



**PEPFAR/NPI  
Scaled-up Response to HIV and AIDS through Civil  
Society – Christian Partnership on AIDS in Kenya  
(CPAK)**

**Cooperative Agreement GHO-A-00-08-00004-0**

**With support from**



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**End of Project Report**

**Start Date: April 4, 2008  
End Date: April 3, 2011**

**SUBMITTED: JULY 01, 2011**



Kenya: Scaled up response to HIV and AIDS through civil society – Christian Partnership on AIDS in Kenya (CPAK) is funded by the United States Agency for International Development through Cooperative Agreement No: (GHO-A-00-00004-00) and is implemented by Tearfund



This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Tearfund and do not necessarily reflect the views of USAID or the United States Government

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## ACRONYMS

AIDS	Acquired immune deficiency syndrome
AB	Abstinence and being faithful
APHIA	AIDS, population, health integrated assistance
ANC	Ante-natal Clinic
ARV	Anti-Retroviral
ART	Anti-Retro Therapy
BCC	Behavior change communication
CCSMKE	Christian community services Mount Kenya east
CPAK	Christian partnership on AIDS in Kenya
CCC	Comprehensive care centers
CD4	Cell Differentiation
DTC	Diagnostic testing and counseling
DBS	Dry blood spot
DASCO	District AIDS/STI coordinator
EID	Early Infant Diagnosis
EAK	Evangelical Alliance of Kenya
FP	Family Planning
FHI	Family health international
G&C	Guidance and counseling
HIV	Human Immunodeficiency Virus
HTC	HIV testing and counseling
KEMRI	Kenya medical research institute
KePMS	Kenya PEPFAR Management Systems
LISP	Life skills Promoters
LOP	Life of Project
M&E	Monitoring & evaluation
MOH	Ministry of Health
NIDP	Narok integrated development program
NGI	Next Generation Indicators
NASCOP	National AIDS/STD Control Program
NuPITA	New Partners Initiative Technical Assistance.
OCA	Organizational capacity assessment
PEPFAR	President's emergency plans for AIDS relief
PMTCT	Prevention of mother to child transmission
PEDU	peer education delivery units
PLHAs	People Living with HIV AIDS
PITC	Provider Initiated testing and counseling services
PASCO	Provincial AIDS/STI coordinator
PEP	Participatory evaluation process
PMO	Provincial medical officer
PCR	Polymerase Chain Reaction
RDQA	Routine data quality assurance
TRDP	Transmara rural development program
SBCC	Strategic behavior change communication
SJCC	Saint John's community center
USAID	United States Agency for International Development

VCT Voluntary counseling and testing



## 1.0 Overview

### 1.1 Program Overview:

The ‘Scaled-up Response to HIV and AIDS through Civil Society’ was a three year Cooperative Agreement partnership between United States Agency for International Development (USAID) and Tearfund implemented in Kenya. The term of the Project was from 4<sup>th</sup> April 2008 to 3<sup>rd</sup> April 2011. The Tearfund led team was composed of six strategic faith based partners: Lifeskills Promoters (LISP), Christian Community Services Mount Kenya East (CCSMKE), Saint John’s Community Centre (SJCC), Evangelical Alliance of Kenya (EAK), Narok Integrated Development Program (NIDP) and Transmara Rural Development Program (TRDP), all of whom make up a consortium known as Christian Partnership on AIDS in Kenya (CPAK). The Project was implemented in selected districts within six provinces in Kenya including Nairobi, Central, Eastern, Nyanza, Western and Coast provinces (see map below for details).

### 1.2 Strategic Objectives:

**Goal:** The goal of Scaled-up Response to HIV and AIDS through Civil Society Project was to contribute to reduced stigma and HIV infections among children and young people in 22 targeted districts in Kenya by 2010

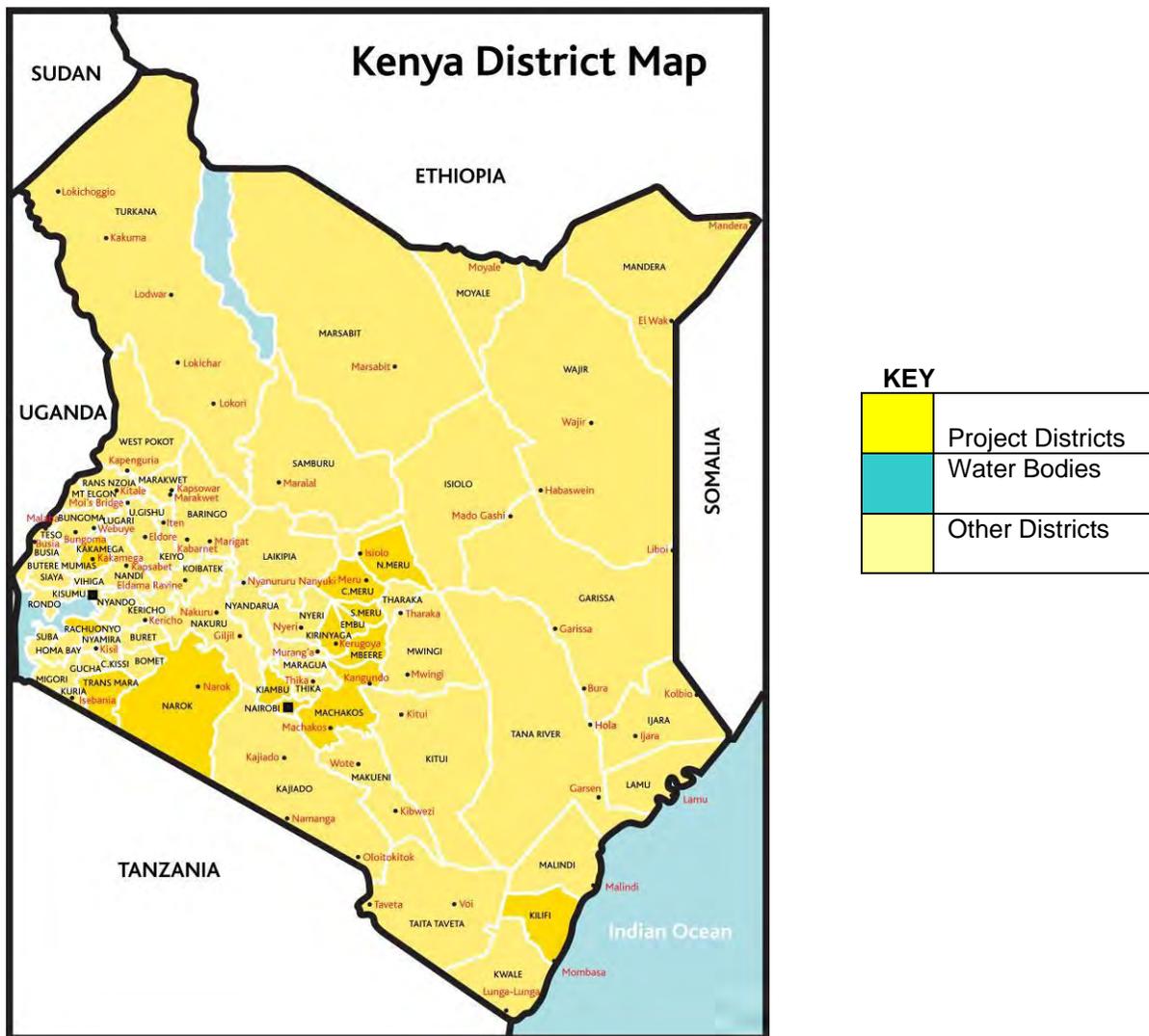
In order to achieve the Project goal the project focused on the following four strategic objectives (SO):

