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USAID KENYA AMPATHPLUS
ANNUAL PROGRESS REPORT

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USAID KENYA AMPATHPlus

FY 16 ANNUAL PROGRESS REPORT

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AMPATH	Academic Model Providing Access to Healthcare
AMRS	AMPATH Medical Records System
ANC	Ante-Natal Care
AOTR	Agreement Officer Technical Representative
APHIA	AIDS Population and Health Integrated Assistance
ART	Antiretroviral Therapy
BEmONC	Basic Emergency Obstetric and New Born Care
CD4	Cluster of Differentiation 4
CDC	Centers for Disease Control
CHMT	County Health Management Team
CRIO	County Records Information Officer
CHV	Community Health Volunteer
CME	Continuous Medical Education
CORPS	Community Own Resource Persons
CT	**C**ounseling and Testing
CTF	Community Therapeutic Feeding
CTX	Cotrimoxazole
CWC	Child Welfare Clinic
DASCO	District AIDS & STI Coordinating Officer
DBS	Dry Blood Sample
DCS	Department of Children Services
DL	Distance Learning
DLTLD	Division of Leprosy, Tuberculosis and Lung Disease
DMOH	District Medical Officer for Health
DMLT	District Medical Laboratory Technologist
DPHN	District Public Health Nurse
DRH	Division of Reproductive Health
DTC	Diagnostic Testing and Counseling
EID	Early Infant Diagnosis
EmOC	Emergency Obstetrical Care
EMTCT	Elimination of Mother-to-Child Transmission of HIV
EQA	External Quality Assurance
FANC	Focused Ante-Natal Care
FCDRR	Facility Commodity Distribution Reporting Rate
FP	Family Planning
FPI	Family Preservation Initiative
GESP	Group Empowerment Service Provider
GISE	Group Integrated Savings Enterprise
GCLP	Good Clinical Laboratory Practice
GOK	Government of Kenya
HCT	Home Based Counseling & Testing
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
IPT	Isoniazid Prophylaxis Therapy

IQC	Internal Quality Control
KEMSA	Kenya Medical and Supplies agency
KENAS	Kenya National Accreditation Services
KEPH	Kenya Essential Package for Health
KPs	Key Populations
LMIS	Logistic Management information System
LTFU	Lost To Follow Up
M&E	Monitoring and Evaluation
MNCH	Maternal Neonatal and Child Health
MDR TB	Multi Drug Resistant Tuberculosis
MUCHS	Moi University College of Health Sciences
NACC	National AIDS Control Council
NASCOP	National AIDS & STI Coordinating
NCD	Non Communicable Disease
NHIF	National Hospital Insurance Fund
OJT	On-the-Job Training
OVC	Orphans and Vulnerable Children
PAC	Post Abortion Care
PALWECO	Program for Agriculture and Livestock in Western Communities
PHCT	Perpetual Home based Counseling and Testing
PITC	Provider initiated testing and counselling
PLHA	People living with HIV/AIDS
PTB	Pulmonary tuberculosis
PwP	Prevention with Positives
PLUS	People-centered Leadership Universal access Sustainability
PMTCT	Prevention of Mother to Child transmission
RH	Reproductive Health
RSPO	Research Sponsored Projects Office
SLMTA	Strengthening Laboratory Management Towards Accreditation
TAT	Turnaround Time
TOT	Training of Trainers
USAID	United States Agency for International Development
WASH	Water Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organization

I. AMPATHPLUS EXECUTIVE SUMMARY

Qualitative Impact

In the FY 16, the program managed to achieve and surpass its COP targets for HIV testing and yield in all Counties of catchment. We increased our coverage of core service delivery points in our high volume facilities which resulted into improved service uptake.

In care and treatment, the newly funded Accelerating Children's Treatment (ACT) Program we developed an innovative disclosure training manual for caregivers and trained 814 caregivers and 129 staff. We sampled 51 patients to see the impact of the training and 75% managed to do disclosure within 3 months of the training. We also developed a PMTCT literacy material for preparing HIV positive mothers on PMTCT and reached 1046 mothers with the trainings.

The FY 16 was the second year since the inception of quality improvement (QI) department under AMPATHPlus grant. In the quarter 4 of FY16, 81 AMPATHPlus supported facilities were assessed in SIMS which is the highest number ever covered in one quarter. There was marked improvement from previous performances with at least 65 out of the 81 facilities (80%) posting scores of 90 % and above in Core Essential Elements (CEEs) with noticeable improvement in HTS/ Lab QMS and Biosafety systems, community facility referral systems, nutrition services, retention, family testing and viral load uptake; areas which had been previously performing below expectation.

In MCH/FP, the program also adopted an integrated outreach strategy for the hard to reach areas of West Pokot and Elgeyo Marakwet with primary focus on Ante-Natal Care (ANC), Post Natal Care (PNC) with immunization and family planning Service delivery. We also conducted FP camps and OJT in Busia, Uasin Gishu, Kisumu and Bungoma counties which resulted into improved FCDRR reporting of 98-99%.

The AMPATHPlus Care-Lab passed the ISO 15189:2012 assessment and has therefore been recommended for accreditation.

Quantitative Impact

During the FY 16 period, a total of 846,840 (M - 352,315; F - 494,525 individuals received counselling and testing for HIV in both routine HTS and PMTCT testing. Of those tested, 16,911 (2.0%) individuals were found positive for HIV. All counties surpassed their annual targets for HIV testing and yield.

By the end of the reporting period, we had helped initiate 12,801 individuals on ART, and currently have 81,207 active on treatment. Among those with a viral load test after at least 6 months on treatment, 78.5% had a viral load suppression (< 1000 copies/ml). The overall retention rate for the year was 84%.

There was an increase in percent of HIV Positive pregnant women who received antiretroviral to reduce the risk of mother to child transmission during pregnancy & delivery; FY 15 was 80.8% (4422/5468) as compared to the FY 16, 94.7% (4203/4438) against an annual target of >93%.

