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USAID Kenya (APHIAplus Nuru ya Bonde) Quarterly Progress Report April – June 2016



APHIAplus Nuru ya Bonde project, helps Tusonge Mbele Support Group engage in small scale farming to supplement nutritional needs in the household and earn an income from surplus produce

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FY 2016 Q3 Progress Report

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

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Acronyms and Abbreviations

AAC	-	Area Advisory Committee
ADT	-	ARV Dispensing Tool
AMTSL	-	Active Management of Third Stage of Labour
ANC	-	Ante Natal Care
APHIAplus	-	AIDS Population & Health Integrated Assistance Project <i>People Centered, Leadership, Universal access, Sustainability</i>
ART	-	Antiretroviral Therapy
ARV drugs	-	Antiretroviral drugs
BEmONC	-	Basic Emergency Obstetrics and Newborn Care
CASCO/SCASCO	-	County / Sub County AIDS and STIs Coordinator
CCC	-	Comprehensive Care Centre
CD4	-	Cluster of Differentiation 4
CHMT	-	County Health Management Team
CHV	-	Community Health Volunteer
CME	-	Continuous Medical Education
CPwP	-	Community Prevention with Positives
CYP	-	Couple Year of Protection
DATIM	-	Data for Accountability, Transparency and Impact
DBS	-	Dried Blood Spot
DHIS2	-	District Health Information System 2
DIC	-	Drop in Centre
DNA – PCR	-	Deoxyribonucleic Acid Polymerase Chain Reaction
DQA	-	Data Quality Audit
EID	-	Early Infant Diagnosis
EMR	-	Electronic Medical Records
eMTCT	-	elimination of Mother to Child Transmission of HIV
FANC	-	Focused Antenatal Care
F-CDRR	-	Facility Consumption Data Report and Request
FHI 360	-	Family Health International
FP	-	Family Planning
GOK	-	Government of Kenya
HAART	-	Highly Active Antiretroviral Therapy
HC	-	Health Centre
HCW	-	Health Care Worker
HEI	-	HIV Exposed Infant
HES	-	Household Economic Strengthening
HH	-	Household
HIV/AIDS	-	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMT	-	Health Management Team
HRIO	-	Health Records Information Officer
HTC	-	HIV Counseling and Testing
IBP	-	Individualized Birth Plan
ICF	-	Intensive Case Finding
IGA	-	Income Generation Activity
IPD	-	In-Patient Department
IUCD	-	Intrauterine Contraceptive Device
JFFLS	-	Junior Farmer Fields and Life Skills
JWP	-	Joint Work Plan
KEMSA	-	Kenya Medical Supplies Agency
KMMP	-	Kenya Mentor Mothers Program
LIP	-	Local Implementing Partner
LIPs	-	Local Implementing Partners
LVCT	-	Liverpool Care and Treatment

M&E	-	Monitoring and Evaluation
MCH	-	Maternal Child Health
MDT	-	Mentorship Development Team
MNCH	-	Maternal Newborn and Child Health
MOH	-	Ministry of Health
MPDSR	-	Maternal and Perinatal Death Surveillance and Review
MUAC	-	Mid Upper Arm Circumference
NASCOP	-	National AIDS and STI Control Program
NHIF	-	National Hospital Insurance Fund
NHP <i>plus</i>	-	Nutrition and Health Program <i>plus</i>
OI	-	Opportunistic Infection
OJT	-	On-the-Job-Training
OLMIS	-	OVC Longitudinal Management Information System
OPD	-	Outpatient Department
ORT	-	Oral Rehydration Therapy
OVC	-	Orphans and Vulnerable Children
PEP	-	Post-Exposure Prophylaxis
PEPFAR	-	President's Emergency Plan for AIDS Relief
PGH	-	Provincial General Hospital
PHDP	-	Positive, Health, Dignity and Prevention
PITC	-	Provider Initiated Testing & Counseling
PLHIV	-	People Living with HIV
PMTCT	-	Prevention of Mother-to-Child Transmission
PNC	-	Post Natal Care
POC	-	Point of Care
PPMP	-	Project Performance Monitoring Plan
PRP	-	Performance Reimbursement Plan
QI	-	Quality Improvement
QIT	-	Quality Improvement Teams
RDQA	-	Routine Data Quality Assessment
RH/FP	-	Reproductive Health/Family Planning
RTK	-	Rapid HIV Test Kit
SCHMT	-	Sub County Health Management Team
SCHRIO	-	Sub County Health Records and Information Officer
SGBV	-	Sexual and Gender Based Violence
SILC	-	Savings and Internal Lending Communities
SIMS	-	Site Improvement through Monitoring System
SOP	-	Standard Operating Procedure
STI	-	Sexually Transmitted Infection
TB	-	Tuberculosis
TQA	-	Technical Quality Assessment
TWG	-	Technical Working Group
USAID	-	United States Agency for International Development
USG	-	US Government
VCO	-	Volunteer Children Officers
VCT	-	Voluntary Counseling and Testing
VL	-	Viral Load
VMMC	-	Voluntary Medical Male Circumcision
WASH	-	Water Sanitation and Hygiene

I. APHIAplus NURU YA BONDE EXECUTIVE SUMMARY

The APHIAplus Rift Valley “Nuru Ya Bonde (NyB)” project is a six-year (January 2011 – December 2016) cooperative agreement between the United States Agency for International Development (USAID) and Family Health International (FHI 360). The project goal is to improve health outcomes and impacts through sustainable programs and partnerships for public health services at the facility, community, sub-county and county levels. The project mainly works in five counties of Baringo, Nakuru, Narok, Laikipia and Kajiado. The project also implements interventions targeting Orphans and Vulnerable Children (OVC) in Nandi County. The project is currently in the sixth year of implementation. This report highlights the achievements of the third quarter (April to June 2016).

USAID Site Improvement through Monitoring System (SIMS) Visit: USAID PMT administered SIMS tool to eleven facilities and community programs in Nakuru county. The exercise culminated with a debrief to project and county health management team. Majority of the sites scored an aggregate of 80% and above. USAID team noted a tremendous improvement in quality of care across most sites. This was attributed to deliberate efforts by project and MOH teams to implement actions from previous SIMS visits as well as mentorship, OJT, supportive supervision and training of Health Care Workers (HCW) to provide quality services among others.

The team also outlined areas for improvement including; prolonged turnaround(TAT) time for Viral Load(VL) results from WRP Kericho lab, low enrolment of proficiency testing for HCW and low quality of laboratory services. Some of the gaps were addressed; an RRI for proficiency tests for all eligible lab staff was conducted and actions to improve TAT were implemented. The project continues to implement actions to address recommendation and gaps identified during the SIMS visit.

Local Implementing Partner (LIP) Quarterly Review Meeting: The project held quarterly performance review and feedback meetings with 16 implementing partners on OVC service delivery. Intensification of community facility linkages was emphasized to ensure HIV positive clients received optimal services including PHDP services at both facility and community levels and ART defaulters were traced and linked back to treatment services. Additionally, prominence was given to VL testing for all HIV positive OVC and caregivers, as part of their patient monitoring. In Naivasha, there was noted improvement of male participation in CPwP sessions. This resulted from change of strategy from group forums to one-on-one targeting.

LIP and Technical Support Monitoring: During the quarter under review, the project staff continued to provide support supervision to partners, jointly conducted routine data quality assessments and development of performance monitoring charts to ensure quality activity implementation and execution of action plans developed during the performance review meetings and support supervision visits. LIP technical teams were supported to meet SIMS standards through administration of a checklist. In addition, a program management monitoring was conducted to all LIPs through their managers, coordinators and finance officers.

LIP compliance Audit: During the quarter under review, the project conducted a compliance audit at Catholic Diocese of Ngong, Evangelizing sisters of Mary and LIFA.

A. Qualitative Impact

Partner Audit: In accordance with USAID guidelines, three local implementing partners were audited. The exercise focused on internal controls, compliance, procurement, sub award management among other areas. The annual audit was conducted by Price Waterhouse Coopers (PWC) to ensure prudence in project funds utilization as guided by standard provisions and donor regulations. There were no material findings identified from the auditor's report.

Support to National Campaigns for Polio and Measles-Rubella: The project supported the two national immunization campaigns for polio and measles-rubella which took place across the country. The measles-rubella campaign which took place from May 16-24 targeted children between 9 months and 14 years. The project teams jointly worked with MOH through the planning process and facilitated logistical support for health care workers. The project, in collaboration with MOH, hosted the national launch of the polio campaign in Kajiado County on 9th April. The campaign targeted children under five years of age for vaccination against the diseases. APHIAplus was a key partner in planning for the national launch and facilitated logistical support for vaccination teams.

Day of the African child celebration and World AIDs Orphan Day: The project supported DCS to host a national launch to mark Day of the African Child in the month of June in Nakuru, Nandi and Laikipia counties. During the national launch which took place in Molo sub-county with partners, national/ county officials and children (including project supported OVC) attended. This year's theme for Day of the African Child was, '*Conflict and Crisis in Africa: Protecting all Children's Rights*'.

Procurement of BCG Solo Shot Syringes for Immunization: The project procured 10,000 BCG solo shots and syringes for Narok County, especially for the four sub-counties that are supported by the APHIAplus project. This was in response to the request that was made by the County Director of Health Services to the project to address shortages of the same in the county which would negatively impact on immunization coverage in the county.

Sensitization on Result Based Financing (RBF) for Health Sector: During the reporting period, one project staff participated in a one-day RBF sensitization training which was organized by the Narok County department of health. RBF is an initiative/mechanism that links financing to pre-determined results, and funded by World Bank. It is aimed at increasing the quality and quantity of reproductive maternal, neonatal and child health (RMNCH) services including HIV testing and treatment in level two and level three health facilities. APHIAplus Rift Valley is a member of the joint verification team set up by County Department of Health to verify achievements of the results by each facility.

Distribution of MNCH equipment to Facilities: The project facilitated distribution of Maternal, Neonatal and Child Health (MNCH) equipment to seven health facilities in Narok county. The equipment included pediatric ambu bags, new born ambu bags, delivery kits, fetoscopes, vacuum extractors, among others. The equipment were officially handed over to the county government in a brief ceremony that was attended by County Director of Health Services, Dr. Francis Kiiio and the CHMT members. The equipment were procured by USAID Kenya Mission in the previous quarter.

B. Quantitative Impact

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

Table 1: Project Performance Summary

Sub Purpose	Indicators	Baseline	Year 2016 Target	FY 2016 Quarterly Achievements			Cumulative Year Achievements						(% Achieved vs Year 2016)	
				Oct-Dec 2015	Jan - Mar	Apr - Jun	2016	2015	2014	2013	2012	2011		
Sub purpose 1: Increased and expanded quality HIV services	C4.2.D Percentage of infants born to HIV infected mothers who receive prophylaxis to reduce MTCT	65%	97%	98%	96%	98%	97%	89%	78%	96%	92%	80%	97%	
	PMTCT_ARV Number of HIV positive pregnant women who received ARV to reduce the risk of mother to child transmission during pregnancy and delivery	80%	4350	890	1050	937	2877	3628	3264	443	360	4221	66%	
	PMTCT_EID Percentage of infants born to HIV-positive women who had a virological HIV test done within 12 months of birth	10%	97%	87%	72%	70%	76%						76%	
	PMTCT_FO Final outcomes among HIV exposed infants registered in the birth cohort		97%	Annual indicator										
	PMTCT_STAT Number of pregnant women with known HIV status (includes women who tested for HIV and received their results)	96000	160365	28317	31048	30588	89953	125210	131889	121930	130049	152275	56%	
	CARE_NEW Number of HIV positive adults and children newly enrolled into clinical care who received at least one of the following during the reporting period: clinical assessment (WHO staging) or CD4 count OR viral load by sex and age		12002	2648	3103	3223	8974	12427					75%	
	TX_CURR Number of adults and children currently receiving ART by age, sex and pregnancy status	20073	42254	39908	43332	45488	45488	32469	23016				108%	
	TX_NEW Number of adults and children newly enrolled on ART by age, sex and pregnancy status	5396	12350	2164	3082	3092	8338	9081	6692				68%	
	TX_UNDETECT Number of viral load tests from adult and pediatric ART patients conducted in the past 12 months with a viral load <1,000 copies/ml		35916	4231	8803	9812	22846	13397					64%	
	TX_VIRAL Number of adult and pediatric ART patients with a viral load result documented in the patient medical record within the past 12 months.		42254	5358	10158	12121	27637	16923					65%	

Sub Purpose	Indicators	Baseline	Year 2016 Target	FY 2016 Quarterly Achievements			Cumulative Year Achievements						(% Achieved vs Year 2016)
				Oct-Dec 2015	Jan - Mar	Apr - Jun	2016	2015	2014	2013	2012	2011	
	HTC_TST Number of individuals receiving testing and counseling services for HIV and received their test results by age, sex and results at facility level	800000	613855	172185	203355	242988	618528	564175	387469	420566	411890	577337	101%
	Percent of HIV positive patients who are screened for TB in HIV care or treatment setting	30%	100%	51%	56%	60%	56%						56%
	TB_ART Percentage of TB cases who are HIV positive who are on ART by sex	30%	95%	84%	85%	88%	86%	80%	63%	34%	10%	121%	86%
	TB_STAT Number of registered TB cases with documented HIV-positive status who start or continue ART during the reporting period.	50	1264	386	358	441	1185			300	2209	3635	94%
	OVC_ACC Number of active beneficiaries accompanied or otherwise supported for transport to HIV testing, care and or treatment services at least once every three months	2883	20411	3657	4717	4820	13194						65%
	OVC_SERV Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS	87236	75277	85847	86490	84817	84817						113%
Sub purpose 2: Increased access and utilization of focused maternal, new born, and child health, family planning, water and sanitation and hygiene and nutrition services	Number of women attending at least 4 ANC visits	41625	70000	14504	13654	11940	40098	51926	47639	41350	41354	47570	57%
	Number of babies who received post natal care within two days of childbirth in USG supported sites		65000	18679	19074	20667	58420	76240	38375				90%
	Number of deliveries by skilled birth attendants	54272	70000	19182	19560	20126	58868	77327	71553	61092	60893	62400	84%
	Number of pregnant women who made 1st ANC visits	127404	125000	30631	36371	25242	92244	104661	110361	101907	113101	135631	74%
	Number of children under 5 with diarrhoea who received ORT		100000	33417	52299	55089	140805	193942	180806	105008	126427	257669	141%
	Number of children 12-13 months who received measles vaccine		120436	30721	31256	28400	90377	132443	129664				75%
	Number of Children under 12 months of age who received DPT3	80000	125000	35062	32626	34201	101889	131157	146099				82%
	Number of children under 5 reached	1	110000	131274	137102	81255	349631	335226					318%
	Number of children under 5 years of age who received Vitamin A from USG supported programs	70%	150000	34648	42348	203782	280778	166928	140304				187%
	Number of children under 5 who are underweight	1	9000	7829	7711	6816	22356	16932	11238				248%
	Couple Years of Protection	135000	0	52171	52356	58266	162793	196173	150907	126303	141582	150271	No target / achieved value
Sub purpose 4: Additional	Number of children who received the 3rd dose of pneumococcal vaccine		125000	32095	32537	31574	96206	133623					77%

Sub Purpose	Indicators	Baseline	Year 2016 Target	FY 2016 Quarterly Achievements			Cumulative Year Achievements						(%) Achieved vs Year 2016
				Oct-Dec 2015	Jan - Mar	Apr - Jun	2016	2015	2014	2013	2012	2011	
project performance monitoring indicators	Improved facility reporting rate in PMTC.	85%	95%	96%	94%	95%	95%	92%	91%	88%	84%	69%	95%
	Number of males circumcised as part of minimum package of MC for HIV prevention services	0	3250	575	579	1291	2445	6842	4827	2959	15	74	75%

Note: The targets and results for HTC_TST have been updated in line with the MER indicator guidance to include tests done in PMTCT

C. Constraints and Opportunities

During this reporting period, the project faced some challenges that affected implementation of some planned activities. There was a shortage of HIV test kits that affected the retesting of ANC clients. The project mitigated this by facilitating redistribution of test kits from sites that had more to the affected ones. Stock out of IPT hampered the progress of initiating all patients on ART. The lack of mother baby booklets affected timely and complete recording of activities. In the same period, challenges were experienced with the introduction of revised MOH711. The MOH introduced very many versions of this tool most of them not aligned to the DHIS2 data entry module and there was no training or update for service providers to use the tool. The project is working closely with the sub counties to ensure that only the correct version of the tools is in use and that service providers are mentored and trained on the job to report correctly.

Opportunities abound to improve on the support to the MOH to provide quality HIV services. These include: training of HCWs on HIV/TB/MNCH; integration of EID services in MNCH to increase the number of HIV exposed infants identified and diagnosed: roll out of the national test and treat guidelines to improve the number of clients on treatment and deployment of staffs by the project has greatly improved quality service provision.

At the community level, the project continued to face delays in processing of birth certificates for OVC. The project continued to work closely with the Registrar's Office to address the factors causing the delay in the processing of birth certificates in order to speed up the process.

D. Subsequent Quarter's Work Plan

In the subsequent quarter, the project will continue to support targeted testing to identify those HIV positive and the rapid implementation of the test and treat guidelines to increase the linkage to treatment. The index client testing strategy will be intensified more so in Narok County to improve the identification of the positive. In addition, the project will intensify VL monitoring for HIV positive patients and particularly pediatrics and strengthening follow up of those failing treatment. The operations of link desks in high volume health facilities will be strengthened and referrals from community to facility and from facility to community enhanced. Service provision to OVC will also continue.

II. KEY ACHIEVEMENTS (Qualitative Impact)

SUB-PURPOSE 1: INCREASED AND EXPANDED QUALITY HIV SERVICES

Output 1.1 Elimination of Mother to Child Transmission

Activity 1.1.1: Increase uptake of ANC services.

During the reporting period, 25,482 women received first ANC services. Cumulatively, 92,484 pregnant women attended 1st ANC visit in the five counties, translating to an achievement of 75.5 % against an annual target of 125,000. In addition, 12,015 clients attended four ANC visits in the quarter translating to a reach of 40,173 women 57.7% of the annual target of 69,558. A total of 20,087 skilled deliveries were reported during the period, leading to a cumulative achievement of 84% (58,829) of the annual target.

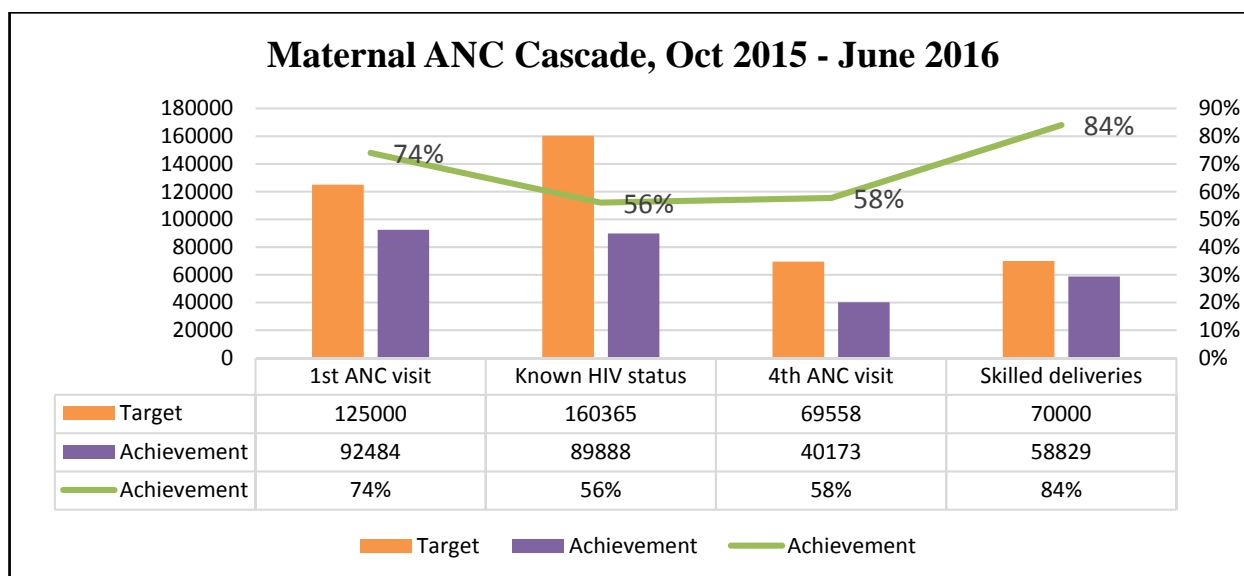


Figure 1: Oct'15 to Jun'16 Maternal ANC Cascade

In the next quarter, the project will continue to mentor HCWs on FANC, conduct outreaches in the hard to reach areas and sensitize them on the importance of skilled care deliveries as well as utilize the Beyond Zero Campaign truck to offer ANC and skilled care deliveries services.

Scale up counties (Nakuru and Narok): In Nakuru, 11,826 pregnant women attended 1st ANC visit, translating to a cumulative of 77.4% (40,627) against a target of 52,500. A total of 6,103 pregnant women attended 4th ANC visit leading to 64.4% (18,800) women against an annual target of 29,214. In Narok 3,531 pregnant women attended 1st ANC visit during the quarter leading to a cumulative of 89.4% (14,525) against an annual target of 16,250. Further to that 978 pregnant women completed 4th ANC visit leading to a cumulative achievement of 43.8% (3,957) against a target of 9,043. To improve the quality of services and care offered, the project mentored 81 HCWs in Nakuru and 54 in Narok counties on management of obstetric emergencies, FANC, partograph, Individualized Birth Plan (IBP), Active Management of Third Stage of Labour (AMSTL) and essential newborn care. The project also disseminated assorted job aids to 62 and 21 health facilities in Nakuru and Narok respectively.

The project also continued to provide mentorship and distributed basic equipment to 18 BEmONC sites and 17 Family Planning (FP) and PMTCT sites in Narok County and 12 BEmONC sites in Nakuru County. To encourage pregnant women to deliver in health facilities, the project started providing mother-baby packs as incentives. By end of June 2016, 286 and 100 packs were distributed in Narok and Nakuru respectively. The project is monitoring the effect of this incentive on deliveries by skilled birth attendants.

Sustained counties (Baringo, Kajiado and Laikipia): During the reporting period, these three counties contributed 39.7% of the overall project quarter performance in terms of first ANC visits. A total of 10,125 pregnant women attended first ANC visit with Kajiado having the highest attendance at 5,519, followed by Baringo 2,450, and lastly Laikipia with 2,156. The three sustained counties cumulatively achieved 66.4% (37,332) 1st ANC visits against a target of 56,250 and 55.6% (17,416) 4th ANC visit against a target of 31,301. A total of 4,934 clients attended four ANC visits in the quarter. Cumulatively, 11,093 pregnant women attended four ANC visits by the end of the third quarter. A total of 7,953 skilled deliveries were reported during the period leading to a cumulative total of 22,551. Of these live births in quarter 3 were 7,691 which is 96.7% of total births.

Laikipia County reported 1,585 skilled births bringing the cumulative achievement to (41.7%) 4,804 of the annual target. This underperformance is mainly attributed to preference for traditional birth attendants due to cultural beliefs, long distance to the health facilities and low ANC attendance. The county management team has already started conducting sensitization and community mobilization on the importance of antenatal care and skilled birth deliveries in select areas where the performance is low. During this quarter a total of 23 HCW were trained on FANC and 21 on BEmONC in order to improve quality of services rendered to ANC clients.

Activity 1.1.2 Provide quality PMTCT services to HIV positive pregnant women

During the reporting period, a total of 30,588 pregnant women accessed HIV testing services, leading to a cumulative achievement of 56.1% (89,888) of the annual target. The under achievement is attributed to mothers seeking services from other ANC sites not supported by the project but are more easily accessible. During the reporting period, 7,778 clients were served in these other facilities. The performance is also due to low uptake of ANC and PMTCT services in communities in Narok, Baringo and pockets of Nakuru (Kuresoi mainly due to cultural beliefs, difficult terrain and long distances that limit access to health facilities. In these regions, the distances to facilities is approximately 30kms, with very difficult terrain with limited public transport making women opt to get services from TBA. In order to address the low performance, the project started providing mother baby packs to clients in Narok County and Kuresoi Sub County as an incentive for mothers to attend ANC and deliver in hospitals. In addition to this, the project continues to facilitate the SCHMT to conduct targeted outreaches and community engagement/mobilization in communities where ANC attendance is low.

Of the women tested, 3.2% (967) women were identified as HIV positive of whom 53 % (514) were known positives. This leads to a cumulative HIV positivity yield of 67.8% (2,952) against an annual target of 4,351. The underachievement is attributed to low ANC attendance especially in Baringo and Laikipia counties and mothers seeking services from non-project supported sites as ANC services are decentralized up to dispensary level. From the non-supported lower level facilities that services have been decentralized to, 198 positive women were identified. The project will continue supporting community mobilization and targeted outreaches so as to bridge the gap in addition to mapping the private sites to project PMTCT sites to improve on reporting. The project will also undertake targeted identification of early pregnancy in the CCC through provision of pregnancy testing services.

A total of 948 (98%) of the HIV positive women received maternal lifelong HAART; 950(98.2%) mothers were issued with infant prophylaxis.

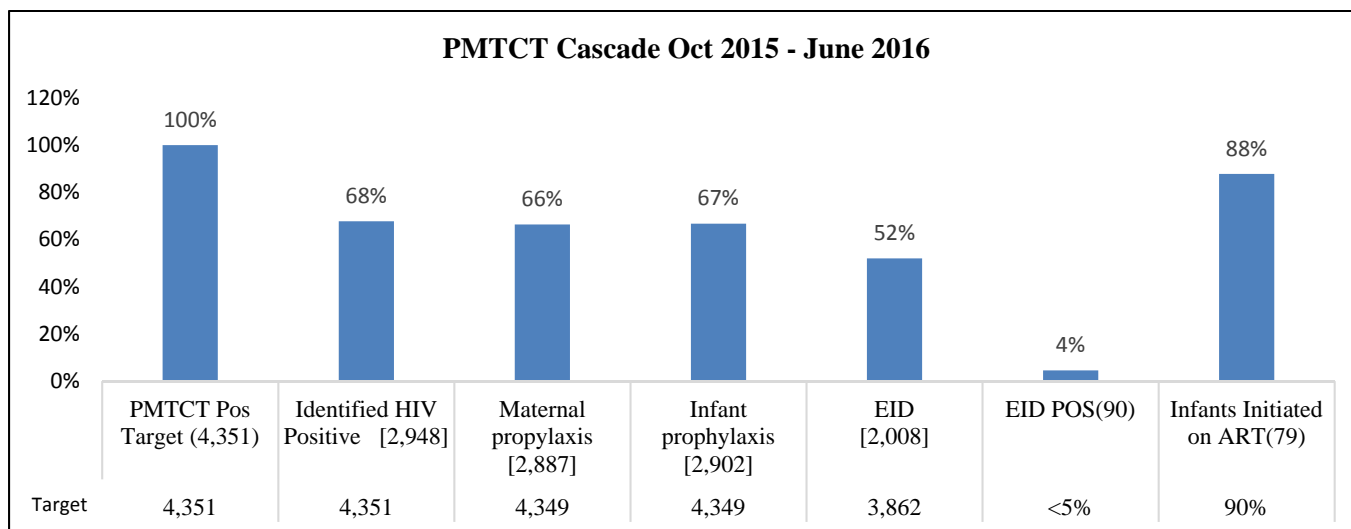


Figure 2: Oct'15 to Jun'16 PMTCT Cascade

During the reporting period, 567 PMTCT clients were enrolled and 458 (81%) retained at one year of whom 380(83%) accessed viral load testing, with 343 (90%) being suppressed. 281 (52%) of the total clients were KPs. The KPs had a better retention rate Of 83% and viral suppression rate of 93%. The figure below shows the PMTCT maternal outcomes.

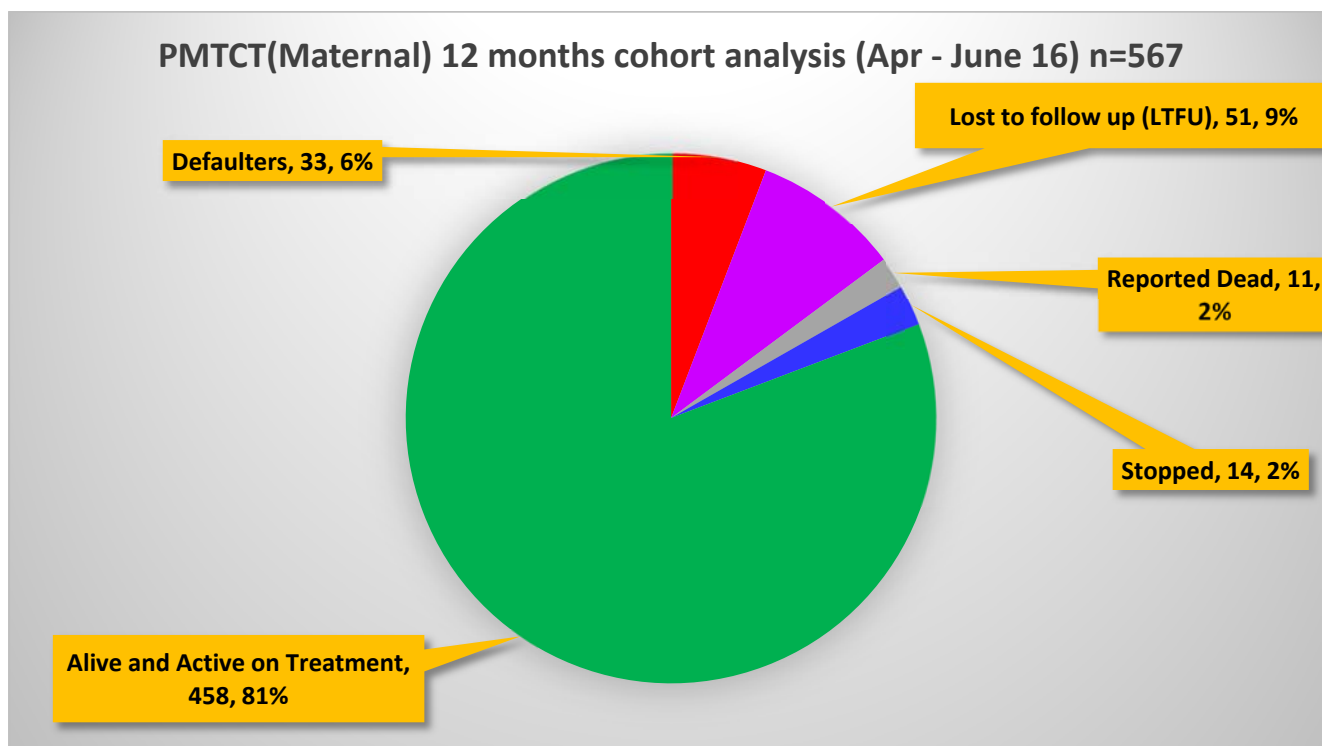


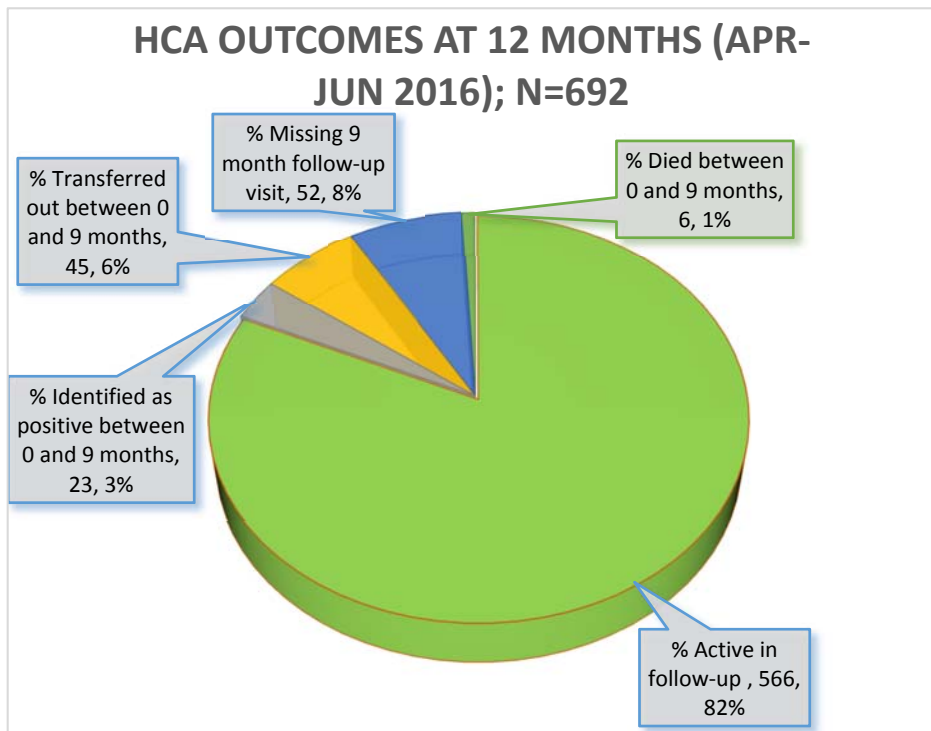
Figure 3: PMTCT Maternal Outcomes at 12 months

In the reporting period, 93 and 57 sites contributed to 80% of the PMTCT testing and positive yield respectively. Fifty-seven facilities from the two scale up counties contributed 60% (14,776) of 24,470 of the women tested. The targeted 69 high yield sites from all counties contributed 20,601(67.3%) of total clients tested and 787(81.4%) of the positivity yield.

A total of 1,237 EID samples up from 694 last quarter were sent to testing hubs during the reporting period. 102 tested HIV positive, of which 11 were adult samples, and seven were repeat testers. This reduced the positives to 84 (6.8%). Cumulatively, 66% (2,544) samples have been analyzed from October 2015 against an annual target of 3,862, with 5.3% (134) testing HIV positive.

Of the samples analyzed, 63% (774) samples were collected within the recommended six to eight weeks with a positivity rate of 3.6% (28). Further to that, 34% (418) samples were collected after eight weeks and nine months with 71(17%) being positive, while 30 (2.4%) had no data indicating collection time, with 3(10%) being positive. Out of all samples collected, 970(79.1 %) of mothers had been initiated on full HAART. An analysis on feeding option revealed that 880 (71.7%) were on Exclusive Breastfeeding (EBF), 17 (1.4%) were on exclusive replacement feeding, 74 (6 %) were on mixed feeding while the remaining 86 (7 %) had stopped breastfeeding.

Of the 692 HIV Exposed Infants (HEI) followed up during the quarter, 619 had a virological test and the remaining 73 children had a serological test done due to late presentation at a health facility. Cumulatively, 2,008 HEI have had a PCR test done within 12 months, translating to 52% of the annual target as illustrated on the figure below.