- **SO 1:** Increased abstinence amongst youth and mutual faithfulness within relationships through BCC interventions among 240,000 young people
- **SO2:** Increased availability and use of HIV counseling and testing services by 61,000 people
- **SO3:** Increased availability and use of services to prevent mother-to-child transmission of HIV for 11,000 families
- **SO4:** Increased capacity of the CPAK consortium to address the HIV epidemic in Kenya

### 1.3 General Overview of activities and approaches

The key programme activities planned for the life of project included conducting various types of training for the partners in the areas of program management, finance, and technical issues with the aim of equipping them with the necessary skills required for successful implementation of the project, conducting outreach activities in the areas of BCC, HCT & PMTCT as well as providing PMTCT and HTC services at the static sites, conducting organizational capacity assessments (OCA) for the partners and Procurement of project assets like vehicles. In BCC activities, the project used the participatory peer-based dialogue approach, which was applied in schools, churches and community settings. The project employed the Life Skills education in schools model to reach the in-school youth. This includes the development and application of critical life skills to understand and value personal identity, build safe and productive relationships with other people, and make healthy choices for personal development. To reach the young couples, the project used the family dialogue model which was developed by DOSS ACK and implemented in 4 Dioceses under the USAID-supported IMPACT Program and implemented by Family Health International (Grant No: HRN-A-00-97-00017-00). The curriculums used for the trainings included the Choose life and Being Faithful. In HTC and PMTCT, the project used static sites as well as outreach model. Different modes of outreaches were applied including door to door Counseling and Testing (CT), Mobile CT, moonlight CT and integrated health outreaches.

## 1.4 Map of Project Area



## 1.5 General Summary of Results and successes

The project surpassed all its set targets during the implementation period. In BCC a total of 407,740 individuals (190,470 males, 216,270 females) were reached with AB messages in small groups being 69% above the Life of Project (LoP) targets. A total of 26,372 individuals were trained to promote HIV prevention messages. In HCT 110,555 individuals (54,172 males, 56,383 females) were counseled, tested and received their results which was an 81% achievement above the life of the project target of 61,000. In PMTCT a total of 14,635 pregnant women were counseled tested and received results in PMTCT setting. This reflects a 33% achievement above the project target of 11,000.

## 1.6 Major Challenges, constraints and Lessons Learned

The Major challenges and constraints faced by the project included:

1. The project had a slow start with start up activities taking almost a year. As a result the implementation period was shorter than expected; however through hard work and staff commitment the project managed to achieve all its targets.
2. The process of the approval of necessary documentation for tax exemption by the Kenya authorities is long and time consuming and as a result many suppliers are still awaiting the certificate of exemption.
3. The project experienced a shortage of HIV testing kits in some districts especially at the start of the project, however this improved over time.

4. Filling of time sheets/records by volunteers to account for cost share created the connotation of employment. This was especially so in areas where other USG funded programs like AIDS, Population, and Health Integrated Assistance Program (APHIA II) were operating because they provide some monetary allowances to the volunteers. To overcome the challenge, the volunteers noted the time spent in project implementation in their monthly activity report and this data was used to record volunteer time.
5. In some areas, cultural beliefs and practices were a barrier to effective program uptake for example where they believe men and women should not openly discuss sex related issues. There were also a lot of myths around HIV/AIDS. However the influence of church leaders was critical in overcoming these challenges.

The major Lessons Learnt included:

1. That life skills program in schools not only bequeaths the youth with skills but also enables them to acquire learning and educational skills for better academic performance
2. That the BCC program targeting the youth helped nurture their leadership potentials and the peer leaders became natural sources for student leadership as prefects. It also enhanced creativity among the pupils.
3. A peer based approach of work with married couples addressing relationships, communication, sex and fidelity is an effective way of supporting couples to take on responsibility to maintain mutual faithfulness in marriage with support from friends and colleagues.
4. It was clear that stigma/denial/discrimination in the community could be all reduced through the pulpit. Perception of church leaders regarding HIV & AIDS was very influential upon the response of the community. This also helped increase the service uptake for HCT and PMTCT services.
5. The approach of conducting integrated health outreaches, in liaison with the Ministry of Health, to offer PMTCT and HCT services was very effective especially in the remote regions.
6. Training of the clergy and community leaders on stigma, denial and discrimination myths about HIV/AIDS was critical in strengthening uptake of services and institutionalizing of HIV responses within churches.
7. The Tearfund NPI Project was implemented by a consortium of national FBOs. It had been hoped that during these 3 years, the consortium, CPAK, would be of sufficient capacity to take a lead in support to members in project management, but it is clear that more than 3 years are needed to build the capacity of a newly established organization to the standards required.
8. In contrast to the above Tearfund proved that within 3 years it is possible to significantly strengthen the capacity of established FBOs to meet the responsibilities of being accountable to institutional donors. However this was possible only through systematic mentoring and support at all levels of management, finance and implementation within the FBO.
9. CBOs/FBOs are a cost-effective approach to delivering quality and locally owned services in the area of HIV prevention.

## **1.8 Budget**

The actual total expenditure for the life of Project is \$6,920,658 which is 1.7% above the approved project budget of \$6,805,175. The USAID allocated outlay came to \$4,996,932, or \$55,977 (1%) above the obligated amount of \$4,940,955. The cost share contribution for the LOP was planned to meet the modified obligation of \$1,864,220 but actually amounted to 3% more at \$1,923,726 plus the overspend of \$55,977 so coming to \$1,979,703 .

