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# USAID KENYA AMPATHPLUS

## QUARTERLY PROGRESS REPORT

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USAID KENYA AMPATHPlus  
FY 2015 Q3 PROGRESS REPORT

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## ACRONYMS AND ABBREVIATIONS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ALARM</b>	Advances in Labour and Risk Management
<b>AMPATH</b>	Academic Model Providing Access to Healthcare
<b>AMRS</b>	AMPATH Medical Records System
<b>ANC</b>	Ante-Natal Care
<b>AOTR</b>	Agreement Officer Technical Representative
<b>APHIA</b>	AIDS Population and Health Integrated Assistance
<b>ART</b>	Antiretroviral Therapy
<b>BCC</b>	Behavior Change Communication
<b>BTL</b>	Bilateral Tube Ligation
<b>BMI</b>	Body Mass Index
<b>CB-DOTS</b>	Community Based Directly Observed Treatment Short course
<b>CD4</b>	Cluster of Differentiation 4
<b>CDC</b>	Centers for Disease Control
<b>CHC</b>	Community Health Committee
<b>CHMT</b>	County Health Management Team
<b>CRIO</b>	County Records Information Officer
<b>CHV</b>	Community Health Volunteer
<b>CME</b>	Continuous Medical Education
<b>CORPS</b>	Community Own Resource Persons
<b>CT</b>	Counseling and Testing
<b>CTF</b>	Community Therapeutic Feeding
<b>CTX</b>	Cotrimoxazole
<b>CWC</b>	Child Welfare Clinic
<b>DASCO</b>	District AIDS & STI Coordinating Officer
<b>DBS</b>	Dry Blood Sample
<b>DCOP</b>	Deputy Chief of Party
<b>DHMT</b>	District Health Management Team
<b>DHRIO</b>	District Health Records and Information Officers
<b>DL</b>	Distance Learning
<b>DLTLD</b>	Division of Leprosy, Tuberculosis and Lung Disease
<b>DMOH</b>	District Medical Officer for Health
<b>DMLT</b>	District Medical Laboratory Technologist
<b>DPHN</b>	District Public Health Nurse
<b>DRH</b>	Division of Reproductive Health
<b>DTC</b>	Diagnostic Testing and Counseling
<b>EBI</b>	Evidence informed Behavioural Interventions
<b>EID</b>	Early Infant Diagnosis
<b>EmOC</b>	Emergency Obstetrical Care
<b>EMTCT</b>	Elimination of Mother-to-Child Transmission of HIV

<b>EQA</b>	External Quality Assurance
<b>FLTR</b>	Find Link Treat Retain
<b>FMP</b>	Families Matter Program
<b>FP</b>	Family Planning
<b>FPI</b>	Family Preservation Initiative
<b>GESP</b>	Group Empowerment Service Provider
<b>GISE</b>	Group Integrated Savings Enterprise
<b>GCLP</b>	Good Clinical Laboratory Practice
<b>GOK</b>	Government of Kenya
<b>HCT</b>	Home Based Counseling & Testing
<b>HIV</b>	Human Immunodeficiency Virus
<b>HMIS</b>	Health Management Information Systems
<b>HREC</b>	High Risk Express Care
<b>HTC</b>	HIV Testing and Counseling
<b>IEC</b>	Information, Education and Communication
<b>ICF</b>	Intensive Case Finding
<b>IMCI</b>	Integrated Maternal and Child Illnesses
<b>IPT</b>	Isoniazid Prophylaxis Therapy
<b>IQC</b>	Internal Quality Control
<b>KEMSA</b>	Kenya Medical and Supplies agency
<b>KENAS</b>	Kenya National Accreditation Services
<b>KEPH</b>	Kenya Essential Package for Health
<b>KMMP</b>	Kenya Mentor Mothers Program
<b>KQMH</b>	Kenya Quality Model for Health
<b>KPs</b>	Key Populations
<b>LMIS</b>	Logistic Management information System
<b>LREC</b>	Low Risk Express Care
<b>LTFU</b>	Lost To Follow Up
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MNCH</b>	Maternal Neonatal and Child Health
<b>MDR TB</b>	Multi Drug Resistant Tuberculosis
<b>MUCHS</b>	Moi University College of Health Sciences
<b>NACC</b>	National Aids Control Council
<b>NASCOP</b>	National AIDS & STI Coordinating
<b>NCD</b>	Non Communicable Disease
<b>NHIF</b>	National Hospital Insurance Fund
<b>OJT</b>	On-the-Job Training
<b>OSCAR</b>	Orphans and Separated Children Assessment Related to health and wellbeing
<b>OVC</b>	Orphans and Vulnerable Children
<b>PAC</b>	Post Abortion Care
<b>PHC</b>	Primary health Care
<b>PALWECO</b>	Program for Agriculture and Livestock in Western Communities
<b>PHCT</b>	Perpetual Home based Counseling and Testing
<b>PHDP</b>	Positive Health, Dignity and Prevention

<b>PITC</b>	Provider initiated testing and counselling
<b>PLHA</b>	People living with HIV/AIDS
<b>PTB</b>	Pulmonary tuberculosis
<b>PLHA</b>	People living with HIV/AIDS
<b>PTB</b>	Pulmonary tuberculosis
<b>PwP</b>	Prevention with Positives
<b>PLUS</b>	People-centered Leadership Universal access Sustainability
<b>PMTCT</b>	Prevention of Mother to Child transmission
<b>RH</b>	Reproductive Health
<b>SCRIO</b>	Sub-County Records Information Officer
<b>SIMS</b>	Site Improvement through Monitoring System
<b>RHTC</b>	Rural Health Training Centre
<b>RSPO</b>	Research Sponsored Projects Office
<b>SLMTA</b>	Strengthening Laboratory Management towards Accreditation
<b>TAT</b>	Turnaround Time
<b>TOT</b>	Training of Trainers
<b>USAID</b>	United States Agency international Development
<b>VMMC</b>	Voluntary Medical male Circumcision
<b>WASH</b>	Water Sanitation and Hygiene
<b>WFP</b>	World Food Program
<b>WHO</b>	World Health Organization
<b>WAN</b>	Wide Area Network
<b>WWAN</b>	Wireless Wide Area Network

## **I. AMPATHPLUS EXECUTIVE SUMMARY**

### **Qualitative Impact**

In the third quarter of year 2014/2015, HIV testing and counseling (HTC) services at the community level were provided through the perpetual home-based counseling and testing (PHCT) as the major activity. Mobile VCT services targeting specific populations were also conducted. Furthermore, evidence-informed behavioral interventions (EBIs) namely RESPECT-K, Positive Health, Dignity and Prevention (PHDP), and Families Matter Program (FMP) continued to be implemented. HIV prevention activities targeted key populations (KPs), priority populations, and the general population. PHCT implementation was done in thirteen sub-counties. At facility level, effort was directed towards accelerating testing in children besides the general population, and minimizing losses to linkage.

The main objective of the prevention of mother-to-child transmission (PMTCT) program was integration of the PMTCT services within Maternal Child Health (MCH) Clinic. The program disseminated the findings of integration needs assessment conducted in quarter 2 and identified major gaps that could hamper the integration process. Soon after the county stakeholders meeting, the PMTCT program began the transition process from Comprehensive Care Clinic (CCC) model to the MCH-based PMTCT services in a phased approach; beginning with the newly diagnosed HIV positive pregnant women presenting at MCH.

The Quality Improvement (QI) team used facility GIS coordinates to successfully map the Site Improvement Monitoring System (SIMS) performance for each county. Visualizing performance on a geographical map allows the technical teams at AMPATH to easily determine the type and level of support required by each facility in the county.

Combined facility and community approaches to try and address creation of, demand for, and enhancement of supply of services has improved tremendously and enabled the MCH/FP program to meet targets almost across board. Supply of services at facility level improved through training on Emergency Obstetric and Newborn Care (EMONC), family planning skills training, nutrition trainings and immunization. Follow-ups with mentorships and more on-job trainings (OJTs) that are facilitated by County Health teams and coordinated by the program have translated to improvements in immunization coverage; diarrhea treatment in children; ANC attendance and skilled birth attendance (SBA) at facility level; uptake of FP methods and basic emergency obstetric and new born care.

In the nutrition program, there was a continuation of activities to improve performance of the Food and Nutrition domain. This included use of the modified clinical encounter forms with the nutrition assessment as one of the vital assessments, collaboration of health workers in all facilities to ensure that all patients have been given nutrition assessment and categorized accordingly.

## **Quantitative Impact**

A total of 190,996 individuals were counselled and tested through PITC, PHCT, MVCT, and PMTCT screening. Priority populations, mainly prisoners in Uasin Gishu and Busia Counties and fisher folks in Bunyala Sub-County, were also provided with HTC services, TB screening, STI screening and appropriate referrals. A total of 419 prisoners (F - 98; M - 321) and 261 fisher folks (F - 4; M - 257) were counseled and tested for HIV.

There was a slight increase in the number of pregnant women with known HIV status (including those tested for HIV and received results) in quarter 3 (36,049) compared to 35,707 in quarter 2. The proportion of women on ARV prophylaxis increased to 76.2% in Q3 compared to 67.8% in Q2 against the target of at least 93%. The proportion of infants born to HIV-positive women who received a diagnostic HIV test within 12 months of birth in quarter 3 doubled to 75.6% from 38.7% in quarter 2. The HIV exposed infants who become HIV-positive by 12 months of age was 5.32% (58/1089)

The percent of women having 4 ANC visits rose from 57.2% in quarter 2 to 69.6% in quarter 3. Kisumu West Sub County was excellent at 91.7% while West Pokot County just on target at 54.2%. However, the percent of children less than 5 years old fully immunized slightly went down to 95.1% (26,138) from 96.9% (25,968) in quarter 2.

## **Constraints and Opportunities**

- The PHCT team experienced challenges in some areas where guardians/parents of exposed children declined to have DBS sample taken at home and were also unwilling to take the infant to the clinic. This led to low yield in the number of DBS collected at household level.
- Integration of Site Improvement Monitoring System (SIMS) into routine HIV program activities creates a culture of continuous quality improvement and the clinical team reported that the SIMS tool provided an opportunity to improve the quality of care for patients. Empowering service providers at facility and community level on process monitoring in relation to SIMS yields better results.

## **Subsequent Quarter's Work Plan**

Many departments including Pharmacy have planned to do follow-ups in the facilities that were assessed through SIMS to make sure all gaps identified were addressed. This will be done with the help of the AMPATH county coordinator, County pharmacist and Sub-county pharmacists in Trans Nzoia.

Quality improvement department has planned for the next best practice sharing in September and this will be done in form of poster presentations.



## II. KEY ACHIEVEMENTS (QUALITATIVE IMPACT)

During the quarter, Door to door HIV testing and counseling was done in thirteen Sub-Counties within AMPATH catchment areas. At facility level, PITC efforts were directed towards accelerating testing in children besides the general population, and minimizing losses to linkage. Improvement was realized through the RRI initiative where short-term counsellors are contracted to accelerate testing in high yielding facilities. Referrals for linkage and actual linkage were strengthened and an 85% improvement realized. All persons who test HIV positive are physically escorted for registration, and handed over to the outreach worker

Implementation of Community and Clinical Positive Health, Dignity and Prevention (PHDP) continued in four and seven Counties respectively. Support supervision was carried out by the program staff in facilities within Uasin Gishu (Ziwa, Moi University, Burnt Forest, Huruma, Uasin Gishu District Hospital, G.K. Prison, Turbo, Soy and Moi's Bridge) and Nandi (Mosoriot) Counties.

Female sex worker (FSW) Peer Educators in Kitale and Malaba reached out to their peers through outreach with condom provision and appropriate referrals made for STI screening and treatment and post-exposure prophylaxis (PEP) as needed. The Prevention team held several meetings with the peer educators in Kitale and Malaba to strengthen the outreach program. Priority populations (fisher folks, prisoners and truckers) also received HIV prevention services.

The clinical department has highlighted the number of adults and children currently receiving antiretroviral therapy (ART) by end of the quarter. The number of individuals currently on ART was 74,450 up from 71,270 during the last quarter. Adults accounted for 90% of these while children were 10% and females contributed 66% while males were 34%. This substantial increase of patients on treatment could be attributed to initiatives at the beginning of quarter which included sending monthly reminders to clinics for those with CD4 less than 500 and not on ART for ART initiation, improved mentorship, supervision and implementation quality improvement activities

In quarter 3, the PMTCT team also revised their FY2015 work plan to help accelerate PMTCT service delivery. The main objective was to integrate PMTCT services within MCH focusing on 34 high volume facilities. The PMTCT team identified many major gaps that could hamper integration with the main one being lack of skilled staff in PMTCT services in MCH. AMPATHPlus conducted a second Training of Trainers (TOT) training with the aim of accelerating Service Providers training using the pool of trained TOTs in each of the counties supported. The integration was implemented in a phased manner starting with the newly diagnosed HIV positive pregnant women who presented at the MCH. Majority of the facilities had a CCC' Clinical Officer offering services in MCH in order to expedite integration of services.