II. KEY ACHIEVEMENTS (QUALITATIVE IMPACT)

Prevention: In the FY 16, the program managed to achieve and surpass its COP targets for HIV testing and yield in all Counties of catchment. We increased our coverage of core service delivery points in our high volume facilities which resulted into improved service uptake. We supported roll out of the new guidelines for HIV Testing Services (HTS) - 2015 at county level targeting HTS providers and implementers in all AMPATHPlus supported sites. Within the same period, the program successfully introduced and rolled out a customized AMPATH Monthly HTC Reporting Summary tool to help facilitate accurate age dis-aggregation and reporting of HTC data in conformity with USAID reporting requirements. As part of External Quality Assessment for HTS, we participated in the national Proficiency Testing (PT) program (Round 15 and RRI 2016) in all sites and feedback received from National HIV Reference Lab (NHRL).

Antiretroviral therapy (ART): In the current reporting period under the ACT program we tested 12544 OVCs (0.55% positivity) and 8318 children of index clients (0.7% positivity) in addition to increasing facility child testing. We hired 9 adolescent peer mentors who reached out to over 300 adolescents who had poor adherence for psychosocial support and reached over 2000 adolescents for group support meetings. They helped adolescents navigate the clinics, and created a 'WhatsApp group' for educating/communicating with fellow peers. They supported adolescents failing regimen, and those transitioning to adult care. We developed an innovative disclosure training manual for caregivers and trained 814 caregivers and 129 staff. We sampled 51 patients to see the impact of the training and 75% managed to do disclosure within 3 months of the training. We also developed a PMTCT literacy material for preparing HIV positive mothers on PMTCT and reached 1046 mothers with the trainings. Under adult ART, we recorded a significant increase in viral load testing uptake and an upsurge in suppression rate. We rolled out the new ART guidelines to all supported site which are now implementing the test and start strategy. Also a majority of LTFU patients that were traced and brought back to care were initiated on ART as per the new national guidelines in fourth quarter of the FY16 (4972 LTFU patients). The program was also able to initiate a biweekly performance review meetings at facility level across the catchment to enhance data ownership and timely monitoring of key performance indicators in ART program. In addition, our clinics are now booking virally unsuppressed clients on specific days to enhance adherence counseling.

Safety Net: During the year, 47,697 clients (30,737F, 16,960M) were assessed and out of them 32,407 clients (23,667F, 8,740M) received at least one social support service. Another 9,713 clients (6452F, 3261M) were counselled on adherence. There was also an improvement in management of GBV cases.

Orphans and Vulnerable Children (OVC): During this reporting period, 25,841 OVC (98% of COP target) were served with essential services. As a program we managed to sensitize 1,253 (890F, 363 M) caregivers on parenting skills, ART adherence support for OVC on treatment, parent-child communication and succession planning. Our efforts in supporting caregivers to understand the needs of their teenage children through improved communication had the benefit of improved health and school attendance among children. In the same period, 1,146 (886F, 260M) adolescents were reached with sessions on sexual and reproductive health,

personal hygiene and rights and responsibilities. We also conducted data quality audit (DQA) in OVC sites and discussed findings and improvement actions with staff. Gaps in data quality included lack of sufficient source documentation, inconsistency in CHV reports, and incomplete filing of OVC documents. The program also provided resources to DCS to convene county OVC stakeholders meetings in Elgeyo Marakwet and Trans Nzoia counties to prioritize child protection issues and disseminate the National Plan of Action for OVC (2015-2022). In common, the meetings identified; child labour, sexual abuse and child neglect as core issues affecting children. The forums were attended by 35 people (18 were women) in Trans Nzoia, 41 people (12 women) in Elgeyo Marakwet. We also provided resources to the DCS to convene one day sensitization for all 59 Location Chiefs on child protection in Uasin Gishu County. The session was intended to empower the chiefs, through disseminated information, on their role in promoting child rights in the county while strengthening implementation of child protection instruments.

Prevention of mother-to-child HIV transmission (PMTCT): In the FY 16, PMTCT program operationalized and successfully implemented MCH based PMTCT services within AMPATHPlus catchment. To drive the program forward, we conducted a community sensitization on early pregnancy identification and did follow up visits in all our catchment area. This was done to improve 1st ANC visit among pregnant women and subsequently HIV testing in the ANC clinic. We also carried out RRI on DBS in selected counties of Elgeyo Marakwet, Trans Nzoia, and Busia in Q4 of FY 16 to enhance EID uptake. And for purposes of assessing final outcome in PMTCT program, we conducted HCA workshop and data review meetings in UG county and EID documentation training (OJT) in Trans Nzoia, and Bungoma counties. Other activities implemented in the reporting period included, sensitizations on M/E tools for the mentor mothers program in high burden counties of Kisumu, Uasin Gishu, Trans Nzoia and Busia to enhance retention in MCH; and on-job-training, mentorship and supportive supervision to care providers across all the 8 counties.

Maternal Child Health (MCH): During this FY 16, EMONC assessment was done in 62 facilities within Busia and Trans Nzoia counties. The outcome analysis and dissemination of the findings are currently on going. The program also adopted an integrated outreach strategy for the hard to reach areas of West Pokot and Elgeyo Marakwet with primary focus on ANC, FANC with immunization and FP Service delivery. We also conducted FP camps and OJT in Busia, Uasin Gishu, Kisumu and Bungoma counties which resulted into improved FCDRR reporting of 98-99%. And as part of the WASH activities; we conducted school health and hand washing outreaches for Elgeyo Marakwet (16 primary schools with an average of 500 pupils) and this has resulted in substantial reduction in waterborne diseases and infections in the county.

Quality Improvement: The FY 16 was the second year since the inception of quality improvement (QI) department under AMPATHPlus grant. In quarter 4 of FY16, 81 AMPATHPlus supported facilities were assessed in SIMS which is the highest number ever covered in one quarter. There was marked improvement from previous performances with at least 65 out of the 81 facilities (80%) posting scores of 90 % and above in Core Essential Elements (CEEs) with noticeable improvement in HTS/ Lab QMS and Biosafety systems, community facility referral systems, nutrition services, retention, family testing and viral load

uptake; areas which had been previously performing below expectation. In the same period we saw smaller facility QITs starting to get support from more established teams in the county and regional levels thus improving ownership and grassroots' engagement within the catchment. Through our efforts, all the eight counties have received baseline training in CQI (Continuous Quality Improvement) under the Kenya Quality Model for Health (KQMH) focusing on Kenya HIV Quality Improvement Framework (KHQIF).