## 2.0 Summary Table of PEPFAR Indicators

Program Area	Reporting Period: End of Project (April 2008 to March 31, 2011) Indicator NB Indicates both Old PEPFAR Indicators and the Next Generation Indicators (NGI)	Target for Life of Project	Achieved to date
Prevention Sub Area 8: Sexual and other Risk Prevention	Number of individuals reached through community outreach that promotes HIV and AIDS prevention through abstinence and/or being faithful <b>or</b> Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required <sup>1</sup>	240,000	406,740
	Male		190,470
	Female		216,270
Prevention Sub Area 11: Testing and Counseling	Number of service outlets providing counseling and testing according to the national and international standards	21	21
	Number of individuals who received counseling and testing (T&C) services for HIV and received their test results	61,000	110,555
	Male		54,172
	Female		56,383
Prevention Sub Area 1: Mother-to-Child Transmission Services (PMTCT)	Number of service outlets providing the minimum package of PMTCT services according to the national and international standards <b>or</b> Number of PEPFAR supported health facilities providing ANC services that provide both HIV testing and ARVs for PMTCT on site	19	19
	Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results <b>or</b> Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	11,000	14,635
	Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT <b>or</b> Number of HIV-positive pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission		648
Health System Strengthening: Sub area 2: Human Resources	<b>Number of health care workers who successfully completed an in-service training program</b> (Cumulative data for all the trainings)		
	Number of individuals trained to promote HIV and AIDS prevention programs that promote abstinence and/or being faithful <b>(subset)</b>	8,899	26,372
	Number of Individuals trained in counseling and testing according to national or international standards <b>(subset)</b>	166	27
	Number of health workers trained in the provision of PMTCT according to national or international standards <b>(subset)</b>	77	61

<sup>1</sup> New generation PEPFAR Indicators  
Tearfund Kenya NPI Project Final Report 2008 - 2011

### 3.0 Project Implementation by Strategic Objective (SO1)

#### 3.1 SO 1: Activity Results for the implementation Period

**SO 1:** Increased abstinence amongst youth and mutual faithfulness within relationships through BCC interventions among 240,000 young people

During the LoP a total of 26,372 people were trained to provide HIV and AIDS intervention promoting primarily abstinence and or being faithful these include peer educators in schools, youth mentors, community own resource persons and religious leaders. These trained individuals reached 407,740 individuals (190,470 males, 216, 270 females) with HIV prevention interventions primarily focused on abstinence and or being faithful (AB) in small groups being 69% achievement above the life of project targets. The choose life and being faithful curriculums were utilized by the project for trainings. The table below shows a summary of the achievements.

“We started with three couples attending faithfulness in marriage sessions a month, the sessions are now in high demand and we have over 60 couples attending each month. We have very few marital faithfulness discipline issues to handle now.” *Clergy at Calvary Bible Baptist Church, Mtwapa*

	2008/2009	2009/2010	2010/2011	Total achievement per Partner	LoP Target	% achievement
<b>LISP</b>	87,990	117,234	8,377	213,601	122,000	175%
<b>CCS/MKE</b>	22,680	14,240	3,123	40,043	18,000	222%
<b>EAK</b>	43,281	39,741	0	83,022	46,000	180%
<b>SJCC</b>	2,124	17,398	0	19,522	16,000	122%
<b>TRDP</b>	5,802	7,557	1,295	14,654	12,000	122%
<b>NIDP</b>	20,359	8,432	7,107	35,898	26,000	138%
<b>TOTAL</b>	182,236	204,602	19,902	406,740	240,000	169%

Details of each partner performance are presented below:

**Lifeskills Promoters (LISP)** a major partner in BCC mainly worked with schools. They targeted both primary and secondary schools in Nairobi, Mbeere, Kakamega and Kiambu districts. Peer Education Delivery Units (PEDU) were formed targeting 10-14 year old attending primary schools and 15-18 year olds at secondary schools. During the LoP, LISP trained a total of 21,202 (12,747 males, 8,455 Females) teachers and peer educators to reach youth as individuals and/or small group level preventive interventions that are primarily

“Students are abstaining; we see significantly reduced reports of pregnancy by head teachers and parents. This year only one case was reported in the zone - previously there would be more than five each term.” *Area Education officer, Karaba Zone*

focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required being 124% of the life of project target. The trained individuals reached a total of 213,601 youth who were reached in schools through the dialogue forums composed of 15 individuals which was 75% above the life of project target

of 122,000 for LISP. Main activities conducted during the implementation period included building institutional support for BCC interventions from churches, schools, support to PLHAs, developing, procurement and distribution of BCC resource materials and conducting dialogue forums for the pupils.

**St. Johns Community Center (SJCC)** trained 1,904 individuals from 14 Nairobi parishes as TOTs to promote AB messages among young people aged 10 to 14 years. The trained people reached 19,522 individuals with HIV prevention initiatives primarily promoting AB. This performance reflects 22% above the life of project target of 16,000.

**Christian Community Service Mount Kenya East (CCSMKE)** implemented their BCC activities in four districts namely Embu, Mbeere, Kirinyaga and Meru. The entry to the community was through the Anglican church dioceses in the four regions. Consultative meetings were held with the four Bishops for selection of participating parishes as well as for orientation on program issues. HIV committee meetings were formed and members trained on HIV/AIDS prevention initiatives. 731 trainer of trainees, peer educators and mentors were then trained to facilitate HIV and AIDS interventions primarily promoting AB at the community level. A total of 40,043 people were reached with HIV prevention initiatives primarily promoting AB. This performance reflects 22% above the life of project target of 18,000.

"I have been using my new skills to avoid sex, especially now that I'm an adolescent." *grade 6/7 pupil.*

**Narok Integrated Development Program (NIDP)** targeted the Maasai community in Narok North and South districts. This was done at the church, in schools and also directly at the community level through organized groups. Sensitization meetings with the clergy, the social group leaders and school heads were conducted for orientation on project activities. 1,438 Volunteers were then trained to facilitate HIV and AIDS interventions primarily promoting AB at the community level as well as in schools. Through dialogue forums, the volunteers reached a total of 35,898 people with HIV and AIDS interventions promoting HIV prevention primarily through AB in small groups. This performance reflects 38% above the life of project target of 26,000.