This underachievement is attributed to late presentation of HEIs at first contact which makes them ineligible for virological test. Other factors include: ignorance and stigma on the part of caregivers, immunization sites not offering PMTCT services and inadequate integration of HTC in CWC leading to missed opportunities due to referrals and lack of skills to perform PCT tests among health care workers. During the same period, 107 HEI presented at 9 to 12 months at first contact making them ineligible for virological test. The project is employing the following mitigation strategies: use of

Figure 4: HEI one-year cohort analysis outcomes

immunization registers/schedule to establish current HIV exposure status for children accessing immunization services in all facilities; integration of EID and CWC in all facilities; streamlining appointment systems for mother baby pair; use of community volunteers and mentor mothers to support adherence; follow up of the mothers identified positive from pregnancy to improve retention thus early

enrolment to EID and strengthening of defaulter tracking mechanisms through provision of airtime to call clients and diaries and registers for documentation.

Scale up counties (Nakuru and Narok): During the quarter under review, the project continued to support 131 PMTCT sites in Nakuru and 29 sites in Narok. A total of 17,005 pregnant women were testing for HIV leading to a cumulative achievement of 62.2% (51,051) of the annual target of 82,050. These two counties contributed 56.8% of the overall project achievement for the quarter. The HIV positive yield among the women tested was 3.5% (594). Ninety-eight percent (585) of the HIV positive women received maternal lifelong HAART (81% in Nakuru).

To address the erratic supply of the patients recording tools, the project photocopied and distributed 5400 copies of mother-baby booklets in Nakuru while Narok County the project supported the county team in collecting 5700 copies of mother/child booklets from division of RH in Nairobi and distribution of the same to supported sites.

In Nakuru county 425 PMTCT clients were enrolled and 349 retained at one year (82%) of whom 285 accessed viral load testing, with 251(88%) being suppressed. In Narok county, 74 clients were enrolled and 54 were retained at one year (73%), VL done to 48 clients, with 47(98%) being suppressed. Viral load uptake for Nakuru is at 82% while in Narok it is at 88.9%. In both counties, a total of 213 health care providers were mentored in 80 health facilities and 47 offered on-job-training on DBS collection, packaging and shipment to the testing hubs.

Sustained counties (Baringo, Kajiado and Laikipia): The project supports a total of 122 PMTCT sites in these counties with Kajiado having 47, followed by Baringo with 34 and 31 in Laikipia. The total number of pregnant women who were tested for HIV were 13, 583 with Kajiado contributing 50% towards this performance. This leads to a 50% (38,837) achievement of annual target.

Out of the 373 positive women identified, 97.3% (363) received maternal prophylaxis while the infant prophylaxis uptake was 97.6% (364). This is attributed to continuous mentorship and on job training of HCWs. A total of 423 EID samples were sent to testing hubs from these counties; 35 were HIV positive, translating to a transmission rate of 8.3%. Of the 187 exposed infants identified in the cohort maturing to the 12 months during the quarter, 72% (135) were active on follow up and 3% (5) were identified positive. In these counties, 68 PMTCT clients were enrolled with a retention rate of 79.4% (54) at 12 months. Viral load testing was done for 47 clients with a suppression rate of 96% (45).

The MDTs in the three counties continued with capacity building activities during the quarter reaching 43 facilities and 66 service providers. This included: mentorship on integration of PMTCT services in MNCH, correct use of standard reporting and recording tools, current ART guidelines and job aids. In Baringo County, mentorship on HCA continued in 11 PMTCT sites, 26 service providers were reached. All this sites continued to generate monthly HCA reports. During the quarter the county was supported with an additional three mentor mothers to support follow up and retention of mother baby pair at the MCH/PMTCT. With this support, it is expected that HEI follow up will improve in all high volume sites.

Activity 1.1.3: Scaling up mother-baby/family psychosocial support groups

During the reporting period, the project deployed 72 mentor mothers to 62 high yield sites in the five counties. Out of the 555 HIV positive clients reported 93% (516) clients were enrolled into the KMMP.

The mentor mothers coordinated 338 support group sessions focusing on adherence, psychosocial support and infant feeding options. Of the 1,167 defaulters from the KMMP, mentor mothers followed 93% (1,087) and successfully returned 66% (773) to the program.

Scale up counties (Nakuru and Narok): The project supported KMMP services in 34 high yield sites. A total of 43 mentor mothers are deployed in the facilities in the two counties. The project continued to provide mentorship and support supervision to the mentor mothers focusing on adherence counselling and retention of mother baby pair, documentation and use of data for decision making, and defaulter tracing. Job aids and Standard Operating Procedures (SOP) were also disseminated to 32 facilities.

Of the 329 HIV positive clients reported in 32 KMMP sites, 102% (337) were enrolled for KMMP services. The mentor mothers coordinated 166 support group sessions in the quarter. Mentor mothers traced 790 new defaulters. They followed up 85.4% (675) and successfully returned 62% (487) them to the program.

Sustained counties (Baringo, Kajiado and Laikipia): In the sustained counties, 125 new HIV clients were enrolled, 1582 new HIV negative clients enrolled. During the reporting period, 68.4 % (67) of the 98 HIV positive clients were enrolled for KMMP services in the quarter. The mentor mothers coordinated 70 support group sessions in the quarter in these counties. The mentor mothers followed up on 106% (138) of the new defaulters successfully bringing back 85.4% (111) to the program. Tracing of the remaining 19 defaulters is ongoing.

Output 1.2 HIV Care and Support Services

Activity 1.2.1: Provide Services aligned with Kenya Comprehensive Package of Care

In the current quarter, a total of 242,988 (14.5% children, 69 % female) individuals were tested for HIV in including PMTCT. This translates to a cumulative achievement of 101% (618,528) against an annual target of 613,855. This over achievement is attributed to deployment of sessional counselors in the high volume facilities to support provision of testing services. Among those tested, 1.9% (4,515) tested positive for HIV translating to an achievement of 87 % (12,995 individuals) of the annual positive yield target of 14,975. Children and females made up 5.9% and 64% of those testing HIV positive respectively in the quarter.

The linkage rate to care was 80% (3,223) compared to 78% in previous quarter. By the end of the quarter, 103% (48, 441) HIV positive adults (69% female) and children (9.2%) received at least one clinical care service including clinical assessment (WHO staging) or CD4 count or viral load. The increment is as a result of placement of peer volunteers who escort patients physically to the care and treatment centers, dissemination of referral directories as well as orientation of 380 service providers across the five counties on the current care and treatment guidelines.

The 59 high volume ART sites in the five counties contributed 80% (2,578) of newly enrolled clients on care and 89% (43, 211) of clients currently on care. Nakuru and Narok counties contributed 72 % (2,326) of the newly enrolled clients into care and 67% (32, 348) of clients currently on care during the quarter.

Scale up counties (Nakuru and Narok): A total of 152,753 were tested in the two counties of whom 2,860 (1.7%) tested HIV positive. The linkage rate to care was 81% (2,326) clients a contribution of 72% to the overall project achievement of 3,223. The 37 high volume sites in this two counties contributed 76% (1,804) of the clients newly enrolled into care and 89% (28, 820) of clients currently on care. During the quarter a total of 32, 348 clients (97.4% of annual target) received at least one of the following; clinical assessment (WHO staging), CD4 count or viral load. This performance is attributed to improvement in recording in the standard national tools, the deployment of service providers and peer facilitators who supported identification, patient linkage and tracking of defaulters. Bedside linkage was also initiated at Nakuru Provincial General Hospital in the month of June 2016 as a strategy to improve linkage in the inpatient department. This strategy will be scaled up to 20 high volume facilities (HVF) with inpatients departments in the five counties.

Sustained counties (Baringo, Kajiado and Laikipia): A total of 1,160 tested HIV positive in these counties. The linkage rate to care was 77% (897) in the supported 46 ART sites. This is 79% achievement of the annual target. The 22 high volume facilities counties contributed 86% (774) of the clients newly enrolled into care and 89.4% (14, 391) of the clients currently on care. In Kajiado County, a low linkage rate of 60% in private facilities was noted while in the five HVF contributing 47.5% of the total yield the linkage rate was very high 99.7% (358). The project plans to disseminate referral directories to private facilities to facilitate linkage. A total of 16,093 (123% of annual target) HIV-positive adults and children received at least one of the following: clinical assessment (WHO staging) or CD4 count OR viral load in these counties.

Activity 1.2.3: Strengthen linkage and referral systems for HIV-positive clients within the facility and facility/community

During the quarter, 3,223 clients out of the 4,028 that tested positive were enrolled into care translating to a crude linkage rate of 80% compared to 78% in the previous quarter. Nakuru and Narok counties enrolled 81% (2,326) of the 2,868 HIV positive clients while in the three sustenance counties, enrolled 77% (897) of the 1,160 clients who tested HIV positive. The linkage rate among children was 96% (230). The improvement in linkage rate is as result of the following strategies; institutionalization of continuum of care as part of the QIT meetings in 15 high volume sites high volume sites across the five counties, use of physical escorts, documentation of referrals, active follow up of clients who opted to defer/declined enrollment, and updating and dissemination of referral directories to improve inter facility communications to the remaining 79 of the 138 ART sites. In addition, the project supported 128 link desks in the five counties in order to improve defaulter tracing, referral to and from community, inter and intra facility referrals, documentation of all referrals and follow-up to ensure complete referrals. Through link desks in HVF, referred 43,913 clients (12% children) to community for OVC and CPwP services and from community to facilities for various services. Among these, 17,195 clients were referred from facility to community and 26,718 were referred from community to health facilities. A total of 1,740 clients were referred for MNCH-RH/FP services within the same period.

Scale up counties (Nakuru and Narok): In these two counties, 2,326 clients who tested HIV positive were newly enrolled on care giving a linkage rate of 81%. Through CPwP intervention 492 PLHIV (76% females) and 42 PLHIV (61% females) were reached with a minimum package in Nakuru and

Narok counties respectively, as provided for in the national CPWP orientation package for management and supervisors.

Sustained counties (Baringo, Kajiado and Laikipia): In this reporting period, the sustenance counties contributed 57,924 (23.9%) of the total number tested in the quarter, with 897 new clients being enrolled on care (77% linkage rate) of the 1160 clients who tested HIV positive. In these three counties, a total of 224 PLHIV were reached with a minimum package of CPWP. Of these nine disclosed their status, four partners and children were tested for HIV. In total 24,289 clients were referred to and from community to facilities and accessed various services including 904 referred for MNCH-FP services.

Activity 1.2.4: Strengthen client retention in care.

The project continued to employ different strategies to improve the retention of patients in care and treatment across the five counties. A total of 134 health care workers were mentored on appointment scheduling and management in order to identify and follow up on patients who miss appointments timely. The mentorship also focused on use of appointment registers/diaries and defaulter tracking registers. Provision of mobile phone and airtime to improve HCW communication with patients to remind them about their appointments continued as well as stipends for peer educators to help in defaulter tracing in high volume sites and to provide adherence counselling and psychosocial support to their peers.

To further enhance retention in care, differentiated care models were introduced in Nakuru PGH, Narok DH and Molo DH. Through this model stable patient are seen every six months. Such patients are given ARVs for three months and a refill prescription for another three months to reduce their time spent in a health facility. In select facilities in Nakuru and Narok county where long distances contribute to patients missing appointments, the project is also reimbursing patients transportation costs. The latter model has seen 175 defaulters return to care and 60 patients transfer in over a period of two months. In addition to this, 134 facility-based psychosocial groups were supported to enhance adherence to medication and clinical visits, overcome challenges of disclosure and stigma and improve on treatment literacy.

Activity 1.2.5: Intensify identification and enrollment of pediatric patients and adolescents into care and support.

During the reporting period, the project trained 78 and sensitized another 217 service providers on pediatric ART. Drug dosing charts, SOPs (standard operating procedures) and assorted job aids for pediatrics care and treatment were disseminated in 102 project supported sites across the five counties. As a way of improving adherence and retention for pediatrics and adolescents, clinic days/time were aligned to coincide with school holidays in 37 facilities. In addition, a total of 18 facility-based pediatric and adolescent psychosocial groups were supported. These are anticipated to improve adherence and viral suppression.

A total of 30,548 (52% female) children under 15 years were tested for HIV leading to 105% (75,739) achievement of the annual target. The prevalence rate among children tested was 0.9% (265). Majority (51%) of these were females. Of those tested positive, 230 children (45% female) were newly enrolled into care giving a linkage rate of 96%. Cumulatively, 618 children have been enrolled in care, which is 41.4% of the annual target of 1,493. In the same period, 4,463 children (51% female) were currently on care.

Among the adolescents, 40,259 (62.3% female) were tested for HIV. Of these 241 tested HIV positive (63% female) and 147 (52% female) were enrolled into care leading to a linkage rate of 61%. The low linkage rate is as a result of stigma in this age group. The project will focus on strengthening index client testing, targeted testing (IPD, CWC, TB, nutrition clinic), strengthen follow up of positive mothers to ensure all HEIs are tested timely, and use of baby mother booklet and immunization schedule to establish exposure in measures to improve the identification of children, and the proportion of children on care and ART from the current 9.2% to at least 15% of clients on care and ART. The project also continues with mentorship of HCWs focusing on active case finding of children and adolescents at all entry points in facilities, and linkage of the positive ones to care, while following up the HIV negative adolescents with ASRH messages. The project has scaled up linkages from non-ART HTC sites using peer educators and community volunteers, and deployed peer facilitators to provide psycho social and treatment literacy support to improve on the linkages and follow up on care among these age group.

Activity 1.2.6: Scale-up nutrition assessment and services to all HIV clients.

The project supports NACS services in 192 facilities which is an increase from the previously supported 59 facilities in the five counties. A total of 128 service providers in 52 sites were mentored on provision of NACS including nutrition assessment of HIV clients and proper documentation of anthropometric data (weight, height and BMI) for all clients in the Comprehensive Care Centers (CCC). The project continued reviewing the use of patients cards (MOH257) in documenting the clients' anthropometric measures and having nutrition interventions integrated within CCC in the high volume sites or through physical linkage in the rest of the sites, for clients in need of nutritional support. In addition, the project developed, disseminated a continuation sheet to be used for follow up of the clients on nutritional support.

Output 1.3 HIV Treatment Services

Adult Treatment

Activity 1.3.1: Increased ART uptake among the eligible HIV-positive patients.

In this reporting period, 3,092 clients (7.4% children, 64% female) up from 3,031 in the previous quarter were newly initiated on ART in 131 ART sites in the five supported counties. This translates to a cumulative achievement of 68% against the annual target. The patients currently on ART by the end of the quarter were 45,488 (69% female) clients with children making up 8.6% (3,919). The scale up counties (Narok and Nakuru) contributed 72% (2,326) of those started on ART while the 59 high volume facilities across the five counties contributed 83% (2,559) of all the clients newly initiated on ART and 89% (40,687) of the clients currently on ART. This performance is illustrated below.

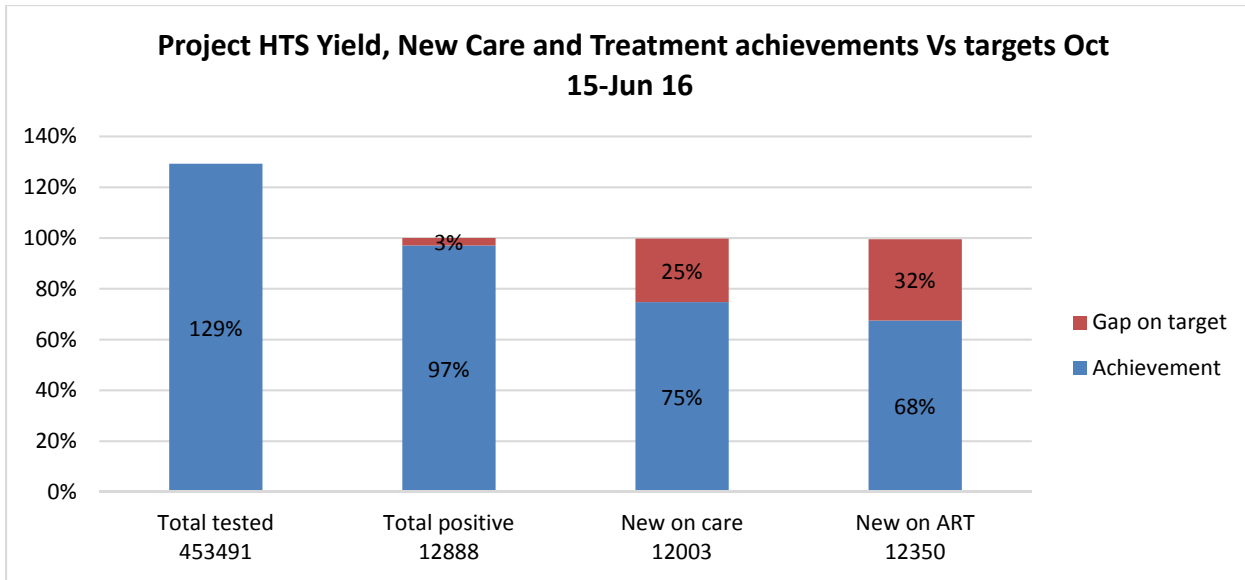


Figure 5: Oct,15-Jun'16 HTS, Care, ART Cascade

The care and treatment cascade for the period October 2015 to June 2016 is illustrated here under.

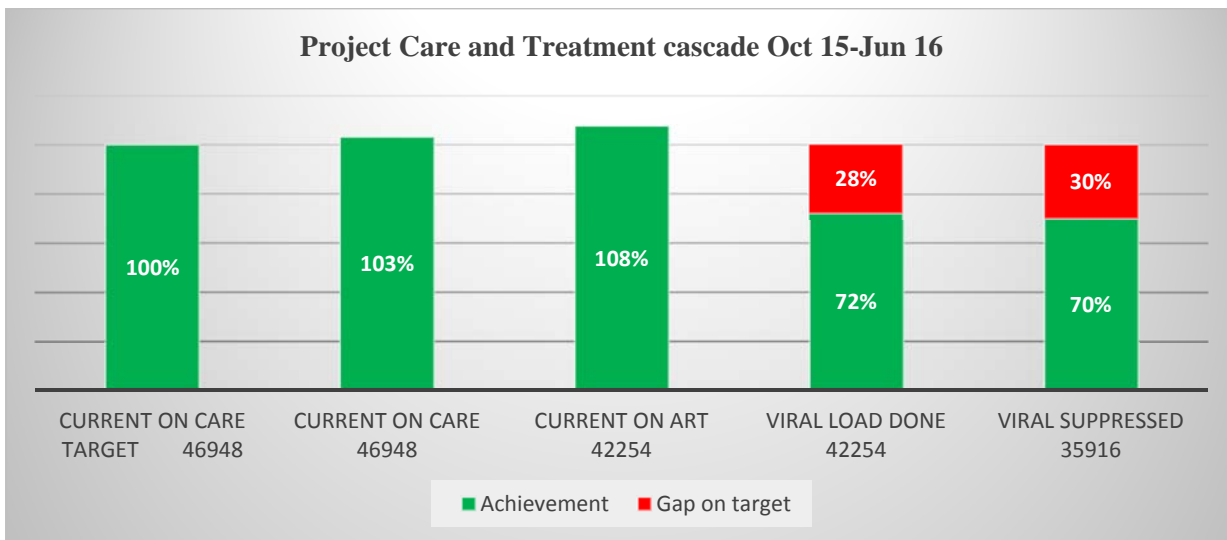


Figure 6: ART Treatment Cascade Oct'15 - Jun'16

In order to bridge the 32% gap to meet the annual target of clients newly enrolled on ART, the project plans to sensitive HCW on the recently launched test and treat guidelines to initiate the 2,953 clients on contrimoxazole only to ART. This will be done through patient routine chart reviews. The project will continue to support targeted testing to identify HIV infected persons and strengthen ART initiation in line with the new guidelines. Additionally, the project will continue to pay salaries for short term staff in high volume sites to support delivery of quality care.

Scale up counties (Nakuru and Narok): During the quarter, 2,114 clients were newly initiated on ART, translating to a cumulative achievement of 80 % (4,917) against the annual target of 9,794. A total of 30,422 clients (102% of annual target) were on ART in the scale up counties, an increase from

the 29,027 clients in the previous quarter. Thirty-seven high volume facilities in these two counties contributed 56% (1,728) of the clients newly initiated on ART and 60% (27,194) of the clients currently on ART.

Narok county had a current on ART of 3,089 (93% of annual target) clients on ART compared to the previous quarter 2,615; the county referral hospital contributed 43% (1,322) of the total clients on ART. The 18% increase in patients currently on ART is due to: training of 85 HCW on adult and pediatric ART; orientation of a further 144 on recommended ART and patient monitoring using viral loads; chart reviews to identify patients eligible for ART and starting them immediately. Coding of patient files has also greatly assisted in this identification.

Sustained counties (Baringo, Kajiado and Laikipia): The number of clients that were initiated on ART in the three sustenance counties in the 38 ART sites rose from 771 in the previous quarter to 897. The 16% increase is attributed to mentorship of 266 HCWs and routine chart reviews to flag out patients on care who are eligible for ART and initiating them immediately. The 22 high volume facilities in sustenance counties contributed 27% (831) of the clients newly enrolled on ART and 30% (13,493) of the clients currently on ART. A total of 15,066 clients (122% of the annual target) were on ART in the three counties.

Activity 1.3.2: Increased retention at 12 months

During the reporting period, a 12-month cohort analysis of 1,681 clients in 50 high volume sites across five counties indicates that 79% (1,289) patients were alive and on ART compared to 76% in the last quarter. To improve retention on ART, the project continued to: support treatment literacy for patients; pay lunch allowances for volunteer adherence counsellors in select facilities; provide phones, airtime and transport allowances to peers for physical tracing and follow up on phone, support peer facilitators in 59 high volume sites to improve peer support and adherence sessions for PLHIV and facilitate monthly meetings for the 128 support groups. One hundred and thirty-four service providers were sensitized on adherence counselling and psychosocial support.

Scale up counties (Nakuru and Narok): In these counties, a cohort analysis of 200 clients initiated on ART 12 months ago in ten facilities in Narok county was done, which indicated a retention rate of 67% (134). Twenty-six percent (53) were Lost to Follow-up (LTFU), 3% (6) had defaulted and 3.5% (7) had died. A similar analysis for 837 patients in 15 high volume sites in Nakuru County, showed a retention rate of 74% (618), 20% (167) were LTFU, 3% (23) had defaulted and 3% (29) had died. A 24-month cohort analysis of 622 patients indicated that, 68% (458) were alive and on treatment, 22% (151) were LTFU, 6% (42) had defaulted and 4% (29) had died. This low retention rate that falls short of 90% target is a result of stigma and lack of disclosure especially among adolescents, unstructured adherence counselling sessions and provision of wrong phone contacts and physical addresses by patients leading to the poor defaulter tracing outcomes. In addition to the strategies outlined above deployed by the project to improve retention, 21 additional phones were provided to ART sites to facilitate contacting of patients who miss appointments. The initiation of differentiated care in Nakuru PGH, Narok DH and Molo DH that have high volume of patients is expected to reduce the time spent in hospital by clients. Additionally, the establishment of mini-labs in Nakuru PGH and Narok DH will reduce workload in the laboratory and time spent by clients hence improving adherence and retention. The project also introduced reimbursement of transport costs to ART patients who keep appointments

in select facilities in Narok County to curb the high lost to follow up rates. In the last two months from onset of this strategy, 175 defaulters have returned to care.

Sustained counties (Baringo, Kajiado and Laikipia): During this reporting period, a cohort analysis of 644 clients initiated on ART 12 months ago in the 25 high volume ART sites indicated that 83.4% (537) clients were still alive and on ART. The project supported peer facilitators in 59 high volume sites to strengthen peer support for PLHIV as well as improve intra and inter facility linkages. The peer facilitators were provided with airtime and transport allowances to conduct physical and phone tracing of clients to improve retention to care and ART.

Activity 1.3.3: Increased proportion achieving viral load (VL) suppression within 6 months and one year

During the quarter, 12,764 viral load samples were analyzed in the five counties compared to 9,524 in the previous quarter as illustrated in figure 7 below. Eight one percent (81% - 10, 317) of these samples achieved viral suppression (VL<1000). A total of 3,092 adolescents aged 10 – 19 years and 743 children below 15 years had viral load test done. Of these 74% (2,298) adolescents and 63% (471) children achieved viral suppression. The low viral suppression among this population is being addressed through peer support and adherence counselling. The achievement of 81% overall VL suppression is attributed: continued mentorship and sensitization on patient monitoring; On Job Training (OJT) on DBS for VL procedure; routine chart reviews to identify patients due for VL and those who need repeat tests; monitoring availability of reagents; initiation of differentiated care with fast tracking of those in need of VL and availability of consumables in the laboratory hubs.

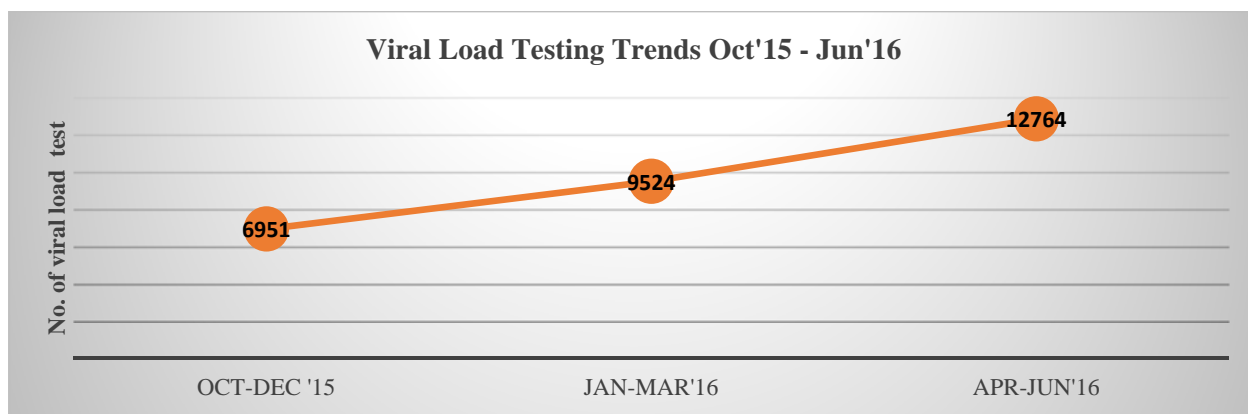


Figure 7: Viral load testing trend

Scale up counties (Nakuru and Narok): The team sustained mentorship on VL monitoring protocol with emphasis on identification and management of treatment failures and conducted 13 Continuous Medical Education (CME) sessions in Narok county. In the reporting period, 7,349 viral load tests were analyzed in Nakuru and 1,131 in Narok. These resulted to a VL suppression rate of 82% (6,017) and 75% (848) in Nakuru and Narok counties respectively. In Nakuru, the VL tests increased by 9% from 665 last quarter due to the introduction of mini labs in Nakuru PGH and Narok DH which led to an increase in viral load uptake. However, the Turn Around Time (TAT) for results was long due to website downtime issues. Out of the 134 active clients who were started on ART 12 months ago in ten ART sites in Narok county, 102(76%) had viral load done and 96 (94%) had attained viral suppression. Within the same county, out of 112 active clients started on ART six months ago in 13 supported sites,

95(85%) have had a viral load done. Out of this only 48(51%) have had the results back out of whom 41(85%) had attained viral control. In Nakuru County, of the 620 active clients, 514 (83%) were done VL of which 472 (92%) were virally suppressed.

Sustained counties (Baringo, Kajiado and Laikipia): Eighty-one service providers were mentored on patient monitoring using routine viral load. The three sustenance counties had a total of 4,284 viral loads done in the quarter under review with a VL suppression of 81% (3,452). To improve on this performance, the project will continue to support structured adherence counselling sessions, streamline appointments systems to improve adherence and support switch meetings for clients suspected to have treatment failure in the subsequent quarter. In addition, HCW in 38 ART sites will continue to receive support to flag out files of patients eligible for viral load test.

Activity 1.3.4: Quality improvement support

The USAID team conducted Site Improvement through Monitoring Systems (SIMS), a quality assurance assessment in eleven facilities in Nakuru county during the quarter. Key gaps identified were unstructured index client testing, lack of documented observed practice and low pediatric HTC uptake among others. Improvement plans were developed to address the gaps and an update is attached in annex III of this report. A total of 30 facilities also conducted Quality Improvement Teams (QIT) meetings which discussed the following issues: review for GeneXpert results and interventions to be taken, follow up of treatment failure clients, consistence in nutritional assessment of clients, data quality, linkage to care. Quality improvement plans were also developed to address this issues. In addition, forty-one project Technical Quality Assessment (TQA) checklists were administered to identify areas of support to HCWs and action plans developed to address the gaps (low viral load uptake and suppression, low INH uptake and lack of data use and poor documentation).

Assorted job aids were distributed to 22 sites to aid in quality service provision. Sites in the five counties were supported to continue tracking performance using performance monitoring charts (run charts) and use of PDSA cycles.



Pic 1: QIT meeting at Eldama Ravine hospital(left) and PMC interpretation mentorship at Ngobit HC

Pediatric Patients and Adolescents

Activity 1.3.5: Increased ART uptake among the eligible

In the quarter under review, 246 (44% female) children were newly initiated on ART, translating to a cumulative of 47% (634) of annual target of 1,344 as illustrated in Figure ** below. A total of 147 (52% female) adolescents were newly initiated on ART with 4,463 and 3,919 children below 15 years currently on care and ART respectively. To address the under achievement, the project in targeting to intensify early identification of infected children through active case finding, providing physical escorts of those testing positive to start treatment immediately, immediate ART initiation for those eligible from index client testing. In addition, chart abstraction and reviews for all pre ART files and active defaulter tracing for children who had defaulted from care is under progress.

Thirty-two pediatric and adolescent clinic days/time were supported and strengthened to address issues of disclosure, adherence and Adolescent sexual and reproductive health. The project facilitated eighteen facility-based pediatric /adolescents’ psychosocial groups to meet to enhance adherence to clinical appointments and ART and, overcome challenges of disclosure and stigma. A total of 78 of health care workers were also trained on pediatric ART as well as adherence and psychosocial support. Pediatric related job aids and SOPs were also disseminated to HCW during mentorship visits to facilities. This included the adolescent care of package guidelines, drug dosing charts, SOPs for pediatric clinic days among others. Mentorship on step-by-step disclosure continued using a guide developed by the project. Linkages from non-ART HTC sites was also strengthened by deploying peer educators and community volunteers and peer facilitators to provide psychosocial and treatment literacy.

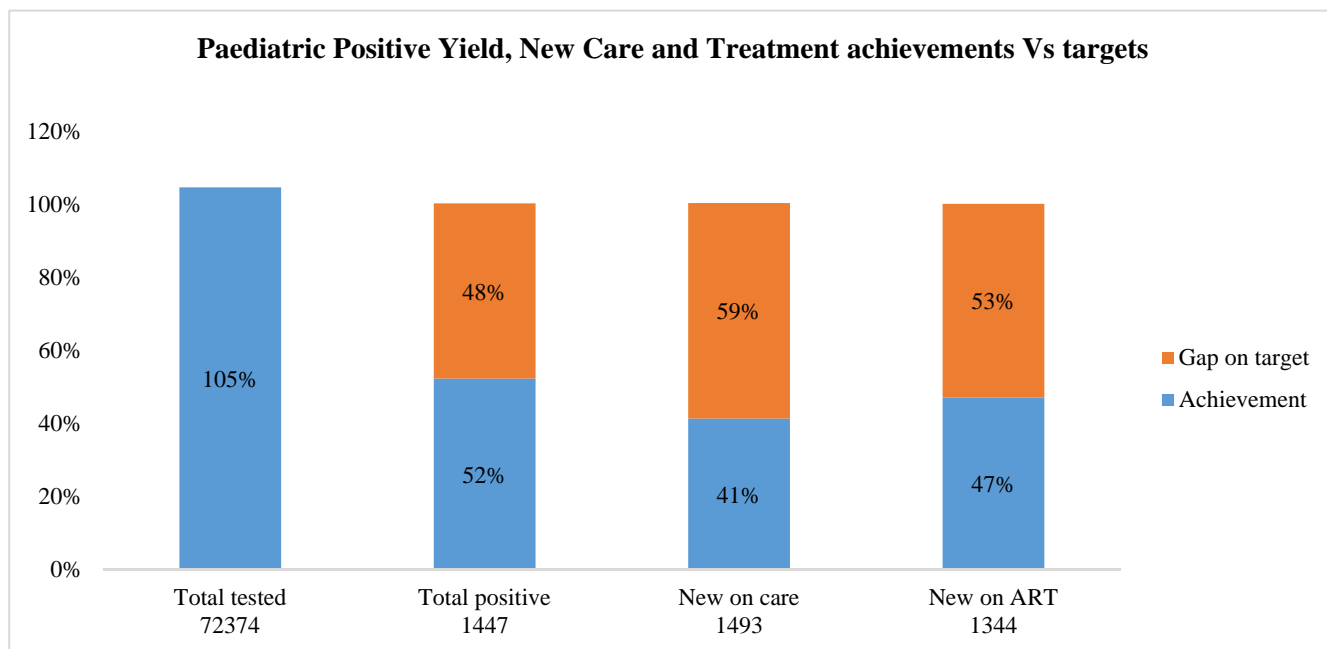


Figure 8: Paediatric positive yield, new care and treatment achievements vs targets

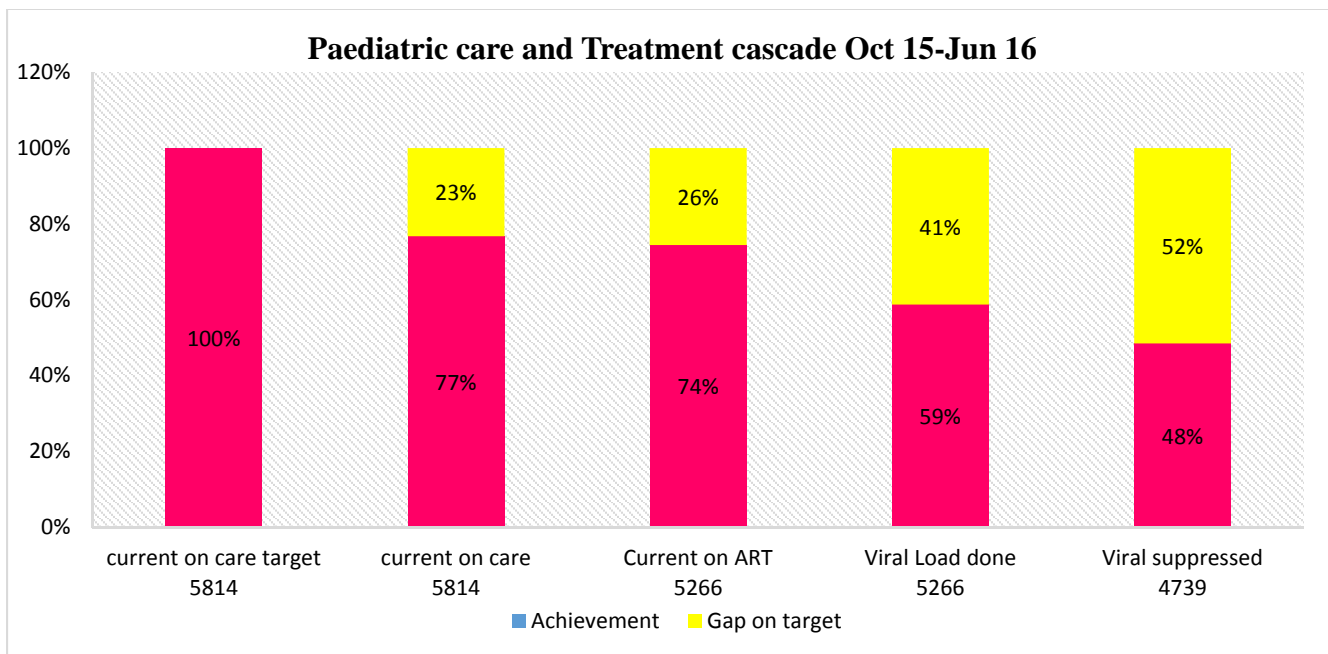


Figure 9 Paediatric care and treatment cascade Oct 15-Jun 16

Activity 1.3.6: Adolescent-friendly HIV clinics

The project supported 18 adolescent friendly clinics and 24 adolescent support groups in the five counties to offer adolescent friendly clinic during the holidays. A total of 40,259 adolescents (62.3% female) were tested for HIV, 241 of those tested HIV positive (63% female) and 147 (52% female) enrolled leading to a linkage rate of 61%. A total of 1,839 adolescents were currently on ART and another 2,607 currently on care. The low linkage rate is as a result of stigma in this age group. A training was held in the quarter reaching 54 service providers on the adolescent package of care. The project plans to identify and train adolescent peer educators/champions to facilitate peer support.