Laboratory: In the reporting period, the AMPATHPlus care lab recorded two significant achievements. Firstly, the AMPATHPlus Care-Lab passed the ISO 15189:2012 assessment and has therefore been recommended for accreditation. Secondly, the program has rolled out Point of Care system in the lab and this has improved turn-around-time (TAT) to less than 10 days in sample processing.

Tuberculosis (TB): There was improved IPT uptake among PLHIV and exposed TB-negative children <5 years of age with more than 27,000 initiations in the reporting year. We had improved Gene Xpert utilization to more than 13,000 tests, resulting in 13% positivity. We also screened over 500 children age less than 5 years exposed to infectious TB (7% diagnosed with TB, 70% put on IPT).

Lessons Learned

MCH: County ownership and support in addition to data review meetings are key to the success of activities even to the level of facilities.

PMTCT: Late entry into care by mother-baby pair contributes greatly to infant positivity among the HEIs. Community strategy/intervention to help identify early pregnancy and link to antenatal care for comprehensive ANC will increase number of women who know their HIV status and allow appropriate intervention.

Care and Treatment: Data decentralization has enabled facilities to engage in real time performance monitoring and continuous progress review meetings by multidisciplinary teams which have consequently improved among other things, facility level data-ownership, prompt decision-making and quality of care.

ACT: The following lessons were drawn from the ACT program: Adolescent peers are an asset in an adolescent program; training of the patients rather than the HCW adds a lot of value; and community involvement improves child testing, linkage to care and retention to care.

OVC: In the OVC program, some of the lessons learned include: Caregiver forums provide opportunities for both capacity building and service delivery by staff and CHVs, and community involvement in project activities through QI efforts enhance service delivery and quality.

TB: Entrusting facilities with frontline implementation of work plan, data and reporting leads to more ownership and improved uptake; and each county needs support targeting their specific needs.

III. ACTIVITY PROGRESS (QUANTITATIVE IMPACT)

Result Area 1.1: Prevention-Counseling and Testing
Intermediate Result 1.1.1: All individuals living in designated AMPATH catchments will know their HIV status.
Expected Outcomes: A reduction in the incidence of new HIV infections by 50% over 5 years

During the FY 16 period, a total of 846,840 (M - 352,315; F - 494,525 individuals received counselling and testing for HIV in both routine HTS and PMTCT testing. Of those tested, 16,911 (2.0%) individuals were found positive for HIV. All counties surpassed their annual targets for HIV testing and yield. A total of 2,181 fisher folks in Bunyala Sub-County were tested and counseled for HIV. Both male and female condoms were distributed in various condom outlets both at the facilities and during community outreaches.

	INDICATOR TITLE: Number of individuals counselled and tested for HIV															
	Baseline FY 2015		**Annual Target for APR16**		**Quarterly Target for APR16**		**Results achieved**								**APR16 (Annual) Achievement**	
							Oct-Dec 2015		**Jan – Mar 2016**		**Apr – Jun 2016**		**Jul – Sep 2016**			
Gender W (Women); M (Men)	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**
Bungoma	33,097	25,285	10,332	5,164	2,583	1,291	5,623	3,874	4,694	6,882	11,479	5,809	8,968	4,758	30,764	21,323
Busia	94,022	82,454	38,976	19,488	9,744	4,872	17,477	12,917	16,768	23,644	32,036	16,669	35,031	21,102	101,312	74,332
E. Marakwet	27,971	20,408	13,880	6,940	3,470	1,735	7,532	5,167	6,164	9,063	17,157	8,034	21,094	12,408	51,947	34,672
Kisumu	9,171	8,256	10,080	5,040	2,520	1,260	3,239	2,757	3,055	4,328	5,107	3,215	4,443	3,076	15,844	13,376
Nandi	10,778	6,075	4,044	2,020	1,011	505	1,526	978	948	1,391	1,.443	911	2,286	1,182	6,203	4,462
Trans Nzoia	65,985	45,833	18,140	9,068	4,535	2,267	11,612	7,811	12,087	17,866	30,909	14,915	41,750	20,392	96,358	60,984
Uasin Gishu	96,411	78,045	49,212	24,608	12,303	6,152	21,335	16,359	25,142	36,555	50,088	29,302	49,372	29,936	145,937	112,152
West Pokot	26,317	17,567	14,112	7,056	3,528	1,764	4,505	3,118	3,552	5,142	17,879	11,592	21,665	11,164	47,601	31,016
Total	**363,752**	**283,923**	**158,772**	**79,384**	**39,693**	**19,846**	**72,849**	**52,981**	**72,412**	**104,869**	**164,655**	**90,447**	184,609	104,018	**494,525**	**352,315**

Result Area 1.2: Care and Treatment
Intermediate Result 1.2.1: All individuals testing HIV-positive will be linked to HIV care.
Expected Outcomes: A reduction in the incidence of new HIV infections by 50% over 5 years.

The number of persons initiating on ART has increased steadily over the year as follows: 2190 (Q1), 2645 (Q2), 2994 (Q3) and 4972 (Q4). This translates to 12801 persons initiated on ART as at the end of the reporting period. Bungoma and Trans Nzoia Counties had the most impressive performance surpassing the projected targets for the year FY16. Kisumu reported the least performance perhaps due to overestimated targets. The details are provided in the table below.

INDICATOR TITLE:	**Number of Adults & Pediatric newly initiating ART**											
Additional Criteria If other criteria are important, add lines for setting targets and tracking	**Quarterly Target (Revised) FY 2016**	Oct-Dec 2015		Jan-Mar 2016		Apr-Jun 2016		Jul-Sept 2016		FY 2016		
		Achieved		Achieved		Achieved		Achieved		Achieved		Target
		W	M	W	M	W	M	W	M	W	M	
Gender: Women (W), Men (M)	3086	2,190		2,645		2,994		4,972		**12,801**		12,499
Overall**		**2,004**	**186**	**1,708**	**937**	**2,036**	**958**	**3,365**	**1,607**	**9,113**	**3,688**	**12,499**
BUNGOMA	68	83	8	76	42	123	42	189	55	471	147	259
BUSIA	776	378	37	382	211	480	200	984	438	2,224	884	3,339
ELGEYO MARAKWET	111	123	12	170	73	126	54	190	91	609	230	481
KISUMU	512	98	10	79	62	200	119	160	75	537	266	2,008
NANDI	113	48	2	30	17	32	13	99	35	209	67	482
TRANS NZOIA	180	520	54	369	189	387	177	588	315	1,864	735	627
UASIN GISHU	1,236	710	56	548	304	624	322	1062	519	2,944	1,201	4,916
WEST POKOT	90	44	7	54	39	64	31	93	75	255	152	389