"The pupils in the program, particularly the peer educators, are more disciplined and liked by the teachers. They are role models for the other students." *Area Education Officer, Karaba Zone*

**Transmara Rural Development Program (TRDP)** targeted the Maasai community in Transmara West and East districts. This was done at the church, in schools and also directly at the community level through organized groups. Sensitization meetings with the clergy, the social group leaders and school heads were conducted for orientation on project activities. 1,904 Volunteers were then trained to facilitate HIV and AIDS interventions primarily promoting AB at the community level as well as in schools. Through dialogue forums, the volunteers reached a total of 14,654 people with HIV and AIDS interventions promoting HIV prevention primarily through AB in small groups. This performance reflects 22% above the life of project target of 12,000.

"Discipline in schools has improved enhancing academic performance in national exams." *Shinyalu and Ileho Divisional Education Officers*

**Evangelical Alliance of Kenya (EAK)** This partner implemented their BCC activities in four districts namely Machakos, Nairobi, Rachuonyo and Kilifi districts. The activities were implemented through their sub-partners who are local organizations in the districts. Consultative meetings were held with the clergy for orientation on program issues. 500 trainers of trainees, peer educators and mentors were then trained to facilitate HIV and AIDS interventions primarily promoting AB at the community level. A total of 83,022 people were reached with HIV prevention initiatives primarily promoting AB. This performance reflects 80% above the life of project target of 80,000.

### 3.2 SO2: Activity Results for Implementation period.

**SO2:** Increased availability and use of HIV counseling and testing services by 61,000 people

During the LoP, a total of 110,555 individuals (54,172 males, 56,383 Females) were counseled, tested and received their results reflecting 81% above the life of Project target of 61,000. The excellent performance was due to effective church mobilization with HCT services carried out in a number of congregations.

HCT services were carried out by five partners through their static sites as well as outreaches. At the static sites, Provider Initiated Testing and Counseling services (PITC) and Diagnostic Testing and Counseling (DTC) services were offered as well as Voluntary Counseling and Testing (VCT). Outreaches were conducted in strategic places like in busy market areas, chief's camps, and Matatu termini among others. The approach of

outreaches included integrated health outreaches, mobile Counseling and Testing, Moonlight Counseling and Testing and door to door Counseling and Testing. Capacity building activities were key and counselors received refresher trainings on counseling and testing protocols, quality improvement and counselor supervision. The National curriculum were used for training courses. However the project did not train as many HCT counselors as anticipated since the partners deployed already trained staff. The project put in place an External Quality Assessment system to ensure quality standards of Counseling and testing are maintained. This was done in collaboration with the National reference laboratory at NASCOP where a system known as proficiency Testing was applied. The system involves validation of test results carried out at the sites. The other system used was the Dry blood Spot (DBS) system which was also done in collaboration with the Ministry of Health. The HCT National guidelines were used to guide the HCT activities. The table below shows a summary of the achievements.

	2008/2009	2009/2010	2010/2011	Total achievement per Partner	LoP Target	% achievement
<b>CCS/MKE</b>	9,730	16,926	2,033	27,334	11,500	238%
<b>EAK</b>	24,131	30,447	1,683	54,961	30,000	183%
<b>SJCC</b>	3,156	7,442	973	10,751	8,100	133%
<b>TRDP</b>	3,788	3,789	286	7,674	6,200	124%
<b>NIDP</b>	2,321	3,480	370	5,819	5,200	112%
<b>TOTAL</b>	43,126	62,084	5,345	110,555	61,000	181%

Description of each partners' performance is discussed below.

**CCSMKE** activities on HCT were offered through 7 static sites and mobile outreaches. The activities were implemented in Kirinyaga, Mbeere, Embu, Meru and Isiolo districts. A total of 27,334 individuals were counseled tested and received the results from the static and mobile HCT outlets reflecting 138% of the life of project target of 11,500. The HIV positive clients were referred to CCC services within CCS-MKE and the nearest district hospitals. During the reporting period, six HCT centers were renovated in the move to address confidentiality issues identified by the project as a challenge. Two VCT centers were set up and assessed by the ministry of Health for registration

"On Sundays, the Pastor raised peoples' awareness of HIV and AIDS and during lunch time the congregation were counseled and tested with the Pastor taking the lead." *Clergy, AIC Athi River*

**EAK** activities on HCT were offered through 4 static sites and mobile outreaches. The activities were implemented in Rachuonyo, Nairobi, Kilifi and Machakos districts. A total of 54,961 people were counseled and tested and received their test results in HIV reflecting 83% above the life of project target of 30,000. The HIV positive clients were referred to the nearest Comprehensive Care Centers. The project supported the renovation and setting up of a VCT centre at Omboga clinic in Rachuonyo district.

**SJCC** implemented HCT services through their two static sites and mobile outreaches within Nairobi province. At the start of the project, SJCC had only one static site, however through the project another site was set up at St Andrews Church. The HCT outreaches were conducted at church compounds in the 14 parishes where BCC activities were also taking place. During the reporting period 10,751 people were counseled, tested and received their test results reflecting 33% of the life of project target of 8,100.

"Mobile HCT enabled many members of the community to be tested. We had an overwhelming response from the community." *Clergy in Korogocho*

**TRDP** HCT activities on HCT were offered through mobile outreaches and 2 static sites in Transmara East and West. A total of 7,674 individuals were counseled, tested and received results during this reporting period reflecting 24% above the life of project target of 6,200. The HIV positive clients were referred to the nearest Comprehensive Care Centers.

**NIDP** activities on HCT were offered through mobile outreaches and 2 static sites in Narok north and South districts. A total of 5,819 individuals were counseled, tested and received results during this reporting period reflecting 12% above the life of project target of 5,200. The HIV positive clients were referred to the nearest Comprehensive Care Centers.

### 3.3 SO3-Activity Results for the Implementation Period.

**SO3:** Increased availability and use of services to prevent mother-to-child transmission of HIV for 11,000 families

#### Activity Results for Implementation Period

During this reporting period a total 14,635 pregnant women were counseled tested and received results in PMTCT setting. This reflects an 18% achievement above the life of the project target of 11,000. 648 positive pregnant mothers received maternal prophylaxis.

The PMTCT activities were implemented by four partners through static sites and integrated health outreaches. Capacity building activities were key and the service providers received training on various technical aspects including PMTCT updates, CD4 counts for HIV positive clients, Early Infant Diagnosis and Counselor supervision among others. The project also trained Community Health Workers who were engaged in follow up of HIV positive mothers. They were also key in referring clients from the community for services at the health clinics especially for PMTCT and Early Infant Diagnosis. National curriculums were used for trainings.