Output 1.4 HIV Prevention and HTC Services

Key Populations

Activity 1.4.1: Provide biomedical services to Key Populations.

Activity was transitioned to LINKAGES project

HIV Testing Services (HTS)

Activity 1.4.2: Increase access to facility-based HTS for first-time testers, key populations and vulnerable groups, and PLHIV partners.

APHIAplus Rift Valley continued to support 313 sites to offer HIV testing services to 242,988 (13% children under 15 years) individuals inclusive of PMTCT, against an annual target of 613,855. Sixty-seven high volume facilities contributed 37% (78,797) of those tested in the quarter. Through HTS excluding PMTCT, a total of 210,677 (14% children, 69% female) clients were tested in this quarter, a 22.2% increment from 172,364 in the previous quarter. Of those tested, 4,028 (6% children, 64%

female, 1.9% positivity yield) clients tested positive compared to 4000 (2.3% positivity yield) in previous quarter whereas 3,223 were newly enrolled in care which is 80% linkage rate compared to 78% in previous quarter. This achievement is as a result of promotion of same day enrolment, provision of point of care CD4 testing, using patient escorts and use of linkage registers and facility directories.

In the same period, 69 HTS service providers were trained on National HTS Guideline in Narok and Kajiado County and mentorship done in 78 facilities as well as support supervision to the engaged HTS counselors. In addition, the project continued to support 150 sessional counselors engaged in the five County to increase testing and linkage to care for those testing HIV positive through strengthening physical linkage and dissemination of referral directories. The project will in the subsequent quarter's support monthly continuum of care (COC) meetings in 67 HVFs to improve linkage to 100%. An acute shortage of RTKs was experienced towards the end of the quarter in Kajiado, Narok and Nakuru counties affecting most of the high yielding sites. To stem the effects on HTS, redistribution was done from low volume facilities to the high yield sites pending supplies from KEMSA.

As part of quality assurance, a total of 429 proficiency panels round 15 were distributed to providers in the five counties to assess their competency and efficiency in conducting HIV tests, out of which 13.3% were reported as unsatisfactory. Corrective measures have been enacted including mentorship of the service providers on correct testing procedures.

Scale up counties (Nakuru and Narok): In the quarter under review, the two priority counties contributed 152, 753(72.5%) of the total tested in the project through HTS. Cumulatively, 117% (407,666) of annual target of 347,957 were tested in the scale up counties. The 48 high volume facilities contributed 42 % (64,245) of those tested. The 13 and 35 high volume sites contributed 79% (11, 725) and 88.5% (52, 520) of those tested in Narok and Nakuru counties respectively. Of those tested, 2,860 were positive and 80% (2,326) of them were enrolled into care in the quarter. The project also supported continuum of care (COC) meeting in Narok CRH, Ololulunga SCH, Nairegi-Engare HC, Ntulele HC, Sogoo HC and Enabelbel HC.

Sustained counties (Kajiado, Baringo, and Laikipia): During the quarter under review the sustenance counties contributed 24% (57,924) of the total number tested in the quarter. Majority of the tests 74% (14,552) were done in the 19 high volume facilities in the counties. Of the 1,160 clients who tested HIV positive, 77% were linked to care. Kajiado County reported the highest positivity rates of 3.5% while Laikipia and Baringo counties reported positivity rates of 1.4% and 0.9% respectively. Laikipia county had the highest linkage rate of 85% while Baringo and Kajiado both had a linkage rate of 73%. The teams will endeavor to promote of same day enrolment, use of patient escorts and linkage registers and facility directories in the subsequent quarters to improve linkage in these counties.

1.4.3 Voluntary Medical Male Circumcision

In the quarter under review, VMMC was carried out in two static clinics namely Nakuru West HC and Naivasha sub-county Referral Hospital and in five outreach sites (Molo sub county hospital, Njoro HC, Finlays medical centre, Mogotio HC and Langalanga HC) There were also a number of mobile outreaches carried out in the flower farms and children's homes within the county. In this quarter a total of 1,291 clients were circumcised compared to 579 in the last quarter. The 223% increment is attributed to a Rapid Response Initiative (RRI) in the month of April following extensive mobilization in the schools, churches and the community. The age distribution was as follows; 32.8% (423) were

aged 10 to 14 yrs.; 32.8% (423) were aged, 15 – 19; 21.1% (273) were aged 20 – 24; 10.1% (130) aged 25 – 29; and 3.2% (41) were aged 30 – 49 years. Only one client was circumcised above 50 years of age. There were no adverse events reported. All the 1,291 clients were also tested for HIV with a positivity rate of 0.38%. All 100% were linked to care. Of the circumcised clients, 92.3% (1,192) clients returned for follow-up on the seventh day post-operative. Those that did not return were followed on phone and advised appropriately. In the next quarter more clinicians will be recruited and trained to provide the services to more clients during the RRI in August.

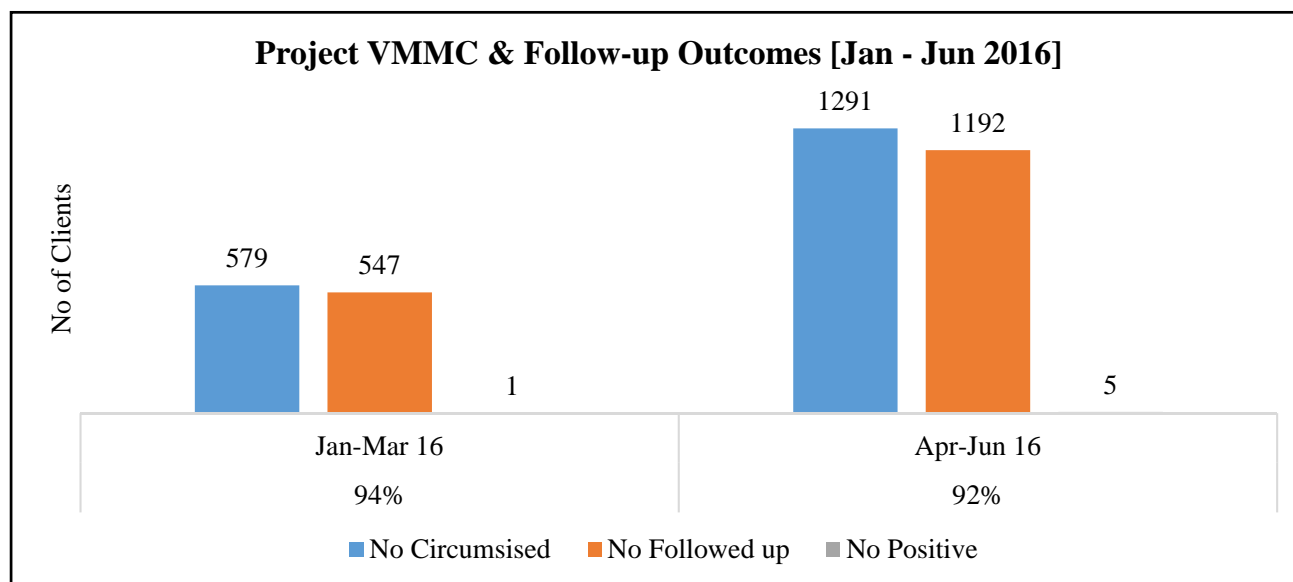


Figure 10: Project VMMC & follow-up outcomes [Jan – Jun 2016]

Activity 1.4.4 Sexual and gender based violence

During the quarter, 194 (94% females) survivors of Sexual and Gender Based Violence(SGBV) were attended to and received various services i.e. emergency contraception, sexually transmitted infections (STI) screening and treatment, HIV testing and counseling, trauma counseling and referral for other services. Notably, 2 of these survivors had disabilities. Of the 194 survivors, 91% accessed HTC services and 5% of the survivors tested HIV positive and they were effectively linked for care and treatment, 97% accessed STI treatment, and 87% received PEP; 87% of the survivors reported to the facility within 72 hours. Thirteen percent of the survivors were not offered PEP because they reported after 72 hours. In addition, 94% of the eligible female survivors were offered emergency contraceptive.

The project in collaboration with MOH conducted supportive supervision and mentorship on SGBV to thirty health facilities. A total of 250 HCW (62% females) were sensitized on the revised SGBV data tools and clinical management of sexual violence. This was aimed at enhancing quality of service delivery by HCWs, including accurate and complete documentation. A total of 1,424 individuals (56% females) comprising of youths, community leaders, young women and girls were sensitized on SGBV to increase their skills, and knowledge in SGBV prevention and response.

Output 1.5 TB/HIV Co-Infection Services

1.5.1: Early identification and treatment.

During the reporting period, 74,592 of the 76, 998 PLHIV who visited supported CCC were screened for TB. This is 97% screening rate against a national target of 100%. Figure 11 below illustrated that a total of 1,372 TB cases were reported in the five supported counties compared to 1,076 in the previous quarter. HIV testing among TB/HIV co-infected patients in the five counties was at 96% (1,313) with co-infection rate of 33 % (428). Of those who tested positive for TB, 93% (395) were initiated on ART an improvement from 90% in the last quarter. The current performance can be attributed to mentorship, regular joint supervision, and dissemination of job aids, recording and reporting tools and improved reporting through monthly data review meetings.

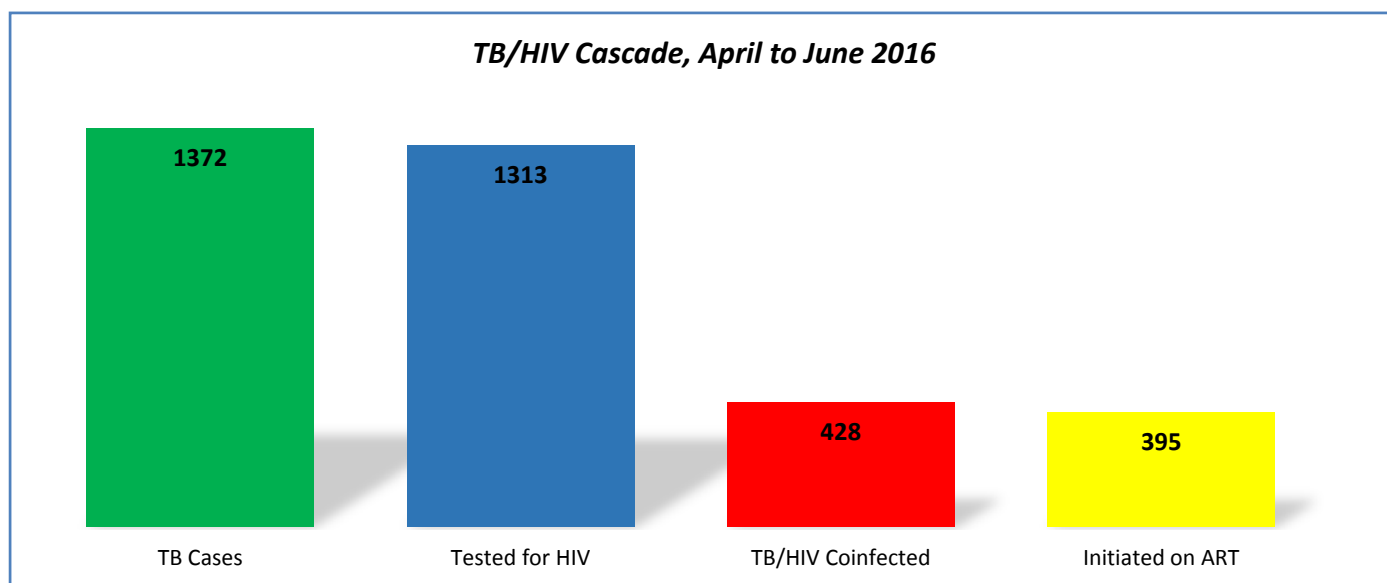


Figure 11: TB/HIV Cascade, April to June 2016

Scale up counties (Nakuru and Narok): Out of 51,968 clients that visited the 69 facilities in Nakuru and Narok counties 96.8% (50,280) were screened for TB. These counties contributed 67 % (917) of the TB cases diagnosed. Of the TB/HIV co-infected patients 884 96.4 % (884) were tested for HIV with a 29.4% coinfection rate. The ART uptake was 90% compared to 91% in the last quarter. The performance is attributed to mentorship of service providers on TB screening using TB ICF/IPT cards, correct documentation in the MOH 257 card, improved referral system (provision of a directory) and integrated TB/HIV services in 59 out of the 69 ART sites in the two scale up counties.

Sustained counties (Baringo, Kajiado and Laikipia): During the quarter under review, 97% (24,312) of the 25,030 total patients who visited the supported CCC in this counties were screened for TB. A total of 455 TB cases were identified. Of these, 94.3 % (429) were tested for HIV yielding a 33 % (141) TB/HIV co-infection rate. Majority, 96% (135) of those who tested positive were initiated on ART. The overall achievement is attributed to the continuous mentorship to health care workers and joint support supervision with the sub county TB coordinators.

Activity 1.5.2: Linkage to care and treatment

An analysis of overall quarterly project performance shows that 92% (395) of co-infected patients were started on ART within the recommended 2 to 8 weeks' period compared to 91% in the previous quarter. This is attributed to integration of TB/HIV services in 63% (87) of supported ART sites; continuous mentorship on HIV testing in TB clinics and quarterly data validation in TIBU system. The key challenges to linkage to treatment across the five counties include poor documentation and weak referral systems. Among the patients on care and treatment, 5,248 clients were started on IPT by end of June 2016, leading to a cumulative achievement of 14,117 which is 37.6% of the annual target (37,558). This low performance is attributable to irregular supply of commodities (INH) and pyridoxine. In subsequent quarter, the project will work with facility IPC teams to conduct facility-based annual TB infection control assessments in 59 HVS ART sites. Institutionalization of control plans and integration into facility Infection and prevention committees will be supported. The project will also procure isoniazid for the already existing clients to allow them complete their six-month dosage.

Scale up counties (Nakuru and Narok): During the quarter under review, mentorship on IPT continued through which a total of 247 service providers were reached. Risk reduction assessments were also undertaken in 14 sites and improvement plans developed jointly with HMT to address gaps. Among the TB patients 90% (260) who tested HIV positive were started on ART compared to 91% in the previous quarter. In the same period 3,130 TB/HIV co-infected patients were initiated on IPT compared to 3,440 reported in previous quarter. This poor performance in IPT provision is attributed an erratic supply of commodities from KEMSA.

Sustained counties (Baringo, Kajiado and Laikipia): Two IPC assessments were done in two sites namely Mercy and Kabarnet in Baringo county and improvement plans developed. Twenty-one CME sessions on the TB/HIV related topics were conducted reaching 223 service provider. Of the TB/HIV co-infected patients 96% (135) were initiated on ART in the three counties compared to 92% reported in previous quarter. Laikipia County had the highest number of clients started on IPT at 1,205, followed by Baringo with 482 and 431 in Kajiado county. Erratic commodity supply from KEMSA continued to be a hindrance to IPT implementation in the sustenance county.

Activity 1.5.3: Expanding intervention to increase diagnosis of TB.

During the quarter under review, the project continued to support quarterly GeneXpert TWG meetings in the five supported counties. As part of increasing diagnosis of TB, 3,750 sputum samples were analyzed an increase from 3,655 samples in previous quarter. This was as result of mentorship and sensitization of 125 HCW from various sites on GeneXpert utilization, regular joint supervision and transportation of samples from sites to lab hubs. As illustrated in figure 12 below there was a decrease in GeneXpert machine utilization this quarter from 101% to 95% at Nakuru PGH and 107% to 89% for Naivasha SCH due routine maintenance of the biosafety cabinet that interrupted service provision. On the other hand, the GeneXpert utilization increased in the following hubs: Narok DH 71% to 84% due to increase in networking sites from 16 to 24; Kajiado CRH 51% from 70%; Loitokitok SCH from 43% compared to 62% and Nanyuki TRH from 32% to 35%. This achievement is attributed facilitation of monthly CME in the facilities and improved sample transportation to testing hubs. The current utilization rates at Marigat and Kabarnet are 23% and 30% from 15% and 43% respectively. This suboptimal utilization in testing hubs is attributed to HCW knowledge gaps on use of GeneXpert for TB diagnosis. The team is addressing this through sensitization of HCWs on GeneXpert use for TB diagnosis and facilitating sample transportation to the lab hubs.

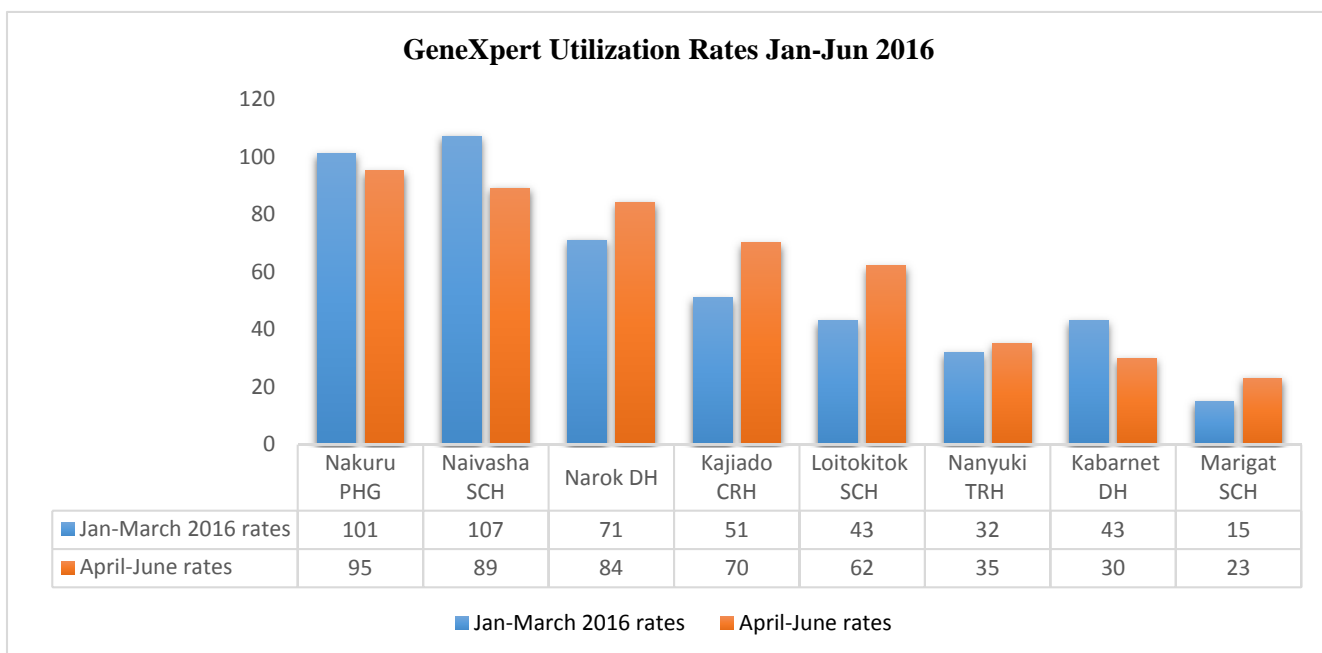


Figure 12: GeneXpert utilization

Output 1.6: OVC Services

Increased access to health and social services for OVC and their families

Activity 1.6.1: Community involvement in health and social services for OVC and their families.

The project supported the national launch of the *Day of the African child 2016* in Laikipia, Nakuru, and Nandi counties and celebration of the same in two counties. The theme of the day was “*Conflict and Crisis in Africa: Protecting all children’s Rights.*” In addition, the project facilitated 13 family fun days (Health action days) spread across the six counties of Baringo, Kajiado, Laikipia, Nakuru, Nandi and Narok. Below are detailed county specific achievements.

Baringo County: During the quarter, the project through the LIPs supported four sub county AAC meetings in Baringo Central, Marigat, Kabartonjo, Mogotio and Koibatek. Child protection issues such as child defilement were discussed and action plans were developed to address the same. Additionally, three stakeholders' forums were held which centered around launching a national education support plan, dissemination of Kenya's fast track plan to end HIV/AIDS among adolescence and young people in Baringo county and keeping the promise to end GBV in the county. The project also supported the Children Department to commemorate the *Day of the African Child* which was held in Mogotio sub-county. Among the issues discussed were child participation and community involvement. A Family fun day was conducted attended by OVC and their caregivers, representatives from the ministry of agriculture, births and death registrations, NHIF and Sub County Children Office. During the meeting, caregivers were sensitized on various issues including knowing their HIV status, succession planning, the need to enroll in the NHIF scheme, food security and sustainability, acquisition of birth and death certificates, children rights, protection and participation.

Kajiado County: The project facilitated ten family fun days reaching 1,604 children (48% female) with age appropriate services. Adolescents aged 13-19 years were reached with messages on biological changes during adolescence, reproductive health and good hygiene practices. A total of 314 OVC were dewormed and provided with vitamin A supplementation during the activity.

Laikipia County: The project supported one Sub County Advisory Committee (SCAC) meeting which discussed issues of child abuse in the area. The participants were challenged to be proactive in fighting such abuse by reporting to the children's department. One OVC forum attended by 98 OVC was conducted to sensitize OVC on HIV/AIDS, importance of knowing one's status, reproductive health, children's right and responsibilities and WASH among others.

In addition, the project supported the department of children services to commemorate the Day of the African Child that brought together children and stakeholders from all over this county that has in the past suffered violent conflicts, mainly over pasture and water. The celebrations were marked in Doldol, with calls for stronger partnerships to maintain peace, protect and support vulnerable children. The theme of the day was "*Conflict and Crisis in Africa: Protecting all children's Rights.*" A total of 300 children attended the event among them 200 OVC. Key messages passed to the children were the key pillars of their rights and responsibilities as stipulated in the constitution of Kenya. They were also enlightened on a child helpline to support them speak up.

Nakuru County: During the quarter, the project conducted OVC fun days in collaboration with the Children's Department. A total of 1,711 OVC (45% female) were reached with integrated services that included PSS and handwashing. Female adolescents aged 12-18 received information on menstrual management, personal hygiene and HIV prevention and had a demonstration on use of sanitary towels.

The project also supported the department of children services to conduct the national launch and celebration of the *Day of the African 2016* that was held in Molo sub county. The theme of the day was "*Conflict and Crisis in Africa: Protecting all children's Rights.*" The event was attended by over 2,000 people among them 700 children. The event was presided over by the Principal Secretary for Social Security and Services. All speakers emphasized the importance of protecting children from all forms of abuse.

Nandi County: The project supported the Nandi Children's Department to conduct a County AAC meeting that discussed child protection issues. Three LAAC meetings held in Nandi Central and Nandi East sub-counties discussed how to provide care in the best interest of the child, child abuse, neglect, stigma and discrimination and challenges/mitigations and how other stakeholders can be involved in the care of OVC. The project also supported the department to commemorate the *Day of the African child 2016*. OVC and their caregivers joined hundreds of residents to mark the day in Kapsabet Town. Nandi County Commissioner pledged to work with the civil registration office and other partners to ensure all children get birth certificates.

Narok County: During the period under review, the project supported one county area advisory council to conduct their quarterly meeting. The meeting discussed various child protection issues and developed action plans to address them. The project also facilitated twelve caregiver forums that were attended by 722 care givers. Issues discussed included parenting skills for OVC, benefits of health facility delivery and importance of participating in economic empowerment.

Activity 1.6.2: Increase number of OVC receiving age appropriate and quality services

During the reporting period, the project served 97% (81,980) of active OVC with various services. A total of 27,105 OVC received one or two services while 54,875 9 (49% female) OVC received three or more services. The annual target of 75,247 is lower than the current number of OVC enrolled in the project. The project is in the process of transitioning OVC out of the project in line with the COP 2015 target. During the quarter, 76,030 (49% females) OVC were reached with health and nutrition education services. These included 3,030 (51% females) OVC under five years who received MUAC assessment during the quarter out of whom 99% had normal nutritional status. Seven OVC were moderately malnourished while one OVC was severely malnourished. All were referred to health facilities for further management. The project also followed up eight OVC who were referred to health facilities for management last quarter. Of these seven (87%) had regained normal nutritional status while one was still undergoing nutritional rehabilitation.

In addition, the project reached 41,776 OVC with shelter and care services, 73,999 with psychosocial support and 5,120 with education support during the quarter. The project also supported a total of 745 OVC to acquire birth certificates during the quarter bringing the total number of OVC with birth to 54% (45,679) of active OVC. Below are detailed county specific achievements:

Baringo County: During the quarter, the project reached 7,120 OVC (90% of active) with various services: 1,943 OVC received one or two services while 5,177 OVC (49% female) received three or more services. This translated to 102% achievement against an annual target of 6,929 OVC. In the same period, 6,029 (49% females) OVC were reached with health and nutrition education services. These included 494 (46% females) OVC who had nutritional assessments done and none was malnourished. Sixteen HIV positive OVC (56% females) were supported to form a support group at the CCC. The support group is under close supervision of the nurse in charge of the CCC and the link desk person at Eldama Ravine sub county hospital.

The project also reached 4,325 OVC with shelter and care services; 6,165 OVC with psychosocial support and 214 with education support. In addition, the project supported 66 OVC to acquire birth certificates bringing the total OVC with birth certificates to 64% (5,039) of active OVC.

Kajiado County: During the quarter under review, the project served 98% (13,820) of OVC active with various services: 2,209 OVC received one or two services while 11,611 OVC (48.8% female) received three or more services. This translates to 101% achievement against an annual target of 13,787. In the same period, 13,303 (50% females) OVC were reached with health and nutrition education services. MUAC assessments were done for 985 OVC under five years (53% females). Majority (99%) had normal nutritional status while only one OVC was moderately malnourished and was referred to health facility for further management. The project also followed up three OVC who were referred for management last quarter. Out of three, two had gained normal nutritional while one was still undergoing nutritional rehabilitation.

The project reached 10,352 OVC with shelter and care services, 13,331 OVC with psychosocial support and 178 with education support. In addition, the project supported 218 OVC to acquire birth certificates bringing the total OVC with birth certificates to 41% (5,775) of active OVC.

Laikipia County: During the quarter under review active OVC were 8,993 (49% females). A total of 97% (8,684) active OVC were provided with various services out of whom, 68% (5,902) received one or two services while 32% (2,782) received three or more services. This translates to 101% achievement against an annual target of 8,874 OVC. A total of 8,602 (49% female) OVC were reached with health and nutrition education. MUAC assessments were done for 335 OVC under five years (46% female) and all had normal nutritional status.

Nakuru County: During the quarter, the project served 97% (36,358) active OVC with various services which included education, health and nutrition, protection, psychosocial support, economic strengthening and shelter and care services. A total of 13,405 received one or two services while 63% (22,953) OVC received three or more services. This translates to 125% achievement against an annual target of 29,122.

A total of 33,155 OVC were reached with health and nutrition education. These included 725 OVC under five years of age whose MUAC assessment was done out of whom 718 (99%) had normal nutritional status six were moderately malnourished and one had severe acute malnutrition scored (scored red). All the seven that were found to be malnourished were referred to the health facilities for management. Twenty-six OVC who were found to be malnourished in the previous quarter were followed up, 81% (21) of them had gained normal nutritional status while five were still undergoing nutritional rehabilitation. In addition, a total of 1,437 OVC received education support, 20,610 child protection, 27,074, psychosocial support and 12,858 shelter and care. A total of 289 OVC (51% females) received birth certificates during the quarter bringing the total number of active OVC with birth certificates to 57% (21,145)

Nandi County: During the quarter, the project served 5,253 OVC (97% of active) with various services. A total of 1,406 OVC received one or two services while 3,847 OVC (66%) received three or more services. This translated to 92% achievement against an annual target of 5,703 OVC. In the same period, 4,548 (49% females) OVC were reached with health and nutrition education services. These included 168 (53% female) OVC who received MUAC assessment. All had normal nutritional status. Further, 2,249 OVC were reached with shelter and care services; 4,772 OVC with psychosocial support and 550 OVC with education support. In addition, the project supported three OVC to acquire birth certificates bringing the total OVC with birth certificates to 57% (3,058) of active OVC.

Narok County: During the quarter, 10,754 (47 % females) OVC were provided with various services. A total of 2,240 (49% females) received one or two services while 8,505 (46% females) received three or more services. This translates to 99% achievement against an annual target of 10,862. In addition, 10,393 OVC were reached with health and nutrition education services. Of these 323 (56% male) OVC under the age of five had MUAC assessments done and all had normal nutritional status. In addition, 2,850 OVC received educational support.

In the same period, 65 (57% female) community health volunteers were trained on management of malnutrition. The CHV acquired skills to enable them improve on growth monitoring for OVC under five years of age and enhance effective referrals from household level.

Capacity of households and communities strengthened to protect and care for OVC

Activity 1.6.4: Build sustainable economic initiatives to enable households meet the basic needs of their children

During the reporting period, the project facilitated formation of 106 additional SILC groups bringing the total number of SILC groups to 936 with a membership of 17,648 (83% females). The SILC groups had a cumulative savings of Kshs. 66,576,866. A total of 21,678 OVC from 8,393 households participating in SILC benefitted in various ways including access to basic necessities like food, clothing, and education support for OVC. Below are detailed county specific achievements:

Baringo County: During the quarter under review, three new SILC groups consisting of 45 members (78% females) were formed bringing the total number of SILC groups to 49. The new groups will start savings and lending activities in the next quarter. A total of 634 caregivers from 573 households actively participated in SILC activities supporting 2,340 OVC (51% females). The groups had accumulated a net savings of Kshs. 1,177,034 compared to Kshs. 1,489,504 reported in the previous quarter. The drop is attributed to three SILC groups that reached their cycle maturity and shared out their savings during the quarter.

A SILC refresher training was conducted for 13 LIP staff (51% females). The training was on the SILC methodology principles, phases, constitution, records and electronic SILC MIS. The implementation gaps that had been identified were resolved and this is expected to improve the data quality as well as group productivity.

Kajiado County: During the quarter, the project facilitated formation of 89 additional SILC groups bringing the total number of SILC groups to 228 with a membership of 3,588 (86% females). Participation in SILC groups enabled caregivers of 1,771 households to provide basic necessities like food, clothing and education support to 3,673 OVC. A one-day SILC MIS refresher training was held reaching 30 (51% female) LIP staff and SILC agents. The training was aimed at enhancing the capacity of the participants on SILC MIS data management; collection and analysis of SILC data and use of SILC MIS to generate quality reports for decision making.

The project supported 110 caregivers (90% female) on how to manage savings, business identification, and record keeping. During the reporting period, 82 HH were linked to markets for sale of their products, 82 were linked to MFI to access loans to undertake various businesses and 125 caregivers were linked to UWEZO funds.

Laikipia County: During the quarter under review, one new SILC group was formed with a membership of 52 (90% female) care givers bringing the total number of SILC groups to 45 with 582 members. The cumulative savings at the end of the quarter stood at Ksh. 868,867 compared to Ksh. 467, 377 last quarter. The proceeds from the SILC activities supported 1,256 OVC and their families to meet their basic needs that included food, school fees and health care.

A one day SILC refresher training was conducted for 12 LIP staff and 14 SILC agents. Five new SILC agents were recruited to support in SILC activities in Laikipia county. In addition, a SILC MIS data use meeting attended by all LIP staff and SILC nine agents was held. Participants also got a refresher training on SILC data collection and analysis, SILC MIS data entry and generation of quality reports for decision making.

Nakuru County: During the quarter, five new SILC were formed bringing the number of active SILC groups to 223 with a membership of 4,773 (78% female) from 3732 HH. The cumulative savings at the end of the quarter stood at Ksh. 15,155,786 compared to 10,653,107 last quarter. The proceeds from the SILC activities supported 10,460 OVC and their families to meet their basic needs that included food, clothing and health care. Additionally, 234 caregivers benefitted from business skills training, 719 were engaged in economic strengthening activities such as SILC, GSL, VSL, IGA and table banking, 101 received financial literacy and education training, 133 were linked to market for sale of their products, 72 were linked to MFI and are in the process of accessing loans and 139 were linked to UWEZO Fund.

A SILC refresher training was carried out during the quarter for 80 LIP staff and SILC agents (64% female). The training was aimed at building the capacity of LIPs in effective implementation and monitoring of SILC activities, effective data collection and entry into the SILC MIS, data analysis and use for decision making. Action plans were developed by the participants to implement the same after the training.

Nandi County: During the quarter, a total of 16 new SILC groups were formed comprising of 464 (74% females) caregivers bringing the total number of active SILC groups to 219. A total of 627 OVC households taking care of 1,637 OVC (51% females) were actively participating in SILC. The cumulative savings for the SILC groups stood at Kshs. 25, 275,436 compared to Kshs. 21,725,436 last quarter. A total of 52 caregivers (48% females) borrowed loans and initiated various income generating activities. The businesses included: charcoal selling, green grocery, poultry keeping, selling firewood, selling cereals, dairy farming and running retail shops.

Narok County: During the quarter, twelve new SILC groups were formed bringing the total number of active SILC groups to 163 with a membership of 3,155 (83% female). A total of 1,216 OVC households actively participated in SILC activities. The cumulative savings for the SILC groups stood at Kshs. 15,102,423 compared to Kshs. 13,193,480 last quarter. The proceeds from the SILC activities supported 3,034 OVC (48% female) and their families to meet their basic needs that included food, clothing and education. In addition, the project facilitated a refresher training of 34 SILC agents (44% female) that was aimed at enhancing the capacity of the participants on SILC MIS data management, collection and analysis of SILC data and use of SILC MIS to generate quality reports for decision making. At the end of the training, participants developed plans of action to implement what they learned in their respective SILC groups.