INDICATOR TITLE: NUMBER OF NEW PATIENTS CURRENT ON TREATMENT														
	Baseline (Jul-Sep 2015)		**Quarterly Results Achieved in the Reporting Period**								**FY 2016**			
Gender F(Females); M (Men)	**Achieved**		**Oct - Dec 2015**		**Jan - Mar 2016**		**Apr-Jun 2016**		**Jul-Sep 2016**		**Achieved**			**Target**
	F	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**Total**	
BUNGOMA	3576	1729	3388	1416	3320	1473	3618	1496	3936	1594	3936	1594	5530	5646
BUSIA	12992	6436	11510	5924	12302	6161	12421	6442	14216	6366	14216	6366	20582	20215
ELGEYO MARAKWET	1446	623	1285	558	1586	586	1543	693	1694	745	1694	745	2439	1977
KISUMU	4409	2190	4017	2107	3774	2112	4528	2253	4885	2456	4885	2456	7341	7948
NANDI	1608	808	1516	844	1573	824	1663	892	1765	843	1765	843	2608	2571
TRANS NZOIA	10324	5103	7335	7896	8410	8028	8812	3680	9185	3784	9185	3784	12969	14589
UASIN GISHU	17312	8491	16244	8094	16330	8208	16596	8836	18458	9107	18458	9107	27565	27868
WEST POKOT	1019	475	987	471	1336	431	1286	670	1476	697	1476	697	2173	1710
Total	**52686**	**25855**	**46282**	**27310**	**48631**	**27823**	**50467**	**24962**	**55615**	**25592**	**55615**	**25592**	**81207**	**82525**

Result Area 2: Reduce maternal, neonatal and child mortality
Intermediate Result 2.2.1: Pregnant women and their infants identified early and referred for care as needed.
Expected Outcomes: Maternal, infant, and child mortality decreased by 50% within 5 years within selected catchments.

TABLE 5: PERFORMANCE DATA TABLE

PERCENT OF CHILDREN UNDER 5 YEARS FULLY IMMUNIZED								
INDICATOR #								
UNIT Percent of children under 5 years fully immunized	**DISAGGREGATE BY:** Location, event, date and gender							
	Geographic Location	**Activity Title**	**Date**	**W**		**M**	**Subtotal**	
	Uasin Gishu	KEPI training	1st-5th Aug	20		8	28	
				20		8	28	
	Totals			**28**				
Results:								
	Baseline	**Results in Prior Periods**	**31-Mar-2016**	**Reporting Period 30-June-16**		**FY 2015 Target**	**This reporting period 30th September 2016**	**End of Activity Target**
		Achieved	**Target**	**Achieved**		**Target**	**Achieved**	**Target**
Bungoma (Bungoma East and Mt.Elgon)	94.6%	96%	95%	91%	95%	90% (2747)	95%	95%
Busia (Teso North, Bunyala and Butula)	95%	95.5%	95%	87%	95%	99%(3521)	95%	95%
Elgeyo Marakwet	95%	95.2%	95%	96	95%	100% (3036)	95%	95%
Kisumu (Kisumu West)	95%	94%	95%	93%	95%	85%(457)	95%	95%
Nandi (Chesumei)	95%	94.9%	95%	97%	95%	93% (725)	95%	95%
Trans Nzoia	95%	97.7%	95%	94%	95%	100%(6440)	95%	95%
Uasin Gishu	95%	96.5%	95%	100%	95%	95% (7324)	95%	95%
West Pokot	87.5%	96.5%	95%	79%	95%	77% (3774	95%	95%
Summary	94%	**95%**	**95%**	**92%**	**95%**	**94%(27120)**	**95%**	**95%**

NUMBER OF CHILDREN <5 YEARS WITH DIARRHEA, WHO RECEIVED ORT INDICATOR #								
UNIT **Number of children <5 years with diarrhea, who received ORT**		**DISAGGREGATE BY:** Location, event, date and gender						
	Geographic Location		**Activity Title**	**Date**	**W**	**M**	**Subtotal**	
	Uasin Gishu County		CHEW sensitization on WASH	19th Sep 2016	26	7	33	
		Totals						

Results:

	Baseline	**Results in Prior Periods**	**Reporting Period 31-March 16**	**This Reporting Period 30-June-16**		**This Reporting Period 30-Sept-16**	**FY 2015 Target**	**FY 2016 Target**	**End of Activity Target**	
		Achieved	**Target**	**Achieved**	**Target**	**Achieved**		**Target**	**Target**	**Target**
Bungoma (Bungoma East and Mt.Elgon)	7,899	1,069	Go below 28,000	1,706	Go below 28,000	1116		Go below 28,000	Go below Go below 28000	Go below 84,000
Busia (Teso North, Bunyala and Butula)		2,888		4037		3225				

Elgeyo Marakwet		7,445		6044		5633				
Kisumu (Kisumu West)		154		256		188				
Nandi (Chesumei)		271		499		228				
Trans Nzoia		3,666		6280		3942				
Uasin Gishu		5,481		5733		5250				
West Pokot		8,110		7066		7327				
Summary	**7, 000**	**29,084**	**28,000**	**31621**	**28,000**	**26825**		**28,000**	**28,000**	**84,000**

COUPLE YEARS OF PROTECTION

INDICATOR #

UNIT Couple Years of Protection	**DISAGGREGATE BY:** Location, event, date and gender					
	Geographic Location	**Activity Title**	**Date**	**W**	**M**	**Subtotal**
	Tran Nzoia EMC, Busia, Kisumu, Uasin Gishu	**FP Camps**	July-Sep 2016	230	164	394
	Bungoma	Fp Camp	18th- 22nd July 2016	22	15	37
				252	179	431
	Totals					

Results:

	Baseline	**Results in Prior Periods**	**Reporting Period 31-Mar-16**	**Reporting Period 30-June-16**		**This reporting period 30th September 2016**	**End of Activity Target**		
		Achieved	**Target**	**Achieved**	**Target**	**Achieved**	**Target**	**Target**	**Target**
Bungoma (Bungoma East and Mt.Elgon)	16,028	7,615 (73.7% Long acting methods)	No targets allowed by USG	5080.2	No targets allowed by USG	6554	No targets allowed by USG	No targets allowed by USG	No targets allowed by USG