The project put in place an External Quality Assessment system to ensure quality standards of Counseling and testing are maintained. This was done in collaboration with the National reference laboratory at NASCOP where a system known as Proficiency Testing was applied. The system involves validation of test results carried out at the sites. The other system used was the Dry Blood Spot (DBS) system which was also done in collaboration with the Ministry of Health. The PMTCT National guidelines were used to guide the HCT activities. Description of each partners' performance is discussed below. The PMTCT sites were linked to the Kenya Medical Research Institute (KEMRI) lab network for PCR/EID testing which uses a courier system to transport samples the central laboratory.

The table below shows the summary of PMTCT data per partner.

	2008/2009	2009/2010	2010/2011	Total achievement per Partner	LoP Target	% Achievement
<b>CCS/MKE</b>	1,140	4,658	857	6,088	6,000	101%
<b>EAK</b>	1,461	2,445	981	4,018	2,200	183%
<b>TRDP</b>	781	759	178	1,616	1,500	108%
<b>NIDP</b>	351	937	87	1,300	1,300	100%
<b>TOTAL</b>	3,733	8,799	2,103	14,635	11,000	118%

Below is the description of partner activities

**CCS MKE:** PMTCT activities were offered through mobile outreaches and 6 static sites. The activities were implemented in Kirinyaga, Mbeere, Embu, Meru and Isiolo districts. A total of 6,088 pregnant women were counseled, tested and received results during this reporting period reflecting 1% above the very high life of project target of 6,000. The HIV positive clients were provided with ARV prophylaxis as per the national guidelines

“At long last, I don't have to walk so far to seek medical care. It has been brought to me.” *A pregnant mother*

and closely monitored. During the reporting period, the six PMTCT centers were renovated in the move to address confidentiality issues identified by the project as a challenge.

**EAK:** PMTCT activities were offered through mobile outreaches and 4 static sites. The activities were implemented in Rachuonyo, Kilifi, Nairobi and Machakos districts. A total of 4,018 pregnant women were counseled, tested and received results during this reporting period reflecting 83% above the life of project target of 2,200, mainly due to the high population densities around the static sites. The HIV positive clients were provided with ARV prophylaxis as per the national guidelines and closely monitored. At the start of the project, the project was supporting 3 sites; however a new site at Machakos was set up to complement the HCT services. The project supported the renovation of the site, procurement of equipment and deployed a staff member to manage the site. Another site renovated was the Cana clinic in Nairobi and the Omboga clinic in Rachuonyo.

**TRDP:** PMTCT activities were offered mainly through 10 mobile outreach sites in Transmara West and East districts. A total of 1,616 pregnant women were counseled, tested and received results during this reporting period reflecting 8% above the life of project target of 1,500. The HIV positive clients were provided with ARV prophylaxis as per the national guidelines and closely monitored.

*"This is the first project in this region that has truly reached our community with PMTCT services.." Doctor in charge of Lolgorian hospital in Transmara*

The region served by this partner is marginalized with poor terrain and very few health clinics which themselves are not easily accessible by the community members due to long distances or even lack of staff at the sites.

The project therefore supported integrated outreaches to 10 sites with the aim at taking the services near to the people. To do this they formed a multi-disciplinary team made up of TRDP and Ministry of Health officials and had a regular schedule for the outreaches. The services offered included Immunization of under fives, Curative services, HIV counseling and testing, PMTCT services and referral services

**NIDP:** PMTCT activities were offered mainly through mobile outreach sites and two static sites in Narok North and South districts. A total of 1,300 pregnant women were counseled, tested and received results during this reporting period reflecting 100% of the life of project target of 1,300. The HIV positive clients were provided with ARV prophylaxis as per the national guidelines and closely monitored. This partner used the same approach used by the TRDP (explained above) to reach out to the community since they were also serving a marginalized area.

*"I am very grateful for all the project did; if not for them my baby would have HIV. " Alice, Narok*

## Challenges and Constraints

- The vastness of the project catchment areas, especially in TRDP and NIDP, made follow up of clients very difficult.
- High levels of stigma was a major challenge at the initial stages of the project as church leaders declined to use the pulpit to address HIV/AIDS issues, however this changed over time with intensive sensitization of the clergy.
- A planned scale-up of site activities by EAK to Kisii District did not happen due to the presence of other USAID partners. This had a negative impact on the project as already a lot of effort had been put into supporting the sites.
- Cultural beliefs and practices in the project's catchments especially in NIDP and TRDP was a major challenge towards the uptake of HIV/AIDS services. This also resulted in low male involvement.
- Shortage of HIV testing kits especially at the start of the project.
- High turnover of project staff / supporting staff including nurses, guidance and counseling teachers, volunteers had a negative impact on continuity of services.
- High prevalence of home deliveries in the TRDP coverage region despite community sensitization.
- Insecurity and tribal clashes in some of the districts i.e. Meru North, Isiolo and Tharaka hampered some planned activities e.g. mobilization and outreaches.

- Illiteracy/ semi-illiteracy of the target population was a confidence barrier that limited group participation during dialogue sessions.
- The lack of a standardised approach to address special groups in the society like the widows and single parents who form a good percentage in the communities and felt marginalized due to their lack of partners in a program that was designed to emphasize the role of the father in terms of Prevention of Parent to Child Transmission (PPTCT) as much as PMTCT.

### 3.4 SO4: Activity Results for the Implementation Period

SO4: Increased capacity of the CPAK consortium to address the HIV epidemic in Kenya

#### Activity Results for Implementation Period

The main activities accomplished included conducting Organizational Capacity Assessments (OCA) for all the partners in the areas of governance, finance, human resources management, administration, organizational

“The capacity assessment tool and methodology was an eye opener. It has enabled us to look at our other programs... the tool can be adapted for any program management situation.”  
*CEO Life Skills Promoters*

management, project management, and project performance management. This process helped the partners to assess themselves and develop action plans to address gaps identified. The project team provided the necessary Technical advice and support in helping partners to achieve their plans. As a result the partners were able to review and adopt new policies in different areas, among them finance and administration. Subsequent OCA with Partners recorded higher scores, giving firm evidence of increase in capacity of each of the CPAK members. Partners also received various Technical trainings aimed at building their skills, among them the area of Strategic behavior change communication (SBCC), PMTCT, EID, CD4 count testing, and Counselor supervision.

“We can now apply the M&E skills to programs funded by other donors.” *Deputy Program manager, SJCC*

Tearfund and partners also benefitted from management related trainings which included human resource management; resource mobilization; senior management training; compliance training, finance for non-finance managers; documentation training and routine quality assurance (RDQA) training. Some of these training courses were led by NuPITA, others through national training providers. In addition, the project team carried out capacity building of partner staff on financial and monitoring management through workshops and follow up mentoring processes. This included financial planning, monitoring, and reporting; cost share documentation and reporting; and financial verification of expenditures and programmatically: monitoring, Quality and DQA input and mentoring.