Standard operating procedures (SOPs) were printed and circulated for use in the following facilities in the quarter; Uasin Gishu District Hospital, Huruma Health Centre, Turbo Health Centre, Ziwa, Burnt Forest, Pioneer, Moi's Bridge in Uasin Gishu County, Endebess and Kapsara in Trans Nzoia County, Chulaimbo in Kisumu, Teso District Hospital and Malaba Health Centre. PMTCT team also initiated a data

clean up exercise in District Health Information System (DHIS) to make it consistent with what are in the source documents.

SBT in collaboration with the retention and psychosocial and clinical departments trained all retention and psychosocial staff on care navigation with the aim of promoting linkage and retention of patients in care. The care navigation approach seeks to promote linkage and retention of patients in care by addressing the potential barriers to care including the fears associated with initiating or re-initiating care. It also reduces the number of missed opportunities between registration and initial encounters with clinicians.

During quarter 3, the program continued to support the counties in ensuring access to and availability of essential MCH/FP services in 395 health facilities and 280 Community Units (CUs) within the 8 counties. There are 4,245 CHWs who are the driving mechanism behind community health services including outreaches, a total of 155 this quarter, continue to identify pregnant women and newborns and link them to Antenatal Natal Care (ANC) and Post Natal Care (PNC) respectively; facilitate discussion at household level on birth preparedness and encourage Skilled Birth Delivery (SBA); visit mother-baby pair within 48 hours of delivery for PNC; identify malnourished children and immunization defaulters and link them to care; and counsel Women of Reproductive Age (WRA) on Family Planning (FP) and either refer to a facility or provide some contraceptive methods at home. CHWs in West Pokot County have been trained and are providing Community Based Distribution (CBD) of contraceptives and have reported this quarter for the first time. Other counties that are already trained and will report in Q4 are Kisumu West Sub-County, Bungoma East Sub-County, and Bunyala Sub-County.

Supply of services at facility level has improved through training on Emergency Obstetric and Newborn Care [EMONC], Family Planning [FP] skills training, Nutrition trainings, and Immunization. Follow-ups with mentorships and more OJTs that are facilitated by County Health teams and coordinated by AMPATHPlus have translated to improvements in immunization at facility level through regular availability of vaccines with minimal reports of shortages; the number children who received treatment for diarrhea and other common ailments increased this quarter; ANC attendance and SBA at facility level; uptake of FP methods especially the Long Acting Methods reflected by an increase in CYP and improvements in basic emergency obstetric and newborn care is progressing well. Trans Nzoia mid line assessments results were reported in quarter 2, and this quarter we will only report for Busia County.

## **Health Systems Strengthening**

### **Laboratory:**

The USAID through KEMSA has been providing reagents for RNA, DNA PCR and CD4 counts in the quarter to the AMPATH care lab. The lab helped to process viral load backlog for three labs, The National Reference Lab, Coast Provincial General Hospital (CPGH) and CDC Kisumu. We have also been in partnership with the Walter Reed lab in Kericho in exchange reagents for RNA Abbott.

The lab coverage has expanded to include testing EID and Viral Load samples from Turkana region. The lab continued to increase capacity through equipment purchases and renovations in the lab to cater for more equipment that will be delivered in the next quarter. A -80 degrees freezer for sample storage was

procured in the quarter to enable the lab to receive and store samples across more facilities as the lab coverage continues to expand.

#### **M&E:**

The monitoring and evaluation department re-structured by deploying staff in all the counties and reducing the number of M&E staff at AMPATH Central office to strengthen support to the counties. The county M&E teams will work closely with the facilities, sub-county and county teams to address timeliness of reports, data quality issues and data use.

During the quarter, three M&E staff were trained on DATIM and the program successfully entered the year 4 targets as well as reported for SAPR15 using the DATIM system. The training has been cascaded down to other staff members who have become proficient in using the system for data entry and basic data extraction.

The informatics team have put a lot of effort in preparing for the point-of-care (POC) clinical data entry system. The transit form, PMTCT form and the initial encounters (both adult and pediatric) have been developed in the html format that will be used in the POC. It is expected that the development of the POC system will be completed in August and set for testing phase.

#### **Pharmacy:**

The department sought to improve data capture and reporting by training staff in charge of pharmacy commodities in AMPATH facilities on the upgraded ART Dispensing Tool (ADT) system. A two day training was conducted in AMPATH Centre in Eldoret and a total of 46 people participated. This is expected to go a long way in improving the quality of monthly reports, especially on commodity consumption and patient numbers.

#### **Quality Improvement and SIMS:**

Successfully trained staff from a total of 17 facilities in Uasin Gishu County on the Kenya Quality Model for Health (KQMH) and the principles behind quality improvement including the total quality management step-wise approach (5S-continuous-quality improvement). The achievement of total quality management is envisaged to ensure that health service delivery becomes outcome oriented and patient centered; “safety and quality” are the essential features of the outcome. Responsiveness and equity are core components of being patient centered. To achieve these goals, a strong sense of leadership and accountability is necessary at county level, sub-county level and facility level.

The first best practice-sharing forum was held at AMPATH Centre in April with representation from Kisumu, Busia and Trans Nzoia counties. A total of 13 facilities presented a maximum of three QI projects over the last six months from CCC, PMTCT and MCH. The best performing facility was Khunyangu

sub-county hospital, which was awarded a trophy for excellent performance. The trophy was donated by Professor Joe Mamlin as recognition of excellent performance in QI at facility level.

Support supervision geared towards mentorship in quality improvement activities was successfully carried out in the 18 facilities in Uasin Gishu, Trans Nzoia and Busia Counties. As a result of the site supervision, the following systems are now in place: routine data consumption by regularly reviewing reports; in-depth discussion on retention of patients in care with subsequent development of a work plan to address the same and in-depth discussion on option B-plus coverage with some flexibility allowed for facilities with good coverage to address other existing gaps such as partner testing.

This quarter the QI department successfully mapped the SIMS performance for each county using facility GIS coordinates (Annex 4). Visualizing performance on a geographical map allows the technical teams at AMPATH to see which counties require more support. Statistical analysis of SIMS performance data has also shown that there is a statistically significant correlation between utilization of performance data at facility level, and good SIMS performance (p-value 0.001). This is clear evidence that embracing QI principles at facility level improves quality of service delivery.

The Sensitization on SIMS has been successfully carried out for CHMT members and CCC staff in Mosoriot (Nandi County).

### **Lessons Learned:**

- All Children have the ability to perform well in school, despite their background given the support possible.
- Working with all stakeholders in the areas of operation is important. This reduces instances of duplication in service delivery, therefore reaching more clients with the little resources available.
- Performance tracking for all children in school is very important. This will flag out in good time children who are either missing school or not performing well academically for early and timely interventions.
- GISE sessions for caregivers and group formation, has enabled them overcome their fears on table banking .At the same time; it has reduced the stigma associated with HIV/AIDS since group membership is communal.
- Integration of AMPATHPlus services is important in ensuring the quality of care for its clients.

### III. ACTIVITY PROGRESS (QUANTITATIVE IMPACT)

#### Result Area 1.1: Prevention-Counseling and Testing

**Intermediate Result 1.1.1: All individuals living in designated AMPATH catchments will know their HIV status.**

**Expected Outcomes: A reduction in the incidence of new HIV infections by 50% over 5 years**

**Key Indicator 1:** Number of individuals counseled and tested for HIV through, PITC, Perpetual Home-based Counseling and Testing (PHCT) and MVCT

During the quarter three period, HIV Testing and Counseling was conducted through PICT, PHCT, and mobile VCT approaches and a total of 190,996 (F – 106,747; M – 84,249) individuals were counseled and tested for HIV. Of those tested, 4, 431 (2.3%) individuals were found HIV positive .

PHCT was implemented in the following (7) counties: Bungoma (Mt. Elgon and Bungoma East sub-counties), Busia (Bunyala, Butula, Teso North and Matayos sub-counties), Elgeyo Markwet (Keiyo North sub-county), Kisumu (Kisumu West sub-county), Nandi (Nandi North sub-county), Trans-Nzoia (Trans-Nzoia West sub-county) and the entire Uasin Gishu County.

Mobile VCTs targeting specific populations such as students, boda boda riders, truck drivers, Female sex workers, and prisoners in Uasin Gishu County, Matayos, Teso North and Trans Nzoia West Sub-Counties.

**Table 1: HIV Testing and Counseling**

<b>INDICATOR TITLE: Number counseled and tested for HIV through Perpetual Home-based Counseling and Testing (PHCT) and MVCT Combined</b>												
<i>Additional Criteria If other criteria are important, add lines for setting targets and tracking</i>	<b>Baseline (July – Sept. 2014)</b>		<b>Results Achieved in the prior Period</b>				<b>Reporting Period April - June 2015</b>				<b>FY 2015 Target</b>	
			<b>October – December 2014</b>		<b>January - March 2015</b>		<b>Target</b>		<b>Achieved</b>			
	<b>Achieved</b>		<b>Achieved</b>		<b>Achieved</b>		<b>Target</b>		<b>Achieved</b>		<b>Target</b>	
Gender W(Women); M (Men)	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>
Bungoma County	1,336	1,066	6,978	5,365	7,125	5,129	3,413	2,438	10,436	8,051	14,000	10,000
Busia County	9,215	7,557	15,288	15,543	20,471	14,608	12,870	9,193	29,742	26,121	50,000	38,000
Elgeyo Marakwet County	828	577	6,502	4,624	6,661	4,781	729	521	7,081	5,190	4,000	3,000
Kisumu County	1,341	1,035	912	872	827	612	3,063	2,188	2,710	2,272	6,000	4,000
Nandi County	369	233	1,768	957	1,869	1,017	1,216	869	2,852	1,606	3,000	2,000
Trans Nzoia County	4,998	3,596	12,144	10,141	13,255	8,831	5,889	4,206	17,805	11,684	18,000	14,000
Uasin Gishu County	7,492	6,164	13,188	10,856	23,302	18,253	9,263	6,617	29,791	25,115	28,000	21,000
West Pokot	4,065	2,621	6,444	4,910	6,444	3,879	xx	xx	6,330	4,210	xx	xx
<b>Total</b>	<b>25,579</b>	<b>20,228</b>	<b>63,224</b>	<b>53,268</b>	<b>79,954</b>	<b>57,110</b>	<b>36,433</b>	<b>26,032</b>	<b>106,747</b>	<b>84,249</b>	<b>123,000</b>	<b>93,000</b>

**Result Area 1.1:** Prevention – Evidence-informed behavioral interventions (EBIs)

**Intermediate Result 1.1.2:** All individuals living in designated AMPATH catchments will have improved knowledge of HIV transmission risks and behaviors that can reduce the risk of HIV acquisition.

**Expected Outcomes:** A reduction in the incidence of new HIV infections by 50% over 5 years

**Key Indicator 2:** Number of HIV infected individuals provided with minimum Positive Health, Dignity and Prevention (PHDP)

The minimum clinical PHDP package in clinical PHDP refers to the provision of adherence counseling and any other 3 PHDP messages. PHDP services including adherence counseling, partner testing, support for disclosure, condom provision, family planning and STI screening were provided by clinicians and other healthcare workers to the eligible clients seen at AMPATH clinics.

In community PHDP (CPHDP), minimum package refers to the provision of condom education and demonstration and any other 3 PHDP messages. The service providers trained in CPHDP from Uasin Gishu, Kisumu, Bungoma and Busia Counties continued reaching their peers within support groups with PHDP messages at the community level. A total of 3,883 (F – 2,482; M – 1,401) persons living with HIV were reached with the minimum package for community PHDP. On the other hand, 30,419 (F – 20,694; M – 9,725) persons living with HIV were reached with minimum package for clinical PHDP. Table 2 below indicates individuals aged  $\geq 15$  years reached with both clinical PHDP services and community PHDP messages.