Busia (Teso North, Bunyala and Butula)		8,5812 (73.8% Long acting methods)		8577.7		7861.3			
Elgeyo Marakwet		6,424 (58.6% Long acting methods)		5130.7		5910.5			
Kisumu (Kisumu West)		680.9 (71.3% Long acting methods)		779.4		1560.9			
Nandi (Chesumei)		1,697 (16% Long acting methods)		698.7		636.1			
Trans Nzoia		10,499 (66.4% Long acting methods)		9699.7		12528.4			
Uasin Gishu		13,560 (61.4% Long acting methods)		12459.7		13176.3			
West Pokot		2,892 (63% Long acting methods)		3956.0		4530.6			
Summary	**16,028**	**51,950 (63% Long acting methods)**		**46382**		**52758.2**			

Key Indicator #6: Number of pregnant women with known HIV status (Including women who were tested for HIV and received results)

INDICATOR TITLE: Number of pregnant women with known HIV status (Including women who were tested for HIV and received results)								
County	**Baseline Q4: 30/Sep/2016**	**FY16 target**	**Quarterly Target**	**Oct – Dec 2015 Achieved**	**Jan – Mar 2016 Achieved**	**Apr – Jun 2016 Achieved**	**Jul – Sep 2016 Achieved**	**FY16 Target Achieved**
Overall	**34638**	***161636***	***40409***	***33108***	**38762**	**34388**	**35565**	**141823**
Bungoma	3483	13541	3385	*3047*	3172	3886	2675	**12780**
Busia	4466	18222	4556	*4208*	5899	5103	5337	**20547**
Elgeyo Marakwet	5192	15,786	3947	*4618*	5384	4001	4183	**18186**
Kisumu	135	1,079	269	*394*	454	301	257	**1406**
Nandi	422	2,138	534	*359*	454	394	406	**1613**
Trans Nzoia	6931	33,823	8456	*7359*	7649	6619	9727	**31354**
Uasin Gishu	8742	53,147	13287	*8489*	10451	7900	12207	**39047**
West Pokot	5267	23,900	5975	*4634*	5299	6184	5357	**21474**

Key Indicator #7: Number of pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission

INDICATOR TITLE: Number of pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission								
County	**Baseline Q4: 30/Sep/2016**	**FY16 target**	**Quarterly Target**	**Oct – Dec 2015 Achieved**	**Jan – Mar 2016 Achieved**	**Apr – Jun 2016 Achieved**	**Jul – Sep 2016 Achieved**	**FY16 Target Achieved**
Overall	**1212**	***4609***	***1151***	***967***	**1275**	**1057**	**986**	**8427**
Bungoma	92	242	60	*70*	73	78	59	4285
Busia	322	1,207	302	*293*	381	285	290	280
Elgeyo Marakwet	43	281	70	*70*	62	77	61	1249
Kisumu	56	337	84	*76*	62	49	65	270
Nandi	13	59	15	*28*	40	46	29	252
Trans Nzoia	196	920	230	*161*	228	163	161	143
Uasin Gishu	277	1,397	349	*236*	385	334	280	713
West Pokot	43	165	41	*33*	44	43	52	1235

INDICATOR TITLE: Number of HEI who received virological test (EID)								
County	**Baseline Q4: 30/Sep/2016**	**FY16 target**	**Quarterly Target**	**Oct – Dec 2015 Achieved**	**Jan – Mar 2016 Achieved**	**Apr – Jun 2016 Achieved**	**Jul – Sep 2016 Achieved**	**FY16 Target Achieved**
Overall	**705**	***3738***	935	***655***	***752***	***780***	**968**	**3155**
Bungoma	18	106	27	*18*	32	20	87	**157**
Busia	326	983	246	*245*	278	229	325	**1077**
Elgeyo Marakwet	26	253	63	41	44	27	37	**149**
Kisumu	45	149	37	34	63	78	68	**243**
Nandi	6	18	5	14	6	8	20	**48**
Trans Nzoia	131	834	209	114	119	178	164	**575**
Uasin Gishu	123	1,247	312	159	177	215	248	**799**
West Pokot	30	149	37	30	33	25	31	**119**
Total	705	**3,738**	935	*655*	*752*	*780*	*980*	3155

IV. CONSTRAINTS AND OPPORTUNITIES

Prevention: The National RRI and the extension by AMPATHPlus through additional HTS counselors opens doors for increased testing services. The new HTS Guidelines recommend lowering the age of consent for testing to 15 years and this is expected to increase testing uptake among adolescents. The guidelines also recommend re-testing all newly diagnosed PLHIV before enrollment into care and treatment will eliminate false diagnosis.

Care and Treatment: The introduction of Test-and-Start treatment strategy immensely contributed to escalation in the number of patients started on ART especially in the fourth quarter of FY16.

MCH: Preliminary analysis of EMONC results and FCDRR reports show that documentation and/or accountability is a challenge which we are addressing.

PMTCT: Late entry into care contributes greatly to infant positivity

Retention: Same day follow up of patients missing appointments through phone calls has proven to reduce defaulter rates and active facility follow up of LTFUs and weekly tracking has improved retention.

Safety Net: a couple of challenges were noticed in the reporting period. These include; lack of mechanism to monitor status of clients seeking transfer out to non AMPATH supported sites, inability of some clients to purchase O.I drugs, long distance since some clients live far away from clinic hence home visits is a challenge. Nevertheless, there is an opportunity for the program to strengthen family social support systems to ensure adherence to medication by clients.

Quality Improvement: The unanticipated increase in the number of SIMS activities conducted during quarter 4 (81 facilities) put a strain on meeting objectives for Q4 specifically on community assessment activities. Only 6 community units were assessed internally out of the annual target of 8 units (75% met target). In addition, the SIMS exercise faced a few security scares in cross border hostilities between bordering communities in some parts of Elgeyo Marakwet. No casualties or injuries experienced on either partners.