### 3.5 Results of Activities (Performance Targets and Achievements)

RESULTS OF ACTIVITIES TABLE			
Activity	Planned Target	Achieved	Comments and Important Outputs
<b>Strategic Objective 1: By 2010, 240,000 children and young people will be supported to adopt safer behavior.</b>			
Build institutional support for BCC interventions from churches, schools, PLHA networks, etc. through sensitization meetings	Institutional leaders consulted and sensitized.	Institutional leaders including school heads, education officials and church leader were sensitized on the project	The sensitization was followed by selection of individuals to be trained to provide HIV and AIDS prevention messages through Abstinence and Being Faithful; and promotion of reduction of stigma, denial and discrimination of PLHA in order to increase uptake of PMTCT and CT for HIV
Train intervention delivery resource persons (trainers, group leaders, teachers, youth pastors, PLHAs, etc.) in BCC on abstinence and being faithful (AB); and stigma reduction	Train teacher TOTs, Peer Educators in churches, church leaders, youth counselors and cell group leaders in churches.	During the annual period a total of 26,372 individuals were trained on HIV and AIDS prevention interventions promoting primarily abstinence and or being faithful.	The numbers trained included G&C teachers in the schools, peer educators, TOTs who would facilitate the discussions in the schools and the communities. The training demand was high and pointed to the appreciation of participatory methodologies
Develop/Adapt, procure, and distribute BCC resource materials including training manuals, pamphlets, posters, fliers and t-shirts disseminating AB messages	Develop/Adapt, procure, and distribute BCC materials including Training Manuals, posters, fliers and T-shirts.	BCC IEC materials were developed/adapted, printed and distributed. These included training manuals, pamphlets, key holders, t-shirts, conference bags, posters and caps	Some of the training manuals developed by our partners have been accepted for use in schools by the ministry of Education.
Support sustained operation of forums for dialogue	Reach 240,000 Youth with AB messages	During the reporting period 406,740 people were reached with HIV prevention interventions primarily focused on abstinence and or being faithful (AB) in small groups.	
<b>Strategic Objective 2: By 2010, 61,000 people will be mobilized to access counseling and testing services.</b>			
Renovate, establish and register HCT sites.	Renovate 6 HCT sites and establish 2 VCT centers.	Eight HCT sites were renovated and four new VCT centers were set up and registered.	
Train and deploy professional HCT service providers using the national AIDS STI control program (NAS COP) training curriculum.	57 CT service providers trained and deployed to offer CT services	27 HCT counselors were trained and deployed by the partners.	Partners hired already trained counselors therefore reducing the need for training as planned.
Conduct Counseling and Testing services for	People counseled and tested.	110,555 individuals were counseled,	This was 81% above the life of project targets. The

**RESULTS OF ACTIVITIES TABLE**

<b>Activity</b>	<b>Planned Target</b>	<b>Achieved</b>	<b>Comments and Important Outputs</b>
young people and adults as couples		tested and received their results	excellent performance was due to very good church mobilization with HCT services offered in churches.
Establish and support the operations of post-test clubs and other forms of support groups	15 post test clubs to be established	5 post test clubs formed	The challenge of forming post-test clubs is that of expectations of hand outs which this program does not provide thereby limiting the number of clubs that partners can form and support from other sources.
Build the capacity of the partners to conduct support supervision.	Train 6 HCT counselor supervisors.	6 HCT supervisors trained.	The trained staffs are conducting counsellor's supervision sessions.
<b>Strategic Objective 3: By 2010, at least 11,000 Families will have Access to Services that can Help Prevent Mother-to-Child Transmission of HIV.</b>			
Establish PMTCT service delivery sites integrated in existing maternal, ante-natal and child health services	19 PMTCT service sites established/ strengthened	19 PMTCT sites are operational.	Scale up of sites to Kisii district by EAK did not take place due to presence of other partners. However CCS/MKE managed to initiate a new site in Isiolo.
Renovate static PMTCT service delivery sites	4 PMTCT service sites renovated	Nine sites renovated.	Sites now operational
Hire and deploy trained PMTCT service providers.	Trained health workers deployed as PMTCT service providers	61 health workers trained in the provision of PMTCT according to national or international standard and were deployed to various sites.	High turn over of trained health workers was experienced by some partners slowing down the activities.
Conduct mobile PMTCT services	Mobile PMTCT services conducted	Integrated mobile services providing PMTCT conducted were conducted on monthly basis.	The mobile services lead to an increase in number of clients seen and greatly contribute to achieving project targets.
Offer PMTCT services to all mothers in antenatal clinics (ANC)	11,000 mothers reached with PMTCT services	14,635 pregnant women were counseled tested and received their results	This is 18% above the life of project target of 11,000.
Provide ARV prophylaxis to HIV positive pregnant women according to the national guidelines.	2,682 Pregnant women provided with ARVs.	648 Pregnant women were provided with ARVs during the reporting period.	The low achievement is due to the fact that the project was implemented in low HIV prevalence areas hence few clients turned positive.
Provide support for HIV positive mothers and their families	All HIV positive to be supported	HIV +ve women were referred for Follow up in comprehensive care centers.	Mothers were referred for various services among them ART, FP and psychosocial support.
Build the capacity of the partners to conduct support supervision.	Train 6 PMTCT counselor supervisors.	6 PMTCT supervisors trained.	The trained staffs are conducting counsellor's supervision sessions.
<b>Strategic Objective 4: By 2010, The Christian Partnership on AIDS in Kenya (CPAK) will be an Independent, Sustainable Organization.</b>			
Conduct monthly supportive supervisory /monitoring visits to partners	Monitoring visits conducted	Monitoring visits were done to partner organizations by the Project manager, Finance Manager, M&E	Each partner has been visited at least two times during the quarter.

**RESULTS OF ACTIVITIES TABLE**

Activity	Planned Target	Achieved	Comments and Important Outputs
		Officer , Finance Manager, Finance Officer and PMTCT Program Officer.	
Organize and facilitate quarterly partner feedback and planning meetings	Feedback and planning meetings conducted	Quarterly review and feedback meetings held in each quarter during the implementation period.	
Conduct Organizational Capacity Assessments (OCA) for the partners.	OCA`s conducted for all partners.	OCA`s conducted for all partners in the areas of Governance, Human Resource, Administration, Organizational development Project management and Project Performance management.	The process helped partners in identifying gaps within their management systems and addressing the issues appropriately.
Build the capacity of partners in resource mobilization, SBCC, Financial skills and Documentation.	Conduct training for the partners to address their needs.	Training on resource mobilization, SBCC, Financial skills, Documentation conducted	Partner staff used skills gained in management of their organizations.
Support CPAK partners in setting up their systems.	CPAK systems are set	The project provided CPAK with Technical assistance in development of strategic plan and setting up their secretariat.	The CPAK partners are now clear on their way forward.