**Table 2: PHDP data for Persons living with HIV (PLHIV) - Clinical and Community PHDP**

<b>INDICATOR TITLE: Number of HIV infected individuals provided with minimum PHDP package</b>												
<i>Additional Criteria If other criteria are important, add lines for setting targets and tracking</i>	<b>Baseline (July – Sept. 2014)</b>		<b>Results Achieved in the prior Period</b>				<b>Reporting Period</b>				<b>FY 2015 Target</b>	
			<b>Oct - Dec 2014</b>		<b>Jan. - March 2015</b>		<b>April - June 2015</b>					
	<b>Achieved</b>		<b>Achieved</b>		<b>Achieved</b>		<b>Target</b>		<b>Achieved</b>		<b>Target</b>	
Gender W(Women); M (Men)	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>
Bungoma County	4,219	1,786	2,558	1,858	4,029	1,588	1,355	645	2,627	1,097	6,000	4,000
Busia County	14,534	7,077	15,040	7,434	17,810	8,719	3,760	1,790	9,263	4,503	9,000	6,000
Elgeyo Mar. County	1,002	414	794	290	782	301	322	153	801	293	200	100
Kisumu County	2,699	1,422	3,579	1,829	3,818	2,022	474	226	608	360	3,000	2,000
Nandi County	1,648	771	1,283	550	1702	790	406	194	608	354	1,500	700
Trans Nzoia County	3,998	1,572	3,551	1,409	3,302	1,444	373	177	217	79	3,000	1,500
Uasin Gishu County	18,335	8,686	12,905	5,868	12,951	6,007	2,439	1,161	6,570	3,039	12,000	6,000
<b>Total</b>	<b>46,435</b>	<b>21,728</b>	<b>39,710</b>	<b>19,238</b>	<b>44,394</b>	<b>20,871</b>	<b>9,315</b>	<b>4,435</b>	<b>20,694</b>	<b>9,725</b>	<b>34,700</b>	<b>20,300</b>



**Result Area 1.2: Care and Treatment**

**Intermediate Result 1.2.1: All individuals testing HIV-positive will be linked to HIV care.**

**Expected Outcomes: A reduction in the incidence of new HIV infections by 50% over 5 years**

**Key Indicator #3: Number of adults and children currently receiving antiretroviral therapy (ART)**

<i><b>Additional Criteria</b></i> <i>If other criteria are important, add lines for setting targets and tracking</i>	<i><b>Baseline</b></i> <i>Jul-Sep2014</i>		<i>Oct-Dec2014</i>		<i>Jan-Mar2015</i>		<i>Reporting Period</i> <i>30/Sep/15</i>		<i>FY 2015</i> <i>Target</i>		<i>FY 2016</i> <i>Target</i>		<i>End of</i> <i>Project</i> <i>Target</i>			
			<i>Achieved</i>		<i>Achieved</i>		<i>Achieved</i>		<i>Target</i>		<i>Target</i>		<i>Target</i>			
	<i>W</i>	<i>M</i>	<i>W</i>	<i>M</i>	<i>W</i>	<i>M</i>	<i>W</i>	<i>M</i>	<i>W</i>	<i>M</i>	<i>W</i>	<i>M</i>	<i>W</i>	<i>M</i>	<i>W</i>	<i>M</i>
<i>Gender:</i> <i>Women (W), Men (M)</i>	<b>69,034</b>		<b>70,576</b>		<b>71,270</b>		<b>74,450</b>		<b>78,256</b>		<b>78,256</b>		<b>82,525</b>			
<i>BUNGOMA</i>	3420	1427	3410	1455	3257	1370	3477	1475	<b>3877</b>	<b>1618</b>						
<i>BUSIA</i>	11429	5617	12089	5871	10933	6033	13001	6093	<b>12956</b>	<b>6367</b>						
<i>ELGEYO MARAKWET</i>	1188	507	1095	520	1188	522	1173	509	<b>1347</b>	<b>575</b>						
<i>KISUMU</i>	3980	2077	4111	2125	4175	2158	4187	2168	<b>4512</b>	<b>2354</b>						
<i>NANDI</i>	1466	817	1446	802	1484	817	1481	818	<b>1662</b>	<b>926</b>						
<i>TRANS NZOIA</i>	7607	4899	7919	5033	8493	5368	8675	5454	<b>8623</b>	<b>5553</b>						
<i>UASIN GISHU</i>	15330	7804	15391	7831	15794	8130	16195	8275	<b>17378</b>	<b>8846</b>						
<i>WEST POKOT</i>	979	487	973	505	1040	508	1005	464	<b>1110</b>	<b>552</b>						

## Percentage of clients nutritionally assessed

INDICATOR NUMBER									
UNIT	DISAGGREGATE BY: -								
	Geographic Location	Activity Title	Date	Quarterly Target		Achievement		Subtotal	
Percentage of clients nutritionally assessed	Kisumu West, Mt Elgon, Bungoma East, Bunyala, Busia, Nambale, Butula, Teso North, Trans Nzoia East, Kwanza, Trans Nzoia West, Keiyo North, Nandi North, Eldoret East, Eldoret West, Wareng,	Provide nutrition assessment to clients receiving care	April - June 2015	70%		64.3%		64.3%	
Number of undernourished PLHIV who received therapeutic or supplementary food		Provide therapeutic or supplementary food to undernourished PLHIV	April - June 2015	3737		1,134		1,134 (30.3%)	
Number of eligible clients given nutrition education and counseling in the community		Provide nutrition education and counseling in the community	April - June 2015	M	W	M	W	-	
Number of sessions on nutrition administered to school-going age		Administer nutrition education sessions to school-going children in schools	April - June 2015	-	-	-	-	-	
				27		0		0 (0%)	

### Results: Percentage of clients nutritionally assessed

	Baseline	Results Achieved Prior Period	This Reporting Period 31-June-15		Reporting Period 30-Sept-15	FY 2015 Target	FY 2016 Target	FY 2017	End of Activity Target
		Achieved	Target	Achieved	Target	Target	Target	Target	Target
<b>Women (W) and Men (M)</b>	W/M	W/M	W/M	W/M	W/M	W/M	W/M	W/M	W/M
<b>BUNGOMA</b>	38.3%	90.0%	75%	66.3%	75%	70%	100%	100%	100%
<b>BUSIA</b>	73.3%	71.4%	75%	100.0%	75%	70%	100%	100%	100%
<b>ELGEYO MARAKWET</b>	0.0%	67.5%	75%	30.0%	75%	70%	100%	100%	100%
<b>KISUMU</b>	80.0%	80.0%	75%	100.0%	75%	70%	100%	100%	100%

<b>NANDI</b>	76.7%	87.5%	75%	82.0%	75%	70%	100%	100%	100%
<b>TRANS-NZOIA</b>	18.3%	37.5%	75%	24.0%	75%	70%	100%	100%	100%
<b>UASIN GISHU</b>	42.1%	72.4%	75%	82.1%	75%	70%	100%	100%	100%
<b>WEST POKOT</b>	16.7%	70.0%	75%	30.0%	75%	70%	100%	100%	100%
<b>AVERAGE</b>	<b>43.2%</b>	<b>72.0%</b>	<b>75%</b>	<b>64.3%</b>	<b>75%</b>	<b>70%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### **Result Area 1.3: HIV Care and Support Services**

#### **Intermediate Result 1.3.1: Provide quality social support services to clients within designated AMPATH catchment areas and provide a minimum of one social support service to 70% of patients screened**

##### **Expected Outcomes: Adult patients/families no longer seeking social support services and are self-reliant**

In the quarter, 5,753 initial socioeconomic assessments were done (3,841 F, 1912 M) for adult patients. A total of 21,909 OVCs (10777 males, 11,132 F) were in at least 3 core areas. 7,160 others (3493 M, 3667 F) received services in less than 3 core service areas. There were 167 new savings groups were formed in the quarter. These were in Busia county where there is a rapid initiative to scale up the AMPATH microfinance initiative, Group Integrated for Savings Empowerment (GISE). 54 Group Empowerment Service Providers (GESP) were enrolled in the quarter. The GESP model is a pilot model to facilitate peer led care and support to ensure sustainability.

In the quarter, the social workers reached 1,344 youth (ages 18 – 22). They were trained on life skills including sexuality, prevention of alcohol and substance abuse and adherence through the youth friendly groups. Majority of these were young women 859 (and 485 young men). This youth focused intervention is foundational in addressing youth adherence to care, minimizing the risks for HIV infection and empowering them to make informed decisions. This is hoped to stimulate access to care. In the quarter 1, 952 patients were referred for agriculture support and 1,675 for business support. Adherence challenges facing adolescents in Uasin Gishu and Busia were identified and addressed through meetings held for the adolescents and their caregivers (300 hundred adolescents and 200 caregivers/guardians were reached). This has raised the need to provide focused support to adolescents and youth who have tended to be fatigued in the lifelong medication they are on.

Ten girls were rescued from early marriage and taken back to school in Tulwet through the help of local administration. This is as a result of the collaboration through Quality Improvement team in the area. A meeting with social workers was held to discuss their role (task shift) in the retention to care at the facilities. Further discussion was done between the Head of Safety Net and Outreach to strengthen the adherence and retention to care and reduce LTFU through the network of support and community based groups. Discussion with the Prevention team was held to see how linkage to care could be strengthened and retention enhanced. On site discussions between Field coordinators (Prevention) and the safety net officers were initiated in the quarter with a view to addressing the linkage challenge.

The Safety Net participated in joint monitoring to improve provision of quality of care. Several guidelines and protocols for service provision were availed to the different facilities.

INDICATOR TITLE: OVC

INDICATOR NUMBER

UNIT	DISAGGREGATE BY:					
	Geographic Location	Activity Title	Date	W	M	Subtotal
Number of sub-counties providing OVC services	Kisumu West, Mt. Elgon, Marakwet East, Marakwet West, Keiyo South, Keiyo North, Pokot South, Pokot North, Pokot Central, Pokot West, Kiminini, Sabaot, Endebess, Kwanza, Cherangany, Teso, Matayos, Budalangi, Butula, Soy, Turbo, Moiben, Kesses, Ainapkoi, Kapseret, Chesumei.	Recruit and train persons in identifying and caring of OVC	Apr - June 2015			26
CSI level Continuing OVC	Kisumu West, Mt. Elgon, Marakwet East, Marakwet West, Keiyo South, Keiyo North, Pokot South, Pokot North, Pokot Central, Pokot West, Kiminini, Sabaot, Endebess, Kwanza, Cherangany, Teso, Matayos, Budalangi, Butula, Soy, Turbo, Moiben, Kesses, Ainapkoi, Kapseret, Chesumei.	Provide needs-based services to OVC until independent	Apr - June 2015	3.2	3.3	3.3
Percentage of OVC with two CSI assessment done in a year	Kisumu West, Mt. Elgon, Marakwet East, Marakwet West, Keiyo South, Keiyo North, Pokot South, Pokot North, Pokot Central, Pokot West, Kiminini, Sabaot, Endebess, Kwanza, Cherangany, Teso, Matayos, Budalangi, Butula, Soy, Turbo, Moiben, Kesses, Ainapkoi,	Conduct Semi-annual OVC status assessment using CSI tools and individual assessment form	Apr - June 2015	84%	85%	85%

	Kapseret, Chesumei.					
Number of Location QI teams trained on the OVC QI monitoring tools	Kisumu West, Mt. Elgon, Marakwet East, Marakwet West, Keiyo South, Keiyo North, Pokot South, Pokot North, Pokot Central, Pokot West, Kiminini, Sabaot, Endebess, Kwanza, Cherangany, Teso, Matayos, Budalangi, Butula, Soy, Turbo, Moiben, Kesses, Ainapkoi, Kapseret, Chesumei.	Train location QI Teams on OVC QI Monitoring tools Q=7 Follow up of QI teams	Apr - June 2015			17
Number of children newly enrolled in OVC program	Kisumu West, Mt. Elgon, Marakwet East, Marakwet West, Keiyo South, Keiyo North, Pokot South, Pokot North, Pokot Central, Pokot West, Kiminini, Sabaot, Endebess, Kwanza, Cherangany, Teso, Matayos, Budalangi, Butula, Soy, Turbo, Moiben, Kesses, Ainapkoi, Kapseret, Chesumei.	Enrollment of OVC through home visit and assessments.	Apr - June 2015	-	-	0
Number of OVC ever enrolled in the OVC program	Kisumu West, Mt. Elgon, Marakwet East, Marakwet West, Keiyo South, Keiyo North, Pokot South, Pokot North, Pokot Central, Pokot West, Kiminini, Sabaot, Endebess, Kwanza, Cherangany, Teso, Matayos, Budalangi, Butula, Soy, Turbo, Moiben, Kesses, Ainapkoi, Kapseret, Chesumei.	Continuous assessments and follow up of OVC	Apr - June 2015	17701	18226	35927