V. PERFORMANCE MONITORING

There has been a concerted effort to strengthen M&E systems to improve on the data quality at facility level. In the FY16, the program embarked on a series of DQA activities with a primary focus to reconcile data across manual and electronic platforms. A special exercise was conducted in Kitale CCC where there had been glaring discrepancies in the number of patients reported through EMR and the manual 731. From the exercise that was conducted in Q4 FY16, of the files reviewed 3,307 duplicates were found thereby

bringing down the number of patients reported as current in care. Following the exercise and subsequent adjustments, our Kitale CCC number of active patients currently stands at 8,784.

To help monitor progress data, the program introduced Facility Weekly Tracking Sheet and Care and Treatment Monitoring Dashboard alongside a point-of-care (POC) system to enhance data access at facility level. So far all our M&E staff have been trained on the use of POC. We have also cascaded down our regular data review meetings to facility level to enhance data use by service providers. A total of 23 out of expected 27 Data review meetings conducted in Q4. As part of our working collaboration with NASCOP/GoK, the AMPATHPlus program participated in the revision and roll out of MOH Revised Tools. The program had representatives in both NASCOP HIV Tools TOT Trainings at national (Master TOTs) & county TOTs. In total 35 staffs were trained in readiness for roll out revised tools in Nov/Dec 2016 & Reporting starts in Jan 2017.

In quarter 4, a data quality assessments (DQA) were done jointly with USAID team as part of performance monitoring. The DQA was carried out in 3 facilities in Elgeyo Marakwet County and 1 facility in Nandi County. These were the key action points arising from the DQA; Ensure data is readily available anytime and in any form as may be needed; facility monthly reports should be filed chronologically and as per datasets and the file should be kept safely and easily accessible; addition of MCH data to be done at the facility before submission of reports to SCHRIO; and to make DHIS/TIBU a reference point for reporting program data where necessary. In light of the aforementioned, it was recommended that the program should draw up an action plan with timelines and outcome of the follow ups for all discrepancies identified during DQAs.

VI. PROGRESS ON GENDER STRATEGY

Gender specific strategies aimed at enhancing women and girl's access to education and improving their social, health, legal and economic capacities were implemented in the year under review. To enhance access to education and retention in school, 811 girls had their school fees paid while 1712 received yearly supply of sanitary towels. To encourage economic empowerment, 5,032 women were trained and started household economic activities such as poultry farming and table banking. Further, 12,272 (8,148F, 4124M) people were sensitized on types of GBV and procedures for reporting and accessing legal support in case of abuse with the aim of eliminating the stigma and discrimination associated with GBV. To help prevent HIV infection, 3,085 people who reported to have been sexually assaulted were provided with post exposure prophylaxis and other services.

VII. PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING

Financial year 2015/16, the AMPATH program adhered to national and international requirements of bio hazardous waste management without prejudice to the environment by putting safeguards through mitigation measures and implementation of SOPs, national policy on waste management, statutory requirement in relevance to the GOK Act i.e. Public health act CAP 242 and EMCA 2006.Waste segregation was done routinely by HCWs, the key event being waste separation

according to the hazardous nature, allowing for optimal waste handling, transportation and final disposal.

Administrative activities: To ensure prudent resource utilization, the IEE team exploited the nesting of IEE supervision with the QI SIMs tool. For a complete listing of sited visited, refer to the QI SIMs schedule. Areas of emphasis during the visits were:

Figure 1: Mr. Omonyo- Chulaimbo Sub-county hospital PHO conducting a guided tour of waste disposal site during a site visit. Not only is it protected, trees have been plated to act as a carbon sink.

Color coding of waste receptacles: Receiving waste receptacles were color coded to meet the international code: Red receptor for highly hazardous waste, Yellow for general hazardous and black for non-hazardous waste.

Sharp containers: Provision of sufficient non puncturable plastic containers to departments was done for sharp disposal. Particular attention being paid to comply with the three quarter filling rule, and disposal by incineration.

Waste collection schedules: The program adopted three times a day collection schedule of waste generated to reduce the time of waste handling which meets the international requirement of infection control

Disposal- the program utilized incinerators to dispose highly hazardous, hazardous and sharps waste. General waste was burnt in the open and all ashes buried in deep ash pits. All waste disposal sites were fenced and secured from human and animals to reduce scavenging.

Establishment of IEE committee: The program put in place an all-inclusive committee to oversee the smooth running of these activities with representatives from Laboratory, Pharmacy, Public health, Training, the secretariat chair and the chief of party. The committee had 5 meetings throughout the year. Key deliberations during these meetings were centered on decentralization & diffusion of best practice IEE activities from MTRH to peripheral facilities.

Infrastructure: The program replaced damaged waste receptacles throughout the supported sites, provided receptacles in facilities that had none and plastic lining bags for waste collection.

Compliance activities: Sensitization of HCWs and distribution of waste management SOPs to facilities

SWOT: S- Budgetary support; **W**- Unsatisfactory awareness on IEE activities among midlevel management program staff; **O**- Setting up & scheduling of quarterly supervision visits by AMPATH central allows for 'spreading' responsibility for IEE activities to a larger group & thus midwife a IEE culture within AMPATH ; **T**- Some facilities (circa 40%) do not have / have derelict incinerator facilities.

VIII. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

OVC Links to the other USAID Programs

Three Quality improvement teams (Pioneer, Tulwet and Kapseret) were supported to participate in the National QI Learning forum organized by URC Assist in Nairobi in September. Each team was represented by two members. The program also supported one Children Officer and two staff to participate in the learning forum. During the forum, Tulwet QIT was voted the best by the audience owing to their interventions and results. One staff participated in three days training on County Child Protection TWG organized by URC Assist in Machakos in July.

The QI department partnering with USAID –ASSIST and the UG health management for systems empowerment and support in Uasin Gishu County on PMTCT/MCH indicators through CQI in selected 11 high and mid volume facilities. We also unified North and South Rift Technical working group (RIVAQIT) comprising Walter reed, AMPATH and MOH for targeted improvement activities formed in Q4.