## **4.0 Monitoring and Evaluation**

### **4.1 Brief Overview:**

During the life of project, M&E activities carried out included routine data quality assessments (RDQA), data reconstruction, setting up of database for partners and Tearfund, supportive supervisory visits to the partners, participation of the Operations Manager, Program Manager and M&E Officer in an M&E workshop conducted in November 2009 by NuPITA in Cape Town South Africa; and assessment of PMTCT and HCT service delivery points. Supportive monitoring visits were made regularly to all partners to assess data quality and ensure that the data collection analysis and reporting tools are understood and utilized by partner staff and volunteers.

### **4.2 Results of Surveys, Studies or Evaluations:**

#### **Data Quality Assessment**

During the reporting period, two major data quality assessments have been carried out at the partner organizations. The initial assessments revealed several gaps including lack of supporting documents, incompletely filled data forms and poor filing systems among others. These gaps were addressed and the follow up assessment recorded a significant improvement in data quality handling. The project was able to verify all the data reported during the implementation period.

#### **PMTCT Service Assessment**

This assessment was carried out early in the implementation phase with the aim of identifying challenges and gaps that existed at the health clinics. The findings guided the implementation activities as focus was put in addressing the gaps. A review of the action plan drawn after the assessment showed great improvement as most of the issues had been addressed.

#### **End of Project evaluation**

The end of project evaluation was conducted by consultants with the aim of determining the outcomes based on the expected results. The evaluation assessed the efficiency, effectiveness and impact of the project on the target communities. The findings of the evaluation indicated that the project was efficient, effective, relevant and appropriate to the communities that the project served. A separate report is available and this has also been summarized for wider dissemination, the summary is attached as Annex 5.

### **4.3 Monitoring Tools and methods created by Program.**

For data collection in BCC the project used data collection forms developed by Tearfund and the partners. For HCT and PMTCT activities, the project used the national data collection tools. The project also supported the development of a database for the partners for efficient and better data storage that is currently in use by the partners.

At the Tearfund level, the project used KePMS PEPFAR database to manage the data as well as a Tearfund tailor made database similar to that developed for partners.

## **5.0 Program Management**

### **5.1 Brief Overview:**

At Tearfund level, the project was implemented by a team of six staff namely the Program Manager, Finance Manager, M&E Officer, PMTCT Program Officer, Finance Officer and Project Administrator with the Operations Manager supporting the team from the head office in UK.

### **5.2 Staff Training**

Key project personnel have been trained mainly by NuPITA. The Operations Manager, Project Manager and the M&E Officer attended an M&E training facilitated by NuPITA in Cape Town, South Africa; other trainings include; finance training by MANGO, documentation; resource mobilization, social behavioral change communication; prevention, senior management, sub-grant management, compliance and human resource management trainings. The mentioned training opportunities were extended to Tearfund sub-partner staff as much as was possible.

### **5.3 Visits**

During the life of Project, several visitors visited the project. This included; Barbara Durr, the Director of NuPITA who held discussions with the Project Manager; Elizabeth Berard, the original project Activity Manager at USAID Washington who also made field visits to the project implementation sites in FY9 and FY10; Mathew Frost CEO Tearfund and Richard Lister Head of East African Region at Tearfund who visited some project implementation sites in FY10; Jeniffer Wasianga, the project Activity Manager from USAID Kenya who visited TRDP and NIDP in FY11. Ken Sklaw and Alison Dawe from USAID Washington DC visited the project during the close out period to conduct a program review. The program review was conducted among three partners including NIDP, SJCC and LISP. The UK based Tearfund Operations Manager, Clare Crawford, visited the NPI Project several times to support the team, undertake field visits as well as participate in critical activities like work plan development. The project also hosted colleagues from the Tearfund NPI Project in Zambia: Sikapale Chinzewe (Zambia PM), Bertha Chunda (Tearfund's Country Representative for Zambia), Namwayi Membe, (the M&E Officer for Zambia) and Victor Nshindano, (the Zambia Finance Manager) to share lessons learnt.

### **5.4 Sub-Grant Monitoring and Project Coordination**

- The Project team carried out various processes to monitor the partner project activities during the period under review. The NPI project team conducted Organization Capacity Assessment (OCA) in the area of finance, administration, human resources, governance, organizational management, project management, and project performance management. Plans of action were drawn up. In addition, financial expenditure verification was carried out for all partners to ensure that the expenditures are reasonable, allocable and allowable.
- Quarterly partner review meetings were held bringing together all the partners to share and learn from one another. Actions that would improve project performance including areas related to financial management and administration as well as program management were determined in these meetings. In addition, technical issues and updates were shared during these meetings.
- The TF Project Manager, Finance Manager and M&E Officer attended the CPAK Board meetings to give project performance feedback.
- The NPI Project Managers of both the Kenya and Zambia Tearfund Programs established a routine phone call to compare notes on various areas of work and to offer mutual support. Topics addressed have included the mutually complex areas of cost share and PMTCT program work.
- The Operations Manager oversees both the Kenya and Zambia NPI Programs, using the learning from Kenya to build improvements in the management and operations of the Zambia work.

## 5.5 Meetings/Networking

The NPI Project team participated in the following meetings during the reporting period:

- Chief of party breakfast meetings.
- The 6<sup>th</sup> National HIV care and Treatment consultative forum; Theme- Strengthening Health systems for universal access to HIV care and Treatment.
- 3<sup>rd</sup> National PMTCT grand round held on 26<sup>th</sup>-27<sup>th</sup> November 2009: The Theme was maximizing Impact and cost effectiveness in PMTCT programs.
- PMTCT stakeholders meeting organized by NASCOP
- Held a meeting with the HCT and PMTCT program managers at NASCOP and with the PASCO Nairobi.
- Held meetings with Pathfinder and FHI, meeting the Project Directors of APHIA Plus Nairobi and Rift (Dr Margaret Makumi and Ms Ruth Odhiambo) to introduce NPI implementing partners with a view to their future co-operation in APHIA+ work as that develops
- At project end in March 2011 Tearfund Kenya ran a dissemination forum with over 70 guests attending from USAID Nairobi, other USAID funded organisations running HIV programs, Tearfund partners, contacts and church leaders.
- Held consultative talks with representatives from
  - i) KEMRI, CD4 laboratory for support of CD4 lab network and capacity building of the staff.
  - ii) KEMRI EID laboratory for support of EID lab network
  - iii) Clinton Foundation- supported the program with EID EIC materials
  - iv) National Reference Laboratory- For Proficiency Testing roll out to project sites.
  - v) UNICEF- supported the project with Mother and Child booklets.
  - vi) Supply Chain Management Systems- Follow up on supply of test kits.