Number of OVC served	Kisumu West, Mt. Elgon, Marakwet East, Marakwet West, Keiyo South, Keiyo North, Pokot South, Pokot North, Pokot Central, Pokot West, Kiminini, Sabaot, Endebess, Kwanza, Cherangany, Teso, Matayos, Budalangi, Butula, Soy, Turbo, Moiben, Kesses, Ainapkoi, Kapseret, Chesumei.	Provide Basic needs, Economic empowerment, & Education Support to eligible OVCs	Apr - June 2015	14,270	14,799	29,069
Number of children receiving services in a) at least 3 of the core areas, and in fewer than 3 core areas	Kisumu West, Mt. Elgon, Marakwet East, Marakwet West, Keiyo South, Keiyo North, Pokot South, Pokot North, Pokot Central, Pokot West, Kiminini, Sabaot, Endebess, Kwanza, Cherangany, Teso, Matayos, Budalangi, Butula, Soy, Turbo, Moiben, Kesses, Ainapkoi, Kapseret, Chesumei.	i) Continuous assessment and provision intervention to needy OVC. ii) On job training and mentorship	Apr - June 2015	a)10,777 b)3,493	a)11,132 b)3,667	a)21,909 b)7,160
Percentage of OVC provided with legal interventions	Kisumu West, Mt. Elgon, Marakwet East, Marakwet West, Keiyo South, Keiyo North, Pokot South, Pokot North, Pokot Central, Pokot West, Kiminini, Sabaot, Endebess, Kwanza, Cherangany, Teso, Matayos, Budalangi, Butula, Soy, Turbo, Moiben, Kesses, Ainapkoi, Kapseret, Chesumei.	i) Awareness creation to caregivers in attaining legal documents, ensuring OVCs stay in a safe place, coaching guardians to access child support networks and provision of Legal interventions	Apr - June 2015	49%	47%	48%

Percent of OVCs participating in support group therapy	Kisumu West, Mt. Elgon, Marakwet East, Marakwet West, Keiyo South, Keiyo North, Pokot South, Pokot North, Pokot Central, Pokot West, Kiminini, Sabaot, Endebess, Kwanza, Cherangany, Teso, Matayos, Budalangi, Butula, Soy, Turbo, Moiben, Kesses, Ainapkoi, Kapseret, Chesumei.	<ul style="list-style-type: none"> <li>i) Provide life skills training to the OVC</li> <li>ii) Psychosocial patient monthly groups Q=250 A=1000</li> </ul>	Apr - June 2015	80%	78%	79%
Number of OVCs receiving school fees support	Kisumu West, Mt. Elgon, Marakwet East, Marakwet West, Keiyo South, Keiyo North, Pokot South, Pokot North, Pokot Central, Pokot West, Kiminini, Sabaot, Endebess, Kwanza, Cherangany, Teso, Matayos, Budalangi, Butula, Soy, Turbo, Moiben, Kesses, Ainapkoi, Kapseret, Chesumei.	<ul style="list-style-type: none"> <li>o Continuous Assessing and allocation of school fees to needy OVCs</li> <li>o Monitoring attendance and performance of school fees beneficiaries</li> </ul>	Apr - June 2015	330	339	669
Number of OVCs receiving school uniform, in primary school	Kisumu West, Mt. Elgon, Marakwet East, Marakwet West, Keiyo South, Keiyo North, Pokot South, Pokot North, Pokot Central, Pokot West, Kiminini, Sabaot, Endebess, Kwanza, Cherangany, Teso, Matayos, Budalangi, Butula, Soy, Turbo, Moiben, Kesses, Ainapkoi, Kapseret, Chesumei.	<ul style="list-style-type: none"> <li>o Assessment fitting and procurement of school uniforms to needy OVC</li> <li>o Distribution of school uniforms Q=750 A=3,000</li> </ul>	Apr - June 2015	350	365	715
<b>Totals</b>						



Number of children receiving services in a.) at least 3 of the core areas, and b.) in fewer than 3 core areas	Baseline		Results Achieved Prior Periods		This Reporting Period 31-Dec-14				Reporting Period 31-Mar-15				Reporting Period 30-Jun-15				FY 2015 Target		FY 2016 Target		End of Activity Target	
					Target		Achieved		Target		Achieved		Target		Achieved		Target		Target		Target	
	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M
BUNGOMA	a)10 b)10	a)15 b)10	a)10 b)10	a)15 b)10	a)50 b)30	a)50 b)30	a)50 b)36	a)38 b)40	a)50 b)30	a)50 b)30	a)28 b)43	a)28 b)58	a)50 b)30	a)50 b)30	a)40 b)28	a)40 b)30						
BUSIA	a)991 b)245	a)1006 b)245	a)991 b)245	a)1006 b)245	a)900 b)300	a)900 b)300	a)1016 b)281	a)1029 b)336	a)900 b)300	a)900 b)300	a)1021 b)381	a)1022 b)404	a)900 b)300	a)900 b)300	a)1026 b)276	a)1003 b)315						
ELGEYO MARAKWET	a)1690 b)244	a)1658 b)256	a)1690 b)244	a)1658 b)256	a)1600 b)300	a)1600 b)300	a)1675 b)245	a)1660 b)258	a)1600 b)300	a)1600 b)300	a)1688 b)267	a)1683 b)269	a)1600 b)300	a)1600 b)300	a)1657 b)252	a)1639 b)260						
KISUMU	a)28 b)28	a)22 b)26	a)28 b)28	a)22 b)26	a)50 b)30	a)50 b)30	a)34 b)34	a)26 b)25	a)50 b)30	a)50 b)30	a)29 b)50	a)31 b)47	a)50 b)30	a)50 b)30	a)50 b)19	a)52 b)17						
TRANS-NZOIA	a)1463 b)202	a)1492 b)200	a)1463 b)202	a)1492 b)200	a)500 b)350	a)500 b)350	a)1470 b)213	a)1512 b)203	a)500 b)350	a)500 b)350	a)1483 b)220	a)1515 b)204	a)500 b)350	a)500 b)350	a)1488 b)157	a)1518 b)143						
UASIN GISHU	a)4683 b)2429	a)4671 b)2538	a)4683 b)2429	a)4671 b)2538	a)4550 b)2500	a)4550 b)2500	a)4694 b)2430	a)4676 b)2547	a)4550 b)2500	a)4550 b)2500	a)4803 b)2487	a)4791 b)2579	a)4550 b)2500	a)4550 b)2500	a)4533 b)2440	a)4632 b)2559						
NANDI	a)461 b)233	a)478 b)248	a)461 b)233	a)478 b)248	a)1450 b)350	a)1450 b)350	a)461 b)236	a)478 b)253	a)1450 b)350	a)1450 b)350	a)481 b)241	a)505 b)244	a)1450 b)350	a)1450 b)350	a)461 b)233	a)475 b)253						
WEST POKOT	a)1458 b)215	a)1583 b)188	a)1458 b)215	a)1583 b)188	a)1400 b)300	a)1400 b)300	a)1546 b)67	a)1776 b)67	a)1400 b)300	a)1400 b)300	a)1537 b)89	a)1784 b)92	a)1400 b)300	a)1400 b)300	a)1522 b)88	a)1773 b)90						
Total	a)10784 b)3606	a)10925 b)3766	a)10784 b)3606	a)10925 b)3766	a)10500 b)4160	a)10500 b)4160	a)10946 b)3552	a)11195 b)3729	a)10500 b)4160	a)10500 b)4160	a)11070 b)3778	a)11359 b)3897	a)10500 b)4160	a)10500 b)4160	a)10777 b)3493	a)11132 b)3667						

**Result Area 2: Reduce maternal, neonatal and child mortality**

**Intermediate Result 2.1: Pregnant women testing HIV positive and their infants identified early and referred for care**

**Expected Outcomes: Reduce maternal-to-child transmission by <3% annually within selected catchments**

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

INDICATOR TITLE: Number of pregnant women with known HIV status (Including women who were tested for HIV and received results)

	Baseline Q4 30/Sept/14	Results Achieved Prior Periods Q1 31/Dec/14	This Reporting Period Q2 31/Mar/15		Reporting Period Q3 30/Jun/15		Reporting Period Q4 30/Sep/15		FY 2015	FY 2016 Target	End of Project Target	
		Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Target	Target	
<b>County</b>	<b>31214</b>	<b>25857</b>	<b>26520</b>	<b>35707</b>	<b>26520</b>	<b>36049</b>			<b>106080</b>	<b>161636</b>	TBD	
Bungoma	3570	2202	2590	3505	2590	3048			10360	3385	TBD	TBD
Busia	4710	2394	3963	4011	3963	5260			15850	4556	TBD	TBD
Elgeiyo Marakwet	4386	3548	3588	4829	3588	4081			14350	3946	TBD	TBD
Kisumu (Maseno division)	273	157	261	294	261	319			1042	269	TBD	TBD
Nandi (Kosirai Division)	391	37	322	363	322	409			1288	534	TBD	TBD

<i>Trans Nzoia</i>	5555	7180	<b>6413</b>	8084	<b>6413</b>	7928			25650	8456	TBD	TBD
<i>Uasin Gishu</i>	7238	6185	<b>4450</b>	9997	<b>4450</b>	10853			17800	13287	TBD	TBD
<i>West Pokot</i>	5091	3820	<b>4935</b>	4624	<b>4935</b>	4151			19740	5975	TBD	TBD

**Key Indicator #7: Number of pregnant HIV-positive women newly identified**

**Notes:** Please note that the pregnant women here referred to as **newly** testing HIV +ve includes the Known HIV +ve who are newly pregnant Plus those who are newly pregnant newly testing HIV +ve in ANC

INDICATOR TITLE: Number of pregnant HIV-positive women identified in ANC, Maternity, & postnatal and CCC											
INDICATOR NUMBER: 1.3.3											
Results:											
County	Baseline Q4 30/Sept/14	Results Achieved Prior Periods Q1	This Reporting Period Q2		Reporting Period Q3		Reporting Period Q4		FY 2015	FY 2016 Target	End of Project Target
		31/Dec/14	31/Mar/14	30/Jun/14	30/Sep/14	Target	Achieved	Target			
		Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Target	Target
	<b>1054</b>	<b>1069</b>	<b>1487</b>	<b>1514</b>	<b>1487</b>	<b>1440</b>			<b>5951</b>	<b>4609</b>	<b>TBD</b>
<i>Bungoma</i>	102	63		83		94			300	61	TBD
<i>Busia</i>	322	244		352		338			1700	302	TBD
<i>Elgeyo Marakwet</i>	90	64		127		66			100	70	TBD
<i>Kisumu (Maseno division)</i>	48	39		56		158			115	84	TBD
<i>Nandi (Kosirai Division)</i>	21	18		11		24			41	15	TBD
<i>Trans Nzoia</i>	169	217		335		295			1000	230	TBD

<i>Uasin Gishu</i>	250	407		506		432			2600	349	<i>TBD</i>
<i>West Pokot</i>	52	17		44		33			95	41	<i>TBD</i>

**Key Indicator #7: Percent of HIV-positive pregnant women provided with anti-retroviral**

<b>INDICATOR TITLE: Percent of HIV-positive pregnant women provided with anti-retroviral to reduce the risk of mother to child transmission during pregnancy &amp; delivery</b>											
<b>INDICATOR NUMBER: 1.3.5</b>											
<i>Results:</i>											
<i>Target</i>	<i>Baseline</i>	<i>Results Achieved Prior Periods Q 1</i>	<i>This Reporting Period Q2</i>		<i>Reporting Period Q3</i>		<i>Reporting Period Q4</i>		<i>FY 2015</i>	<i>FY 2016</i>	<i>End of Project Target</i>
93%	30/Sept/14	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Target	Target
<b>County</b>	73.62% (776/1054)	86.62% (926/1069)	93%	67.83% (1027/1514)	93%	76.18% (1097/1440)			93%	93%	<i>TBD</i>
<i>Bungoma</i>	61.76%	80.95%	93%	57.83%	93%	72.34%			93%	93%	

	(63/102)	(51/63)		(48/83)		(68/94)					
<i>Busia</i>	70.81% (228/322)	64.75% (158/244)	<b>93%</b>	59.65% (210/352)	<b>93%</b>	66.57% (225/338)			<b>93%</b>	<b>93%</b>	
<i>Kisumu (Maseno division)</i>	102.08% (49/48)	82.81% (53/64)	<b>93%</b>	85.71% (48/56)	<b>93%</b>	98.10% (155/158)			<b>93%</b>	<b>93%</b>	
<i>Elgeiyo Marakwet</i>	74.44% (67/90)	100.00% (39/39)	<b>93%</b>	40.16% (51/127)	<b>93%</b>	60.61% (40/66)			<b>93%</b>	<b>93%</b>	
<i>Nandi (Kosirai Division)</i>	47.62% (10/21)	100.00% (18/18)	<b>93%</b>	100.00% (11/11)	<b>93%</b>	95.83% (23/24)			<b>93%</b>	<b>93%</b>	
<i>TransNzoia</i>	76.33 (129/169)	95.85% (208/217)	<b>93%</b>	77.31% (259/335)	<b>93%</b>	70.51% (208/295)			<b>93%</b>	<b>93%</b>	
<i>Uasin Gishu</i>	77.20% (193/250)	95.57% (389/407)	<b>93%</b>	72.92% (369/506)	<b>93%</b>	82.87% (358/432)			<b>93%</b>	<b>93%</b>	
<i>West Pokot</i>	71.15% (37/52)	58.82% (10/17)	<b>93%</b>	70.45% (31/44)	<b>93%</b>	60.61% (20/33)			<b>93%</b>	<b>93%</b>	