IX. PROGRESS ON LINKS WITH GOK AGENCIES

Safety Net Links with GOK Agencies

AMPATHPlus program worked collaboratively with;

- State department of social services and registered new community groups
- Ministry of Agriculture and trained 2,310 farmers and supported 134 with farm inputs.
- MOH staff and provided specialized medical care for survivors of sexual violence

OVC Activities with GOK

- Ministry of Health supported health and nutrition interventions for caregivers and OVC including nutrition education during caregiver forums; sensitization for CHVs on use of MUAC tapes
- National Coordination – collaborated with department on child neglect and abuse cases; and vetting for school fee needs.
- Department of Children Services – linkages for vulnerable households to Cash Transfer; and child protection services.
- National Police Service – supported legal protection for children

- Registrar of Births and Deaths – supported application and acquisition of birth certificates for OVC.
- National Hospital Insurance Fund supported sensitization and enrolment of caregivers into the medical scheme. Ministry of Education assisted in facilitating distribution and sensitization on use of sanitary towels for girls.

HTS activities with GoK

- Ensured continued representation in the National HTS TWG – NASCOP level as well as participation in other technical fora both nationally and regionally.

Zuri Health with Busia County – Government

- AMPATH has signed a Memorandum of Understanding (MoU) with Busia County, and we are in the process of getting NHIF and Busia County to sign a network agreement.

XI. SUSTAINABILITY AND EXIT STRATEGY

SAFETY-NET: AMPATH envisages a healthy and wealthy community in the provision of its services to the community. In this regard, community 'wealthcare' is being focused as an important driver for effective healthcare. AMPATHPlus continues to pursue sustainability as an integral aspect of comprehensive healthcare delivery. Through the AMPATHPlus safety-net initiatives, the program pursues sustainability on a 2-pronged approach: health financing for the Program and client income capacity to utilize available services without relying on subsidy or support. In the first approach, negotiations are ongoing with the National Hospital Insurance (NHIF) to have AMPATH delivery system enjoined in the primary health care capitation. AMPATH has worked with county leadership of Busia, Trans Nzoia and Uasin Gishu to explore the best ways in which all the health facilities under AMPATH coverage can be improved to begin offering NHIF services. With this capitation available to AMPATH facilities, a new stream of income will be available to ensure continued service for the clients. This approach is considerably the best transitioning process for the Ministry of Health and the county health leadership to take more responsibility on health delivery.

The second approach of in sustainability entails building the income capacity of the AMPATH clientele to improve their incomes levels. To this end, AMPATHPlus continued the mobilization of clients to participate in the microfinancing initiative, Group Integrated Savings for Health Empowerment (GISHE). As of September 2016, there were 1,116 GISHE groups actively saving and lending out to their members. Over 6,000 patients are participating in the initiative. In year 5, AMPATHPlus has initiated interventions for support groups comprising of only PLHIV. The program will roll out microfinance interventions in all support groups to help address retention and hopefully provide incentives for adherence to care.

One innovation that AMPATH has employed is the use of Group Empowerment Service Providers (GESP) to provide peer led facilitation and training to groups. These individuals are successful participants in GISHE that have expressed desire to share with their community members their

success. AMPATH is adopting the GESP as its outreach and extension model as well as the adherence strategy.

AMPATHPlus continued to partner with the World Food Program (WFP) to provide market to several farming organizations. In the APR period AMPATH supported groups sold 2,121 MT of food to WFP and 1,308 MT to other markets including millers, traders and schools. The incomes from these sales were substantial and led to tremendous improvement in individual household's incomes for the participating members. Through this AMPATH-WFP market access initiative (Agricultural Market Access and Linkage), the communities have been supported to establish and access construction of 31 group/community based warehouses (21 directly initiated by farmers through cost-sharing from WFP and 10 supported by the county governments of Trans Nzoia (5) and Uasin Gishu (3) and 2 in Kakamega (2) modelling on the successes learnt from smallholder farmers in Uasin Gishu. The table below summarizes the sales of the years indicating gradual increase in sales and therefore revenues earned.

Summary of Total sales by AMPATH groups to markets

	WFP		**HGSMP**		**Other Markets**	
YEAR	Maize (MT[1])	Beans (MT)	Maize (MT)	Beans (MT)	Maize (MT)	Beans (MT)
2009	0	0	0	0	0	0
2010	192	0	0	0	202	27.9
2011	520.2	0	0	0	121.3	1.8
2012	982.1	0	0	0	564.1	38.6
2013	902	28	0	0	286.7	17.1
2014	1038.5	88	0	0	758.2	15.4
2015	2113	56	42.55	0.75	1297.8	7.1
2016	2121	0	0	0	1280	28
TOTAL	**7868.8**	**172**	**42.55**	**0.75**	**4511.1**	**135.9**

[1]Metric Tonne

The program is also partnering with Rutgers University and Purdue University to run a nutrition project on African indigenous vegetables. This project is aimed at promoting micronutrient rich vegetables to improve the nutrition levels of the clients and to increase incomes from the value chains thereof. At the onset, the selected crops will be rolled out to all clients for home consumption through kitchen gardens and for commercialization.

In August, 2016, AMPATH began negotiating with the Heifer Project International (HPI) to collaborate on new value chains especially targeting livestock and improving community nutrition. Heifer International will avail its expertise and resource to identified AMPATH clients and AMPATH will provide health services to the Heifer clients. The Memorandum of Intent (MOI) was signed to that effect.

Finally, AMPATH has continued to build its relationship with DOW Agroscience, an agricultural company seeking to improve the yields of identified smallholder farmers in the region. With this collaboration, over 1,000 farmers have been trained on best agricultural practices and 21 demonstration plots were set up to demonstrate the same. As a result, there was linkage with input

suppliers: DuPont (Pannar Seed), Dow AgroScience, Lachlan (for lime fertilizer), CropNuts and Soil Cares (for soil tests) and county agricultural officers for extension services. The crops in the demo plots performed better than other plots. The lessons learnt are being cascaded to all clients and interested farmers through a robust education initiative.

OVC: We shall use the Hosuehold Vulnerability Assessment (HHVA) data on household ranking to provide targeted and appropriate level of support for the OVC families. Efforts will be able to increase linkages to GISHE groups and support for household level IGAs. The program will conduct capacity building for OVC caregivers on agribusiness with a view to empower them to meet the basic needs of their children.

The program will continue to advocate for linkages to care and treatment programs and education support financing opportunities at the county level. In addition, older OVC will be supported to undergo vocational training and linked to job opportunities. OVC from low vulnerable households will be transitioned out. The program intends to support the Department of Children Services to convene OVC stakeholders forums at county level. These fora will provide platform for further linkages and leveraging of services for the OVC and their families. Close out meetings with beneficiaries will be facilitated in all counties in the second quarter of the year. These meetings will be used to communicate program success and discuss ways forward after the funding period.