## 6.0 Budget

### 6.1 Budget Overview

The actual total expenditure for the life of Project is \$6,920,658 which is slightly above the approved project budget of \$6,805,175 . The USAID allocated outlay came to \$4,996,932, or \$55,977 above the obligated amount of \$4,940,955. Of this sum \$3,262,551 was expended by sub grantees. The cost share contribution for the LOP was planned to meet the modified sum of \$1,864,220 but actually amounted to \$1,923,726 plus the overspend of \$55,977 so coming to \$1,979,703 .

### 6.2 Cash Receipts

During the LOP a total amount of \$4,905,116.98 was received from USAID, which is \$35,838 less than the obligated amount.

### 6.3 Budget Variance Summary

As mentioned above, a total of \$4,966,932 of USAID allocated funds were spent during the LOP ending in 3<sup>rd</sup> July 2011 (i.e. inclusive of the 90 day close down) of which is 1% above budgeted spend for the period. The breakdown of this figure in terms of main budget lines is provided below:

<b>Total USAID Federal Share</b>				
<b>April 2008 - July 2011</b>				
	<b>Actual \$</b>	<b>Budget \$</b>	<b>\$ Variance from budget</b>	<b>% of Budget</b>
<b>EXPENSES</b>				
<b>Personnel</b>	\$635,045	\$473,580	\$161,465	34%
<b>Fringe Benefits</b>	\$51,679	\$43,801	\$7,878	18%
<b>Travel</b>	\$60,680	\$73,815	-\$13,135	-18%
<b>Equipment</b>	\$126,639	\$224,733	-\$98,094	-44%
<b>Contractual Services</b>	\$3,386,748	\$3,370,515	\$16,233	0%
<b>Program Costs</b>	\$154,829	\$194,880	-\$40,051	-21%
<b>Other Expenses</b>	\$122,096	\$103,522	\$18,574	18%
<b>DIRECT EXPENSES</b>				
<b>Indirect Expenses</b>	\$459,217	\$456,109		
<b>TOTAL</b>	<b>\$4,996,932</b>	<b>\$4,940,955</b>	<b>\$55,977</b>	<b>1%</b>

<b>Budget Line</b>	<b>Comment</b>
Personnel	The personnel costs were significantly higher than the original budget plan due to an anticipation of higher capacity amongst the sub-grantees than was actually the case. It quickly became clear that Tearfund would need to have more staff to support the sub-grantees to meet both the project demands and the USAID compliance requirements
Fringe Benefits	Although this has not come above budget to the same extent as the personnel, the rise in this line is due to the additional personnel who were taken on.
Travel	As the management of the project was based from Nairobi and in the hands of more, competent local staff; fewer support visits from the UK were made than was originally planned.
Equipment	In order to support the higher personnel costs without impacting on the program work in the field, equipment lines were reduced, without a negative impact on the project.
Contractual Services	The budget for the work in communities, covered by this line was ring-fenced despite the need for additional staff to manage the project.
Program Costs	As a stronger management team was put in, in Nairobi, the budget lines allocated to consultants for support could be cut.
Other Expenses	The larger staff presence necessitated a better equipped office than had originally been planned.

## **6.4 Cost Share Summary**

The planned cost share for the LOP was originally set at \$2,072,350. It was noted as the project proceeded that this was based on an erroneous calculation of the value that can be attributed to volunteer time. Thus this was negotiated, with a modification of the cost share set at \$1,864,220. Of this, \$1,923,776 has been realized which is 3% above target, or if the over-spend on the federal budget is counted into cost share, then the total cost share is \$1,979,703, which is 6% above the modified cost share agreement. During the LOP the partners were able to understand and establish mechanisms for collection of cost share information. The partners have also improved their cost share collection procedures over time, with most of the cost share realized in FY09 and FY10.

## **7.0 Other Issues**

### **7.1 Sustainability and Transition**

The NPI project team worked closely with the Christian Partnership on AIDS in Kenya (CPAK) board during the project period. The CPAK board with the involvement of the NPI Program Manager and support of NuPITA reviewed CPAK's strategic plan. In addition, finance, human resources management and administrative policies and procedures were developed and approved by the CPAK Board. The CPAK partners were trained on resource mobilization to equip them with the skills to enable them leverage more resources to be able to continue the good work started by the NPI project beyond the completion of the cooperative agreement. The NPI Program Manager worked very closely with the board to ensure that the consortium is strengthened. In addition, the manager linked CPAK and the sub-partners to other USG funded programs to explore opportunities for future collaboration and partnerships. The NPI Project partners have continued to work with their communities and church institutions on the ground utilizing a Participatory Evaluation Process (PEP) to work with the community to identify their development agenda including health and HIV and mobilizing local resources to fund the Agenda. As a result some church institutions have committed to continue supporting some activities initiated by the NPI project. The outcomes of the PEP process will, as much as possible, continue to be supported by Tearfund UK. CPAK board will continue to get support from Tearfund UK to ensure they grow the organization to implement the developed policies, financial systems and governance.

### **7.2 Coordination with in Country Team Host Government, Local Partners**

Tearfund had been attending the monthly Chief of Party Breakfast Meeting facilitated by Office of Population and Health/USAID Kenya. The partners held several meetings with the Ministry of Health officials at district level, specifically, the District AIDS/STI Coordinator (DASCO) who provided the partners with policy documents, MOH M&E tools including reporting forms, IEC materials, HIV testing kits and ARVs and other drugs for treatment of opportunistic infections. The NPI project partners have continued to participate in Ministry of Health fora organized at district level as part of sharing and learning.

The NPI project team also held meetings with various government departments such as NASCOP, Provincial Medical Officer (PMO) Nairobi, National Reference Laboratory, and KEMRI EID laboratory. Other organizations and programs visited by the Project team included Supply Chain Management Systems, APHIA Nyanza, Pathfinder International and Family Health International (FHI).

### **7.3 Success Stories**

See Annex 2 for 6 success stories.

## **8.0 Annexes**

### **8.1 Financial Summary Report**

### **8.2 Success Stories**

### **8.3 EoP Report Summary**

### **8.4 Partner Individual Summary Documents**

### **8.5 Evaluation Report Summary**