**Result Area 2: Reduce maternal, neonatal and child mortality**

**Intermediate Result 2.2.1: Pregnant women and their infants identified early and referred for care as needed.**

**Expected Outcomes: Maternal, infant, and child mortality decreased by 50% within 5 years within selected catchments.**

**Key Indicator #8: Percent of women attending 4 ANC visits**

PERCENT OF WOMEN ATTENDING 4 ANC VISITS						
INDICATOR #						
UNIT	DISAGGREGATE BY: Location, event, date and gender					
Percent of women attending 4 ANC visits	Geographic Location	Activity Title	Date	W	M	Subtotal
	Trans Nzoia County	'Community health Volunteers integrated MCH/FP/PMTCT refresher training''				
	<b>Totals</b>					

**Results:**

	Baseline	Results in Prior Periods	This Reporting Period 30-Jun-15		Reporting Period 30-Sep-15	Reporting Period 31-Dec-15	Reporting Period 30-Mar-16	FY 2014 Target	FY 2015 Target	End of Activity Target
		Achieved	Target	Achieved	Target	Target	Target	Target	Target	Target
Bungoma (Bungoma East and Mt.Elgon )	43.8%	48% (869)	50%	53.7% (2,751)	50%	50%	50%	50%	50%	50%
Busia (Teso North, Bunyala and Butula)	43.8%	66.1% (1,506)	60%	75.6% (5,464)	60%	60%	60%	60%	60%	60%
Elgeyo Marakwet	43.8%	46.6% (1,165)	50%	46.4% (3,271)	50%	50%	50%	50%	50%	50%
Kisumu (Kisumu West)	59.9%	46.1% (117)	50%	91.7% (385)	50%	50%	50%	50%	50%	50%

Nandi (Chesumei)	43.8%	66.7% (146)	50%	90% (422)	50%	50%	50%	50%	50%	50%
Trans Nzoia	43.8%	74.9% (1,567)	60%	68.9% (4,967)	60%	60%	60%	60%	60%	60%
Uasin Gishu	43.8%	56.3% (2,656)	50%	76.7% (8,046)	50%	50%	50%	50%	50%	50%
West Pokot	43.8%	53.2% (747)	50%	54.2% (2,412)	50%	50%	50%	50%	50%	50%
<b>Summary</b>	<b>43.8%</b>	<b>57.2% (8,773)</b>	<b>60%</b>	<b>69.6% (27,718)</b>	<b>60%</b>	<b>60%</b>	<b>60%</b>	<b>60%</b>	<b>60%</b>	<b>60%</b>



**NUMBER OF CHILDREN <5 YEARS WITH DIARRHEA, WHO RECEIVED ORT**

**INDICATOR #**

UNIT	DISAGGREGATE BY: Location, event, date and gender					
	Geographic Location	Activity Title	Date	W	M	Subtotal
Number of children <5 years with diarrhea, who received ORT	West Pokot County (Central, North, West and South Pokot)	'OJT and mentorship on nutrition and WASH''	1 <sup>st</sup> April to 30 <sup>th</sup> June 2015	172	257	429
	<b>Totals</b>			<b>172</b>	<b>257</b>	<b>429</b>

**Results:**

	Baseline	Results in Prior Periods	This Reporting Period 30-Jun-15		Reporting Period 30-Sep-15	Reporting Period 31-Dec-15	Reporting Period 30-Mar-16	FY 2014 Target	FY 2015 Target	End of Activity Target
		Achieved	Target	Achieved	Target	Target	Target	Target	Target	Target
Bungoma (Bungoma East and Mt.Elgon )	7,899	1,331	36,000	2,411	36,000	36,000	36,000	28,000	28000	84,000
Busia (Teso North, Bunyala and Butula)		3,860		4,700						
Elgeyo Marakwet		6,470		8,462						
Kisumu (Kisumu West)		202		367						
Nandi (Chesumei)		306		467						
Trans Nzoia		5,765		7,038						
Uasin Gishu		8,188		7,520						
West Pokot		9,512		8,850						
<b>Summary</b>		<b>7,000</b>		<b>37,971</b>						

**PERCENT REPORTING RATES FOR FAMILY PLANNING COMMODITIES**

**INDICATOR #**

<b>UNIT</b>  Percent reporting for family planning commodities	<b>DISAGGREGATE BY: Location, event, date and gender</b>					
	<b>Geographic Location</b>	<b>Activity Title</b>	<b>Date</b>	<b>W</b>	<b>M</b>	<b>Subtotal</b>
		Continuous performance sharing amongst all the counties				
	<b>Totals</b>					

**Results:**

	Baseline	Results in Prior Periods	This Reporting Period 31-Dec-14		Reporting Period 31-Mar-15	Reporting Period 30-Jun-15	Reporting Period 30-Sep-15	FY 2014 Target	FY 2015 Target	End of Activity Target
		Achieved	Target	Achieved	Target	Target	Target	Target	Target	Target
Bungoma (Bungoma East and Mt.Elgon )	94.6%	91.7%	80%	85.2%	80%	80%	80%	80%	80%	80%
Busia (Teso North, Bunyala and Butula)	62.3%	95.9%	80%	92%	80%	80%	80%	80%	80%	80%
Elgeyo Marakwet	61%	70.5%	80%	89.9%	80%	80%	80%	80%	80%	80%
Kisumu (Kisumu West)	87.5%	95.2%	80%	95%	80%	80%	80%	80%	80%	80%
Nandi (Chesumei)	100%	100%	80%	100%	80%	80%	80%	80%	80%	80%
Trans Nzoia	47.4%	94.4%	80%	90.4%	80%	80%	80%	80%	80%	80%
Uasin Gishu	66.2%	80.3%	80%	86.7%	80%	80%	80%	80%	80%	80%
West Pokot	27.3%	98.3%	80%	93.4%	80%	80%	80%	80%	80%	80%
<b>Summary</b>	<b>68.3%</b>	<b>90.8%</b>	<b>80%</b>	<b>92%</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>

#### IV. CONSTRAINTS AND OPPORTUNITIES

**Prevention:** In some areas, guardians/parents of exposed children declined to have DBS sample taken at home and were also unwilling to take the infant to the clinic. This led to low yield in the number of DBS collected at household level. In giving the prevention messages, the lessons learnt is when Female Sex Workers (FSWs) are empowered with correct information, they are willing to learn, share knowledge and take up health care services that are beneficial to them.

#### **Care and Treatment:**

Use of the SIMS tool has helped to improve the quality of care for patients.

**MCH:** Amidst the many achievements were a few challenges including limited funds that could not allow robust support of some basic child survival strategies like WHO Essential Newborn Care and IMCI. Some support will be given for training in Essential Newborn Care and OJT in IMCI. Poor entry of community data into the DHIS has resulted in low reporting rates. Despite the great performance by Bungoma, Kisumu and Busia Counties, strategies need to be put in place for Uasin Gishu (31.2%) and Trans Nzoia Counties (15.6%). One approach is to invest in streamlining reporting completeness and timeliness, and stand-alone DHIS OJTs across the catchment. Competing activities at County level sometimes coincide with planned activities. However, this can be circumvented by early planning and also by having alternative activities during those periods, for example departmental report collection and collation. Failure to perform pregnancy testing at community level that would be very useful in ensuring early ANC attendance, PMTCT enrollment and uptake of FP to narrow the unmet need.

**Support:** Provision of medical care, protection and social support services to street children and families attending care is challenging. The majority do not have national identification documents while others are resistant to being accommodated at the emergency shelters. The safety Net is collaborating with the Orphans and Separated Children Assessment Related to Health and Wellbeing (OSCAR) project to address these challenges. There was increase in number of sick and vulnerable clients being abandoned at the waiting bay and in the hospital wards by their relatives. There is a proposal to create an emergency safety fund to address such rescue cases. The increase (yet undecided) in NHIF premiums has slowed down its uptake.

It is increasingly becoming evident that some adolescents get fatigued with the lifelong medication they have to deal with. However, the program has initiated activities to address this challenge with the peer navigators and other retention workers. Some of the households we work with live below the poverty line for many reasons. It takes a lot of innovative interventions to raise them first from the low income or none, to self-sustenance. Acquisition of legal documents for the OVC is still a challenge especially in West Pokot and Elgeyo Marakwet counties. A rapid campaign with the local administration is planned to help improve the process in the net quarter.

**Nutrition:**

Unreliable supply of therapeutic supplies is a barrier to attainment of treatment outcomes in this quarter, similar to other previous periods. The unreliable supply of therapeutic feeds raises the need for alternative options of treating severe malnutrition that are compliant to the national integrated management of acute malnutrition (imam). Sourcing for alternative suppliers of therapeutic feeds could one viable option to sustaining treatment of malnourished patients.

**Laboratory:**

Prompt forecasting on reagents and consumables especially EDTA Tubes, Needles and Cryovials will help to curb any testing gaps.

**V. PERFORMANCE MONITORING**

**M&E:** The department has started data validation to clean up the discrepancies that were found in reports in DHIS and the hard copy monthly reports. This will further be verified using the source documents at the facility level to ensure that all the reports across the various reporting platforms are consistent and accurate.

**HIV Testing:** Counselors to check on the quality of HTC service provision conducted observed practice sessions. This ensures that there is adherence to HIV testing protocols and standards, and there is correct documentation. In addition, data review meetings were held at each site to review and analyze data per site in collaboration with SCHMT/CHMT across all sites. The data team regularly monitored the data quality through data quality checks and verifications.

**Care and Treatment:** Clinical mentorship continues through the programs' medical officers, the county coordinators and the clinical supervisors. Continuous quality checks were done through the printing of patient summary sheets to assist in pointing out any discrepancies with lab results and patients' regimen. Data department tags and returns to clinic incomplete or inconsistent encounter forms for correction before entry into the EMR.

**Nutrition:** Performance monitoring was done through quality improvement activities (using SIMS) and supportive supervision was carried out in 12 facilities. Out of these, 6 facilities (Huruma, Ziwa, Chulaimbo, MTRH, Teso, Uasin Gishu DH, Burnt Forest, Webuye and Angurai) were rated as exceeding expectation. Three facilities (Busia, Mukhobola and Soy) needed improvement, while 3 (Kitale, Port Victoria, Matayos), needed remedial action. Performance in some of these facilities resulted from low staffing levels of nutritionists (Moi's Bridge, Chebiemit, and Mount Elgon). It was noted that the emphasis on nutrition assessment and categorization in the quarter limited community activities, leading to the low performance of Number of eligible clients given nutrition education and counseling in the community. In Q4,

emphasis will be placed on collaboration of OVC community health workers and nutrition officers in order to achieve the targets in the community domains.

**Support:** To ensure a successful referral of clients to the community, safety net staff adopted and used Ministry of Health community client/ patient referral form. Quarterly supervision meetings were done in all the counties and targets for the next quarter made. The program is adopting the Quality Improvement modality as a means of improving quality of care. The team is working towards a multi-disciplinary team at the facility to address the different challenges the patients face.

**MNCH:** Busia county health management teams were taken through mid-line EmONC assessment. During the session, much focus was on Process of care indicators for quality improvement. These indicators included; appropriate filling of partographs, administration of oxytocin within 1 minute of delivery, monitoring of blood pressure 4 hourly during labour and appropriate newborn resuscitation. The program continues to share performance data with the County program teams and county health teams for purposes of learning.

**Site Improvement through Monitoring System (SIMS):** This will be done at facility level by the quality improvement teams and AMPATH central staff will also do SIMS assessment with quarterly assessment by a team from USAID.

**Laboratory:** The lab continues to monitor the number of tests delivered versus the actual number of tests done. There was no major stock out in the quarter. The lab participated in IQA programs (Internal lab Quality Assurance) – for CD4, EID and viral load. The lab Manager participated in a SIMS assessment that was conducted in Busia and Chulaimbo.

**Training:** Training department has an operational performance monitoring plan guided by a performance matrix for planning, managing and documenting training data. In order to monitor performance in training delivery we ensured that training data of all the participants is timely and sufficiently documented, reviewed and further reported for internal and external use. As a department we also participated in a program wide performance feedback meeting where we disseminated performance information to key internal audience through reports and oral briefs.

## **VI. PROGRESS ON GENDER STRATEGY**

In the quarter AMPATH formulated a working group to address the gender strategy. The team comprises the Social work and OVC team leaders whose mandate is to coordinate the engendering process in AMPATH programming. Together with SBT team, the team is tasked with responsibility of ensuring the gender strategy is implemented in AMPATH. A training of trainer (ToT) is scheduled in the month of August to train gender focal points from every county.

## **VIII. PROGRESS ON LINKS TO OTHER USAID PROGRAMS**

During the quarter, MCH/FP was involved in the USAID SAPR visit and most of the recommendations have been captured in the 2015/2016 work plan.

The support from USAID ASSIST has been diminishing and this has hampered the ability to achieve quality improvement training targets.