Activity 1.6.5: Increase knowledge and skills of caregivers on OVC and protection

During the reporting period, the project facilitated 36 caregiver forums that reached 9,423 caregivers (85% females) with information on child protection, care and positive parenting skills. The information provided included importance of acquisition of legal documents, succession planning, identification of childhood illnesses, infant and child feeding and hygiene practices, roles of CHVs and caregivers as well communication skills with children.

Baringo County: During the quarter, the project through CHVs reached a total of 1,005 caregivers with information on the importance of legal documents. A family fun day attended by 49 caregivers was used as a platform to sensitize them on their role in promoting children rights and on the process of reporting cases of child abuse. They were also encouraged to report the same.

Kajiado County: During the period under review, fifteen caregiver forums were conducted where total of 1,299 caregivers were equipped with parenting skills including dealing with parenting challenges, succession planning, and importance of will writing and memory books. An additional 2,378 caregivers were sensitized on the importance of legal documents such as national identification cards, title deeds and birth certificates for their children. They were also encouraged to join SILC and NHIF.

Laikipia County: During the quarter, five caregiver forums were held at Daiga, Shalom, Ethi, Naretisho and Doldol locations attended by 605 caregivers who were sensitized on child rights and succession planning. A further 638 caregivers were sensitized on child abuse and neglect and 1,085 caregivers were provided with information on importance of legal documents, title deeds and importance of will and memory book writing.

Nakuru County: During the quarter, eight caregiver forums were held in Naivasha, Gilgil, Nakuru North and Subukia, Nakuru Central, Nakuru West, Nakuru East and Kuresoi sub counties whereby 2,301 caregivers were sensitized on birth registration, parenting skills and importance of participation.

Nandi County: During the period under review, the project through the LAACs rescued 46 OVC from abusive environment with 14 OVC being reunited back with their families. A total of 3,314 OVC were reached with age appropriate information on rights and responsibilities. One caregiver forum targeting OVC households benefitting from cash transfer was held with caregivers being cautioned to use the money wisely. The project held a meeting with the Assistant Chief of Chepterit sub-location, 10 caregivers and two female CHVs to sensitize them on child protection and health issues as well as where to report cases of abuse in the community.

Narok County: The project held 12 caregiver forums attended by 3,388 care givers. A number of issues were discussed during the forum including good parenting, importance of acquisition of birth certificates during infancy and the need for parents to follow up with school management particularly on performance. From this 35 OVC were supported to acquire birth certificates. Through HH visits 7,241 OVC were reached with age appropriate information on their rights and responsibilities and six children were rescued from an abusive environment.

Activity 1.6.6: Link OVC households to safety net programs

The project participated in meetings with children’s department and NHIF across the six counties to support efforts to enroll more households in the national social protection programs. During the quarter, 404 new OVC households were enrolled in NHIF bringing the total enrolled this year to 8, 956 against annual target of 1,500. This brings the cumulative number of households linked to NHIF to 27,404 (84% of OVC HH). The overachievement was due to accelerated sensitization and mobilization of caregivers to enroll in NHIF.

A total of 507 new HHs were enrolled in the cash transfer program during the quarter bringing the total enrolled this year to 727 HH. The government is still in the process of vetting households. The table below presents a summary of households linked to safety nets programs per county.

Table 2: Number of active households registered in NHIF by county

County	HH linked to NHIF					
	Active HH	HH linked by Sept, 2015	Linked in Q1	Linked in Q2	Linked in Q3	Cumulative linked by end of June
Baringo	2,665	1546	297	0	38	1881
Kajiado	5,425	3460	667	295	0	4422
Laikipia	3,957	2675	330	0	301	3306
Nakuru	14,002	6370	1210	5,292	0	12,872
Nandi	2,143	950	331	0	64	1345
Narok	4,572	3447	131	0	0	3578
Total	32,764	18,448	2,966	5,587	403	27,404

Table 3: Linkages to CT programs by county

County	Active HH	HH linked to CT program				
		HH linked by Sept, 2015	Linked in Q1	Linked in Q2	Linked in Q3	Cumulative linked by end of June
Baringo	2,665	558	38	2	3	601
Kajiado	5,425	177	0	0	4	181
Laikipia	3,957	422	44	0	70	536
Nakuru	14,002	3,932	39	0	280	4,251
Nandi	2,143	94	17	0	0	111
Narok	4,572	65	23	57	150	295
Total	32,764	5,248	161	59	507	5,975

Activity 1.6.7: Intensify and work with OVC households towards transition/or graduation

During the reporting period, 56 older OVC were provided with job market skills training bringing the total reached to 267 this year. The youth were linked to Digital Opportunity Trust (DOT) for training to equip them with Information Technology (IT) skills to enable them startup businesses or facilitate employment opportunities. The project also facilitated linkage of 73 older OVC to job opportunities during the quarter bringing the total linked this year to 300, which is 149% of the annual target.

The project continued to support the SILC groups that were found to be at various stages of development following the SILC groups maturity assessment that was conducted in the previous quarter. Of the active

SILC groups, 94 were assessed during the quarter against target of 240 to establish their level of maturity for transitioning from active technical support from the project. From the assessment results, 19 groups that were found to be mature were helped to initiate a transition process. Five groups were transitioned in Nakuru county during the quarter. Below find county specific data on SILC groups maturity assessment:

Table 4: Progress on efforts toward transition/graduation of households October 2015 - March 2016

County	SILC Assessment for maturity				
	#SILC groups assessed in Q3	# mature SILC groups	Cumulative # SILC groups assessed during the year	Cumulative # Mature SILC groups by June 2016	Cumulative # Mature SILC groups graduated by June 2016
Baringo	12	5	27	10	0
Kajiado	0	0	114	2	2
Laikipia	10	2	35	6	2
Nakuru	31	16	116	41	41
Nandi	0	0	122	39	0
Narok	41	14	77	32	0
Total	94	37	491	130	45

Strengthened child welfare and protection systems at county level, and improved structures and services for effective responses in targeted counties

Activity 1.6.9: Strengthen the capacity of County institutions, including local organizations to deliver quality services to OVC

During the quarter under review, the project continued with the implementation of 2016 Joint Work Plans (JWP) with the Department of Children Services in the five counties of Baringo, Kajiado, Laikipia, Narok and Nakuru that aimed at strengthening the department’s capacity to coordinate and monitor quality services to OVC. Two County Area Advisory Committees (AAC) meetings were held in Narok and Nandi, five sub county AAC meetings in Baringo and Laikipia and three Locational Area Advisory Committees (LAAC) meetings in Nandi county. Issues affecting children in respective counties were discussed including education and child protection challenges and consequently the AACs developed action plans to address the same.

To improve health seeking behaviors among community members, 30 LIP and MOH staff from Baringo, Kajiado, Laikipia, Narok and Nakuru counties participated in a 5-day gender norms training aimed at equipping staff with skills to address gender issues that impact healthy practices. In addition, to improve quality of services and documentation, support supervision and RDQA were conducted in all the 16 LIPs, M&E TWG and data review meetings were held where the project team analyzed OVC data on birth certificates, HTC and other OVC services. The project also supported QI team meetings. The teams’ focused on child protection and food security and nutrition, and performance. Below find the detailed county specific achievements:

Baringo County: Two joint support supervisory visits involving the sub county Children’s Department, Ministry of Health and Registrar of Births and Deaths were conducted. Among the key issues addressed were follow ups on viral load testing for positive OVC, requirements for birth certificate acquisition and report of child protection cases. Additionally, support supervision was conducted to three Quality Improvement Teams in Marigat, Milimani and Mogotio in collaboration with the sub –county children officers, Agriculture officers and MOH officers. The teams discussed food security issues and methods of water harvesting. The caregivers were sensitized on importance of joining SILC groups and two SILC groups were earmarked for training. The Milimani QIT team also discussed child protection issues. The three teams will be conducting an end line CSI during the next quarter.

Kajiado County: The JWP have greatly helped to harmonize activities planned with DCS and to strengthen the capacity of the department to monitor services offered to children in the county. One county TWG forum attended by 24 staff was held to facilitate cross learning from LIPs and provided a forum for skills transfer. Quarterly performance review meetings were held for all the five OVC LIPs in Kajiado county. LIP specific performance was reviewed and action developed for improvement.

To promote cross learning, 13 OVC LIP staff from Kajiado county made a one-day exchange visit to a LIP in Naivasha to learn about their partnership with Digital Opportunity Trust (DOT) in supporting older OVC. Each LIP documented the key lessons learnt and developed plans to replicate them.

Laikipia County: During the quarter under review, the project conducted joint support supervision for two LIPs with the sub county children officers. The team, identified areas that needed improvement and provided mentorship on OLMIS data entry, report generation and tracking of HIV positive OVC viral load during the visit.

Nakuru County: During the quarter, 45 (69% female) members of Imani and Nijali support groups in Nakuru North were trained in marketing principles and business planning. The members were helped to develop marketing strategies for their groups.

Nandi County: During the reporting period, the project conducted support supervision to Mokwo Quality Improvement Team. A Quality Improvement functionality index assessment was done for this QI team who scored 7/10 (70%) in the assessed areas.

Narok County: During the period under review, the project in collaboration with the sub county children officers conducted support supervision to three OVC LIPs in Narok. The team identified gaps in follow ups on HIV positive OVC for viral load monitoring, correct reporting using OLMIS generated reports and of information from the system for decision making. Specific action plans were developed to address the same.

1.6.10: Strengthen coordination of care across community stakeholders to improve OVC well-being

The project supported the County Area Advisory quarterly meeting in five counties of Nandi, Nakuru, Narok, Kajiado and Laikipia. The meetings focused on the role of the AAC, resource mobilization and child protection and care. County TWG were formed in Narok, Nandi and Kajiado and their terms of reference developed. Below find the detailed county specific achievements:

Baringo County: The project conducted four Area Advisory Council meetings comprising of 100 members (58% males). The members were taken through the new guidelines for the department of children services and developed a county work plan. The project also supported a County Child Protection Technical Working with 25 members (54% males). The group members discussed the rationale and the terms of reference for the group.

Kajiado County: The project supported DCS to host a county AAC meeting that was attended by 23 members who discussed key challenges affecting children. Some of the challenges that were discussed included birth registration, registration of Charitable Children's' Institutions (CCI) and the role of CACC in relation to other lower level AAC. The first County Child Protection Technical Working Group meeting was held with support from the project. The meeting discussed key child protection issues in the county. The findings were shared in the county AAC forum. A stakeholder's forum was held where the judiciary oriented the members on the judicial process for child abuse cases.

Laikipia County: The project facilitated a meeting between the LIP staff and DCS in Laikipia and as a result application forms for 33 heads of household above 70 years were submitted for enrolment into the cash transfer program elderly persons. Seventy-three disabled OVC were also linked to the DSDO's office for enrolment in the disability program.

In addition, the project supported the quarterly County AAC meeting, the second County Child Protection Technical Working Group and a Sub County AAC meeting. The agenda was on identifying OVC needs and enrollment into NHIF for those already in cash transfer programs.

Nakuru County: During the quarter the project supported 15 Sub County AAC meetings attended by 221 (70% female) participants. The agenda of the AAC meetings was to strengthening linkages and networking for leveraging of OVC services for sustainability and dissemination of a report on Nakuru Street Survey and Census Research that was conducted between March and April 2016.

Nandi County: The project supported the County Children Department to hold a county AAC meeting. A total of 77 members (63% males) attended. The agenda of the meeting was to plan for the Day of the African Child and map the location of OVC service providers within the county. The project supported the formation of the County Child Protection Technical Working group. The next step for the team members is to develop the terms of reference and specific roles.

Narok County: During the period under review, the project supported the County Children Department to conduct a county AAC meeting. The agenda of the meeting included discussion on how to put up facilities to hold minors who were in conflict with the law at Narok and Kilgoris police stations and issues of street children.

SUB-PURPOSE 2: INCREASED ACCESS AND UTILIZATION OF FOCUSED MATERNAL, NEWBORN, AND CHILD HEALTH (MNCH), FAMILY PLANNING (FP), WATER, SANITATION AND HYGIENE (WASH), AND NUTRITION SERVICES

Output 2.1 Maternal & Newborn Health (MNH)

Activity 2.1.1: Build facility-level capacity to improve provision of quality MNH services

In the reporting period, 25,482 women attended first ANC in all the five counties leading to a cumulative achievement of 92,484 pregnant women, a 75% achievement of the annual target of 125,000. In addition, 12,015 clients made four ANC visits increasing the annual reach to 58% (40,173) of the annual target of 69,558. Skilled birth deliveries during the period were 20,087 leading to a cumulative achievement of 84 % (58,829) against the annual target. Of these deliveries, 98% (19,629) were live births.

As part of building facility level capacity to improve provision of quality MNH services, 514 HCW in 75 sites were mentored on use of partographs, to monitor labour, active management of third stage of labor, focused antenatal, post-natal care, use of magnesium sulphate in management of eclampsia, infection prevention in maternity and respectful maternity care. BEmONC assessment were conducted in 28 facilities during the reporting period. Distribution of mother baby packs as an incentive to improve on skilled birth deliveries. was introduced in June in Narok County and Kuresoi North and South sub counties in Nakuru County, and is currently on going.

Priority counties (Baringo and Narok): In both counties, the project mentored 96 HCW in 44 sites on newborn resuscitation and emergency preparedness and oriented staff on the revised version of BEmONC jointly with PIMA. It is expected that the tool will be used in the end line BEmONC assessment In Baringo county, 10 BEmONC high volume sites received resuscitaire machines for labor wards and theatres. Availability of these equipment will go a long way in improving the quality of newborn care and resuscitation. In addition, facilities were provided with maternity admission forms/partographs to

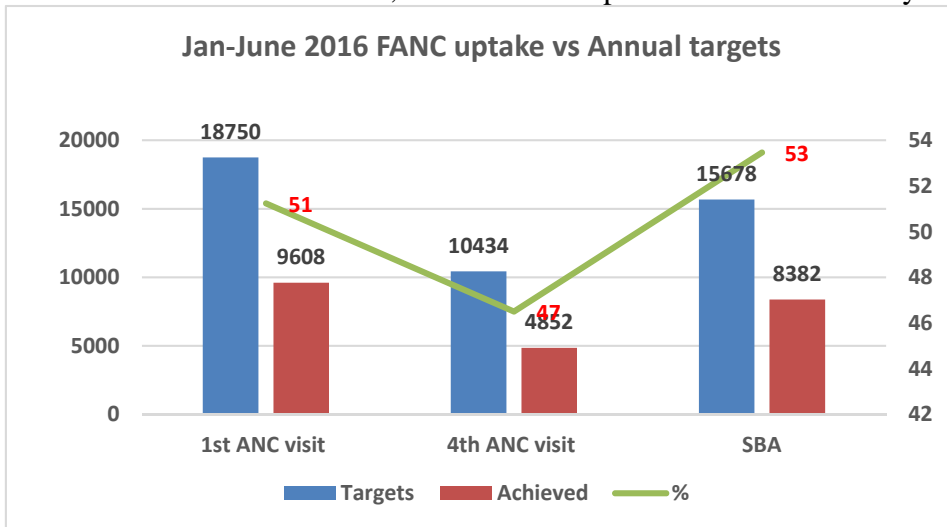


Figure 13: FANC uptake vs Annual targets

facilitate documentation in maternity/labour ward. The project in partnership PIMA, CHMT and SCHMT conducted a one-day orientation on revised BEmONC data collection tools for 25 reproductive health coordinators and Health Records Information Officers (HRIO). This was followed by BEmONC assessments in 10 facilities. The key findings from the assessment were that all facilities had basic

BEmONC equipment except for the long gloves and MVA kits. Drugs were available but with occasional stock outs, staff had skills in majority of the signal functions, and standard MNCH data collection were

also available. There was evidence of improved newborn resuscitation following recent supply of resuscitator, ambu bags and room warmers. All facilities had basic BEmONC job aids in place and appropriately displayed. There was evidence of Kangaroo mother care practices at postnatal and newborn units. However, gaps were identified in plotting maternal observations in the partograph, urinalysis for women in labour was not routinely analyzed, skills conducting assisted vacuum delivery, MVA and management of eclampsia using magnesium sulphate. Improvement plans were developed jointly with facility staff to address these gaps. In addition, 42 services providers were mentored on newborn care resuscitation, emergency preparedness for management seven BEmONC signal functions, documentation in the partograph, and performance charts to monitor BEmONC indicators. The project will continue to support the surveillance and response meetings going on at the hospitals, train more HCWs on the KQMH model and continue to assist facilities to monitor BEmONC/MNCH indicators using the PMC.

In Narok county, a total of 54 HCW from 21 health facilities were mentored alongside on job training sessions on monitoring of labor using partographs, active management of third stage labor, focused antenatal, post-natal care, use of magnesium sulphate in management of eclampsia, infection prevention in maternity and respectful maternity care. The project supported the distribution of MNCH equipment donated by USAID to 35 sites, out of which 18 were BEmONC sites. Reproductive health assessments were conducted in 18 sites. Key gaps identified were in use of partograph in monitoring of labor and proper documentation in the maternity registers. The team is addressing this through mentorship and OJT.

The project supported orientation of the latest version of the BEmONC tool (version 3.2) to 15 county and sub county teams in collaboration with PIMA Measure Evaluation. It is expected that the tool will be used in the end line BEmONC assessment. To increase skilled birth deliveries uptake, the project distributed a total of 286 mother/baby packs to mothers delivering in two health facilities (Narok CRH and Ololulung'a SCH). During the quarter, 5,981 attended 1st ANC, leading to 51% (18,152) achievement of annual target of 35,000. 2,186 clients attended 4th ANC visit; cumulatively 8,809 had 4th ANC visits of the annual target of 19,477 (45.2%). During the quarter, 4,966 skilled birth deliveries were conducted in the two priority counties.

Other counties (Nakuru, Kajiado and Laikipia): In these three counties, 264 HCW in 92 facilities were equipped with skills and knowledge through mentorship, OJT and sensitizations on BEmONC, FANC, use of partograph in monitoring of labor, Individualized Birth Plan (IBP), Active Management of the Third Stage of Labor (AMSTL), management of post-partum hemorrhage and eclampsia/pre-eclampsia and essential newborn care at facility level. In addition, 125 HCWs were oriented on respectful maternal care and targeted postnatal care; assorted job aids and guidelines distributed to 74 facilities. The project procured and distributed basic equipment to 28 facilities. These included pediatric and maternal ambu-bags, HB meters, microscopes, portable examination lamps and room warmers. During the quarter, 15,121 skilled birth deliveries were conducted in the three counties; leading to 91% (46,075) against annual target of 50,400.

Activity 2.1.2: Improving Maternal and Perinatal Death Surveillance and Review (MPDSR) Coverage.

The project supported 13 high volume facilities quality improvement teams in Narok and Baringo to conduct MPDSR meetings. Baringo and Laikipia County had one maternal death and two neonatal deaths audited respectively at facility level. In Nakuru County, 21 MPDSR meetings were supported to improve timely and quality audits of perinatal and maternal deaths. During the quarter, 89% (8) maternal deaths were audited. The most significant finding of the committees in Nakuru County is the skills gap in neonatal resuscitation, delay in identification of danger signs in ante-natal and post-natal periods and delayed referrals of women needing emergency care from lower level facilities. This is being addressed through mentorship and OJT on signal functions targeted post-natal care and targeted placement of referral vehicles in the county manned by qualified midwives.

In Kajiado County, one MPDSR meeting was held attended by sub count teams. One key area of improvement noted was a delay in referrals of high risk mothers from health centers and dispensaries to main hospitals. The team agreed to form a committee in each sub-county to coordinate the use of the few available ambulances in the county in order to reduce risk of complications during labour and delivery. In addition, CMEs were held in three facilities with focus on maternal resuscitation and PPH management.

In Narok County, the project supported four monthly MPDR meetings in Ololulung'a SCH and Narok CRH and four County and sub county MPDR meeting with an aim of ensuring timely maternal and perinatal audits. It was noted that the use of partographs appropriately and consistently is still a challenge in addition to timely referral of clients and late presentation of clients from home to the facilities contributing to the mortalities. The project continues to mentor service providers on the same.

Activity 2.1.3: Enhancing respectful maternity care

In an effort to enhance respectful maternity care, the project supported four forums to sensitize 71 services providers on respectful maternity care in Baringo and Narok counties. In Narok CRH and Baraka hospital organized a tour for ANC clients to the maternity unit to educate them on the services that they should expect during labor. In Nakuru, the project conducted 11 CME sessions on respectful maternity care reaching 134 providers. During the sessions emphasis was laid on patient's privacy, their right to consent, prevention of Disrespect and Abuse (D&A) to clients and attending to clients in labor with a positive attitude. This is expected to improve health education regarding the delivery process and client privacy and confidentiality. The project also mentored eight health care workers on respectful maternity care from five facilities in Laikipia.

Activity 2.1.4: Increasing male engagement

In Baringo county, service providers continued to support male involvement strategy by giving priority to all male clients and their spouses who attend antenatal care clinics. The plan next quarter is to support hospitals to send invitation letters to spouses of ANC clients to increase male involvement. In Narok county, the project mentored 12 HCW in Narok CRH and Ololulung'a SCH on the importance of male involvement. In these facilities invitation cards are routinely sent to spouses. An assessment of the

impact of the invitation cards is underway. The results will be reported in the subsequent quarter. Also in Kajiado county 35 HCW from 23 facilities were mentored on importance of male involvement. Male engagement was also intensified through KMMP support groups in supported facilities through inviting spouses and ensuring they are served first. In Laikipia county and Nanyuki TRH specifically, a staff is assigned to serve couples during weekends. The use of invitation cards continues at this hospital where 31 males were served in this quarter compared to 25 in the last quarter. In Nakuru county, the project supported male partner involvement in care through PMTCT couple support groups. Mentorship on importance of male involvement was done to 33 health facilities reaching 61 HCW in the county. A total of 325 male partners were tested for HIV in MCH settings compared to 191 tested in last quarter.

Activity 2.1.5 Strengthen community-facility linkages to increase service uptake

The project oriented 65 CHVs on community based management of acute malnutrition. This focused in nutrition in pregnancy, children under five years, People living with HIV, use of MUAC tapes and assessment through BMI, nutrition referral systems and follow up of clients on nutrition care at community level. This is expected to improve nutritional service uptake in MNCH and growth monitoring retention.

Output 2.2 Child Health Services

Activity 2.2.1: Provide support to the counties to sustain efforts on Fully Immunized Children (FIC) rates for children under one year

During the quarter under review, 26,513 children were fully immunized bringing the total immunized in the year to 63% (83,072) of the annual target. Other child health services included: Penta 3 vaccine to 31,711 bringing the total to 75% (99,400) of annual target; PCV10 vaccine to 31,574 children received bringing the total to 77% (96,206) of annual target and 28,400 children vaccinated against measles bringing the total to 92% (90,377) of annual target. A total of 114 HCW were mentored on basic immunization skills, immunization defaulter tracking and maintenance of the cold chain.

Baringo County: The project continued to support mentorship on integrated MNCH services in 34 facilities, where 46 HCW were mentored on cold chain and tracking of immunization defaulters. During the quarter, the county received eight cold chain equipment to help scale up immunization in facilities. The refrigerators have already been installed. The results achieved during the quarter include: 2,877 fully immunized children bringing the total immunized in the year to 61 % (9,025) of the annual target; 2,995 children received Penta 3 vaccine bringing the total to 50% 9,792 of annual target; 3,014 children received PCV10 vaccine bringing the total to 53% (9,836) of annual target and 2,918 children vaccinated against measles leading to 65% (9,631) achievement of annual target.

Kajiado County: During the quarter under review, 5,632 children were fully immunized bringing a total for the year to 86.5% (16,232) of annual target. In addition, 6,689 received Penta 3 vaccine bringing the total to 77% (19,372) achievement of the annual target; 6,660 children received PCV10 bringing the total to 81% (19,255) and 5,858 children were vaccinated against measles making a total to 73% (17,542) of annual target.

Laikipia County: During the quarter under review, 2,689 children were fully immunized bringing the total immunized in the year so far to 7,790 (71.7 % of the annual target). In addition, 2,871 children received Penta 3 vaccine bringing the total to 8,527 (59% of annual target); 2,877 children received PCV10 vaccine bringing the total to 8,557 (62.5% of annual target) and 2,772 children were vaccinated against measles making a total of 8,069 (57.6% of annual target). Community sensitization was carried out by CHVs in the hard to reach areas with poor performance in the county to increase immunization uptake. 20 HCWs in 8 facilities were mentored on use of immunization charts and commodity management.

Nakuru County: During the quarter under review, 11,147 children were fully immunized bringing the total immunized in the year to 37,689 (90.6%) of the annual target). In addition, 13,696 children received Penta 3 vaccine bringing the total to 41,609 (75.3% of annual target); 13,400 children received PCV10 vaccine bringing the total to 41,395 (79.1 % of annual target) and 11,943 children were vaccinated against measles making a total of 40,142 (75% of annual target). A total of 145 HCW were mentored on immunization basics, cold chain monitoring and defaulter tracking for immunization.

Narok County: During the quarter under review, 4,168 children were fully immunized bringing the total immunized in the year to 12,316 (96% of the annual target). In addition, 5,640 children received Penta 3 vaccine bringing the total to 17,312 (101% of annual target); 5,623 children received PCV10 vaccine bringing the total to 17,163 (106% of annual target) and 4,846 children were vaccinated against measles making a total of 14,930 (90% of annual target). 79 HCW were mentored on immunization skills, newborn resuscitation, cold chain maintenance, use of CWC registers and use of performance charts to track performance. The project in addition supported the county in purchasing and distribution of 10,000 BCG solo-shots. This was done to supplement the county's commodity supply that was at the time out of stock. With the project's support, a total of 6,547 children under one were able to receive BCG immunization timely.

Activity 2.2.2: Strengthen provision of integrated child health services to address diarrhea and malnutrition.

Mentorship and OJT on Maternal Infant & Young Child Nutrition (MIYCN) and management of common childhood illnesses was provided to 82 service providers in order to improve nutrition practices for clients and care of sick children. During the reporting period, 33,399 children were treated for diarrhea compared to 52,299 in previous quarter. This reduction in reported diarrhea cases is partly attributed to the establishment of functional ORT corners in 501 facilities in the five supported counties.

Baringo County: During this reporting period, the project adopted the use of High Impact Nutrition Intervention (HINI) OJT tool for assessing the capacity of facilities to handle malnutrition cases. By the end of the quarter 12 HCWs in six facilities had been oriented on use of this tool to strengthen their capacity to provide child health services. Community health volunteers working alongside UNICEF and World Vision identified 1,562 undernourished children at community level and referred them to health facilities for further nutrition management. During the same period, 271 children were reported to be wasted while 1,291 were underweight. The reported cases of diarrhea this reduced from 10,447 in the previous quarter to 5,135 in this period. Pneumonia cases treated during the quarter were 1,704. The project will continue to ensure the functionality of the ORT corners and mentor HCW management of diarrhea.

Kajiado County: During the reporting quarter, the project supported the county to launch the county nutrition action plan. This plan is designed to reduced malnutrition cases which are high as evidenced by 6,545 malnutrition cases identified during the quarter. The diarrhea and pneumonia cases reported this quarter were 8,489 and 7,163 respectively. Out of the 47 sites with ORT corners in the county, 23 that were established in the previous quarter were continuously assessed to ensure their functionality. Mentorship on management of diarrhea in children continued throughout the quarter.

Laikipia County: A total of 2,903 down from 4,075 children last quarter were treated for diarrhea this quarter and 1,364 up from 991 treated for Pneumonia. Out of 5,086 new CWC visits, 733 children between 6-59 months were underweight and were referred for nutritional counselling and support. During the period under review, a total of 2,348 children below 1 year received Rota 1 vaccine and 2,222 children received Rota 2 vaccine which is critical in prevention of diarrhea in children.

Nakuru County: The project supported the establishment and strengthening of ORT corners in all primary care centers. In addition, 94 health providers were mentored and received OJT in 48 sites. In total, 12,421 and 7,221 children aged less than five years were treated for diarrhea and pneumonia respectively.

Narok County: During the reporting quarter, a total of 26 HCWs from 18 health facilities were mentored on functionality ORT corners. Currently all 29 PMTCT sites in the county have a functional ORT corner. There was a drop from 18,390 to 4,451 in the number of children treated for diarrhea this quarter. Similarly, there was a drop in the number of children treated for pneumonia from 8,776 to 4,238 this quarter

Output 2.3 Family Planning (FP) Services

Activity 2.3.1: Improve health provider capacity in FP provision and delivery

During the quarter, a total of 82,063 clients accessed family planning services, 41% (33,369) of these were new clients. The Couple Years of Protection (CYP) reported this quarter was 58,263 with Long Acting and Permanent Methods (LAPM) making up 79% (45,907) of this result. Cumulatively, the CYP is 163,165, a 44% achievement against an annual target of 369,645. There was an increase in the vasectomies done this period from 17 done last quarter to 168. The improvement in uptake of long acting reversible and permanent methods is attributed to the ongoing capacity building efforts by the project and county teams through orientations, OJT and mentorship. As part of FP services, 10,570 condoms were issued in the quarter compared to 5,777 issued last quarter. Mentorship and OJT on comprehensive method mix, importance of informed choice, and RH/HIV integration continued during the quarter reaching 201 HCW in 117 facilities. A total of 230 service providers across the five counties were also mentored on health timing and spacing of pregnancies.

Baringo County: A total of 8,643 clients accessed family planning services, 39% (3,347) of these were new clients. The total CYP achieved was 5,155 up from 4,791 last quarter with LAPM contributing 71% (3,676) of this result. This increase is due to increased uptake in LAPM. The cumulative CYP is 51% (14,774) of the annual target of 29,160. Long acting and permanent methods uptake increased from 18 in the last quarter to 82 this quarter. This is attributed to the LARC training supported by the project to

improving the HCW skills and targeted outreaches conducted during the reporting period. Depo-Provera remains the preferred method of choice for most clients in the county with a reach of 5,769(28%) Clients. The achievements are also attributed to continued capacity building. Sixteen service providers in Chemolingot and Tenges sites were updated on LARC. During this reporting period, using funds from the JWP, Eldama Ravine Hospital received bilateral tubal ligation and hysterectomy sets to support voluntary surgical contraception services at the hospital. Five other facilities in the county received portal examination lamps, speculums, weighing scales, pulse meters, blood pressure machines, glucometers and stethoscopes to improve quality of care for integrated FP/MNCH services. Integration of HIV counseling and testing and cervical cancer screening continued in all high volume sites and during this quarter 67 clients were screened for cervical cancer.

Kajiado County: During the quarter, 16,652 clients accessed family planning services, 50% (8,318) were new clients. The total CYP achieved is 13,892 with LAPM contributing 84% (11,647) of this result. The cumulative CYP is 55% (34,836) of the annual target of 62,926. To improve health provider capacity in FP provision and delivery, 20 TIART charts and other assorted FP job aids were disseminated to 10 FP sites, 162 HCW were mentored on LARC and continuous provision of all other FP methods., 179 HCW were mentored on cervical cancer screening and reporting on the revised MOH 711 form. Seven high volume sites now have cervical cancer screening clinics once every month through which 1,065 clients were screened.

Laikipia County: During the quarter, 10,956 clients accessed family planning services, 30% (3,251) were new clients. The total CYP achieved was 6,011 with long acting and permanent methods contributing 75% (4,478) of this result. The cumulative CYP is 50% (17,401) against an annual target of 34,428. During the period under review, the project in collaboration with sub-county RH coordinators mentored 20 health care providers on long term family planning methods and have plans to conduct more trainings in the next quarter. A total of 555 clients were screened for cervical cancer.

Nakuru County: The project supports 187 family planning sites in the county including public, private and FBO. During the quarter, 39,772 clients accessed family planning services, 37% (14,875) were new clients. The total CYP achieved is 27,845 with LAPM contributing 78% (21,724) of this result. Injectable Depo Provera still remains the most preferred FP method. The cumulative CYP is 39% (84,383) against an annual target of 215,548. A total of 73 service providers in 54 sites benefited from mentorship and OJT on LARCs. Job aids and RH/FP guidelines were also distributed and disseminated to 54 sites.

Narok County: During the quarter, 6,040 clients accessed family planning services, 59% (3,578) being new clients. The total CYP achieved is 5,361 with LAPM contributing 43% (2,300) of this result. The cumulative CYP is 43% (11,753) against an annual target of 27,583. In order to building capacity, 25 HCW were trained on long acting and reversible methods, and a further 46 HCWs from 24 facilities mentored on the LARC and infection prevention in FP. Dissemination of TIART charts, contraceptive method use for PLHIV and integrated job aids was done for HCW at 18 facilities during mentorship visits. Cervical cancer screening was done for five clients.

Activity 2.3.2: Expand FP integration and private sector engagement

The project continued working with the private sector in strengthening provision of FP integrated services. In the five counties, RH/FP/HIV services are integrated in 199 facilities at different levels; on-site, off-site for methods not offered in the facility, within CCC/MCH, physical linkage. A total of 201 HCWs across 117 sites were mentored on integration of FP services including use of registers. As a result, 37 private sites in Nakuru, Kajiado and Laikipia counties are offering RH/FP/HIV integrated services.

During the reporting period, a total of 6,086 ART clients received modern contraception, while 474 HIV positive WRA clients were screened for cervical cancer. In addition, 6,621 WRA were screened for cancer of the cervix of whom 180 clients were identified with positive lesions and 42 received specialized treatment (cryotherapy and LEEP). In Narok County, a total of 17 HCW from 15 sites were mentored on RH/HIV integration. During mentorship contraceptive method use for PLHIV and integration job aids were distributed in 15 health facilities. Out of the clients seen, 222 received FP services within their point of care from eight facilities in the county.

Activity 2.3.3: Increase demand for FP services

Priority counties (Baringo and Narok): To deal with increased demand for FP services, 16 service providers and 25 from Baringo and Narok County respectively received updates on LARC. Community health volunteers were also sensitized on FP to promote demand for services. Mentorship on FP commodity management and reporting to avoid stock-outs especially for LARC continued during the quarter. As result the FP commodities reporting rate in DHIS2 was maintained at 95% across the five counties.

Output 2.4: Water, Sanitation and Hygiene (WASH)

Activity 2.4.1 WASH in school and health facilities.

During the quarter, 30 CHVs and 23 teachers were trained on WASH in collaboration with the Ministry of Health. It is expected that the teachers will cascade the information to other teachers and children in schools and finally to the OVC households.

Activity 2.4.2: Community Led Total Sanitation (CLTS)

Narok County: In quarter one, the project developed a joint work plan with MOH Narok North and Narok East Sub Counties to support community led total sanitation activities. As a result, there was 70% (1,720) toilet coverage of 2,462 register household in Narok East sub county. Those with hand washing facilities were 240 translating to 10% coverage. So far the sub county has triggered 12 villages and post trigger follow ups are ongoing. In Narok North community entry was done and stakeholders meetings conducted to sensitize the key community stakeholders on community led total sanitation. The sub county conducted pre-triggering activities and registered a total population of 38,105 and 5,126 households. The households with latrines were 2,302 translating to 46% latrine coverage. The sub county has so far triggered 26 villages and post trigger follow ups are ongoing.