XII. GLOBAL DEVELOPMENT ALLIANCE (IF APPLICABLE)

Not applicable.

XIII. SUBSEQUENT QUARTER'S WORK PLAN

In year 5 of the current grant, AMPATHPlus will seek to undertake the following activities in various program areas;

HIV Testing Services: The AMPATHPlus program will continue supporting provision of HTS at facility level and carry out targeted community testing activities. Highlights in year 5 include:

- Capacity building and support supervision for HTS sites and implementers
- Focus on high yielding sites and strengthen the linkage to care for those found positive
- Organize review meetings for HTS teams to discuss challenges and share progress reports
- Participate in quality assurance assessment – internal and external

Care and Treatment

During the coming quarters, we will scale up differentiated care models to reach 17 high volume facilities in the AMPATHPlus catchment area. We have derived lessons learned from the pilot

model at Turbo CCC in the past financial year. Eligibility for this model of care will be based on the following criteria:

- ART for ≥ 1 year
- No active OIs
- History of Perfect adherence
- Stable weight
- Adherent to scheduled clinic visits
- At least two VL < 1,000 copies/ml
- Has completed 6 months of IPT

MCH/FP

- Dissemination of EMONC assessment results and participate in Country-wide review of EMONC results at the MNCH/FP Partners meeting in November.
- Training of MPDSR, and promote the use of Quality Improvement Teams.
- Sensitization on documentation and the use of partographs.
- FP Training on Postpartum FP and specifically PPIUD and implants.
- Integration of FP services into other areas e.g. CDM, paediatrics

OVC

- Refresher training for Quality improvement teams and LAAC
- Agribusiness training for selected caregivers
- Joint support supervision with GoK departments
- Birth certificate processing for high/moderately vulnerable OVC
- Support for County OVC Stakeholders Forum and County Child Protection TWG

Quality Improvement

- Provide technical support to counties to manage SIMS in small, mid and large volume facilities for both internal and external activities
- Promote and share innovations in best practices in QI experience sharing forums to encourage PDSA for CQI
- Prioritize viral load (VL) monitoring for all eligible clients in all facilities, Viral Suppression and EID
- Sensitization of all facilities and sub-counties on KHQIF and institute and support QI teams in all facilities to utilize performance data for QI projects.
- Coaches and mentors at grassroots level will be empowered as part of strengthening the QI system.

Retention

- Roll out of the peer based strategy and patient friendly approach
- Strengthening the implementation of the enrollment protocol
- Strengthening the community strategy in all the high volume facilities

Social Work

- Hold a GBV TOT training.
- Carry out quarterly joint support supervisions
- Provide social support service to clients with high viral loads.
- Link clients to G.O.K supported services

Zuri Health

- Writing a network agreement for NHIF and Busia County to allow the money for 18 facilities go into a single separate account
- Enrollment drives to increase adoption of the NHIF "supa cover" for the informal sector.

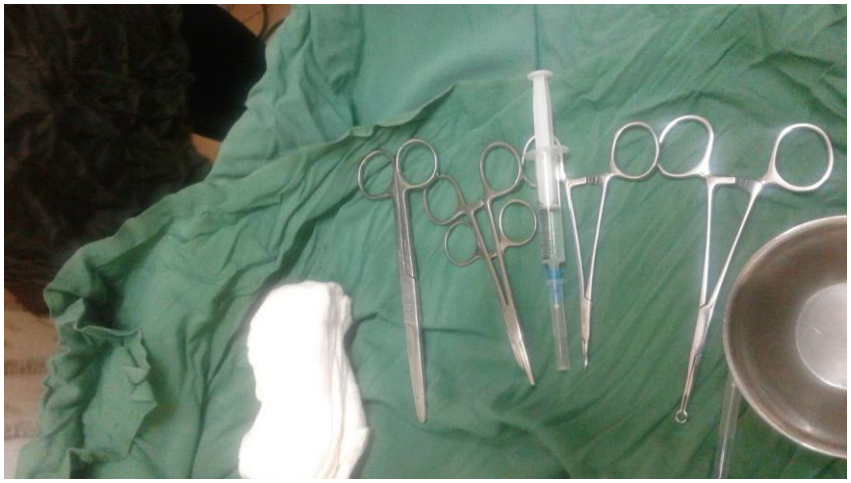
M&E

- The Revised NASCOP HIV Tools will be rolled out in December in readiness for reporting starting January 2017

XIV. FINANCIAL INFORMATION

XVIII. SUCCESS STORY

Men and women opting for the surgical coach in family planning efforts



On a day in September 2016 a 39 year old patient, lay himself on a surgical coach ready for a procedure he had been waiting for years. He was among two patients scheduled for voluntarily vasectomy being conducted in Chulaimbo Sub-County on this particular family planning camp. He had travelled all the way from the neighboring Busia County. Between his two wives, he had a total of 11 children and was sure he did not want to have any more. In fact, h says he had abstained for two years as he awaited the procedure. He wanted to be able to take care of the 11 children he already had without worrying about impregnating his wives again.

AMPATHPlus supports the Ministry of Health in conducting family planning camps in the region we support. A total of 8 vasectomies and 153 tubal ligations have successfully been done since June 2016 in 4 of the counties we are present, namely, West Pokot, Busia, Kisumu and Bungoma counties. 4 registrar doctors were also mentored and trained to perform the permanent methods of family planning including vasectomies for men and Tubal Ligation for women.

Family planning plays a huge role in the health of mothers and children and the family as a whole. It has been proven that family planning helps improve the health of children because breastfeeding is not interfered with. Good spacing of children also lowers the chances of children born with low birth weight leading to infant mortality in some cases. Family planning can also reduce the risk of maternal mortality because of the various risks that may occur in childbirth.

AMPATH working with the MOH will continue conducting family planning camps sensitizing men and women of various forms of contraception methods are available to them and offering these services to them. Vasectomies have not been and are not a very common occurrence as many members of the community view family planning use primarily as a woman's responsibility. It was therefore good to see 8 men voluntarily sign up for vasectomies in the recent family planning camps conducted. It shows that they are being more engaged in family planning decisions.

Annex I: Performance reporting matrix