AMPATH care lab helped the National Reference Lab to test approximately 5,000 tests in helping them to clear their backlog.

Pharmacy is working hand in hand with KENYA PHARMA to ensure that the transition is smooth and that supply of the drugs continues smoothly.

FUNZOKenya conducted several trainings in collaboration with AMPATH in quarter 3.

	<b>Agency</b>	<b>Activity</b>	<b>Date</b>	<b>Outcome</b>	<b>location</b>
1.	World Vision	AAC training for Eldoret west	May, 2015	All the 15 AAC members were trained	RCEA Eldoret
2.	USAID KAVES	Training of groups on Agronomy and Aggregation	April, 2015 2015	200 farmers were trained 7 farmer groups trained	Elgeiyo Marakwet, Nandi Uasin Gishu, Trans Nzoia
3.	URC AND Children services department	Validation of the National Plan of Action for children	May, 2015	Validation was done	Nairobi
4.	URC AND Children services department	Launch of the National plan of Action for children	May, 2015	Launch was done	Nairobi
5.	URC AND Children services department	Q.I learning session and launch of PSS pretest activity	May, 2015	Q.I teams made presentations and the documents for pretest were launched and shared with the team.	Uasin Gishu (Eldoret)

Our support programs participated in numerous USAID-related activities. They are listed below:

<b>Date</b>	<b>What meeting</b>	<b>Who attended</b>	<b>Where</b>
1 <sup>st</sup> Apr 2015	SIMS	USAID/AMPATHPlus	Busia
5 <sup>th</sup> May 2015	USAID quarterly feedback meeting	USAID/AMPATHPlus	Eldoret
2 <sup>nd</sup> – 6 <sup>th</sup> Jun 2015	SIMS	USAID/AMPATH Plus	Uasin Gishu
9 <sup>th</sup> - 11 <sup>th</sup> June	Measurement and accountability results in health	USAID/IPs	USA
13 <sup>th</sup> - 15 <sup>th</sup> June	Update on the measurement summit and roadmap	USAID/IPs	USA

## **IX. PROGRESS ON LINKS WITH GOK AGENCIES**

During the quarter, elderly clients and OVCs benefited from safety net funds from GOK in all counties, farm inputs from both national and county governments, waiver of hospital bills and provision of legal documents by the national government.

There has been a continued progress on implementation of KQMH through the ministry of health at county, sub-county and facility level. The MCH/FP worked with Measure Evaluation, PIMA in EMONC midline assessments in Trans Nzoia and Busia Counties. A NASCOP TOT training supported by AMPATH was held on 15<sup>th</sup> to 19<sup>th</sup> of June. The purpose of the training was to train health care workers on PMTCT. A total of 31 nurses and clinical officers attended the training.

AMPATH nutrition participated in a nutrition conference in collaboration with the Uasin Gishu County on 16<sup>th</sup> to 17<sup>th</sup> May 2015 at Queens Garden Hotel in Eldoret. This conference involved nutrition officers from 20 facilities nationally.

The AMPATH Care Lab assisted Coast General Hospital in clearing their RNA backlog.

Pharmacy is working hand in hand with KEMSA and NASCOP to ensure that drug supply is done without interruption.



**Title: GOK Meetings for attended by Prevention Team**

<b>Date &amp; Location</b>	<b>What Meeting</b>	<b>Who Attended</b>	<b>Outcome</b>
6 <sup>th</sup> - 8 <sup>th</sup> May 2015	Maisha Conference: Accelerating Research & Evidence Generation – KASF Goals	D/COP - Prevention, Associate Program Manager and Assistant Program Manager	Learnt best practices on Key Populations programming
9 <sup>th</sup> April 2015- Nairobi	HTC guideline development	D/COP - Prevention	Draft National HTC guidelines developed
3 <sup>rd</sup> June - 5 <sup>th</sup> June 2015	10 <sup>th</sup> Annual HIV Prevention and Care Treatment Consultative Forum	D/COP - Prevention and PHCT Data Manager	Shared PHCT results with conference team. Learned, timely enrolment of clients (with high CD4) leads to better retention; HCW commitment and ownership enhances program sustainability

<b>Date</b>	<b>What meeting</b>	<b>Who attended</b>	<b>Where</b>
14 <sup>th</sup> Apr 2015	eMTCT Stock taking	MOH/USAID/IPs	Nairobi
29 <sup>th</sup> Apr 2015	6 <sup>th</sup> workplace HIV & Aids policy committee	MOH/AMPATH Plus	MTRH
15 <sup>th</sup> – 16 <sup>th</sup> June 2015	ACT meeting	MOH/County/AMPATH Plus	Kitale
22 <sup>nd</sup> – 23 <sup>rd</sup> June 2015	ACT meeting	MOH/County/AMPATH Plus	Kisumu

**Title: Safety net Trainings in Quarter 3**

No	Agency	Activity	Date	Outcome	Location
1.	County departments of Agriculture	Collaboration in training on good agricultural practices & value addition activities	April-June 2015	Trained Farmer groups on Agronomy, post-harvest handling, collective marketing	Nandi, Uasin Gishu, Elgeyo Marakwet, Trans Nzoia counties
3.	YEF (Youth Enterprise Fund)	Sensitization/training/linkages and loaning clients		Clients access to funds	
4.	WEF (Women Enterprise Fund)				
4.	Social services (Ministry of Labour)	Cash transfer support		OVC and Elderly members able to meet basic needs	All counties
6.	MOALF (Ministry of Agriculture, Livestock and Fisheries)	Agricultural extension		Better farming practices	Trans nzoia
		Provision of subsidized fertilizer		Improved yields for food crops	Busia
		Provision of seeds (soya, millet, sorghum, cow peas)		Improved yields and food security	Busia, Khunyangu, Chulaimbo
7	MOH	Hospital bills waiver		Improved access to healthcare by the vulnerable	All counties
		Community Palliative care sensitization	Improved community response to care	Bungoma	
8.	Hand in Hand Eastern Africa	Recruitment of groups for training to benefit from Uwezo fund.	Access to funds for income generating activities.	Elgeyo Marakwet	

No	Agency	Activity	Date	Outcome	Location
9.	Police Department	Arrest of perpetrators of SGBV.		Enforcement of the law	Busia county

## **X. PROGRESS ON USAID FORWARD**

AMPATHplus in this quarter organized training for our County Coordinators to be able to administer and work closely with the Counties. The ERP and support to our Sub Contractor Anglican has continued.

## **XI. SUSTAINABILITY AND EXIT STRATEGY**

In the quarter, we continued collaboration of nutrition and agriculture as an approach to create nutrition education and awareness, and building food and income security through community groups. The link of healthcare workers working with OVCs to build food security was carried out through 7 facilities.

The safety net services is continuously collaborating with various stakeholders in empowering groups in agribusiness, business, farming, bee keeping, goat rearing among other ventures. As a program it is our main aim to ensure that households are engaged in activities that lead to self-sustenance using the resources available at the household level. Supporting OVC to attain individual independence is ongoing. This has contributed to the graduation of some of the beneficiaries from the program. AMPATHPlus Safety Net leadership has continued to engage with different agencies towards the social support services offered by the Government of Kenya like the OVC CT, cash transfer for the elderly, CDF among others. Communities are continuously being encouraged to support their OVC. The capacities of QI teams and AAC are continuously being strengthened to support OVC. There is continuous mentoring of our local partner in West Pokot to take up responsibility of caring of OVC in future. This aimed at strengthening the capacity of local organizations to take up the care and management of OVC using local support mechanisms. Linking community support groups with National and County governments for social support programs and trainings. The promotion of social insurance (demonstrated in the Zuri initiative and the improved cover for NHIF) is an important health financing modality. In this regard the safety net team continues to champion the capacity of its clients to engage in activities that contribute to their wealth creation and creation of incentive insurance coverage like a bag of maize for cover. Youth friendly clubs have been formed in all counties. The clubs will assist in addressing challenges faced by young people who receive care and support hence reducing spread of HIV/AIDS. Community participation in care and support is a critical

sustainability and exit strategy for AMPATH. Through groups, communities were mobilized and encouraged to participate in HealthCare related activities such as enrollment to health insurance schemes, sanitation and behavior change among others. Through groups, clients are able to mobilize own resources to address pressing economic challenges hence being sustainable. GISE is an example of such strategy, which is a form of Village Saving model (Table Banking). GISE groups that have been able to mobilize some reasonable funds have been linked to more structured microfinance institutions and banks to access more loans for expanding their business and buying of farm inputs in bulk. GESPs ensure group follow-ups and are given a stipend by the same groups – GESPs are trained as TOT by FPI so as to deliver GISE activities in their community.

The AMPATH Pharmacy continues to work closely with pharmacists working in the (MOH) facilities strengthen existing structures required for smooth delivery of pharmacy services. In several facilities the pharmacy staff are deployed in both the CCC and hospital pharmacies.

The Zuri Health pilot insurance technical support program continued its focus on customer service and delivering benefits to eligible members. Due to staffing and budget constraints, enrollment related activities were halted until the last month of this quarter.

The QI Team is adopting a sustainability approach by encouraging leadership at county, sub-county and facility levels to own quality improvement activities by the ministry of health and increased utilization of data at facility level. Adoption of the SIMS tool by the county health management teams as part of regular site supervision.

## XII. GLOBAL DEVELOPMENT ALLIANCE

Not applicable.

## XIII. SUBSEQUENT QUARTER'S WORK PLAN

The lab will pursue accreditation ISO 15189-2012 and continue mentoring site labs where lab services have been devolved on GCLP. The following are specific training activities planned:

- Continue offering Refresher courses on GCLP mentorship/training for every personnel in the AMPATHPlus Care Lab.
- Application training for care lab staff on various platforms.
- Refresher trainings on various aspects to the staff in the satellite laboratories.

During the quarter, pharmacy department had planned to conduct the comprehensive commodity trainings at the county level activity but could not be achieved because it had not been budgeted for adequately and we hope to join hands with other partners to realize the goal.

**Table: MCH/FP Q4 Work Plan**

Planned Actions from Previous Quarter	Actual Status this Quarter	Explanations for Deviations
<p>Mentorship and OJTs for health care providers</p> <p>[Antenatal Care, Safe delivery, breastfeeding, complementary feeding, immunization, FP, IMCI and WASH]</p>	<p>188 family planning targeted Trainings/OJT conducted in the counties</p> <p>No providers received OJT and mentorship on IMCI guidelines in any of the counties</p>	<p>Funding limited to support IMCI</p>
<p>Support MOH facilities with some essential MCH supplies and equipment</p>	<p>No equipment distributed during the quarter</p>	<p>Activity will be on-going as equipment support becomes available</p>
<p>support outreaches on Immunization, Family Planning, Postnatal care, Deworming Cervical Cancer Screening activities</p>	<p>155 outreaches conducted in , West Pokot, Elgeyo Marakwet and Bungoma counties</p>	<p>No deviations</p>
<p>School health program</p>	<p>46 schools in Kisumu West, Kisumu County visited</p>	<p>No deviations and activity will be on-going</p>
<p>Busia and TransNzoia data BEmONC activities</p>	<p>1 BEmONC training in Trans Nzoia midline and monthly data collection trainings In Busia which led to data collection</p>	<p>No deviations</p>
<p>Training/refresher of CHWS on community MCH/FP/PMTCT/Linkage</p>	<p>Integrated trained on PMTCT, MCH/FP, WASH and HIV prevention was carried in Trans Nzoia, Busia , West Pokot and Elgeyo Marakwet Counties. A total of 454 CHWs trained</p>	<p>More such trainings to be done in the other counties in Quarter 3</p>

## ATI upcoming Activity Calendar

#	Course	Dates	County	Number of Participants	Curriculum & Duration of course	Target Group (Each Class Comprises a Mix of Various Health Worker Cadres)
1.	PMTCT Training for Service providers	2-7 Aug 15	Turkana	30	NASCOP 5 days	Health workers -Various Cadres (Doctors,Nurses,Clinical Officers,HRIOs,Lab Techs, Nutritionists)
2.	Family planning Training	TBD	Uasin Gishu	25	NASCOP 5 days	Health workers - Various cadres (Nurses, COs, Mos)
3.	PMTCT Training for Service providers	TBD	Trans Nzoia	30	NASCOP 5 days	Health workers -Various Cadres (Doctors,Nurses,Clinical Officers,HRIOs,Lab Techs, Nutritionists)
4.	PMTCT Training for Service providers	TBD	Bungoma	30	NASCOP 5 days	Health workers -Various Cadres (Doctors,Nurses,Clinical Officers,HRIOs,Lab Techs, Nutritionists)
5.	Family planning Training	TBD	Turkana	25	NASCOP 5 days	Health workers - Various cadres (Nurses, COs, Mos)
6.	Regional Symposium	10 Sep 15	North Rift	50	1day	Stakeholders

XIV

## . FINANCIAL INFORMATION



Financial  
Information.docx



## **XVII. GPS INFORMATION**

See attached document (Appendix 3).