Nakuru County: CLTS activities focused on Rongai Sub County which has a population of 161,284 with 32,257 households and 287 villages. Of these villages, 257 villages have been triggered, 172

claimed and 52 verified. The project will work with the county CLTS team to certify at least 80 villages in the next quarter.

Activity 2.4.3: Training of providers and community cadres in WASH

During the reporting period, the project continued to work with 3,284 CHV (71% female) to sensitize OVC households on “small doable actions” for WASH which include hand washing, water treatment at point of use, and the construction and use of latrines. As a result, the project reached 10,240 households during the quarter with WASH messages leading to 21,788 households reached with WASH messages this year. Among these households, 92% (29,761) had hand washing facilities; 93% (29,988) had functional latrines while 89% (28,778) treated drinking water. Below find the detailed county specific achievements:

Baringo County: The project targeted 127 OVC HH with ‘small doable actions’ and reached 1,068 of them with WASH messages compared to 715 in the previous quarter. Cumulatively, 1,265 HH have been reached surpassing the annual target of 509. A total of 289 HH were supported to treat water. Currently, 2,153 OVC HH out of 2,651 households treat water before drinking.

A total of 393 HH established tippy taps compared to 325 established in the previous quarter and 2,278 OVC HH out of 2,651 HH were using hand washing facilities. A total of 2,400 HH out of 2,651 HH use functional latrines while 2,399 HH have access to functional latrines. A total of 289 HH were supported with water treatment kits.

Kajiado County: The project targets to reach 2,773 HH with WASH interventions. During the quarter, 2,665 HH were reached with WASH messages, 252 HH established hand washing facilities, 4,403 reported to be treating drinking water and 4,939 reported as having functional latrines.

Laikipia County: The project supported 3,893 HH with 8,993 OVC. A total of 1,645 HH were reached with WASH messages, 92% (3,576) had access to a functional latrine, 92% (3,601) were practicing handwashing at all times and 91% (3,555) were treating water before use. Two ODF (Open Defecation Free) forums were held at Majengo and Kiben with 39 (79% female) and 27 (77% female) caregivers being reached respectively. Sensitization on WASH was done with proper use and general cleanliness of the toilets and dangers of open defecation/diseases associated with it being discussed at length.

Nakuru County: During the quarter under review, program trained TOT reached out to 1,494 OVC households with WASHplus information. Monthly assessments were done by CHV to review existence of latrine, handwashing facilities, water treatment practices and households were educated on small doable WASH interventions such as handwashing, treatment of water and making tippy taps. A total of 385 households made handwashing kits and 191 households were provided with water treatment kits from the MOH.

Nandi County: The project targeted 45 OVC HH with ‘small doable actions’ and reached 758 HH with WASH messages compared to 1,013 in the previous quarter. Cumulatively, 1,553 OVC HH have been reached surpassing the annual target of 180. A total of 198 OVC HH were supported to treat water. Currently, 1,909 OVC HH out of 2,100 households treat water before drinking compared to 1,843 in the previous quarter. A total of 330 HH established tippy taps compared to 451 established in the previous quarter and 1,923 OVC HH out of 2,100 HH use hand washing facilities compared to 1,879

in the previous quarter. A total of 1,996 HH out of 2100 HH use functional latrines while 2,004 HH have access to functional latrines. A total of 198 HH were supported with water treatment kits.

Narok County: During the quarter, the project continued to support the OVC households with WASH interventions. This was done through provision of messages on proper hygiene to the household members with an aim of ensuring that communities observe proper hygiene by embracing small doable actions. During the period, 113 households had hand washing facilities compared to 115 last quarter, 3,368 households were provided with information on hygiene, sanitation and water treatment compared to 1,974 in the previous quarter while 99 households were provided with water treatment kits compared to 91 last quarter.

Output 2.5 Nutrition Services

Activity 2.5.1 Provide TA and support to improve facility & community level delivery of High Impact and Integrated Nutrition Interventions.

During the quarter under review, 140 HCW in 80 facilities were mentored on basic nutritional assessment and interventions, the use of the vitamin A uptake charts, integration of nutritional services in CCC and TB clinics and NACS delivery with the objective of strengthening links to the services. Nutrition TWG meetings were held in all the five counties with focus on data review to improve documentation, reporting of nutrition indicators, use of nutrition registers, setting of facility specific targets and review of monitoring charts. During the quarter, 203, 782 children received vitamin A supplements translating to a cumulative achievement of 110% (280,778) against an annual target of 255, 950 children.

Baringo County: The project supported the county to hold a Malezi Bora week whose main objective was Vitamin A supplement and deworming in pre-schools and health facilities. A total of 28,346 children under 5 years received Vitamin A, leading to 101% (38,982) achievement against an annual target of 38,393. This high performance is attributed services provided during Malezi bora week which was done successfully in Baringo Central, Marigat, Baringo North and Mogotio.

Kajiado County: A total of 33,424 children under 5 years received Vitamin A supplement leading to 81% (82,055) achievement against an annual target of 101,054. Mentorship on data review, reporting continued during the quarter, where 19 CHV and 15 CHW were mentored on integration of nutrition services in TB clinic and plotting of vitamin A on the standard charts. From this support, the nutrition monthly reporting rate in DHIS2 increased from 60% to 80% for last two months of the quarter. It also due to provision of internet data bundles to counties to ensure timely reporting in DHIS. Community health volunteers have been critical in supporting nutrition activities in the facilities that have staff shortage including taking anthropometric measures, issuing supplements and recording of services.

Laikipia County: A total of 39,118 children under 5 year's received Vitamin A leading to 171% (48,194) achievement against an annual target of 28,155. In collaboration with sub-counties nutritionists, 20 HCW in 10 facilities in the county were mentored on NACS, integration of nutrition into other service delivery areas, recording of services and reporting on MOH 733 and 734.

Nakuru County: A total of 96,652 children under 5 year's received Vitamin A, leading to 150% (139,830) achievement against an annual target of 107,499. A total of 39 HCWs were sensitized on the importance of accurate data recording and reporting. In partnership with the Ministry of Health, the project disseminated data recording tools, nutrition reference charts in eight facilities and linked eight new facilities with NHP for supply of supplements. During the period under review, mentorship on NACS and its integration into the CCC, PMTCT, TB and CWC programs was carried out in 18 facilities in the county.

Narok County: During the quarter under review a total of 54 HCWs were reached in 24 health facilities across the supported sites, through OJT, mentorship and nutrition CME with the aim of improving service delivery. The focus was on completeness and accuracy of data, correct recording and reporting, integration of nutrition assessment, counseling and support into FANC, MCH, CCC, TB clinics. Joint mentorship with sub-county nutritionists and sub-county records and information officers in Narok North and Narok East was done by visiting a total of 20 facilities in the two sub counties. The project also provided technical assistance in various ways to and support to improve facility & community level delivery of high impact and integrated nutrition intervention. Firstly, three ART sites received food rations for all ART clients who visited the CCC in the first two months of the quarter. The food rations comprised of maize, beans and sugar. This was aimed at improving retention of patients on treatment and increase new enrollment in treatment. Secondly, the project facilitated distribution of nutrition commodities across the county in both project supported and non-supported sites. Thirdly, the Narok County Commodity Security Technical Working Group was facilitated to hold a meeting which integrated management of nutrition in addition to pharmaceuticals and non-pharmaceuticals. Finally, project funded the Malezi Bora week activities through the costed joint work plans. A total of 6,242 children received Vitamin A translating to a cumulative achievement of 31% (10,194) against an annual target of 33,274. The under achievement is attributed to gaps in documentation of supplements distributed and inconsistent use of the standard registers for documentation. Mentorship on proper documentation and use of performance monitoring charts is ongoing. A data analysis committee has also been established to review and update data and give feedback to the county.

Activity 2.5.2: Work with CHVs to mobilize communities to increase adoption of healthy behaviors.

The project trained 65 CHVs from Narok East on community based management of acute malnutrition with focus placed on nutrition assessment and early identification of malnutrition, referral and management. A total of 10,540 OVC were reached with key health and nutrition messages during this reporting period. Assessment using MUAC was done for 323 under five OVC. Nutrition interventions also included food by prescription to 77 OVCs and deworming to 201 OVCs.

SUB-PURPOSE 3: STRENGTHENED AND FUNCTIONAL HEALTH SYSTEMS

Output 3.1 Governance and Strategic Planning

Activity 3.1.1: County Annual Planning

During the quarter, the project continued to facilitate the implementation of the Joint Work Plans (JWP) with the five CHMT, 24 SCHMTs and 48 HMT. The county and facility teams were supported to undertake: supportive supervision: integrated targeted mentorship; data review meetings; facility feedback meetings; shipping of CD4, viral load and DBS samples and to pay allowances for volunteers in high volume sites. In addition, the project continued to support defaulter tracking activities and strengthen referral systems in all high volume ART sites through provision of mobile phones, monthly airtime and transport allowances for community volunteers.

Baringo County: During the quarter, the project continued to facilitate the implementation of the JWP with the one CHMT, 6 six SCHMT and 10 HMT. The implementation of JWP activities has gone well so far, however, facilities still need a lot of technical support in the areas of CQI, MPDRS, data review, RDQAs and report writing after accomplishing activities. The Baringo North SCHMT conducted supportive supervision in eighteen facilities to monitor performance of facilities. The findings indicated notable improvement in service provision, though there were still gaps in documentation, emergency preparedness, and lack of some basic equipment and supplies. The team is addressing this jointly with the county through mentorship, and procurement of the basic supplies and equipment.

Kajiado County: During the quarter, the project continued to facilitate the implementation of the JWP with the one CHMT, four SCHMT and eight HMT. Through this mechanism the county team was able to carry out the quarterly supervision of health facilities. Findings from the supervision indicated that there's notable improvement in availability of drugs, improved health care workers' skills in maternal and newborn resuscitation, and the basic equipment were available. There were challenges noted however, critical being shortage of staffs, poor documentation of services offered and poor referral systems. The team came up with an action plan to address the gaps identified. Four quarterly data review meeting were also held where feedback on health facilities performance was provided.

Laikipia County: During the quarter, the project continued to facilitate the implementation of the JWP with the one CHMT, three SCHMT and four HMT. Three main activities were supported namely, perinatal death reviews, RH coordinators meetings and the county supportive supervision activities in addition to the facility QIT meetings.

Nakuru County: During the quarter, the project continued to facilitate the implementation of the JWP with the one CHMT, 11 SCHMT and 18 HMT. Support was provided to the TB technical working group to review the TB performance indicators and commodity supply in the county. Data review meetings were also supported in the 18 sites. Quarterly supervision was done by the county with focus on performance of the RRI to increase testing and enrollment of clients in ART and IPT uptake against the county's target.

Narok County: During the quarter, the project continued to facilitate the implementation of the JWP with the one CHMT, four SCHMTs and nine HMT. The project participated in four QIT meetings, six data review meetings, 22 CMEs, one county supervision and four integrated mentorship activities.

Output 3.2 Human Resources for Health (HRH)

Activity 3.2.1: Address low HRH levels

To bridge the gap in human resource for health, the project hired 114 more short term staff in the reporting period in the five supported counties. In total, the project currently supports 276 temporary HCW, 166 HTC sessional counsellors and 72 mentor mothers deployed across the five counties. Of all the short term staff, 81.7% (361) of these staffs are in the scale up counties. The deployed staffs have greatly improved quality of services offered to clients as well as documentation in standard reporting and recording tools as evidenced in the improvement in SIMs assessments conducted.

Output 3.3 Health Products and Technologies (HPT)

Activity 3.3.1: Establish Commodity Security Technical Working Group

During this quarter under, review the project jointly security TWG continued to monitor implementation of action plans on commodity documentation and accountability drawn in the last quarter. In Nakuru, the CHMT in collaboration with MSH and the project oriented sub county pharmacists on correct recording, quantification and forecasting of program and Essential Medicines and Medical Supplies (EMMS). A total of 50 facilities were visited from which consumption data was collected for analysis by MSH. The project in collaboration with MSH oriented sub county and facility pharmacists on the Electronic Dispensing and Inventory Tracking Tool (EDITT) system to enhancing its use in drug dispensation and commodity management. The EDITT system is an upgraded version of ADT system with enhanced functionalities and expanded scope of support that include the World Health Organization drug resistance Early Warning Indicators(EWIs) that includes monitoring of timely scheduled refills. Five sites had their ARV Dispensing Tool (ADT) upgraded and an additional five facilities had the EDITT system installed. In addition, the project in collaboration with CHAI and county pharmacist, supported redistribution of excess commodities from four facilities to the central store and conducted FP commodity supervision to ensure commodity security.

In Narok County, the commodity security TWG was facilitated to hold a meeting which adopted the draft terms of reference (TOR) and reviewed the commodity reporting for the previous quarter. The quality of tuberculosis report was noted to be poor across the county and respective sub county pharmacists were tasked to do targeted mentorship to affected facilities.

In Kajiado County, the project supported commodity security technical working group to hold its quarterly meeting which adopted the draft county drug formulary which is aligned to the Kenya Essential Medicine list 2016. Members agreed to have tracker at the sub-county level to track all commodity reports including the bin card reports on monthly basis. The county pharmacist included the commodity reporting rates as part of performance targets so as to improve the county commodity reporting rates.

Activity 3.3.2: Strengthen capacity in commodity management and pharmacovigilance

The project sustained support on HIV/AIDS/FP/Malaria/TB commodity management by facilitating and supporting implementation of action plans drawn in the last quarter commodity security TWG meeting in addition to the continued mentorship and on-the-job-training on commodity inventory management. Forty-five HCW mentorship were mentored. The mentorship covered: medication dispensing, medication use counseling, recording of patient information in DAR-ARV register or ARV Dispensing Tool (ADT), reporting and request of commodities, identification and reporting adverse drug reaction and expiry tracking of ART commodities. Greater effort was put in strengthening medication dispensing system to aid in identifying missed ART medication refills at the pharmacy. As a result of this support, there was a sustained supply of ART commodities and no stock out status were reported during the quarter.

The project also supported CMEs on ARV drug toxicity and early identification of adverse drug reactions reaching to 15 HCW. There were two suspected adverse drug reactions reported to pharmacy and poisons board and supported five MTC meeting in five facilities in the quarter. In partnership with NASCOP/KEMSA, MSH and CHAI HCW were oriented on EDITT and facilities supported to migrate data from ADT to EDITT system as well as in conducting facility support supervision on FP commodities. In addition, support to improve reporting on FP commodities in DHIS2 continued resulting in sustained reporting rates of 95%.

In Baringo County, the focus in the quarter was to maintain steady supplies of ART commodities by facilitating reporting and request in all the four ART ordering sites that resulted to 100% ART commodity reporting rates to national supply chain and 90% FP commodity reporting rates in DHIS2. A total of eight HCWs in five facilities were mentored on correct recording and use of expiry tracking charts. The project also supported photocopying and distribution of DAR-ARV/OI registers, expiry tracking charts and reporting tools to six facilities to ensure timely documentation of services.

In Narok County, the project mentored 28 HCW in 14 ART sites on commodity management with focus on documentation of pharmacy tools, forecasting and pharmacovigilance reporting. Due to this mentorship, no stock outs of ARVS was reported in the quarter. Narok County reported a total of seven adverse drug reactions online to the pharmacy and poison board. Two sites had the web based version ADT installed in coordination with CHAI.

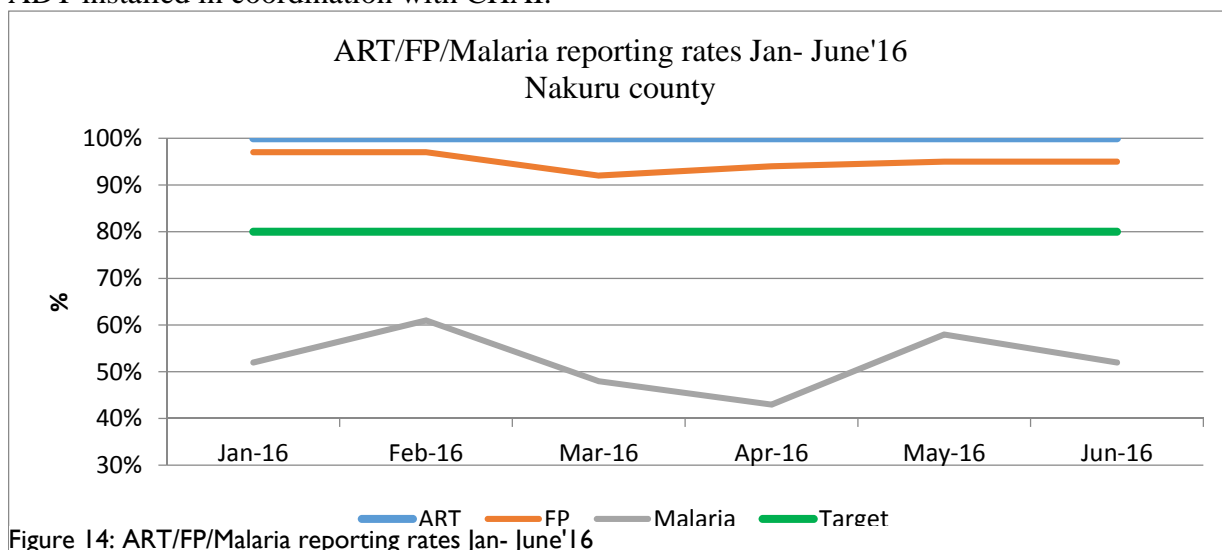


Figure 14: ART/FP/Malaria reporting rates Jan- June'16

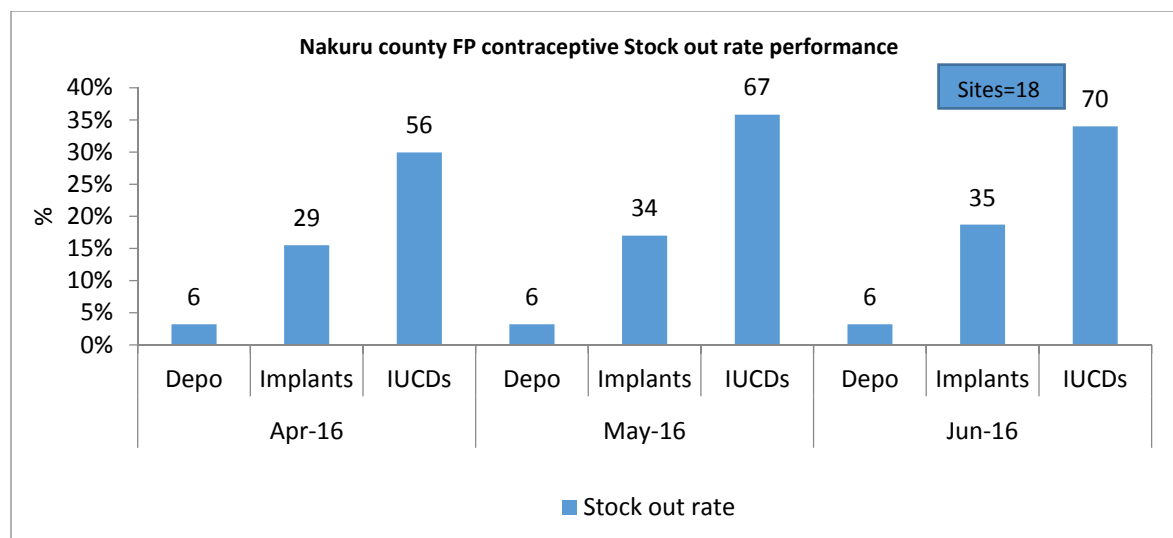


Figure 15: Nakuru county FP contraceptive Stock out rate performance

Output 3.4. Strategic Monitoring and Evaluation Systems

The project continued to offer technical assistance and support to 535 health facilities and 16 community implementing partners in five counties aimed at improving referral systems and processes, capacity building of health workers and implementing partners in data collection, reporting, analysis and use, use of EMR, reporting using DHIS2 and OLMIS and data quality improvement. Activities included site visits, mentorship, data review and gap analysis meetings at all levels of service delivery, data quality assessments, and dissemination of reporting tools. Data verification was done in 81 sites. A total of 953 HCW were mentored on different aspects including data use, EMR, use of standard tools and performance monitoring charts (PMC). In addition, 161 staff from local implementing partners were mentored on OLMIS, Form 1A and B data analysis and use.

Seventy-one facility staff were mentored on use of EMR for data entry, as point of care, and report generation. By end of the quarter, 63 sites with EMR, 94% (59) up from 87% of facilities had completed entry of retrospective data. Of these 61% (36) up from 34 of the sites were using the EMR system as point of care system. EMR RDQA has so far been conducted in 22 health facilities in the five counties.

The project continued to monitor the performance of Performance Reimbursement Plan [PRP] for SCHRIO in 29 sub counties that have SCHRIO and use DHIS to report. The consistency of data between data for 50 selected indicators increased steadily from 96 in March to 98% in June. Some counties, however, PRP performance <90% such as Kajiado East, Nakuru North, Subukia, Rongai, Molo and Kuresoi [North/South]. This was caused by low reporting rates and late reporting for FCRR, 515, 717, 713, 733B and HCA. In the next quarter, the project will utilize the results to give feedback to the SCHRIO and assist them in developing and implementing improvement plans to address the gaps.

During the quarter further updates were done on OLMIS during the quarter. The enhancements included development of viral load module in OLMIS, consolidated report to include active OVC under 5 years and active OVCs with birth certificates to date. The list of schools and wards were also updated in

OLMIS. A total of eight staff were mentored on these updates and other reporting aspects including conducting routine data quality assessments.

The M&E staff attended various meetings and trainings as part of capacity building and also to share experiences with other stakeholders. Key among these were a BEMONC/CEMONC assessment training, CPMIS, Orientation for health Care workers on HIV Referrals and Linkage into Care by Measure Evaluation PIMA projec, USG implementing partners nutrition assessment counselling and support [NACs] sensitization meeting and Cohort analysis report writing workshop. In addition, one senior data manager and M&E officers attended a FHI 360 Strategic Information/Monitoring & Evaluation Division's Global Technical Workshop in Senegal where they made a presentation on data quality improvement. Detailed achievements in supported counties are provided below:

Activity 3.4.1 Support counties to improve referral systems and processes.

Baringo County: Successful linkage to HIV care is critical in attaining the 1st element of 90-90-90 strategy. In efforts to improve linkage within and between facilities, the project jointly with health care providers worked to enhance a system of referral that entails having a site and services directory, effective use of referral forms and effective linkage tracking tool in health facilities in the county. Patients would be referred for services in sites listed in a directory, a contact person in the reporting facility is contacted and alerted of a referral and information sought on behalf of clients and vice versa. With the detailed information a referral form is filled and issued referred clients. Successful linkage is acknowledged or followed on by either the receiving facility staff respectively. Meanwhile a linkage tracking tool is updated in order to document the outcomes. In line with this initiative, seven referral booklets were issued to five facilities, 65 copies of patient tracking tools were issued in 13 ART facilities and 25 copies of CCC directories were issued to 17 facilities across the county. These efforts are aimed at addressing the gap in linkage to care: 162 of 222 (73%) were enrolled into care and treatment in the quarter.

At community level, CHV helped to follow-up and ensure OVC and their caregivers living with HIV adhere to care and treatment. The M&E team also sought to increase the role of LIPs in promoting adherence to treatment and monitoring treatment outcomes through development of a viral load and suppression tool among HIV+ OVC. To achieve this, three LIP staff (CCS-Baringo) were orientated on the 90-90-90 strategy



Figure 16: Link-desk CHV explains a point during a mentorship session at Kabarnet hospital and helped to chart performance on related indicators using the PMC.

Kajiado County: The link desks continue to play a key role in improving access to services both at the health facilities and within the community. The project facilitated formation of an additional link desk at Rombo Health Center, which brings the total number of link desks supported by the project in the county to eleven. Mentorship was also provided on complete documentation on link desk registers and filing of referral forms to eight service providers during the quarter. During the quarter 19,475 (67%

females) clients were served at ten link desks compared with 12,173 last quarter. This is a 60% increase and is attributed to improved reporting as well as establishment of additional link desks.

Laikipia County: The project supported establishment of two additional link desks in the county, leading to an increase of link desks from 11 to 13 by the end of the quarter. A total of five link desks across Laikipia East and North were visited during the quarter for support supervision where seven link desk persons were reached. The aim of the visit was to review previous action points and assess level of implementation. The assessment found out that the referral registers were completely filled however, referral and counter referral forms were not available which was addressed by photocopying the forms. Seven link desk persons were mentored on proper documentation and importance of ensuring the referral is complete which will help come up with comprehensive referral directory.

Nakuru County: During the quarter, the project team continued to support the county to improve referral systems and processes. Feedback on intra and inter facility linkage was done in five facilities [i.e. Molo SCH, Nakuru PGH, Mogotio HC, Bahati SCH and Dundori HC] from a linkage assessment that had been done during September and November 2015 focusing on laboratory, HTC, MCH, maternity, PNC and TB departments. The assessment was aimed at reviewing the rates in service utilization rate, referral initiation and referral completion from the departments. The results on inter facility maternal referral outcomes from five sites indicate that a majority of referrals was done by level 3 facilities i.e. Dundori HC [24%] and Mogotio HC [28.8%], unlike in level 4&5 facilities [<1%] due to the fact they offer more specialized services. During the assessment, facility specific challenges were identified and action plans developed to address them. The project in collaboration with PIMA will intensify mentorship activities to address the noted gaps.

Narok County: In this reporting period, the project continued supporting the referral system by establishing a link desk in Mulot health center leading to a total of nine link desks in the county. In addition, HTS referral tools were distributed to nine sites and 10 health care providers mentored on recording and reporting tools. Health facilities directory were also provided. The percentage of referred clients linked increased from 40% last quarter to 65% this quarter. The increase is attributed to the new additional link desk, targeted mentorship and proper documentation in registers and summary reporting tools.

Activity 3.4.2: Build capacity in data analysis and use through county workshops

Baringo County: In an effort to harness and synergize efforts of different actors in strengthening HMIS and data use for decision making in the county, the project together with ITECH and County Health Records and Information team constituted a county M&E Technical working group (TWG). The proposed scope of work for the TWG includes; developing a M&E logical framework, support interoperability (integration) of EMR systems, identification and promotion of best practices that support HMIS, promotion of data quality through joint supervision, data quality audits (DQAs), support annual work planning and facilitation of performance review meetings at county and sub-county levels.

With a new focus to 90-90-90 strategy, the project guided staff in seven ART sites to define and chart the performance of relevant strategy indicators on the PMC. A total of ten health care workers were mentored on plotting of different indicators. This was aimed at increasing their level of awareness to point out any unsatisfactory levels of achievement and prompting them to take remedial action.



Fig. ***: PMC Charts on 90-90-90 Elements at Mercy Hospital-Koibatek

Under the community program, LIP were guided to identify and define critical performance indicators across several result areas but with special focus on HIV care outcomes. The indicators included, adherence to care, viral load testing and viral suppression among HIV positive OVC. Extra PMC were provided for this purpose. The focus on a new set of indicators follows almost universal testing for HIV and linkage of those found infected into care and treatment. The outcomes of this effort will be reported in the next quarter.

LIPS also continued to conduct and document their monthly data review processes, performance and actions

Data Use Report and Workplan						
Date of review	Indicator or Data element Specification	Current Status	Expected standard	Reasons for current status	Action points	Responsible
					mentorship to F.O	
					to service	
					Providers.	
	Retention of OVCs	33% groups	100% - which	- SILC agents	SILC Agents	SILC staff
	gender	one of the mini	transition to	not doing on	to mobilize Agents	
		room @ per	groups per	by new groups	and form	
		SILC agent	SILC agent		Note for work	
	data missing of	- SILC agents	- The SILC	- mix up in	meeting	
	gender of the	cannot distinguish	agents (check)	funds from	Conferences	
	groups and	into the type	clearly know	to group	- SILC agent	
	the agents	of funds in	which funds	and offer	At the field	
Name: Beatrice Chapman Date: Data Close						
Signature: [Signature]						

Pic 2: Snapshot of DUH from CCS Baringo

plans using data-use handbook provided by APHIAplus as illustrated in the picture. These reviews have generated actions points including forming of new SILC groups at CCS Nandi, replacement of two poorly performing CHVs based on low reporting rates, data cleaning (e.g. identification and cleaning of false HIV positive, updating of schools list and concerted efforts on provision birth certificates.

Kajiado County: The project continued to offer technical assistance through targeted onsite mentorship and data review meetings. Six facilities were supported namely: (Kimana HC, Kajiado county referral Hospital, Isinya HC, Ongata Rongai HC, Ngong SCH and Kitengela SCH) and three sub counties (Kajiado East, Kajiado North and Loitokitok) to hold quarterly data review meetings. A total of 148 HCW attended the data review meetings that were aimed at creating demand for data and information among facility staff. The Kajiado North meeting was attended by among others the county director of

health services and the chief officer. During facility and in-charges data review meetings the teams discussed (timely and complete) reporting rates, quality of reports and reviewed achievements towards targets. Late reporting and reporting of infant testing in MOH 731 were identified as the crosscutting challenges. Orientation on correct reporting on infant testing was provided during the meetings. The project will continue to provide mentorship to service providers in the coming quarter.

Twenty facilities continued to use PMC to track performance on various indicators. As shown in the table below, the use of PMC was assessed in five selected sites in the quarter, this brings the number of sites that have been assessed in the county to 10. The charts have supported tracking of performance and informed interventions where gaps were identified. The data use hand books supported the tracking of action points to ensure complete implementation and highlighted gaps in three facilities. Mentorship was provided to the service providers. Tracking of the use of data use handbooks will continue in the coming quarter mainly focusing on the maternity department.

Table 5: Facility performance monitoring/tracking

Facility	Availability of performance monitoring charts			Completeness of performance monitoring charts			Availability of data use hand books			Completeness of data use hand books		
	Initial assess	Jan-Mar	Apr-June	Initial assess	Jan-Mar	Apr-June	Initial assess	Jan-Mar	Apr-June	Initial assess	Jan-Mar	Apr-June
KJD CRH	N/A	75%	100%	N/A	75%	100%	N/A	33%	100%	N/A	25%	100%
Isinya HC	20%	100%	100%	20%	25%	100%	20%	100%	100%	20%	25%	100%
LTK Hosp	60%	60%	100%		100%	100%		40%	100%		0%	60%
Masimba	60%	N/A	100%	60%	N/A	100%	0%	N/A	100%	0%	N/A	80%
Kimana H/C	60%	N/A	100%	60%	N/A	100%	0%	N/A	100%	0%	N/A	80%

During the quarter, one county TWG forum was hosted by MAAP (Maa Partners Initiative) which was attended by 24(62% females), LIP staff from five LIP. The previous quarter's performance in the various domains was discussed and strategies discussed to address gaps. The forum facilitated cross learning among LIPs and provided a forum for skills transfer. Strategies on how to strengthen documentation at link desks were discussed and adopted. In addition, the color coding system of files in the LIPs was introduced and all the LIPs have adopted the same which has file retrieval easier. The LIP staff were also oriented on documenting success stories and sustainability strategies.

Laikipia County: Following the training of 26 health care workers and managers on data analysis and use in quarter one, the project continued to work with the CHMT to strengthen their skills in various ways. The CHMT has been holding regular monthly data review meetings at the county level with participation of project staff. Regular review of performance in these meetings has led to improved reporting rates in nutrition indicators MOH 733B from 25% to 68%. The county team headed by the county director also held two meetings, the first was to discuss ACT indicators and the other to discuss the 90-90-90 strategy indicators. Data was analyzed to assess the VL uptake which has improved from 44% last quarter to 82% in the current period. The county also held a target setting meeting for ACT where each sub county was assigned. As a result, each sub county analyzed their data and set targets for ACT for the financial year 2016/17.

In addition to three staff who were trained on data analysis at Rumuruti SCH, the project not only followed them to provide on job training but also mentored six more staff on data use. The facility is now able to organize monthly data review meeting with each departmental head analyzing and presenting their data. There is increased use PMC in the facility by the HCW. The facility staff are currently monitoring 10 indicators using the PMC by plotting, updating and interpreting the charts on monthly basis.

As a result of mentorship on data analysis and use at Ndindika HC, the Quality Improvement Team (QIT) at the facility analyzed data on HIV clients who were on ART for more than six months and didn't have a viral load and those clients who were on CTX and eligible for IPT. They identified low viral load and IPT uptake as low performing indicators. The team discussed factors contributing to the low uptake as well as strategies to improve VL and IPT uptake. Some of the factors identified were erratic supply of filter papers, shortage of IPT drugs and lack of a system of identifying these clients. The QIT designed strategies to bridge the gaps which included color coding the filing system and having a buffer stock of the IPT and filter papers. Through this strategy the IPT uptake has improved from 44 % to 82% while VL has improved from 37% to 67% from the last to current quarter respectively.

All the five sub-counties have an eMTCT working groups. The TWG in Laikipia West, Nyahururu and Laikipia North all held meetings to discuss progress of PMTCT performance indicators. The team in Laikipia North discussed low ANC coverage and skilled care deliveries in the sub county. One of the strategies agreed upon was to establish safe motherhood manyattas as well as provision of incentives for TBAs who refer and escort mothers for ANC and delivery.

At community level, the project supported one joint review meeting and a TWG which was attended by 20 staff. During the meeting new tools were introduced. The first was the OVC HTC household follow up form which is used monitor adherence of OVC who are HIV+ at the household level. Other forms are monthly and quarterly HIV+ OVC viral load tracking forms. The 20 staff from both LIPs were oriented on the tools.

In addition, a joint support supervision visit that included project and LIP staff, MOH, Children's department and MOH was conducted. The goal was to review implementation of previous action plans, review data quality and mentor staff on importance of completeness, accuracy and consistency of the reported data. A total of four CBOs were visited reaching four field supervisors. During the supervision two CBO were supported to develop SOP for color codes for the OVC files.

The LIPS were trained in data analysis, interpretation and presentation. As a result, the LIPs are able to analyze routine data for decision making and planning. Their data presentation skills have improved. The talking walls are updated with relevant and current data which they use in their day to day decision making. The picture below shows a talking wall for one of the LIP (CARITAS) in Laikipia.



Picture of talking walls at CARITAS. PMC at LIFA in Laikipia

Mentorship on PMC and data use handbooks continued during the quarter. Both CARITAS and LIFA are using the data use handbook during their monthly data review meeting. The LIPs are able to chart and interpret the PMC correctly. During the reporting period, the LIP were supported to identify low performing indicators e.g. birth registrations and enrollment of new PWP clients. They are currently monitoring these two indicators using the PMC and as a result CARITAS recruited 58 more PWP clients and supported 60 more OVCs to acquire birth certificates within the quarter. LIFA recruited 100 more PWP clients and supported 78 more OVC to acquire birth certificates.

