.</i></p>	<ol style="list-style-type: none"> Develop SOP to support succession planning for OVC families. 	<p>January 2015</p>
Education services	Exceeds Expectations	<p>Done well in terms of prioritization of needs and linkages for education support</p>		

Economic strengthening services	Meets Expectations	<i>The team liked the reference to HHVA report in targeting HHs for SILC; use of specialized expertise in HES interventions.</i>	5. Increase number of OVC HHs participating in SILC by 10%.	March 2015
Referral system	Needs Urgent Remediation	There is no system in place to track referrals for children and caregivers at risk. <i>There is need for an effective referral system with proper documentation including agreements with service providers.</i>	6. Source and provide MOH 711 Referral tool (booklet) to all sites 7. Provide guidance to LIPs on how to develop effective referral systems with service providers.	March 2014 January 2015
Girls secondary education	Exceeds Expectation	<i>Whereas the tool sought to find out whether the project has specific interventions to promote girl child education, the discussions with staff revealed the context they operate in does not necessitate such an approach. The education transition report for Baringo County reveals that through project support, 84% of the 313 OVC who sat for 2013 KCPE and proceeded to secondary schools were girls. This implies that boys contributed a paltry 16% of those who proceeded to high school.</i>	8. Distribute re-usable sanitary towels to needy girls in Baringo, Kajiado, Laikipia, Nakuru and Narok Counties.	January 2015
Protection services	Needs Improvement	No system in place to track referrals for protection services. <i>The project has good working arrangements with DCS and the police. There is a gender desk at the police station which is manned by officers trained on SGBV by the project. What is lacking is documentation of the referrals.</i>	9. Develop SOP for delivering Psychosocial Support Services to OVC and their families.	February 2015
Preventing HIV in Girls	Meets Expectations			
Financial management	Exceeds Expectations			
Supporting Community Cadres (CHVs)	Needs Urgent Remediation	No written procedures for referrals to health or social support services	10. Same as actions 6 & 7 above	

		<i>The project has been using the MOH referral booklet but the supply has not been adequate for all CHVs. However, the CHVs usually do referrals but largely undocumented.</i>		
In-Service Training	Meets Expectations	Staff training log is available in soft copy. It is incomplete and hard copy in head office in Eldoret	11. Christian Community Services (the OVC LIP) to complete the staff training log and file copy 12. Provide guidance to all LIPs on staff training log	November 2014 (Done) December 2014 (Done)
Quality Management/Quality Improvement system	Needs Urgent Remediation	There is no QI activities in place since the only QIT was formed in September 2014.	13. Support the Marigat QIT to develop QI Action plan to guide their activities	December 2014 (Done)
Use of Data in QI Activities	Meets Expectations		14. Ensure all QITs develop and follow documented action plan 15. Continue supporting QITs in data use for decision making.	January 2015 Continuous
Monitoring and reporting (DQA, Beneficiary records, results reporting)	Exceeds Expectation	<i>The team was impressed by the filing system, DQA processes and documentation of DQA as well as records management.</i>		