## **XVIII. SUCCESS STORY GUIDELINES & PREP SHEETS**

### **'EVEN WHEN LOVED ONES DEPART, ALL IS NOT LOST'– LIFE EXPERIENCE FORMIRIAM WANJIRU NDUNGU**

Miriam grew up as a total orphan who assumed parental responsibilities at the age of 10 years before AMPATH was born. This is a girl whose river of life has uncountable meanders. She suffered great loss crowned with numerous traumatic experiences, nursing and later burying her father, mother and three brothers. These effectively denied her the opportunity to be a child. These experiences have molded her into the true picture of resilience that she presents today.

Miriam vividly recalls what went through her mind then.... *“After my father’s death, mums health deteriorated and I had no choice other than wear a hat of a mother, father and forgot I was a child”*

She quickly recollected herself and started hawking household items in town after she made a little capital from washing clothes which she did at night. The meager earnings could hardly sustain the family. She dropped out of school in class 5 due to lack of school levies, but enrolled back when free primary education was introduced by the Government of Kenya. She sat her KCPE in 2004 while her mother was seriously ill and admitted at MTRH intensive care unit.

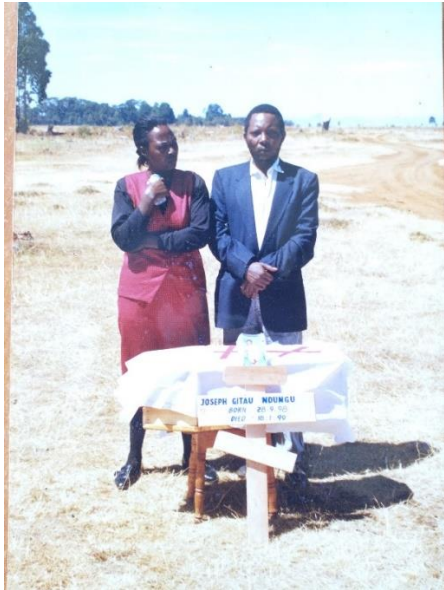
She was enrolled in OVC program due to her vulnerability in 2006. Her brother was discovered to have a CD4 count of 1 %, malnourished and was on second line regimen. He has since then been continuously monitored by a community health worker on adherence and now his CD4 count is 700. Both continue to receive education support that includes payment of school fees and provision of other scholastic materials such as uniform, sanitary towels, stationary among others. Life skills training played a key role in building their resilience, decision making, communication, conflict resolution, responsibility, being assertive and independent. Life was never the same for Miriam and her brother after the death of their mother in 2009. They had no family/social support at all except for the OVC program. They were thrown out of their rental house due to lack of money and were taken in by a well-wisher, who was an old grandmother.

Miriam did her KCSE and passed with a mean grade of C-Plain. She was admitted to and joined Eldoret Polytechnic to study diploma in social work and community development with the help of AMPATH OVC program. She was attached to the OVC department for her internship and cleared college in 2012.

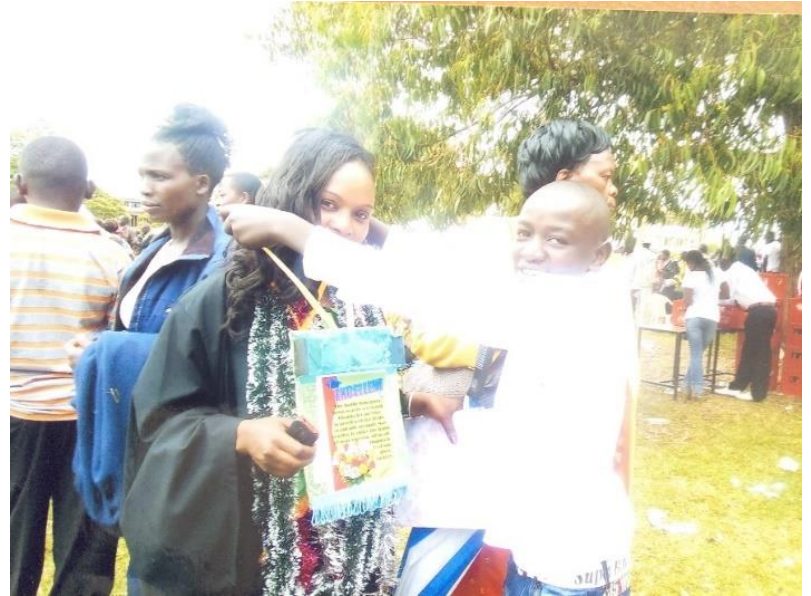
She volunteered to reach out to other children through self-disclosure in psychosocial support meetings giving hope and igniting healthy competition among OVC and has resulted in many picking/recollecting their broken pieces of life and have moved on. She still stands out as a role model especially to girls. She volunteered in Sally test-MTRH where she rendered her free services to children admitted in the wards for one year till 2014 when she got employed.

She is now stable with her job and taking good care of her brother since baby class and now in class seven. Miriam has started saving for her brother’s secondary school fees and preparing for

his rite of passage (circumcision). She also intends to enroll for her undergraduate classes very soon. Miriam and the brother know very well that they have gone through a road less travelled but are hopeful to arrive to their destination.



Miriam's late parents during one of her sibling's burial at the cemetery



Miriam and her only brother during her graduation at Eldoret polytechnic

## NICKSON\*(Not His Real Name) –USING LIFE’S STRESSES AS TEPPIING STONES TO SUCCESS

### Highway shop, a livelihood created by hope



He is among orphans USAID-AMPATH has supported in Port Victoria. Born in 1988 - the second born in a family of 6 siblings - his father and mother died in the year 1997 and 2003 respectively due to HIV related complications leaving behind a younger sister infected. He and his elder sister took care of their siblings with the assistance of well-wishers and he started his secondary school education in 2005 with great difficulty, for lack of a dependable source of fees.

The sibling started getting care in USAID – AMPATH CCC in 2006 and their plight was noted. They household was enrolled on WFP food and they somehow got relief. Their elder sister got married in order to assist the family but it was not to be and Nicholas remained the head of the household.

In 2007 he almost dropped out of school in Form 3 for lack of fees and was enrolled on the OVC program that started that year and successfully completed his secondary school education in 2008.

Because of competing tasks of taking care of and providing for his 4 younger siblings, he was unable to pursue college education. He ventured into the fish industry as a fisherman in 2009 and was referred to the FPI (Family Preservation Initiative) program where he was given business education and started saving. Work in the lake was not easy and he would be gone for long periods of time away from his siblings, who continued to get educational and food support from AMPATH.

By 2010 he had saved enough to start a kiosk business which has now grown into a shop. He comfortably takes care of his siblings. Right now, his follower is in the university while the third born joined college last year. The last born girl is sitting her KCSE this year.

The business has now expanded and Nicholas, now married has opened up a cereals business for the wife. He has also added bicycle hiring among his other business ventures which we hope are numerous. The journey for this family was not easy, but with support counseling, linkages to relevant support from USAID-AMPATH, it has been fruitful. There are times when thinking out loud he asks, “If my parents were alive could I be the man I am today?” Probably, though we think life taught him to hope, and hope is still making him strong for his dependents.

## ANNEXES & ATTACHMENTS (MAXIMUM 10 PAGES)

### Annex I: Schedule of Future Events

ART Guidelines Service Provider Training	27 <sup>th</sup> to 29 <sup>th</sup> April 2015	Bungoma Group 1	Bungoma	NASCOP 3 Days	Health workers -Various Cadres (Doctors,Nurses,Clinical Officers,HRIOs,Lab Techs, Nutritionists)
ART Guidelines Service Provider Training	4 <sup>th</sup> to 6 <sup>th</sup> May 2015	Uasin Gishu	Moi University	NASCOP 3days	Health workers -Various Cadres (Doctors,Nurses,Clinical Officers,HRIOs,Lab Techs, Nutritionists)
ART Guidelines Service Provider Training	8 <sup>th</sup> to 10 <sup>th</sup> June 2015	Trans Nzoia	Kitale	NASCOP 3 days	Health workers -Various Cadres (Doctors,Nurses,Clinical Officers,HRIOs,Lab Techs, Nutritionists)
ART Guidelines Service Provider Training	6 <sup>th</sup> to 8 <sup>th</sup> May 2015	Bungoma Group 2	Bungoma	NASCOP 3 Days	Health workers -Various Cadres (Doctors,Nurses,Clinical Officers,HRIOs,Lab Techs, Nutritionists)
PMTCT Training for service providers	15 <sup>th</sup> to 19 <sup>th</sup> June 2015	Uasin Gishu	Moi University	NASCOP 5 days	Health workers -Various Cadres (Doctors,Nurses,Clinical Officers,HRIOs,Lab Techs, Nutritionists)
ART Guidelines Service Provider Training	13 <sup>th</sup> to 15 <sup>th</sup> May 2015	Turkana	Lodwar	NASCOP 3 days	Health workers -Various Cadres (Doctors,Nurses,Clinical Officers,HRIOs,Lab Techs, Nutritionists)
PMTCT Training for Service providers	25 <sup>th</sup> to 29 <sup>th</sup> May 2015	Turkana	Lodwar	NASCOP 5 days	Health workers -Various Cadres (Doctors,Nurses,Clinical

					Officers,HRIOs,Lab Techs, Nutritionists)
PMTCT Training for Service providers	6th to 10th July 2015	Bungoma	Bungoma	NASCOP 5 days	Health workers -Various Cadres (Doctors,Nurses,Clinical Officers,HRIOs,Lab Techs, Nutritionists)
PMTCT Training for Service providers	20th to 24th July 2015	Trans Nzoia	Kitale	NASCOP 5 days	Health workers -Various Cadres (Doctors,Nurses,Clinical Officers,HRIOs,Lab Techs, Nutritionists)
Family planning Training	3rd to 7th August 2015	Turkana	Lodwar	NASCOP 5 days	Health workers - Various cadres (Nurses, COs, Mos)
Regional Symposium	10th September 2015	NorthRift	Moi University	1day	Stakeholders

**Annex 2: Table of Ministry of Health-related activities undertaken during the quarter**

No	Agency	Activity	Date	Outcome	Location
1.	KALRO (Kenya Agriculture and Livestock Research Organization)	Collaboration in research, agricultural & value addition activities	Jan - Mar	Trained groups on newly introduced maize seeds varieties which are resistant to striger weeds and can do well in striger prone areas	Busia, Kisumu, Bungoma counties
3.	YEF (Youth Enterprise Fund)	Sensitization/training/linkages and loaning clients	Jan - Mar	Clients access to funds	
4.	WEF (Women Enterprise Fund)	Sensitization/training/linkages and loaning clients	Jan - Mar	Clients access to funds	Busia, Kisumu, Bungoma counties
4.	Social services (Ministry of Labour)	Cash transfer support	Jan - Mar	OVC and Elderly members able to meet basic needs	Busia county
6.	MOALF (Ministry of Agriculture, Livestock and Fisheries)	Agricultural extension	Jan - Mar	Better farming practices	Trans nzoia
		Provision of subsidized fertilizer	Jan - Mar	Improved yields for food crops	Busia
		Provision of seeds (soya, millet, sorghum, cow peas)	Jan - Mar	Improved yields and food security	Busia, Khunyangu, Chulaimbo
7.	MOH	Hospital bills waiver	Jan - Mar	Improved access to healthcare by the	All counties

No	Agency	Activity	Date	Outcome	Location
				vulnerable	
		Community Palliative care sensitization	Jan - Mar	Improved community response to care	Bungoma Nakuru
		Review of the Nutrition and TB guidelines	Jan - Mar	Revised national nutrition and TB guidelines	
		Nutrition and HIV training	Jan - Mar	30 MOH and AMPATH health care workers trained on the new nutrition and HIV guidelines	Eldoret
8.	Hand in Hand Eastern Africa	Recruitment of groups for training to benefit from Uwezo fund.	Jan - Mar	Access to funds for income generating activities.	Busia
9.	Police Department	Arrest of perpetrators of SGBV.	Jan - Mar	Enforcement of the law	Uasin Gishu county
10.	Children Department	Committal of children in need of care and protection into shelters.	Jan - Mar	Improved children's safety.	Uasin Gishu county
		AAC meetings	Jan - Mar	Representatives of all AAC teams in the various counties attended the Quarterly	

No	Agency	Activity	Date	Outcome	Location
				meetings	
		Mapping of stakeholders in the various counties	Jan - Mar	Meetings were held with the various implementing partners and the way forward for collecting the data was agreed upon. Most counties implemented the activity in collaboration with the department of children services.	All counties
		Enrollment of OVC in NHIF and cash transfer	Jan - Mar	40 ovc enrolled	Uasin Gishu (Burnt Forest)
		School fees support, Defilement case, Child support	March 2015	50 OVC supported with bursary from the presidential initiative. Defilement case referred to the police after the children's department	Webuye DCOs office
11.	The Judiciary	Access to justice through litigations.	Jan - Mar	Improved parental responsibilities, convictions against	Uasin Gishu county