Nakuru County: The project continued to build the capacity of health workers to use data to identify reporting gaps during quarterly review meetings at county, sub-county and facility levels. During the quarter, facility 18 [75%] high volume facilities held such meetings. As a result of consistent review of data there has been improvement in quality of reported data as evidenced from one of the high volume facilities. At Langa Langa HC, HMT members observed that OPD attendance was under-reported in April 2016 as observed from the trend analysis in Figure 17 above. The meeting discussed the probable causes for the under-reporting and realized that there were gaps in the client flow processes for OPD clients. Actions were agreed upon and OPD attendance reporting improved by 66% in May 2016.

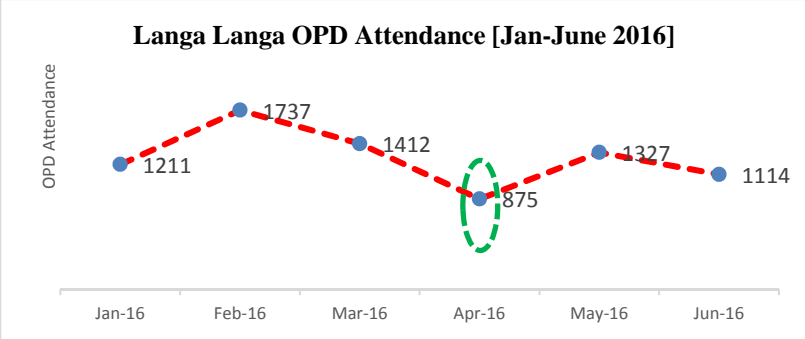


Figure 17: Langa langa HC OPD attendance

During the quarter, the project continued supporting sub-county data review meetings through the joint work plans. The project participated in nine [82%] data review meetings. Two sub-counties [Kuresoi North and South] did not hold the meetings as planned due to staff changes at project level. During the data review meetings, the SCHMT reviewed performance of AWP targets for facilities, provided feedback on emerging gaps in relation to 90-90-90 targets, reviewed facility reporting rates and disseminated RDQA findings. Following this meeting, three sub counties namely Molo, Nakuru North

and Nakuru East selected facilities to report on key performance indicators in subsequent meetings. This has enhanced data ownership by the facilities as well as capacity to critique their data and performance.

Additionally, the project supported a private sector data review meeting for Nakuru East and West facilities attended by 29 participants. The agenda of the meeting to review the contribution of the private sector to key HIV indicators [HTC/PMTCT/ART/TB/FP] in the two sub-counties. The participants identified poor performing indicators, reason for the poor performance and suggested workable solutions for implementation by the facilities. Facility specific action plans will be developed together with the private sector facilities and a review of the performance will be done in the subsequent data review meetings.



Pic 3: Nakuru East/West Sub-County Private Sector Data Review Meeting

In an effort to promote use of data for decision making, the project continued to monitor the use of PMC. During the quarter, 89% (25) high volume facilities were actively using performance monitoring charts with data completed until May 2016. A total of 106 health care workers were mentored on the identification of indicators that relate to 90-90-90 strategy, defaulter tracing, HEI and ART cohort outcomes. The mentorship also focused on the interpretation of the indicators performance and planning for action from the PMC charts. Efforts in capacity building in data analysis at the facility level are bearing fruits as health care workers are now able to discuss their poorly performing indicators, identifying strategies, developing and implementing action plans for improvement. In Njoro HC, QIT members identified HIV positive linkage to care as a problem. Linkage to care was at 70% in March 2016 against an expected target of 90%. Members discussed factors contributing to this performance and agreed to improve on physical linkage for HIV positive clients and prioritize serving newly identified positive in the CCC. Within a period of three months, the HIV positive linkage rate improved from 70% to 92% by June 2016.

On the other hand, Naivasha SCHMT broadened the scope and focus of their data review meetings in the quarter to involve more staff and indicators relating to disease surveillance, nutrition, immunization, and reproductive health. As a result of providing feedback to facilities during this forums, the reporting rate of MOH 733B improved from 54% in the previous quarter to 80% in quarter under review.

During this quarter, three facilities [Nakuru PGH, Naivasha SCH and Njoro SCH] adopted the use of data use handbooks (DUH) to document performance review and action plans. This leads to a total of nine facilities that are actively using the DUH in their routine quality improvement meetings. Adoption

and utilization of data use handbook (DUH) has been generally slow. The project will continue to lobby the facilities to adopt the format in the DUH to document QIT and data review meetings.

Under the community program, the project continued to provide technical assistance to LIP staff on data analysis and interpretation skills and conducting data sharing during QRM and M&E TWG for the five LIP during the quarter. Performance of previous quarter was compared to current and all action points reviewed. As a result there was confirmation and validation of OVC HIV positive in the system for the five LIPS.

During the the project extended the use of PMC charts from health facilities to LIPs. A total of 25 PMC charts were distributed to KNOTE, FAIR, KCIU, DC and WOFAK. The partners have identified indicators to track birth certificates issuance, linkage and reporting rates whose performance will be reviewed in the next quarter.

Narok County: The project mentored 36 health care providers on use of the PMC to track the 90-90-90 strategy in the 14 ART supported sites. The HCP at these sites had plotted their PMC and 71% (10) of the sites were using the data use hand books. They were able to interpret the results and had strategies in place to reach the targets that had not been met or maintain the performance standard for facilities that had reached the target. The use of PMC charts to monitor progress at facility level resulted in improvements in viral load uptake and suppression at Narosura Health Centre as shown in the picture. The viral load uptake improved from 91% in quarter two to 100% in quarter three while viral suppression increased from 50% last quarter to 75% this quarter.



3.4.3. Strengthen data collection, use of EMR, and reporting using DHIS2.

Baringo County: The project continued to monitor the availability of standard tools at facility level through the monthly checklists and *ad-hoc* checks to inform the supply of HMIS system tools. An assortment of tools were provided during the quarter. This continued support partially contributed to an improved DHIS2 dataset reporting rate as illustrated in Figure 4 below. However, the most dataset are yet to reach project's 95% target.

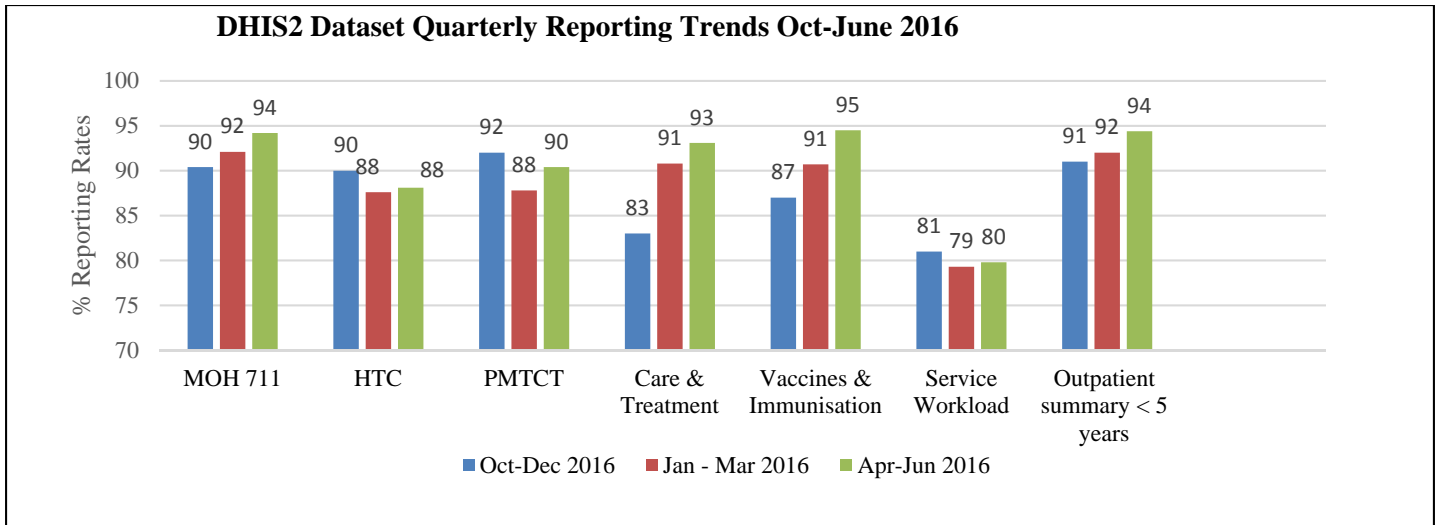


Figure 18: DHIS2 Dataset Quarterly Reporting Trends Oct-June 2016

The Figure below shows the data quality and overall PRP performance over the past half-year. While there has been improvement in data quality, the overall PRP score has lagged largely because of poor performance in cohort analysis across the sub counties and overall unstable performance in East Pokot due frequent staff changes.

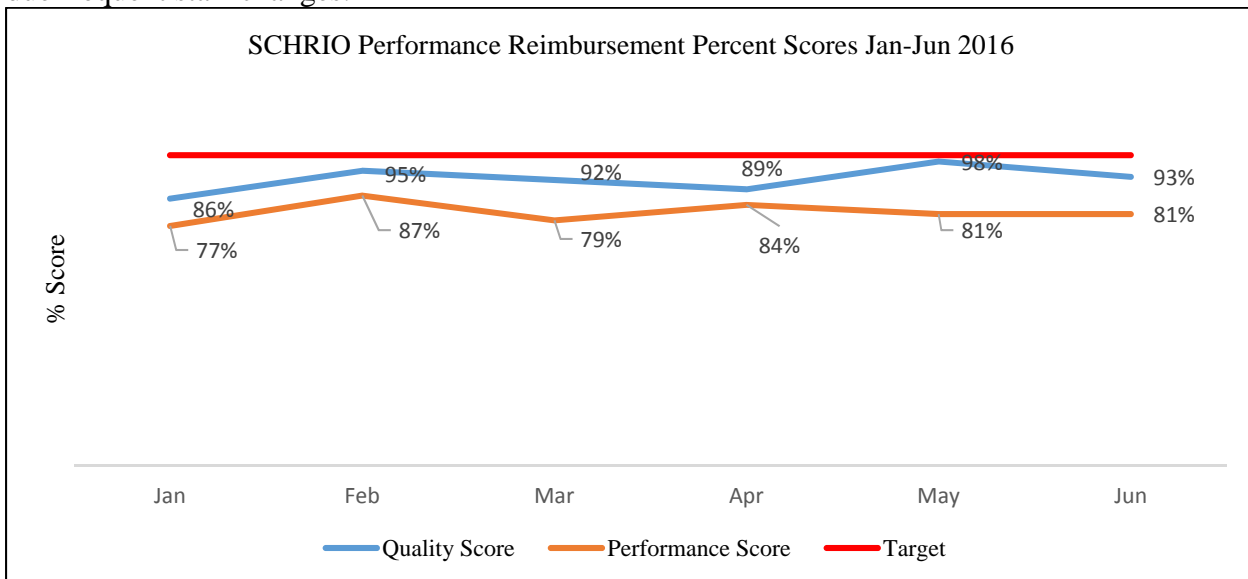


Figure 19: SCHRIO Performance Reimbursement Percent Scores Jan-Jun 2016

Kajiado County: The project supported the county health department distribute assorted set of national standard tools to SCHMTs and facilities. A total of 178 HCP were mentored on the revised MOH711 tool during the data review meetings and site visits to ensure correct use. In collaboration with the county department of health staff, 22 M&E checklists were administered in 22 health facilities across the county to assess availability and correct use of the standard tools. Following this assessment, mentorship was provided to 84 HCP on timely updating of registers and correct use which included the CWC registers. Follow up visits will be done in the coming quarter to check on progress.

The chart below shows the results of the assessment in 22 health facilities.

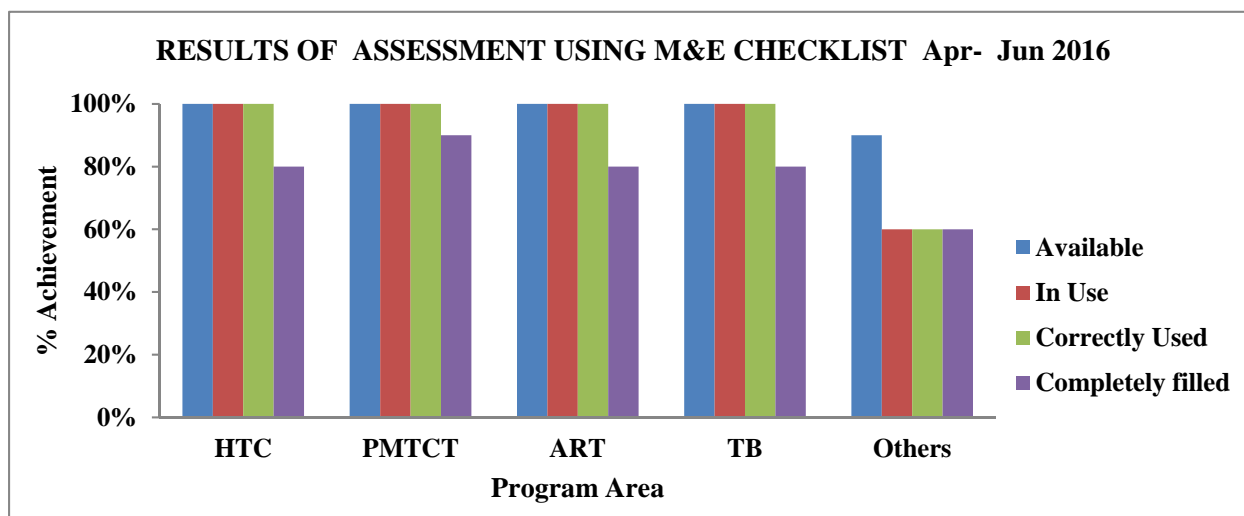


Figure 20: Results of assessment using M&E checklist Apr - Jun 2016

The assessment results indicated a low performance in completion of all tools. The ART registers were not updated timely, HTC registers did not have the supervisors' signature to validate the test results. Others tools include SGBV/immunization/CWC/ FP registers and viral load log book. It was the first time the assessment included these tools. Mentorship was provided to the service providers on gaps identified in all cases.

The project also supported data review meetings at the three sub counties where reporting issues were discussed and actions to improve the same developed. This resulted in improved reporting rates in the county, the county has now been able to attain the target of 95% in two reporting data sets (MOH 731-HTC and MOH 731-PMTCT) as shown below.

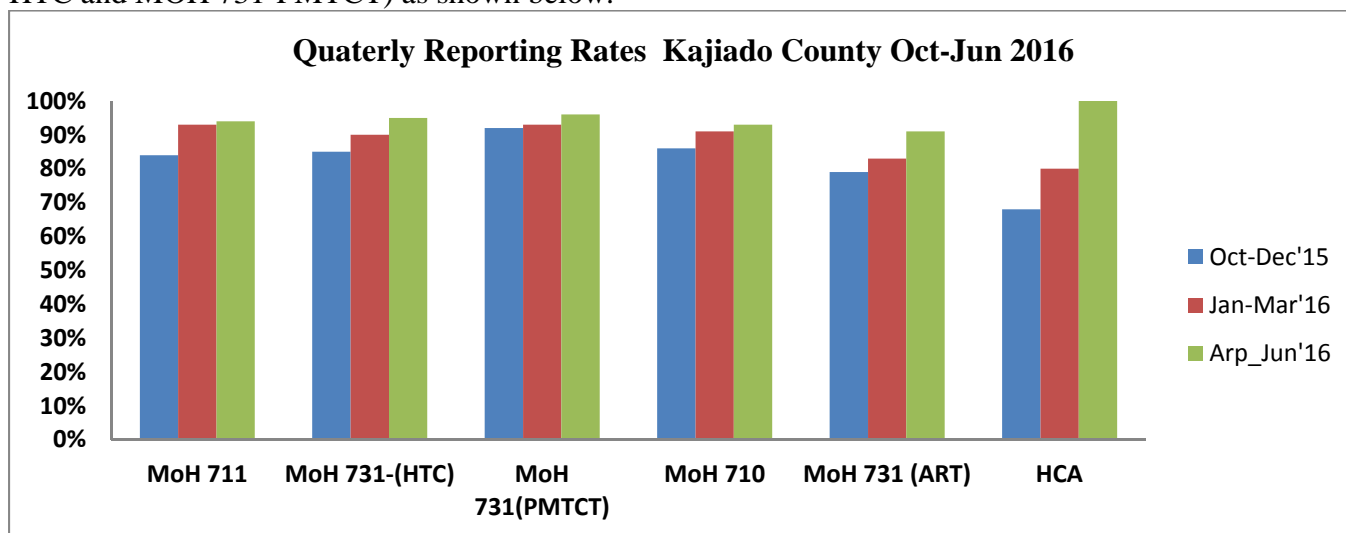


Figure 21: Quarterly reporting rates Kajiado County Oct - Jun 2016

During the quarter, the project mentored four SCHRIO to improve on data quality, completeness and timely uploading of data in the DHIS2 and facilitated the distribution of assorted data reporting tools.

Mentorship was provided on identification of data quality issues in the DHIS2. Improvements were noted across all sub-counties in the PRP performance rates

Laikipia County: During the reporting period, the project continued to build the capacity of the county, sub county and facility staff on the importance of accurate, complete and timely data in enhancing efficiency in planning and service delivery. This was through sub-county data reviews meetings and mentorship at the facilities, distribution and dissemination of new standard tools including the revised MOH 711. Mentorship on data collection and reporting was done with 46 HCPs from 16 facilities. The usage of new MOH 711 has improved from 23% in the last quarter to 96% in the current period. In Laikipia East sub county, the project and the SCHRIO oriented staff on the new MOH 711, HCA and MOH 733B forms. This contributed to improved reporting rates in DHIS2 for contraceptive facility report from 88% to 93%, MOH 733B from 23% to 68% and MOH 710 from 87% to 90%.



Pic 4: Data review meeting in Laikipia East Sub County

As a result of all these efforts there was a great improvement in the MOH 733B reporting rate from 25% last quarter to 68% in the current period. The reporting rates data sets such as MOH 717 dropped from 84% to 72% due to assigning of data sets to sites that do not provide the services in Laikipia East. The project is in discussion with the SCHRIO to remove some of this data set from these facilities so as to have a true reflection of the reporting rates.

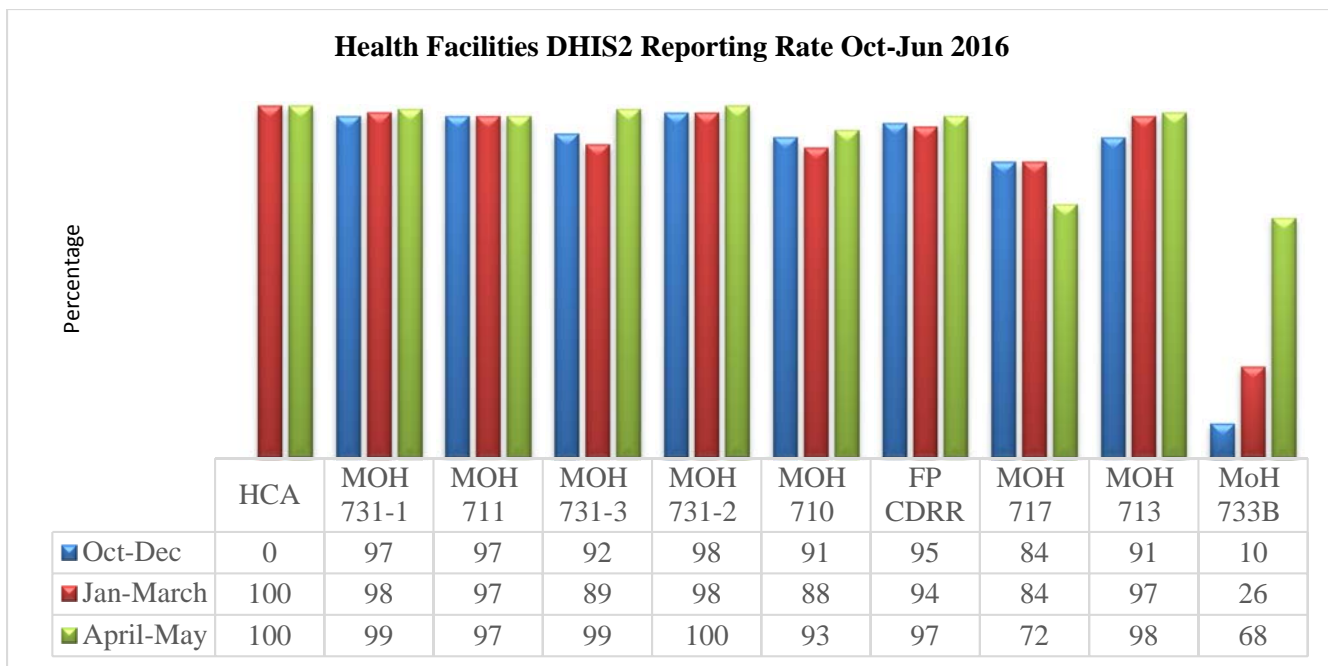


Figure 22: Health Facilities DHIS2 Reporting Rate Oct-Jun 2016

A total of 13 M&E checklist were administered within the quarter. The chart below shows the status of availability and correct use of standard tools between three quarters in seven health facilities. The results indicate an improvement in availability, correct use and completion of all tools including the new MOH711. However, challenges persist in some facilities in updating of pre-ART and ART registers especially in indicating the page summaries. Supervision and mentorship by the project and SCHMT is ongoing.

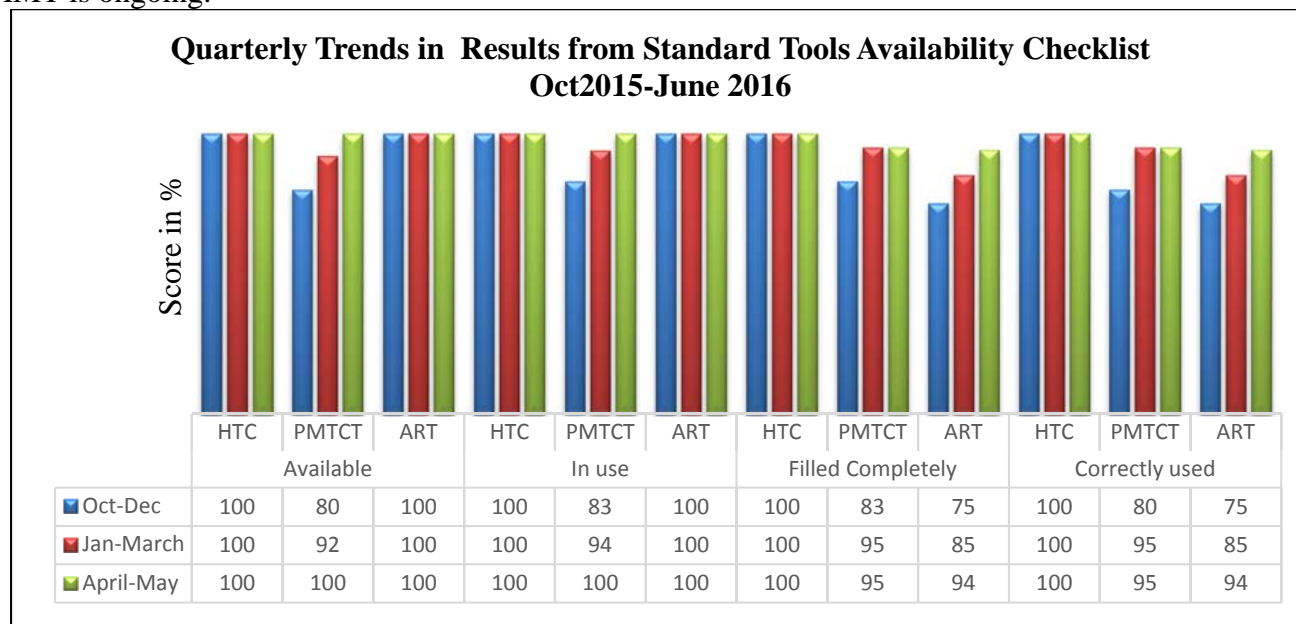


Figure 23: Trends on reporting tools availability

The project continued to support the LIPs in distribution of standard tools as well as mentor staff on correct use of the tools. One new staff in CARITAS was oriented on all standard tools. Twenty other staff from both LIPs were continuously mentored on various data collection tools. This was done to strengthen data collection and reporting. A total of 500 PWP registration forms, 750 PWP assessment forms, 600 PWP session forms, 4000 F1B leaflets and 422 F1A booklets were distributed to both the LIPs.

Narok County: The project supported transportation and distribution of 1,423 assorted HMIS tools based on need which included revised recording and reporting tools. In order to support integration and strengthen data collection of care and treatment in PMTCT, ART registers were distributed to all the 29 PMTCT sites. This was followed by transfer of records of all PMTCT mothers on treatment to PMTCT and lead to strengthened recording of services that were initially underreported such as infant and maternal prophylaxis. The project also mentored HCP on the importance of updating the page summaries on recording tools (ANC, defaulter, maternity & Pre ART registers). A total of 36 HCP were reached in 20 health facilities.

In this quarter, the project continued to strengthen reporting of data in DHIS2 by providing SCHRIOs with data bundles to upload data timely. The figure below shows an increase in reporting rates for HCA and MOH733B and a decline in the rest of the reports. The MOH 733B reporting rates increased from 60% last quarter to 82% this quarter while the HCA increased from 40% to 85% this quarter. The drop in MOH711 and FP CDRR reporting rates is because three facilities were closed hence did not submit a report. The project plans to continue engaging with CHMT to address the staffing issues in affected sites.

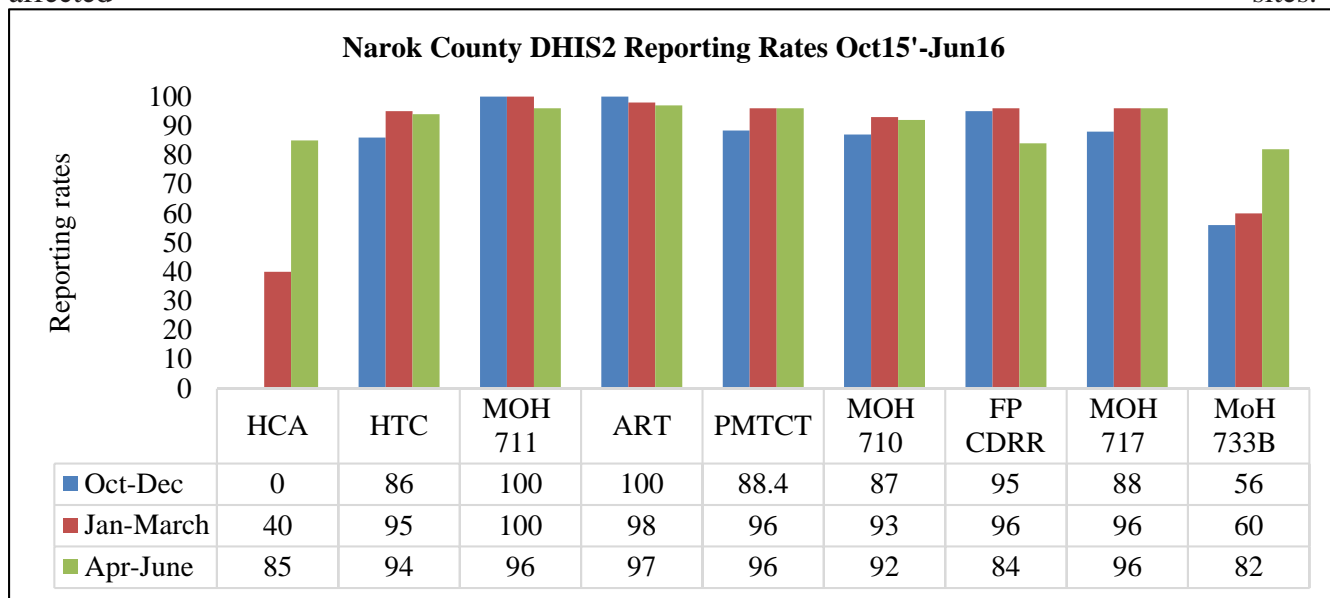


Figure 24: Narok County DHIS2 Reporting Rates Oct15'-Jun16

The project continued implementing the PRP as part of the strategy to strengthen reporting in DHIS2. This plan contributed to increased reporting rates in DHIS2 for HEI cohort analysis from 0% (Jan-Mar16) to 85% and 733B reporting from 60% last quarter to 82% this quarter respectively. The significant increase in both reports is attributed to review of performance in reporting rates during quarterly data review and M&E TWG meetings, focused mentorship to address gaps and use of performance recognition plan to motivate SCHRIO to update data into DHIS2 system.

In order to ensure timely recording and reporting, LIPs were provided with requisite data tools and technical support to ensure proper functioning of OLMIS. The consistent support has sustained average quarterly reporting rates at 99% against a target of 95% among OVC LIP. The quarterly variation observed in CCS Nandi (drop from 97% to 96%) relates to children not served due to relocation and being away in school.

Implementation of Electronic Medical Records (EMR) System

The number of sites supported to implement the EMR increased from 61 last quarter to 64. This leads to a 72% coverage so far. As illustrated in Table ** below 94% (59) of these sites have completed data entry for historical patient records compared to 74% last quarter and 24% (14) had a DQA conducted to assess the quality of this data after entry to ensure quality of data in the EMR. Details of progress under each county is detailed below:

Table 6: Summary of EMR status in five counties by end of June 2016

Indicators	Baringo	Kajiado	Laikipia	Nakuru	Narok	Total	% Achieved
Targeted sites for EMR	13	18	12	30	14	87	
Sites with EMR deployed	13	14	12	15	9	63	72%
Sites legacy data entry complete	13	12	12	13	9	59	94%
Sites legacy data entry ongoing	0	3	0	2	0	5	6%
Sites using EMR as Point of Care	11	6	4	7	8	36	61%
EMR DQA conducted	11	3	0	0	0	14	24%
Sites generating MOH711 & 731 reports	4	6	2	0	8	20	34%

Baringo County: During the quarter the project together with ITECH and CHRIO supported a quarterly review meeting attended by staff from 12 EMR sites who have adopted the EMR system. Each facility made a presentation on their performance and challenges on EMR implementation. Major challenges presented included data entry backlog associated with common power outages that interfere with point-of-care data entry, the extra workload associated with hybrid record systems (EMR and paper) and inconsistency between paper and EMR generated reports. Fast and easy retrieval of patient records, system alerts on patient care needs, QI indicators and summary reports were cited as conveniences afforded by EMR systems. Some of the proposed solutions included request for generators, completion of retrospective data entry once power is on and regular internal DQAs to assess consistency between EMR and paper records. The improvement in consistency between the two records systems will eventually pave way for exclusive use of EMR.

Mentorship on EMR was integrated into routine HMIS mentorship sessions. The focus this quarter was on the use of the MCH module of the EMR largely to follow up mother-baby pairs to enhance retention.

Kajiado County: During the quarter, the project oriented nine HCPs in two sites (Loitokitok & Kitengela SCH) on IQcare. Palladium supported the two sites with six computers to support EMR implementation. Data entry for past patient records is ongoing and expected to be completed by the end of July 2016. The team visited Mashuru & Masimba health care centers to assess data entry progress and developed action plans to ensure completion. Masimba Health Centre completed data entry during the reporting quarter. During the visit it was noted that newly deployed clinicians had inadequate skills

in manipulating IQCare system. The project in collaboration with Palladium has planned for training in the coming quarter to address the gap. In addition, a RDQA was conducted in three health facilities where mentorship was provided to seven HCPs on how to clean the data in the EMR system. Frequent power interruptions were mentioned as a great challenge in sites visited with exception of Ngong, Kajiado and Loitokitok that have standby generators.

Laikipia County: Eight new hires were mentored in the 12 supported IQCare sites during the quarter. Four sites are still using the system as point of care and five update the system after seeing the clients. So far no EMR DQA has not been conducted in the county awaiting the script to be corrected by Palladium.

Nakuru County: During the quarter, the project continued supporting IQ Care implementation in 15 facilities against a target of 30. The project does not currently support IQ care hardware infrastructure and thus cannot increase sites coverage from the ones IQ care implementation is ongoing. The current focus for the project is to ensure that the 15 sites comprehensively utilize the IQ care system before increasing sites coverage. Legacy data entry has been completed in 87% (13) sites with two sites with pending data entry i.e. Nakuru PGH adult CCC and Naivasha SCH. However, during the quarter, with the support of Palladium group and I-TECH, data entry was initiated for the adult CCC in Nakuru PGH and Naivasha SCH. By the end of the June 2016, Nakuru PGH had entered 25% (1,500) of client’s records. The facilities anticipate to be done with the data entry by end of August 2016. Data verification for the entered data is ongoing.

During the quarter, seven facilities were using the IQ care system as a hybrid point of care. i.e. clinician use the IQ care system to review patient or patient data is entered in the IQ care system at the end of the clinic day. All 15 facilities are able to generate 711A/731 reports but the reports are not accurate when compared with MOH 731 hard copy reports for four data elements. For example, in the month of June 2016, data inconsistencies were noted in the four sites.

Table 7: IQ Tools and MOH 731 Reports Comparison

	Current on Care			Current on ART			Enrolled to Care			Starting ART		
	731	IQ Tools	% Variance	731	IQ Tools	% Variance	731	IQ Tools	% Variance	731	IQ Tools	% Variance
Bahati SCH	921	856	7%	899	809	10%	12	10	17%	11	18	-64%
Langa Langa HC	1445	81	94%	1383	54	96%	19	0	100%	12	0	100%
Molo SCH	1560	228	85%	1551	217	86%	19	12	37%	36	11	69%
Olunguruone SCH	647	546	16%	626	585	7%	15	16	-7%	16	17	-6%

Data variances between MOH731 and IQ tools are attributed to incomplete data cleaning and inconsistent updating of the IQ care system during clinic days. In order to mitigate the highlighted challenges, the project proposes to conduct an IQ care users meeting in the next quarter to deliberate on the challenges and opportunities for improving the use of the system.

Additionally, support supervision was conducted in seven sites to assess status of EMR implementation and address noted technical issues together with Palladium Group. Some of the identified issues include: inactive pharmacy module at Nakuru West PCEA, networking challenges at FITC, data cleaning procedures and faulty IQ tools. During the supervision, technical issues identified were resolved with the assistance of the Palladium group technical staff.

Narok County: During the reporting period, the project continued supporting the implementation of IQCARE system, where a total of 24 HCP in nine health facilities were mentored. The mentorship focused on ensuring patients files are updated on the system timely, use of system in flagging defaulters, in scheduling patient appointments and VL monitoring. The HCP are now able to use the system to generate scorecards on VL uptake, patient who missed appointments and line list of patient defaulters. In collaboration with Palladium the EMR partner, the project expanded networking to consultation rooms and the mini-lab in Narok county referral CCC as well as in Sogoo health centre. Currently, eight health facilities are using EMR as point of care and over 90% of patient records are updated in the IQCare system.

Activity 3.4.4: Provide TA to strengthen/institutionalize data quality improvement processes

Baringo County: Data quality improvement activities implemented in the quarter included targeted mentorship on HMIS informed by gaps identified during reports review, desk review of reports jointly with MDT team and SCHRIOs and through administration of M&E checklists. A total of ten M&E checklists were administered in eight facilities (Esageri HC, Emining HC, Kaptimbor HC, Tenges HC, Eldama ravine DH, Marigat HC, Timboroa HC and Kabarnet DH). In the process 29 staff were mentored on data tools across several program areas including the tally sheet and defaulter tracking, cohort, ART, Pre-ART, DAR for CCC and HTC registers. It's however notable from this assessment that gaps still exist in overall data quality. This is attributed to low performance in cohort analysis across the six sub counties and continued poor performance of East Pokot Sub-county that has low reporting rates, incomplete reports and lateness in uploading data to DHIS2. There have been staffing challenges in SCHRIO's office, with SCHRIO having gone on long leave without substantive replacement and eventually a new posting yet to get fully acquainted with the context. Targeted mentorship on cohort analysis reporting and compilation will be offered in the next quarter to address the challenges.

The project supported LIPs to ensure data quality in OLMIS through review of system reports, identification of inconsistent data and sending out of scripts to fix the errors. This included correction of mismatching geographical units, updating of schools and health facilities.

Two out of three planned RDQAs by LIP namely CCS Nandi and Baringo and MFM were conducted. The planned DQAs at MFM were affected by staff changes. Among RDQA action points for CCS were; updating of school status details, separating files for children in transition, complete documentation of transition process and adequate labelling of files. Following this each LIP held monthly data reviews to pick and correct data issues before submission of monthly reports to APHIAplus.

Kajiado County: Seventy-one HCPs were mentored during the quarter on recording and reporting. In addition, 103 health care providers were mentored on recording and reporting on infant testing during the facility in-charges meeting. Timely reporting was noted to be a challenge across the counties and emphasis was on timely reporting was made resulting in improvements in all reports in the reporting period compared to the last quarter.

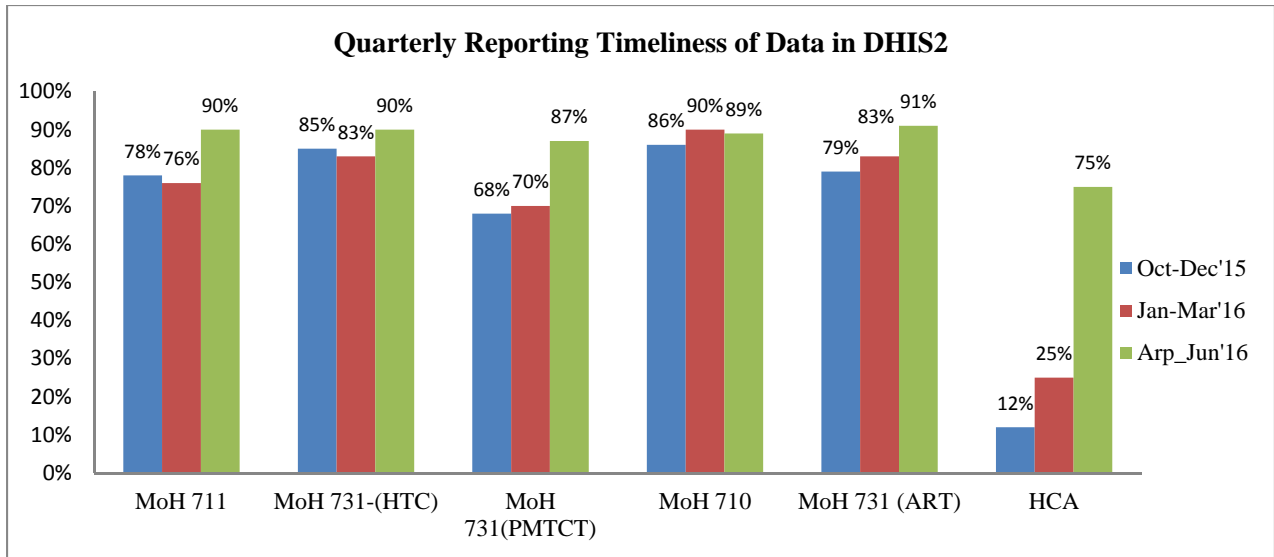


Figure 25: Quarterly Reporting Timeliness of Data in DHIS2

The project oriented three SCHMT members on gap analysis and currently the teams are able to conduct gap analysis meetings and address gaps on a timely basis reducing the number of errors being noted. In addition, the county health management continued sharing gap analysis feedback with the sub-county teams on the 22nd of every month.

The project visited all level four facilities (Ngong SDH, Kajiado CRH, Loitokitok & Magadi hospital) in the county at least once during the quarter. The county has 19 other high volume sites and 15 (78.9 %) were visited at least once during the quarter. The team administered M&E site visit checklist to track use of data collection and reporting tools. Findings indicated tools were available and in use. However, complete filling of data collection tool especially the immunization register and CWC registers was noted gaps across the facilities. Mentorship was conducted to the health care workers to address the gap. The team will target to visit facilities that were not visited in the last quarter as well as follow up on implementation of action plans for the ones visited this quarter.

Under the community program, the project conducted RDQA in five LIP across the county with the objective of identifying gaps to inform targeted mentorship to improve data quality. Improvements were noted across all assessed elements with data use showing the greatest improvements as shown in the chart below. Action points were developed and a review will be done during the next quarter to establish if all recommendations have been implemented.

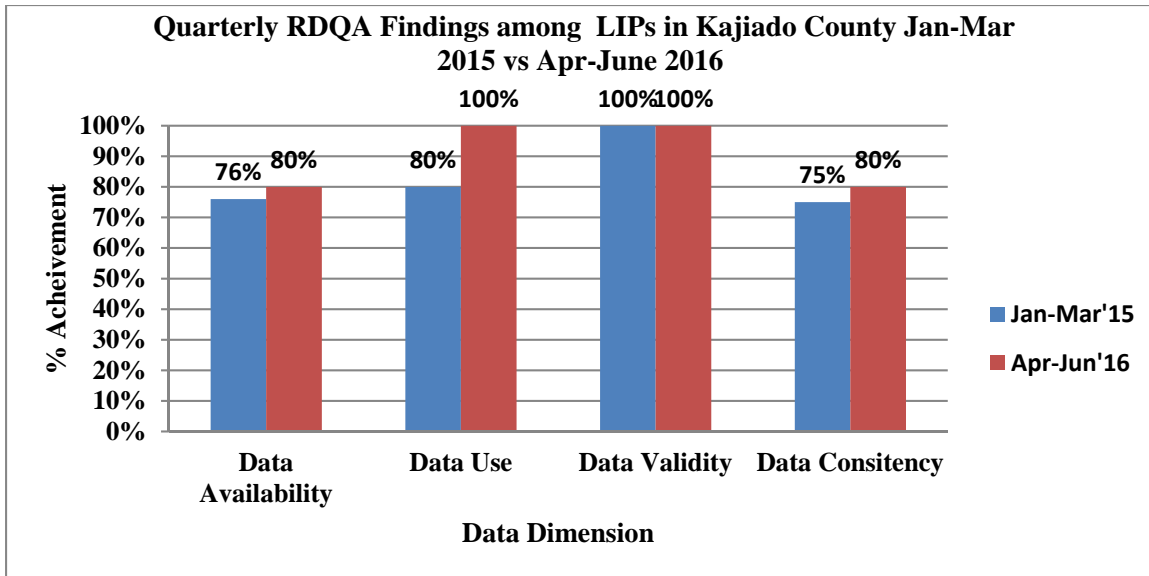


Figure 26: Nakuru County Facility Overall SIMS Scores [Apr-Jun 2016]

Laikipia County: The team continued to monitor the quality of data reported in DHIS2. This was done through comparing data reported in MOH 711A, MOH731 and data in DHIS2 for 50 indicators in 15 ART sites. The consistency improved from 99% in Jan-March 16 to 100% in April June 2016. A post data entry comparison of ART, PMTCT and HTC data for 14 sites in DHIS2 and internal database IMIS was also done. There was no inconsistency in ART and PMTCT but three sites had inconsistency for HTC data. The HTC inconsistencies noted were corrected accordingly and staff in the three sites were mentored.

Two LIPs in the county received technical guidance to plan and conduct RDQA. The objective of the RDQA was to visit selected households to verify if data collected from the household matches data submitted, completeness, consistency, validity, availability of data for use and data use at LIP level. A review of implementation of previous action plans was also done. Both LIPs followed up and implemented previous action plans and hence the improved results.

Data consistency went down from 100% to 95% in CARITAS due to delays updating school fees beneficiary in the system. Late submission of this list by field supervisors due to banks not accepting cheques from the guardians was affecting this process but this has since been resolved. The RDQA results indicate an improvement in data use for both LIPs mainly attributed to data use handbooks, use of PMC, data review meetings and mentorship on analysis and data use skills. Some school going OVC in primary, secondary and tertiary files lacked information on their progress, the LIPs were asked to update this by 30th of June.

Nakuru County: During the quarter, the project supported a total of 22 gap analysis meetings at various facilities in seven out of the eleven sub counties. At the facility level, trend analysis templates are used to track reporting and performance for selected indicators. As a result of the meetings, facilities are able to identify data quality gaps at the service delivery points and make corrections before or after uploading to the DHIS2. The gap analysis meetings have also been fronts for identifying and providing mentorship, identifying and addressing service coverage and underperformance. In two instances,

wrong reporting for PMTCT testing in Subukia SCH and Nakuru PGH was addressed after it was observed that the facility was reporting retests in maternity.

During the quarter, supportive supervision was conducted to 12 health facilities jointly with members of the sub-county health management teams. The teams followed up on integration of ART in PMTCT and appropriate documentation, reviewed ART reports at one site and mentored a new clinician. As a result of the joint supervision, three sites in Nakuru North and Subukia integrated ART in PMTCT, recounting for accurate ART data was done in Kuresoi North and Nakuru East and updated in the DHIS2.

In an effort to institutionalize data quality improvement at the facility level, the project staff conducted a one-day orientation to 15 health care workers on data quality assessment orientation from Langa Langa HC. The staff were taken through the facility data quality verification checklist tools. The facility staff then verified data from the facility for the period April and May 2016. A feedback session was held with the staff to share their experiences and to plan for subsequent data quality assessment in the facility. As a result of the orientation, quarterly facility data quality assessment will be routinely conducted starting next quarter.

During the quarter, the project visited all the level 4 facilities and 59/143 [41%] level 2 & 3 facilities to assess the quality of data. During the visits, 60/180 [33%] M&E checklists were administered by six project staff. Results from two data elements sampled indicated an improvement of

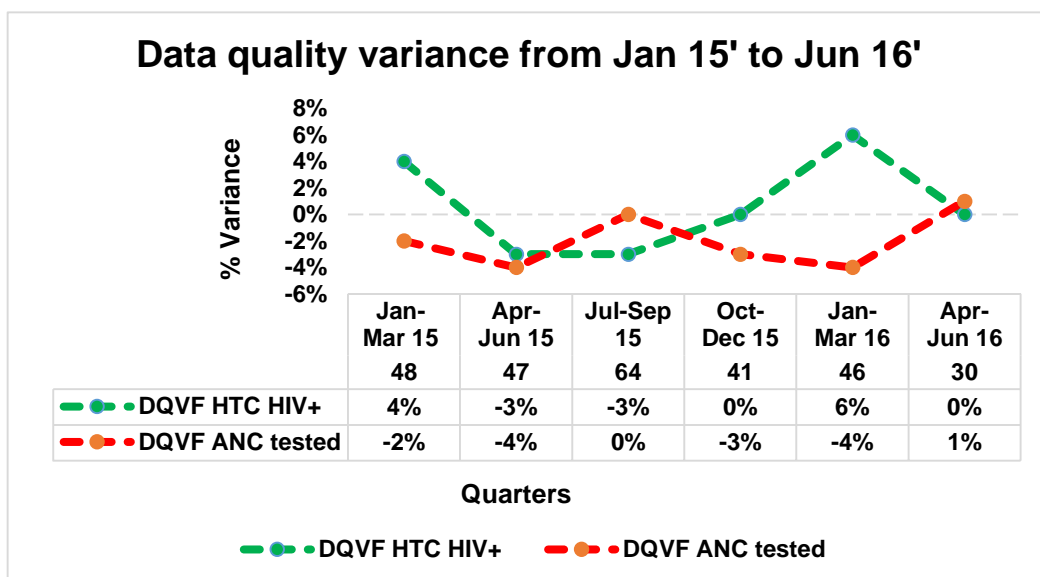


Figure 27: Data quality variance from Jan'15 to Jun'16

data quality verification factor from 6% to 0% for HTC HIV positive and -4% to 1% for ANC tested in Jan-Mar quarter compared to the reporting quarter.

Also, 7/11 [64%] sub-counties have adopted the use of the M&E checklist as a tool for conducting data quality assessment. i.e. Naivasha, Gilgil, Nakuru North, Subukia, Nakuru West, Molo and Rongai SC]. The project team will provide mentorship to four sub-counties to use the M&E checklists for data quality assessments in the subsequent quarter.

During the quarter, site improvement monitoring visits were conducted by USAID in 11 facilities. Specifically, performance for the monitoring and evaluation domain was as follows; seven [7] reds on data reporting inconsistencies [TX-new], inadequate space for patient beneficiary records, incomplete Pre-ART, PMTCT-ART and HEI registers.

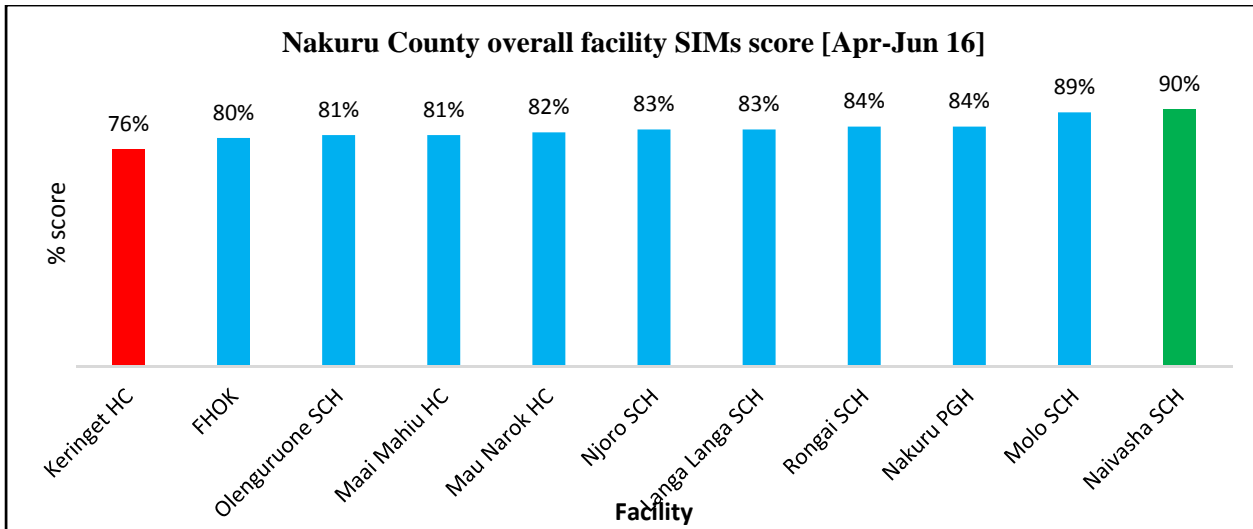


Figure 28: Nakuru County Facility Overall SIMS Scores [Apr-Jun 2016]

The project identified the causes for yellow and red scores and developed an action plan for follow-up in all supported facilities. Strategies to ensure sustainability for light greens and dark greens were also identified.

The five LIPs [KNOTE, CCS Kuresoi, FAIR, WOFAK and KCIU] were supported to conduct Routine Data Quality Assessment [RDQA] covering 13 CBOs. The results presented below show that availability of data on site was maintained at 93%, consistency reduced by -2%, validity by -1% while overall data used increased by 3% between current and previous quarters. The consistency and validity of data was affected by source documents that were not verifiable at FAIR which has since been addressed by relevant staff. In order to further improve consistency, four LIP staff were trained on OLMIS, eight CHVs were mentored on documentation of Form 1As and three staff from KNOTE were mentored on how to improve their filing system. Nine supportive supervisions were conducted in three LIPs to follow up on actualization of DQA action points.

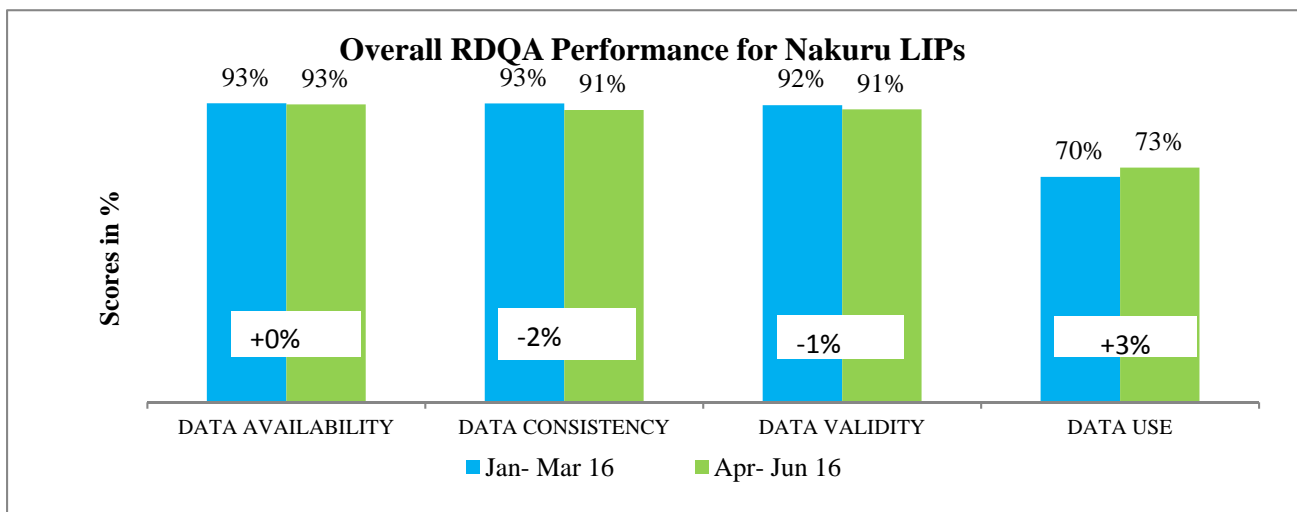


Figure 29: Overall RDQA Performance for Nakuru LIPs

Narok County: During the quarter under review, a total of 36 health care providers were mentored in 20 health facilities. The mentorship was on HEI and ART cohort analysis, correct use of recording and reporting tools such as importance of daily page summaries. As a result of the mentorship, the reporting rates for HEI cohort analysis increased from 40% to 85% this quarter.

A review of data quality in DHIS2 revealed that some SCHRIO don't run validation rules to complete data entry. To address this, seven SCHMT were mentored on functions and use of inbuilt validation rules and complete buttons in DHIS2, how to flag out data entry errors, missing reports and fix them.

Twenty sites 40% (17) of which are high volume were visited during the quarter for data verification using the monthly facility data quality verification checklists. The objective of was to assess the accuracy of data from data source, availability, correct and complete use of standard tools. It was found that, all the health facilities were having the required standard tools and over 90% were using them correctly and consistently. In addition, 15% (3) of the health facilities had some discrepancies in current on care and treatment and testing in PMTCT. The project provided feedback to the staff and jointly made changes in the affected sites. Filing and colour coding SOPs were disseminated and 14 staff mentored on their use in the 14 ART sites. Data quality was also assessed in 10 sites using the SIMS tool. Focused mentorship on proper recording and reporting tools, page summaries, was done to address gaps that included supervisors not signing their section in HTC registers and incomplete updates in defaulter registers.

In order to improve the data quality in the DHIS2, the project continued to compare data of 50 selected indicators in MOH 731 and DHIS2. This was done monthly for six health facilities. The consistency of data in these sites improved from 97% in quarter two to 99% in the current quarter. Each month the project and sub county teams also held meetings to review reports from 42 health facilities. The gaps identified during data review formed the basis of focused mentorship and support site visits in the subsequent months. As a result there has been a reduction in errors noted in MOH 731, especially on positive and the known positive at the ANC. In addition, two facilities in charges meeting were conducted in Narok South and Narok West where a total of 42 HCPs were in attendance. The meeting provided an opportunity to review achievements against annual targets, to mentor HCW on HEI cohort analysis and reporting on survival and retention at 12 months, important of submission of accurate, complete and timely report, correcting errors.

Narok county referral and Ololulunga Sub County hospital have initialized the use of monthly M&E checklist to ensure accuracy of data from the data source. In addition, six health facilities (Narok CRH, Ololulunga SCH, Olchoro, Sogoo HC, Nairegie Enkare and Olmekenyu) are doing data reviews before submitting their monthly reports to respective SCHRIO.

At the community level, three implementing partners were supported to conduct 10 RDQA to assess the accuracy of data from data sources. A total of 10 staff were mentored during this process. The chart below illustrates the trends of RDQA results in four key thematic areas: data use improved from 62% to 70%, data integrity from 66% to 79%, data consistency reduced from 87 to 82% and finally data availability was at 79%. The improvement is attributed to consistent data review/gap analysis meetings, regular TWG meetings to review data quality and regular supportive supervision with SDH team. The reduction in data consistency from 87% to 82% was occasioned by inconsistent data between F1A and OLMIS for three out of 15 sampled forms. The plan is to intensifying focused mentorship and

follow up on implementation of action plans particularly for CDON that continues to have challenges in this area.

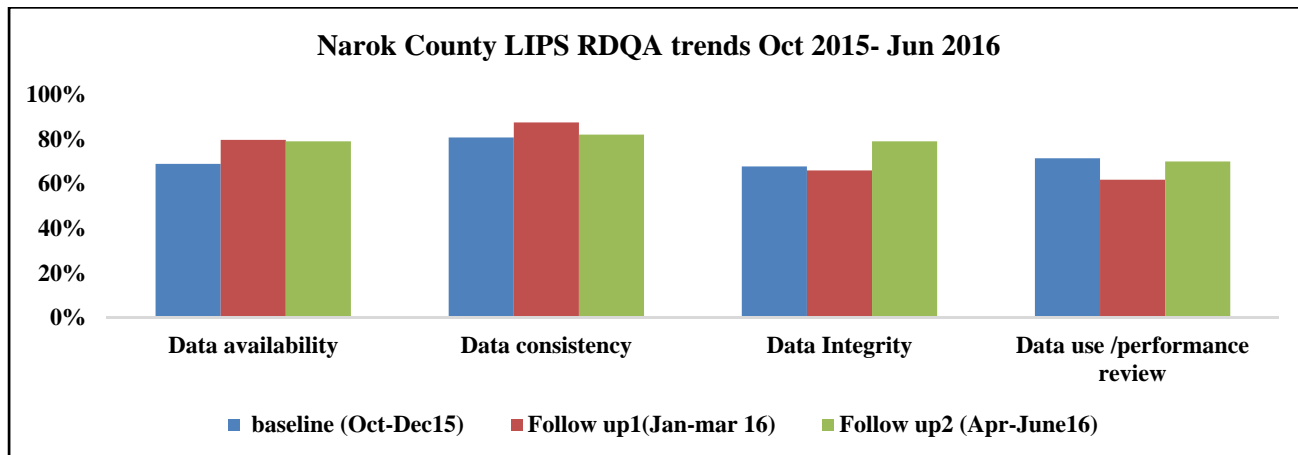


Figure 30: Narok County LIPS RDQA trends Oct 2015- Jun 2016

3.4.5 Support OVC implementing partners and Children department

Baringo County: During the quarter, the M&E team supported the SDH team in facilitating quarterly review meetings for all LIPs in the county. During the review meetings, LIP’s performance on key indicators by domain were reviewed against targets set out in the annual work plan.

APHIAplus programmers were also at hand to provide continuous Technical support on data management systems used for managing OVC program data (PwP and OLMIS). System and IT issues were raised were resolved through site visits or tele-support.

Kajiado County: Mentorship was provided to eight LIP staffs on updating the OLMIS system and all were able update their systems. The updates were designed to improve the quality of data in the system caused by mismatch in geographical locations and list of schools. A total of 322 F1As booklets and 500 copies of F1Bs were provided to ensure availability of tools to record OVC services. The county reporting rate stood at 98%. The sustained good performance is also attributed to intensive TA and the County TWG forums. The County team and LIP teams will continue focusing on data quality and integrity of reports submitted. The project facilitated five internal TWG meetings at the LIPS site offices. During these meetings, it was noted was that the LIPs staff had not updated school names and levels in the OLMIS system. Action plans were developed with the individual staff tasked to address the issues.

Laikipia County: The project continued to provide technical support and guidance to LIPs on OLMIS, PWP, data review meetings, TWG, OVC monthly QI meetings and support supervisions. Six staff were continuously mentored on OLMIS and in data analysis skills. One of the LIPs had a problem with their computer but the project supported them to replace and recover systems and data in the computer.

Nakuru County: The project continued to support five LIPs to improve efficiency in OLMIS. An update was made in the to take care of HIV status details on the registration form of an OVC through Form 1A HTS, extending period to update fees received by OVC and streamlining OVC duplicate

report. Four staff were further mentored on use of OLMIS. During the quarter, the overall OVC reporting rates for LIPs was at 97% compared to 98% in the previous quarter. Within the reporting period, project supported the LIPs to conduct five M&E TWG where performance on selected indicators was discussed. Some of outcomes of the M&E TWG included confirmation of OVC HIV status and follow up of linkage to CCC by confirming CCC unique numbers for HIV positive OVC.

Narok County: During this period under review, the project updated the version of OLMIS system and mentored six staff (M&E staff) in three LIP (NADINEF, CDON & ENOCOW). The same staff were mentored on the importance of updating PMC charts and data use hand books. In this period one TWG meeting was conducted with the support from AD SDH, where gaps were discussed with the IP, action plans were developed with clear timeliness for the implementation. However, challenges have been experienced with OLMIS system, where the hard disk for both CDON & NADINEF crashed during this period. The mitigation for this challenges has been discussed with the affected LIPs and simple instructions were discussed with the staff manning the OLMIS and PWP systems.

Lessons Learnt: Quality improvement is attainable through implementation of SIMS and other monitoring action plans at both facility and community programs

III. ACTIVITY PROGRESS (Quantitative Impact)

This section presents a quantitative description of the key achievements of the April to June 2016 reporting period. The tables present the basic data of key indicators in the PPMP required to assess progress toward achievement of the targets in the project. The tables for this section have been submitted separately.

IV. CONSTRAINTS AND OPPORTUNITIES

During this reporting period, the project faced some challenges that affected implementation of some planned activities. There was a shortage of HIV test kits that affected the retesting of ANC clients as required by the national guidelines. The project mitigated this by facilitating redistribution of test kits from sites that had more to the affected ones. Stock out of IPT also hampered the progress of initiating all patients on ART. The lack of mother baby booklets affected timely and complete recording of activities. In the same period, challenges were experienced with the introduction of revised MOH711. The MOH introduced very many versions of this tool most of them not aligned to the DHIS2 data entry module and there was no training or update for service providers to use the tool. The project is working closely with the sub counties to ensure that only the correct version of the tools is in use and that service providers are mentored and trained on the job to report correctly.

Opportunities abound to improve on the support to the MOH to provide quality HIV services. These include: training of HCWs on HIV/TB/MNCH; integration of EID services in MNCH to increase the number of HIV exposed infants identified and diagnosed: roll out of the national test and treat guidelines to improve the number of clients on treatment and deployment of staffs by the project has greatly improved quality service provision.

At the community level, the project continued to face delays in processing of birth certificates for OVC. The project continued to work closely with the Registrar's Office to address the factors causing the delay in the processing of birth certificates in order to speed up the process. Many opportunities exist to

strengthen the capacity of OVC households to take care of their needs. The project will continue to mobilize and encourage more caregivers to join SILC groups to initiate more IGAs and enhance linkage to UWEZO funds and linkage to local markets to address HH vulnerability. It will also continue to link caregivers and older OVC to available alternative funding for educational support and economic activities. NHIF enrollment is still a challenge given that most caregivers come from high and moderately vulnerable households thus lack stable income, and some who were enrolled are unable to sustain monthly remittances to the scheme.

V. PERFORMANCE MONITORING

Several performance monitoring activities were carried out during this reporting period. This included monthly data quality assessments, tracking of reporting rates in DHIS2 and OLMIS and implementation performance reimbursement plan for SCHRIOs based on the reporting rates and data quality. The results from these activities assists the project to measure improvements, identify areas that need strengthening and form the basis for technical support and mentorship. A total of 72 data quality assessments were conducted at 57 health facilities across the five counties to verify the quality of data between client

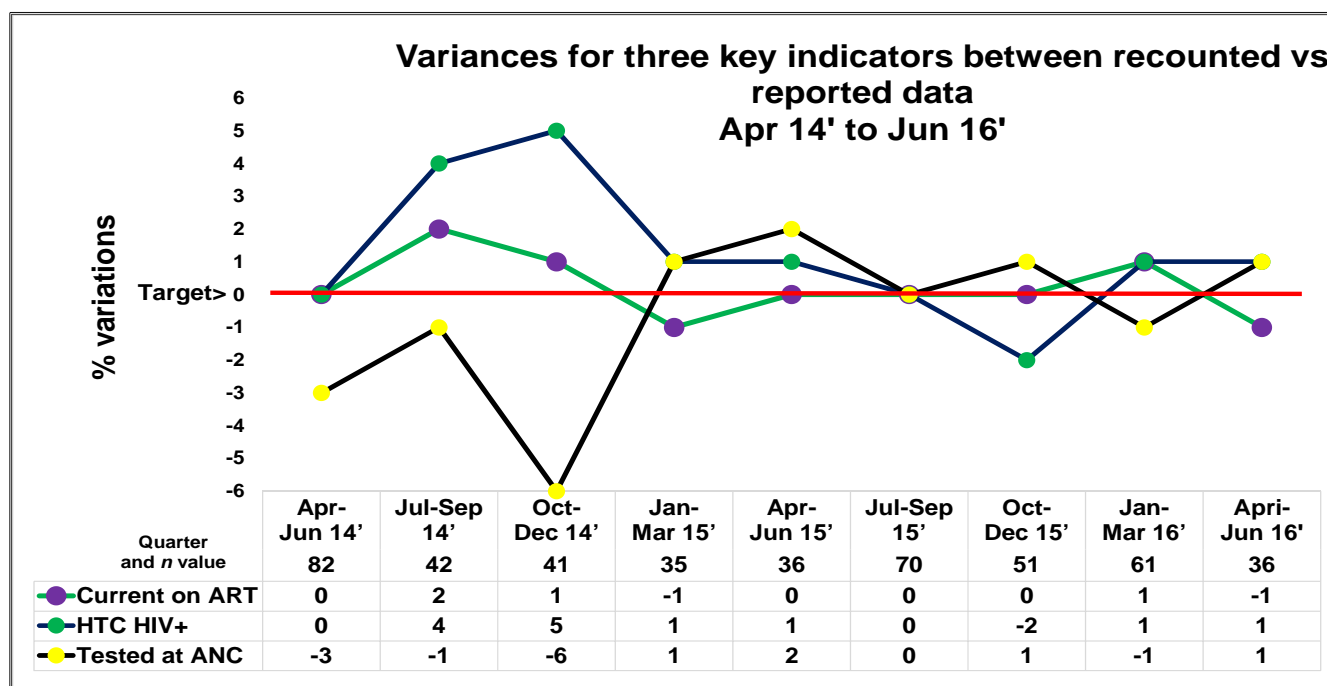


Figure 31: Variances for individuals testing HIV positive, mothers testing for HIV at ANC and individuals currently on ART registers, monthly reports and data entered in DHIS2. Subsequently, 433 health workers were mentored on correct and complete use of standard reporting tools to ensure data consistency between client registers, monthly reports and DHIS2. The figure below shows trends in data quality verification factors for the number of individuals testing HIV positive, tested for HIV in ANC and currently on ART. The data verification factor used to monitor whether the data quality is within the acceptable threshold of +/- 5 has been maintained at +/-1% for three programmatic areas during the last two quarters.

In addition, the project continued to also monitor the quality of data reported in DHIS2 through the performance reimbursement plan for 27 SCHRIO. This involves verification of reporting rates and timelines for 12 data sets, comparison of data reported in MOH731 hard copy and values entered DHIS2 for 50 indicators and assessment of data set allocation of four data elements in DHIS2. The

consistency of data between data for 50 selected indicators in the hard copy and values entered in DHIS2 has increased steadily from 92% at the start of this plan to 96% in March 2016 to 98% in June 2016 as illustrated. In spite of this good performance some sub-counties recorded a PRP performance <90% such as Kajiado East, Nakuru North, Subukia, Rongai, Molo and Kuresoi [North/South]. This was caused by low reporting rates and late reporting for FCRR, 515, 717, 713, 733B & HCA. The project has embarked on addressing the gaps through ensuring that SCHRIO use a report tracker, providing interactive follow up and feedback on data uploading in DHIS2 and appropriate allocation of dataset reports.