No	Agency	Activity	Date	Outcome	Location
				perpetrators.	
12.	local administration and registration of births and deaths	facilitation of acquisition of birth and death certificates	Jan - Mar 2015	Meetings were held with the stakeholders on facilitation of acquisition of legal documents for caregivers and OVC. Further sensitization was done in chiefs barazas and other community fora	West Pokot and Elgeyo Marakwet
13.	Ministry of education and Ministry of Agriculture	Working with teachers on formation and follow up of 4k clubs in schools	Jan - Mar 2015	Imparted life skills training in children. Improved food security in their households' Has also improved on their health as a result of advocating for the key health messages such as hand washing	All counties
14.	Ministry of interior and coordination of National	Food Donation	Jan-Mar	90 households received a bag of maize each	Weiwei

No	Agency	Activity	Date	Outcome	Location
	Government				
15.	Hand in Hand Eastern Africa	Recruitment of groups for training to benefit from Uwezo fund.	Jan - Mar	Access to funds for income generating activities.	Busia
16.	Local Administration and Registration of births and deaths	facilitation of acquisition of birth and death certificates	Jan - Mar	Focused meetings were held specifically with the registration officers and the chiefs to facilitate continuous processing of birth and death certificates	West Pokot, Nandi, Elgeyo Marakwet
17.	Ministry of education and Ministry of Agriculture	Working with teachers and school children on formation and follow up of agriculture (4k ) clubs in schools	Jan - Mar	Imparted life skills training in children.	Uasin Gishu, Elgeyo Marakwet, Bungoma
18.	Bungoma County government	Seed and fertilizer distribution	March, 2015	400 bags distributed to OVC households and those affected by HIV	Bokoli, Maraka, Webuye
19.	SIMS sensitization Uasin Gishu Senior county heads of	Sensitization of all senior county heads of departments	March, 2015	All senior county heads were sensitized and empowered to TOT their various sub counties	Uasin Gishu Pioneer social hall

No	Agency	Activity	Date	Outcome	Location
	departments				
20.	SIMS sensitization Busia Senior county heads of departments	Sensitization of all senior county heads of departments	March, 2015	All senior county heads were sensitized and empowered to TOT their various sub counties	Busia county hall
21	National Master TOT training on PMTCT curriculum		2nd -6th February 2015	3 PMTCT staff trained	Nairobi
22.	SIMS sensitization		3rd February, 2015	SIMS roll out-Trans Nzoia	Kitale
23	Integrated Data Review meeting	Review of Busia county data	4 <sup>th</sup> -12 <sup>th</sup> February,2015	Identification of data quality issues	Matayos, Teso North, Butula & Bunyala sub count
24.	Training of regional TOT on PMTCT curriculum	TOT training on PMTCT curriculum	- 27 <sup>th</sup> march,2015	Roll out of Option B+	Ampath plus Centre

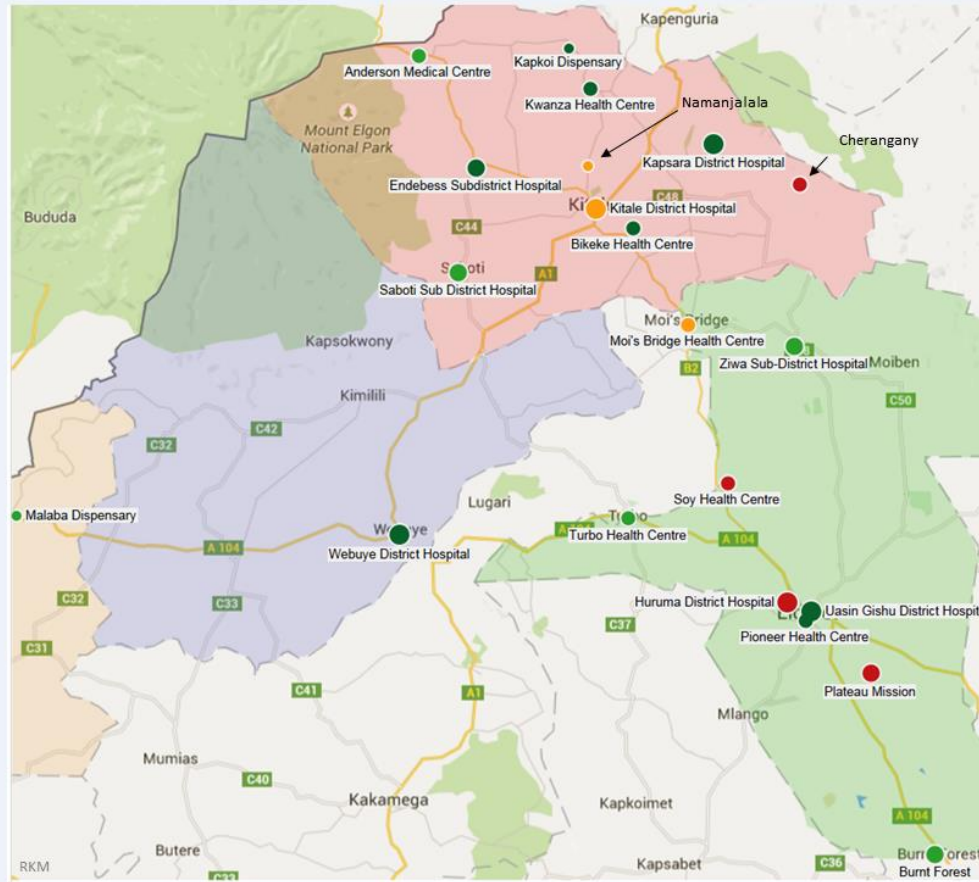
### Annex 3: Quality Improvement Gaps and Action Plans

DOMAIN/INDICATOR	PERCENTAGE OF FACILITIES SCORING RED	PERCENTAGE OF FACILITIES SCORING YELLOW	ACTION PLAN
<b>ADULT/ADOLESCENT TREATMENT</b>			
FACILITY LINKAGE TO COMMUNITY CARE AND SUPPORT SERVICES	40%	0%	QI teams to check a sample of referrals to confirm successful linkage and plot percentage increase over time. This will be overseen by the clinical supervisors and the county coordinator.
<b>BLOOD SAFETY, WASTE MANAGEMENT &amp; INJECTION SAFETY</b>			
Waste management	0%	20%	Avail job aids for waste segregation in the facilities. This will be overseen by Violet Makokha (Lab manager)
<b>CARE AND SUPPORT</b>			
Facility linkage to community care and support services	75%	0%	Documentation of referrals from the facility to the community for follow up and linking with the community health volunteers. The county is reviving the inactive community units and training of new community health workers. Working closely with other partners on the ground to strengthen referral system of clients in the county.
PHDP	20%	0%	New forms availed to facility to allow for documentation of PHDP services
<b>TB/HIV</b>			
Isoniazid Preventive Therapy	N/A	N/A	Uasin Gishu county is not on the list of priority counties for IPT pilot by NASCOP

<b>FAMILY PLANNING/HIV INTEGRATION</b>			
Family planning/HIV integration	20%	0%	Stock out of implants at Huruma has been resolved
<b>FOOD &amp; NUTRITION</b>			
Adult Care and Treatment-Nutrition	0%	0%	
Pediatric Growth Monitoring	0%	0%	
<b>MEDICATION MANAGEMENT</b>			
Supply chain management	20%	0%	Inventory tools have been provided to Ziwa by Dr.Kanyi
Medication dispensing	0%	20%	Backlog of prescriptions to be entered has been cleared
<b>PREVENTION</b>			
Condom Access and availability at point of service	20%	0%	Condom dispensers in Huruma have been filled
<b>GENDER</b>			
Post-Violence Care	0%	25.0%	Avail registers to register the GBV cases at Burnt Forest Health Centre
<b>HTC</b>			
Supply chain reliability of test kits	20%	0%	Stock out of unigold at Huruma has been resolved
<b>LAB</b>			
Lab bio safety	20%	0%	Work with the county to Train lab personnel on lab Bio safety. Indicate the expiry dates of TB stain. The county to repair the leaking ceiling at the UGDH lab.
Quality management systems	0%	40%	QI plan has been developed at Turbo facility to address reduction in turnaround time for core tests
Quality Testing monitoring	0%	0%	
Results and Information management	0%	20%	Results to be reviewed before submission in Uasin Gishu district hospital
Test SOPs	0%	0%	
Testing Interruptions	0%	0%	
<b>PAEDIATRIC CARE AND TREATMENT</b>			
Adolescent support services	0%	0%	

Pediatric ART monitoring	0%	0%	
Pediatric facility referral to community care and support	0%	0%	
Pediatric TB screening	0%	0%	
Routine HIV testing for children	0%	20%	HTC counselors have developed a work plan to increase pediatric testing this will be followed up by the PITC manager.
<b>PMTCT</b>			
ARVs at labour and delivery	0%	20%	ARVs in Turbo maternity have been availed by pharmacy department
CTX for HEIs	0%	0%	
Early Infant Diagnosis	0%	0%	
Enrollment of HIV-infected infants into ART services	0%	0%	
Supply chain reliability(rapid test kits)			
Tracking of mother –baby pairs for PMTCT	20%	0%	Diaries availed at Huruma to facilitate tracking of mother baby pairs for PMTCT
<b>SITE MANAGEMENT-POLICY AND PRACTICE</b>			
Patient rights	0%	40%	Facility in-charges to organize for CME on patient rights with documentation of the same
Stigma and discrimination	0%	40%	Policy documents on stigma and discrimination have been developed and distributed by the socio-behavioral team. Training will be combined with patient’s rights training.
<b>SITE MANAGEMENT QM-QI</b>			
HIV QM/QI	0%	0%	
Utilization of performance data	0%	20%	Burnt forest QI team mentored on routine review of reports by the QI team to identify areas that need improvement
<b>SITE PERFORMANCE MANAGEMENT</b>			
Staff performance assessment	20%	0%	Job descriptions for AMPATH staff to be availed by Human resource department
In service training	0%	20%	Facility in-charge mentored on how to develop a training log and regularly update the same.

**ANNEX 4: Mapped SIMS Results for Selected Facilities in Trans Nzoia County**



## HTC Referrals to HIV Care and Treatment

**Colour Legend:**

- Red:** Seek Urgent Remediation
- Yellow:** Needs Improvement
- Light Green:** Meets Expectations
- Dark Green:** Exceeds Expectations

**Size Legend:**

- Large Blue:** District/County Hospital
- Medium Blue:** Sub-District/Sub-County Hospital
- Small Blue:** Health Centre
- Tiny Blue:** Dispensary

**ANNEX 5: Trainings undertaken by AMPATHPlus with FUNZOKenya**

<b>What Meeting</b>	<b>Who were involved</b>	<b>Dates</b>	<b>Location</b>	<b>Purpose</b>	<b>Outcome</b>
Funzokenya ART Service Provider Training on Revised ART Guidelines	Nurses, Clinical Officer, Pharmacist & MLT	27 <sup>th</sup> – 29 <sup>th</sup> April	Bungoma County	To train health workers on the new changes in the guidelines on treatment and management of HIV in the country.	31 Service provider trained on New HIV treatment guidelines
Funzokenya ART Service Provider Training on Revised ART Guidelines	Nurses, Clinical Officer & MLT	4 <sup>th</sup> – 6 <sup>th</sup> May 2015	Uasin- Gishu County	To train health workers on the new changes in the guidelines on treatment and management of HIV in the country.	22 Service provider trained on New HIV treatment guidelines
Funzokenya ART Service Provider Training on Revised ART Guidelines	Nurses, Clinical Officer, Pharmacists, Medical Doctors & MLT	14 <sup>th</sup> – 16 <sup>th</sup> May 2015	Uasin- Gishu County	To train health workers on the new changes in the guidelines on treatment and management of HIV in the country.	31 Service provider trained on New HIV treatment guidelines
Population Council IPT/TB CME	Nurses, Clinical Officer, Pharmacists, Medical Doctors & MLT	16 <sup>th</sup> June	Uasin- Gishu County	To provided updates on the national IPT guidelines	60 HCW sensitized
FunzoKenya ART Service Provider Training on Revised ART Guidelines	Nurses, Clinical Officer, Pharmacists, Medical Doctors & MLT	24 <sup>th</sup> - 26 <sup>th</sup> June	Trans Nzoia County	To train health workers on the new changes in the guidelines on treatment and management of HIV in the country.	31 Service provider trained on New HIV treatment guidelines
leRDA Grants Management Training	AMPATH Project Managers and Coordinators	25 <sup>th</sup> & 26 <sup>th</sup> June 2015	AMPATH	To provide updated on grants management	51 AMPATH Project Managers and Coordinators trained