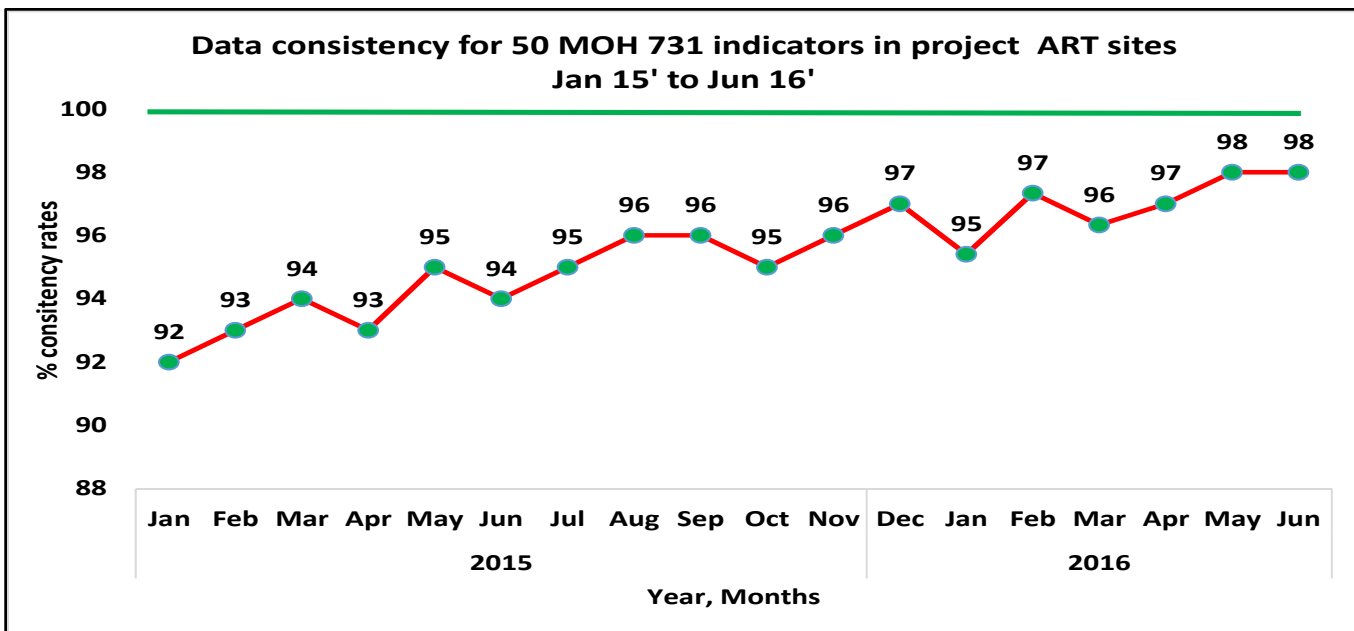


Figure 32: Consistency Scores of 50 MOH 731 data elements

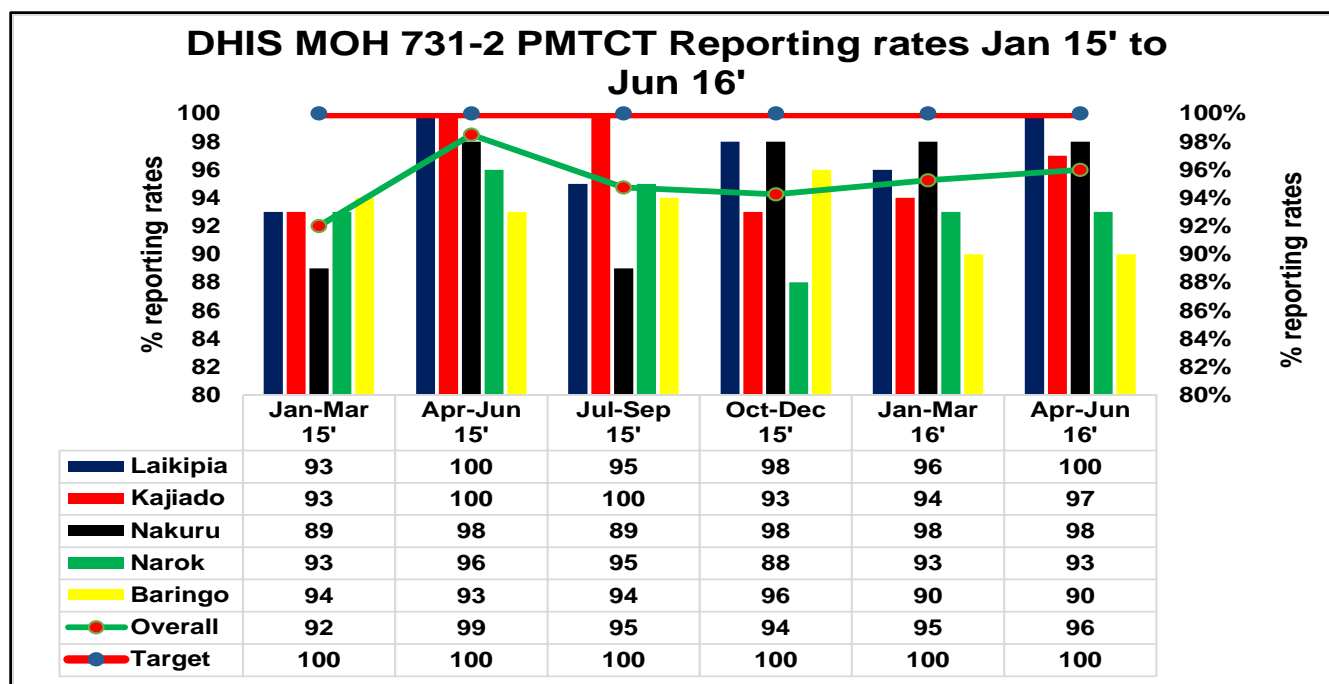


Figure 33: DHIS MOH 731 - PMTCT reporting rate

Monitoring of reporting rates across different data sets in DHIS2 continued to assess the performance of the project in strengthening the national reporting system in supported counties. The national standard reporting rate is 95%. The overall project reporting rate increased slightly from 95% to 96% in the current quarter. This increase in reporting rates is attributed to addressing gaps in sub counties in Kajiado and Laikipia that had low performance in the past quarter.

Under the community program, the OVC reporting rates were maintained at 98% for a second time running, this is 3% against above the project standard of 95% with slight increases in Narok and Laikipia counties. This is mainly attributed to adherence to OLMIS data verification procedures, data review and timely feedback and adherence to data submission protocol that focuses on attaining 100% reporting rates.

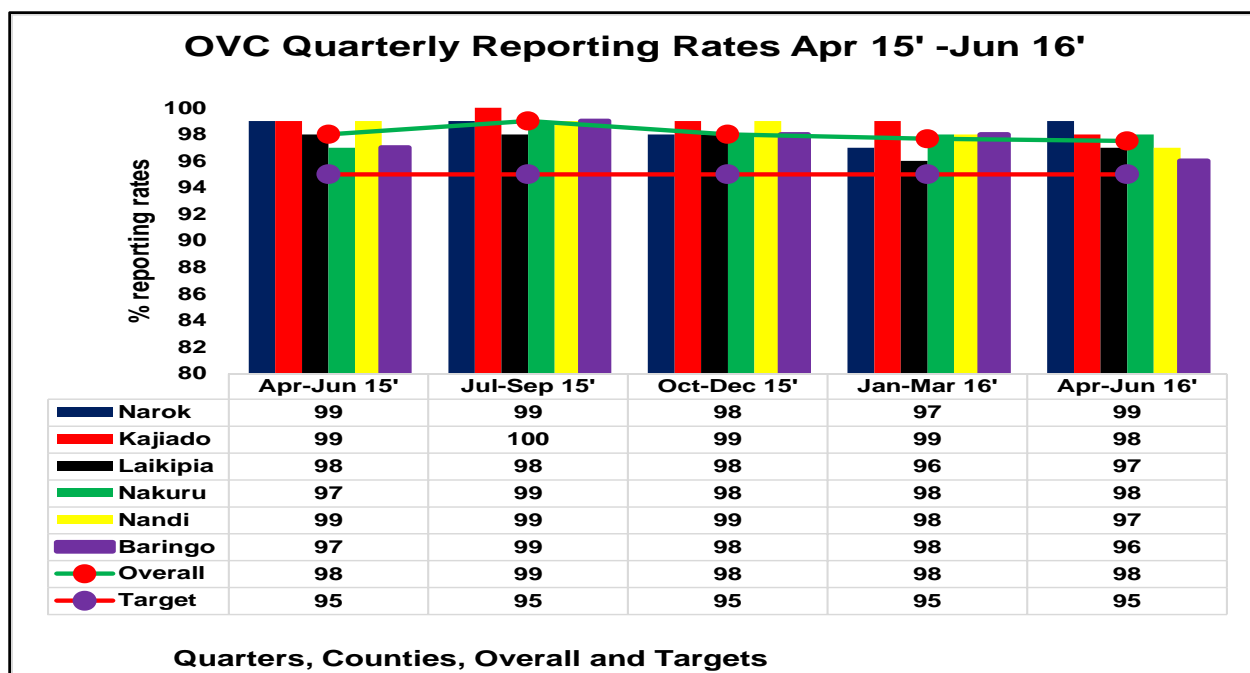
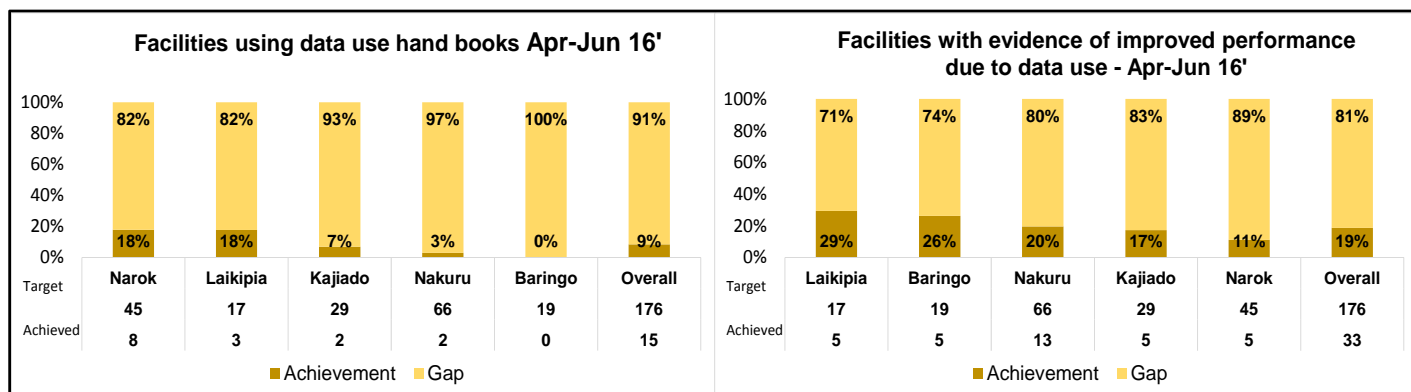
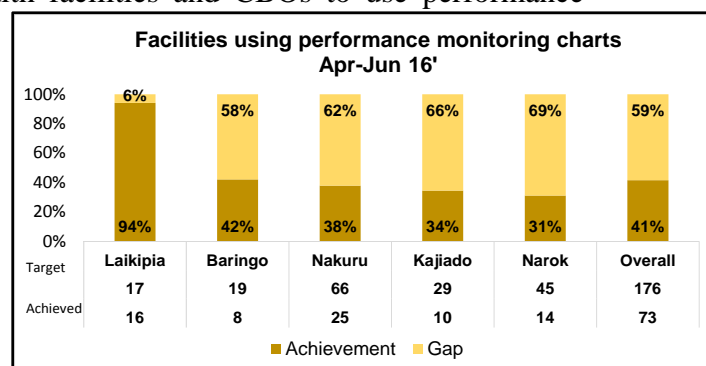


Figure 29: OVC Quarterly Reporting Rates

The project continued to provide technical assistance to promote data use through performance monitoring charts and data use hand books at both facility and CBO levels. During the quarter the team



supported 73 [56%] and 40 [37%] of the targeted health facilities and CBOs to use performance monitoring charts to visualize and review their performance during on monthly basis. During the process, 221 facility and 38 CBO staff were mentored on data analysis and use. The evidence of data use has been documented in data use hand books at health facility [15] and CBO [10] level. As a result 45% of the facilities and 63% of CBOs demonstrated evidence of improved performance as a result of data use. A graphical visualization of data use status summary at facility level by county is shown.



VI. PROGRESS ON GENDER STRATEGY

The project continued to support SGBV activities in the five counties. The interventions reached 194 survivors of sexual violence, 94% being females. They received various services i.e. emergency contraception, sexually transmitted infections (STI) screening and treatment, HIV testing and counseling, trauma counseling, PEP for those eligible and referral for other services. In addition, the project sensitized 250 HCW (62% females) HCW on the revised SGBV data tools and clinical management of sexual violence to enable them serve the survivors optimally. To increase public awareness on SGBV, 1,424 individuals (56% females) comprising of youths, community leaders, young women and girls were sensitized on SGBV to increase their skills and knowledge in SGBV prevention and response.

The project continued to build social capital in targeted communities by intensifying their participation in the delivery of services and ensuring they are the recipients of the project services for improved well-being. Towards this end, the project reached 9,423 caregivers (85% females) with information on child protection, care and positive parenting skills through care giver forums. Moreover, the project has 3,284 engaged community health volunteers to deliver services to OVC and their households most of them (71%) being women. The project worked with 17,648 caregivers 83% of whom were women to address household economic strengthening.

VII. PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING

During the period under review, 134 HCW were mentored and sensitized on infection prevention and waste segregation. Assorted job aids, 53 infection prevention buckets, 12 sets of color codes bin liners were distributed in 22 facilities. TB risk reduction assessments was undertaken in 14 sites and work plans developed with HMTs to address the identified gaps. In the subsequent quarter, the project will support TB infection control assessment in 59 HVS ART sites. The



picture below shows waste segregation bins procured by St. Joseph Catholic Hospital following mentorship on waste segregation.

VIII. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

University Research Company (URC): The project continued to collaborate with URC for training and supervision of quality improvement teams in Nakuru and Narok county. During the quarter, the team from URC supported the partners in providing supervision to QI teams and dissemination of the National psychosocial guidelines in Narok county.

PIMA: The project worked conjointly with PIMA on referral strengthening activities in Nakuru County.

Palladium Group and ITECH: The project collaborated in implementing the national EMR systems in 63 facilities in five counties

NHPplus: Collaborated with NHPplus to strengthen nutrition commodity management and security in the supported counties

CHAI project: The project collaborated with Clinton Health Access Initiative to ensuring availability of CD4 machine reagents for the three point of care machines in the county.

IX. PROGRESS ON LINKS WITH GOK AGENCIES

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

- **Ministry of Agriculture, Livestock and Fisheries (MOAL&F):** In establishments and supervision of green houses and kitchen gardens
- **Department of Children's Services (DCS):** In conducting AAC meetings, joint supervision; referrals of affected OVC to safe homes; advocacy on child rights; Follow ups on OVC legal cases.
- **Registrar of births and deaths:** In birth certificate processing and advocacy on the same.
- **Ministry of Health (MOH):** The project works very closely with the ministry improving quality of service delivery at both public and private health facilities through joint mentorship, orientations, support supervision, strengthening referrals through link desks, enhancing HTC uptake and facilitating capacity building for service providers. It also collaborates with the ministry in strengthening data collection, reporting in DHIS2 and use. At community level, the collaboration is in providing care and treatment for the OVC and PLHIV, capacity building of caregivers, supervision and support for CHV's and health promotion at the community.
- **Ministry of Interior and National Coordination:** The area chiefs were engaged during birth registration, QIT activities, verification of OVC for presidential bursary and conflict management

- **MOE:** Monitoring and supporting the performance of OVC in schools
- **County Government:** school fees bursary from the sub county CDF

X. PROGRESS ON USAID FORWARD

There were no activities implemented during the quarter under review.

XI. SUSTAINABILITY AND EXIT STRATEGY

As part of the sustainability and exit strategy at the community level, the project continued to build the capacity of economic capacity of households through SILC to promote a culture of saving to build resources that can be borrowed at low interest rates to support basic needs to investments. It also worked in collaboration with GOK line ministries to strengthen local community structures (QIT, VCO, CHV) to empower families to take care of their own children.

In addition, more caregivers were sensitized on importance of registering with National Health Insurance Fund (NHIF); linked to MFI, GOK social protection funds such as the cash transfer, and UWEZO funds. The project also continued linking older OVC to vocational training and apprenticeship opportunities like Digital Opportunity Trust (DOT) for training in Information Technology and placement to job opportunities.

Quality improvement teams formed as a sustainability and exit strategy so that the community can own the project and continue with resource mobilization and leverage services for the target groups. The teams have been used as a platform to identify the existing gaps and mobilize resources to address the gaps in each service area. Transition guide has been put in place in order to facilitate graduation of OVC/HH who can support themselves as an exit strategy.

XII. GLOBAL DEVELOPMENT ALLIANCE

Not applicable.

XIII. SUBSEQUENT QUARTER'S (JUL - SEPT 2016) WORK PLAN

Planned Actions April -June 2016	Actual Status this quarter	Explanations for Deviations	Planned actions for July – September 2016
Program Management			
County quarterly review as well as LIP performance review for Jan-Mar 2016 period	20 quarterly sub-counties and 1 County, 34 monthly data review meetings. 15 quarterly implementing partners progress review meetings held		County quarterly review as well as LIP performance review for Apr-Jun 2016 period
Review and execute a) sub awardee financial reports and funds requests, b) MOH JWPs activity requisitions.	Done		Development of new MOH JWPs till December 2016

Planned Actions April -June 2016	Actual Status this quarter	Explanations for Deviations	Planned actions for July – September 2016
USAID Facility and Community SIMS visit in Nakuru County	Done in 11 facilities and 4 community sites		Preparation and submission of Project extension through 2017 proposal to USAID
Submission of VAT report to USAID by 15th April 2016	Done		
Monitoring & Evaluation (M&E)			
Administer 210 checklists per quarter	168 M&E checklists administered, 125 HIV indicators and 43 for MNCH/RH/FP/Nutrition		Administer 210 checklists
Facilitate 37 HVS to conduct monthly data review meetings	31 Monthly Facility data review meetings a		Facilitate 37 HVS to conduct monthly data review meetings
Conduct for 27 monthly data review meetings/gap at sub-county level	20 quarterly sub-county data review meetings		Conduct for 27 monthly data review meetings/gap at sub-county level
Ensure all the 10 extra facilities have completed data entry are using EMR as point of Care by end of October-December	37 sites have completed data entry and are using EMR as point of Care system		Maintain EMR as point of Care at 37 sites
Provide mentorship to 61 EMR sites and training to HCP as need arises	38 sites visited for EMR assessment/support		Provide mentorship to 61 EMR sites and training to HCP as need arises
Conduct DQA 10 EMR sites that have completed entry and support use of system as POC	7 sites were visited for EMR RDQA		Conduct DQA 10 EMR sites that have completed entry and support use of system as POC
Provide M&E site visit mentorship at 210 sites	171 sites provided with M&E mentorship		Provide M&E site visit mentorship at 210 sites
Continue tracking reporting rates using the PRP at 27 sub-counties	PRP for 27 sub-counties		Continue tracking and follow on reporting rates using the PRP at 27 sub-counties
Conduct support supervision of 16 OVC IP activities jointly with sub county children officers.	16 implementing partners supported		Conduct support supervision to 16 OVC IP activities
Support 16 IPs to conduct monthly CHV data review meetings	15 quarterly Implementing partners progress review meetings held		Support 16 IPs to conduct monthly CHV data review meetings
Monitor use of PMC charts in promoting use of data	73 Health facilities and 40 CBOs using PMC charts		Monitor use of PMC charts in promoting use of data at 176 targeted sites
Build the capacity of LIPs in OLMIS management.	16 implementing partners supported		Build the capacity of LIPs in OLMIS management.
Support LIP in collection of quantitative data on OVC services using OVC service monitoring tools and report through OLMIS	16 implementing partners supported		Support 16 LIP to collect and report data using OLMIS
Support quarterly M&E technical working group meetings to address data management issues, share experiences and best practices	1 meeting held		Support 1 quarterly M&E technical working group meetings
Strengthen capacity of OVC TWG to oversee coordination of M&E activities by participating in 48 monthly meetings	34 monthly meetings conducted		Participate in 48 monthly OVC TWG meetings
Visit 5 counties to provide technical support to M&E officers	Two counties visited for TA		Visit 5 counties to provide technical support to M&E officers and HRIOS
Clinical Services			
Mentor service provides and procure color-coded stickers designed to prompt providers to identify patients due for VL	Done. SOP developed and disseminated.		Mentor service provides and procure color-coded stickers designed to prompt providers to identify patients due for VL and on CTX only to fast track

Planned Actions April -June 2016	Actual Status this quarter	Explanations for Deviations	Planned actions for July – September 2016
			line listing and implementation of the test and treat guidelines.
Continue with acceleration of care and treatment among children and adolescents	Ongoing. Index client testing initiated and emphasis on target testing in IPD/OPD; CWC, TB, nutrition clinic started.		Acceleration of care and treatment among children and adolescents through index client and target testing as well as line listing those on CTX only in implementation of the test and treat guidelines.
Intensify community mobilization for uptake of ANC services in Narok County and pockets of Nakuru County	Ongoing. Distribution of Mother-baby packs in Narok (287) and Nakuru County (100) done.		Intensify community mobilization for uptake of ANC services in Narok County and pockets of Nakuru County
Support scale-up counties with 125 short-term hires to bridge the gap as it engages the county governments to develop long-term staffing strategies	Done. 114 temporary staffs engaged in the 5 supported counties.		Support scale-up counties with 125 short-term hires to bridge the gap as it engages the county governments to develop long-term staffing strategies
Facilitate more trainings and orientations in HIV/PMTCT/RHMNCH/QI	Done.		Work with MOH to disseminate and implement HIV test and treat guidelines
Pediatric /Adult ART, BEMONC training DONE.			Facilitate more trainings and orientations in HIV/PMTCT/RHMNCH/QI based on the new July 2016 test & treat guidelines
Support integrated outreaches in Nakuru and Narok counties	Did 2 Narok but yield was very low, thus stopped to review strategy	Low yield reported during the last outreach, strategy changed to index client testing	Support Index client strategy through transport reimbursement in Narok and Nakuru-Kuresoi.
Facilitate TB, Pharmacovigilance/Commodity security, HIV care and treatment, MPDSR and PMTCT TWG meetings at county and sub county levels	Done in the five Counties. TWG meetings held as expected		Continue supporting TB, Pharmacovigilance/Commodity security, HIV care and treatment, MPDSR and PMTCT TWG meetings at county and sub county levels
Continue supporting nutrition services and commodity data DHIS- 2 reporting sensitization for sub – County and facility HRIOs	Ongoing. Data capture tools disseminated.		Facilitate sensitization on NACs and use of Nutrition registers and reporting tools in the 59 high yield sites
Continued support for SGBV and post rape care interventions within health facilities and community	Ongoing. Mentorship and support supervision on SGBV data tools 30 facilities done.		Continued support for SGBV and post rape care interventions within health facilities and community
Provide resources to 13 QITs at county, sub-county and WIT at facility level to develop action plans to address gaps	Ongoing. 30 facilities conducted Quality Improvement Teams (QIT) meetings		Provide resources for QITs at county, sub-county and WIT at facility level to develop action plans to address gaps
Train HCWs to provide respectful maternity care including the importance of client rights, quality interpersonal communication, and special needs/services for pregnant women with disabilities	Ongoing. 4 sensitization done in Narok and Baringo forums reaching 71 services providers.		
11 CMEs reaching 134 providers in Nakuru County.			Initiate differentiated care model in 5 high volume sites in Nakuru and Narok counties
Conduct switch meetings in 37 facilities in scale up counties to review patients with VL above 1000cells/ml	Ongoing. Viral uptake increased and HCWs mentored on treatment failure and formation meetings.		Support switch meetings in 37 facilities in scale up counties to review patients with VL above 1000cells/ml

Planned Actions April -June 2016	Actual Status this quarter	Explanations for Deviations	Planned actions for July – September 2016
Orphans and Vulnerable Children (OVC)			
Ensure 100% HTC coverage for active OVC	98 % achieved		Increase HTC coverage to 100% of OVC
Provide TA to 30 greenhouses based on capacity needs	Done		Continue providing TA to 30 greenhouses based on need
Provide CPwP messages to 1000 PLHIV	Done (780 reached)		Provide CPwP messages to 220 new PLHIV
Mentorship for CPwP service providers	Done		Facilitate review meeting with CPwP Service providers in Baringo County (August)
Provide support supervision to 10 QITs	Done		Facilitate QI learning sessions (Laikipia, Nakuru)
Facilitate orientation for 12 CPwP Service providers in Kajiado Counties	Done		Provide Mentorship to CPwP service providers in all the counties
Support 16 LIP to implement OVC transition guidance	Done		Continue supporting 16 OVC LIPs to transition ineligible OVC
Participate in PMT Review meetings in Narok, Nakuru and Kajiado Counties	Done		Participate in county project performance review meetings in five Counties
Facilitate LIP Quarterly performance review meeting for each of the 17 LIPs	Done		Facilitate LIP performance review meetings – 17 LIPs
Facilitate transitioning of 96 mature SILC groups	Ongoing		Transition 96 mature SILC groups
Follow up on 19 malnourished OVC to ensure improved health status	Done		Facilitate MUAC for all OVC under the age of five years and PLHIV
Follow up on 3,211 OVC living with HIV to ensure adherence to treatment	Done		Follow up on 3,139 OVC living with HIV to ensure adherence to treatment
Establish two link desks in high volume health facilities	Done		Establish one link desk in Baringo County
Hold one planning meeting for follow on HHVA	Not done	Deferred to Q4	Conduct follow on HHVA
Support MOH to facilitate celebration of Day of the African Child	Done		Continue with implementation of the joint work plan with Children’s department
Conduct technical quality assessment for 16 LIPs	Done		Conduct TQA for 16 LIPs

XIV. FINANCIAL INFORMATION

Table: New Sub-Award Details

There were no **new** sub awards made during the reporting period

XV. ACTIVITY ADMINISTRATION

Personnel

- There were no personnel changes within the reporting quarter

Contract, Award or Cooperative Agreement Modifications and Amendments

There were no award modification during the reporting period.

XVI. INFORMATION FOR ANNUAL REPORTS ONLY

C. Sub-Awards

Not applicable

Partner	Sub-Awardee Name	Sub-Awardee Start Date	Sub-Awardee End Date	Sub-Awardee Amount (\$)	Date Last Audit Conducted	Names of Counties of Implementation

XVII. GPS INFORMATION

Implementing Mechanism/ Activity	Task	Activity Name	Implementing Partner	Sub-Awardee	Amount	Start Date	End Date	Nationwide?	Location	Admin 1(County)	Longitude	Latitude	Precision Code	Admin 2 (Constituency)	Admin 3 (Location)	Admin 4 (Sub location)	Admin 5 (Town/Village)
APHIAplus Rift Valley Project	OVC Care and Support, Prevention with MARPS, addressing other social determinants of health	OVC Care and Support, Prevention with MARPS and fisher folk, addressing other social determinants of health	FHI360	Family AIDS Initiative Response (FAIR)	US\$ 3,243,287	1/1/2011	10/31/2016	N		Nakuru	-0.287199	36.05953					
APHIAplus Rift Valley Project	OVC Care and Support, Prevention with fisher folk, addressing other social determinants of health	OVC Care and Support, Prevention with Fisher folk, addressing other social determinants of health	FHI360	Kenya National Outreach Counselling & Training Program (K-NOTE)	US\$ 1,979,365	1/1/2011	10/31/2016	N		Nakuru	-0.701929	36.43369					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Kenya Council of Imams and Ulamaa (KCIU)	US\$ 775,060	1/1/2011	10/31/2016	N		Baringo, Nakuru	-0.292487	36.05626					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Deliverance Church, Nakuru	US\$ 547,367	1/1/2011	10/31/2016	N		Nakuru	-0.273177	36.11380					

Implementing Mechanism/ Activity	Task	Activity Name	Implementing Partner	Sub-Awardee	Amount	Start Date	End Date	Nationwide?	Location	Admin 1(County)	Longitude	Latitude	Precision Code	Admin 2 (Constituency)	Admin 3 (Location)	Admin 4 (Sub location)	Admin 5 (Town/Village)
APHIAplus Rift Valley Project	Addressing food and security interventions amongst OVC/PLHIV households	Addressing food and security interventions amongst OVC/PLHIV households	FHI360	Self Help Africa (SHA)	US\$ 523,230	4/16/2012	10/31/2016	N		Baringo Kajiado Laikipia Nakuru Narok	-0.30342	36.075222					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Women Fighting AIDS in Kenya (WOFAK)	US\$ 962,555	3/1/2012	10/31/2016	N		Baringo Nakuru	-0.293744	36.05874					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	LIFA CBO	US\$ 575,549	1/1/2011	10/31/2016	N		Laikipia	0.015246	37.07355					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Caritas Nyeri	US\$ 858,785	1/1/2011	10/31/2016	N		Laikipia	0.019302	37.08340					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Maa Partners Initiative (MAAP)	US\$ 622,238	1/1/2011	10/31/2016	N		Kajiado	-1.576853	36.80489					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social	OVC Care and Support, addressing other social	FHI360	Evangelizing Sisters of Mary (ESM)	US\$ 613,701	1/1/2012	10/31/2016	N		Kajiado	-1.392730	36.74280					

Implementing Mechanism/ Activity	Task	Activity Name	Implementing Partner	Sub-Awardee	Amount	Start Date	End Date	Nationwide?	Location	Admin 1(County)	Longitude	Latitude	Precision Code	Admin 2 (Constituency)	Admin 3 (Location)	Admin 4 (Sub location)	Admin 5 (Town/Village)
	determinants of health	determinants of health															
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Catholic Diocese of Ngong	US\$ 1,171,554	1/1/2011	10/31/2016	N		Kajiado Narok	-1.370782	36.65283					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Beacon of Hope	US\$ 664,843	1/1/2011	10/31/2016	N		Kajiado	-1.394504	36.76305					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Apostles of Jesus AIDS Ministries (Ngong Hills Cluster)	US\$ 749,515	8/1/2012	10/31/2016	N		Kajiado							
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Mother Francisca Mission Maternity Health Care (MFMMHC)	US\$ 591,618	1/1/2011	10/31/2016	N		Baringo/ Nandi	0.201934	35.08451					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Christian Community Services (CCS)	US\$ 1,082,536	1/1/2011	10/31/2016	N		Baringo	0.491536	35.75472					

Implementing Mechanism/ Activity	Task	Activity Name	Implementing Partner	Sub-Awardee	Amount	Start Date	End Date	Nationwide?	Location	Admin 1(County)	Longitude	Latitude	Precision Code	Admin 2 (Constituency)	Admin 3 (Location)	Admin 4 (Sub location)	Admin 5 (Town/Village)
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	ENOCOW (Enaitoti Naretu Olmaa Coalition for Women)	US\$ 616,287	1/1/2011	10/31/2016	N		Narok	-1.09078	35.87255					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	NADINEF (Narok District Network Forum)	US\$ 1,300,277	1/1/2011	10/31/2016	N		Narok	-1.09078	35.87255					
APHIAplus Rift Valley Project	CRS- APHIAplus Health Service Delivery Project, Rift Valley Zone 3	OVC Care and Support, Social determinants of health, CPwP/PLH IV, QI	FHI360	CRS	US\$ 6,459,591	1/1/2011	09/30/2016			Nakuru Narok Kajiado Baringo Laikipia							
APHIAplus Rift Valley Project	Local Capacity building for public health program sustainability	Building Private health sector capacity in HIV services	FHI360	Gold Star Kenya	US\$ 1,928,298	1/1/2011	09/30/2016			Nakuru Narok Laikipia							
APHIAplus Rift Valley Project	NOPE- APHIAplus Health Service Delivery Project: Rift Valley Zone 3	Youth HIV prevention intervention – young women at risk	FHI360	NOPE	US\$ 4,901,477	1/1/2011	09/30/2016			Nakuru Narok							

Implementing Mechanism/ Activity	Task	Activity Name	Implementing Partner	Sub-Awardee	Amount	Start Date	End Date	Nationwide?	Location	Admin 1(County)	Longitude	Latitude	Precision Code	Admin 2 (Constituency)	Admin 3 (Location)	Admin 4 (Sub location)	Admin 5 (Town/Village)
APHIAplus Rift Valley Project	LVCT- APHIAplus Health Service Delivery Project: Rift Valley Zone 3	HTC and SGBV interventions	FHI360	LVCT	US\$5,293,156	1/1/2011	09/30/2016			Nakuru Narok Kajiado Baringo Laikipia							

XVIII. SUCCESS STORIES & PREP SHEETS

Baringo County: Zuhura Sabil was recruited in the APHIAplus Rift Valley OVC project in 2010 alongside her siblings. She was referred to the project by the Imam at Eldama Ravine. At the time of recruitment, she was in form one at Kamelilo secondary school. Their household was rated as highly vulnerable after assessment.

Zuhura's father died in 2010 after a long illness leaving Zuhura Sabil and her four siblings under the care of her mother. The loss of their father left them devastated coupled with socio economic challenges as her mother was jobless. Her mother resorted to looking for casual jobs. They solely depended on her for care and support. She struggled to educate them single handedly and she could not give them a better life from her meagre earnings as a casual laborer.

Zuhura and her four siblings were supported with blankets, scholastic materials and Tom's shoes from APHIA plus project. The community health volunteer also provided the following services to the family members: psychosocial support, WASH messages and other small doable actions and sensitized them on the need to know their status. All the household members were tested for HIV as a result.

In addition to that, the project paid her school fees and it was such a relief given that it was a huge burden for her mum considering the little income she earned. She successfully completed her secondary school education obtained a C grade in 2015.

After high school she was linked and supported by the project for hairdressing vocational training. She excelled in her three months course and got employed in Ferooz saloon within Koibatek town. She now supports her mother to cater for the other siblings' basic needs as well as meet their education needs. She is grateful to APHIAPlus for the empowerment, support accorded and the services provided to and her family.



Pic 5: Zuhura at work

Nakuru County: Improved education performance with clean lighting

The silence of cold weather and high altitudes welcomes you to sparsely populated Ndoroto village, Naivasha east location of Nakuru county. Here you find the home of Ann Wangui Ngotho a mother of seven children. Two of the children are enrolled in secondary education while three are in primary school all within the same location.

While education is a process of acquiring knowledge, skills, values and habits as is seen as basic need and free, the process comes with challenges for some families. One of the challenge that most often escapes the attention of many is the poor performance that can be attributed to poor and unhealthy lighting sources in many households. Many pupils especially from poor families use kerosene for lighting whose adverse effects on the pupils health are known. Many homes are yet to tap the golden man made power to light their homes and schools as accesibility and affordability of solar lamps continues to pose a challenge.. A few like Ann Wangui can today testify to the benefit of solar energy and the positive link to education peformance of her five children and increased ease of attending to her home duties in the evenings. Her husband died in the year 2010 and culturally there is heavy and

high expectations of her to provide for the entire household “I want the best for my children now that I did not have the opportunity to go to school” she says while leaning on the wall of her house.



Ann wangui a mother of 7 does farming – a menial job for a living and currently enrolled in the government cash transfer program as one of the needy household. She is a member of Atiririri CBO partnering with Africa Initiative for Rural Development (AIRD) that introduced affordable solar power energy panels to the Guardians/caregivers as a step gap measure to enabling pupils and student do their homework at home and attend to their chores with ease. The Atiriri CBO Quality Improvement Team organized an event dubbed “education mashinani” in April 2016 where they invited AIRD to sensitize the community on renewable energy use for lighting homes among other uses and the benefits thereof.

Ann expressed her interest to access a solar lamp and was able to receive one and pay at the agreed period of time. “I used a tin lamp posing danger to my children brought about by the movements from one room to the other” she said. When asked how she managed the situation Ann answered “it has been very hard to buy paraffin worth twenty shillings everyday as it is a competing priority with basic needs like food. This led to debts in most of the nearby shops until I could no longer be trusted”. She also said with competing basic needs they had on several occasions spent nights in darkness for lack of 20 shillings. Her form two son Nephath confirms the statement “we had to wake up early in the morning so we could leave home by 6.30am and do our homework and revision at school since it was impossible to do it at home”. Looking hopeful “since January this year I have seen my children improve in their education performance as I follow up on their homework and revision every evening” Ann said. Nephath while scratching his fingers confirmed his examination result. “I scored a B+ from C+ previously due to my ability to do my homework and now I can help my siblings in their revision too” he said. Ann is happy that she can finally support her children improve their education performance and assures us of Nephath going to the university.

XIX. Annexes and Attachments

Annex I: Schedule of Future Events

DATE	LOCATION	ACTIVITY
May 7 th	Counties	World AIDS Orphan Day
May 16 th	Counties	Measles-Rubella Vaccination Campaign starts
June 16 th	Counties	The Day of the African Child
April – June	Counties	Children Assemblies by Department of Children Services

Annex II: Lists of Deliverable Products

None

Annex III: SIMS Update

This section is separately attached to this report.