OVC Registration, Kibera Informal Settlement, July 2011

QUARTERLY PROGRESS REPORT

ACTIVITY TITLE:	**APHIA Plus Zone 2 – Nairobi/Coast**
AWARD NUMBER:	**USAID/Kenya RFA No. 623-10-000009**
PROJECT DATES:	**1 January 2011 – 31 December 2016**
REPORTING PERIOD:	**1 April – 30 June 2011**
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ABBREVIATIONS AND ACRONYNMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
AOP	Annual Operation Plan
APHIA	Aids, Population and Health Integrated Assistance
APHIA*plus*	Aids, Population and Health Integrated Assistance Plus
ART	Antiretroviral Therapy
ARV	Anti-retroviral (Drugs)
BCC	Behavior Change and Communication
BMI	Body – Mass Index
CFI	ChildFund International
CCC	Comprehensive Care Center
CBHIS	Community Based Health Information System
CBO	Community Based Organization
CHAP	Community Health Action Plan
CHC	Community Health Committee
CHEW	Community Health Extension Worker
CHS	Community Health Strategy
CHW	Community Health Worker
CME	Continuous Medical Education
CIPK	Council of Imams and Preachers of Kenya
CLUSA	Cooperative League of the USA
CME	Continuous Medical Education
CSA	Community Self Assessment
CST	Community Support Team
CSW	Commercial Sex Workers
CT	Counseling and Testing
CU	Community Unit
CYP	Contraceptive-Year Protection
DASCO	District HIV/AIDS and STI Control Office
DHMT	District Health Management Team
DHC	Dispensary Health Committee
DHIS	District Health Information System
DHMT	District Health Management Team
DHRIO	District Health Records Information officer
DHSF	District Health Stakeholders Forum
DMOH	District Medical Officer of Health
DQA	Data Quality Analysis
DTC	Diagnostic Counseling and Testing
DTLC	District Tuberculosis and Leprosy Coordinator
EID	Early Infant Diagnosis
EPI	Expanded Program on Immunization
ETL	Education Through Listening
FANC	Focused Antenatal Care
FBO	Faith Based Organizations
FGD	Focus Group Discussion
FHOK	Family Health Options Kenya
FOG	Fixed Obligation Grant
FS	Facilitative Supervision
FSW	Female Sex Workers
FP	Family Planning
GBV	Gender Based Violence

GoK	Government of Kenya
GSN	Gold Star Network
GOK	Government of Kenya
HCS	Home Community Support
HCT	HIV Counseling and Testing
HIV	Human Immune-deficiency Virus
ITN	Insecticide Treated Net
HAART	Highly Active Anti Retrovirus Therapy
HBCT	Home based Counselling and Testing
HCW	Health Care Workers
HES	Household Economic Strengthening
HIV	Human Immunodeficiency Virus
ICRH	International Centre for Reproductive Health
HMT	Health Management Team
HTC	HIV Counseling and Testing
IDU	Intravenous Drug Users
IEC	Information Education and Communication materials
IGA	Income Generating Activity
IP	Implementing Partner
ITN	Insecticide Treated Nets
IUCD	Intra Uterine Contraceptive Device
KCPE	Kenya Certificate of Primary Education
KEMRI	Kenya Medical Research Institute
KEPH	Kenya Essential Package for Health
KNH	Kenyatta National Hospital
KEMRI	Kenya Medical Research Institute
LACC	Locational AIDS Control Committee
LOC	Locational OVC Committee
LCHW	Lead Community Health Worker
LIP	Local Implementing partner
LLITN	Long Lasting Insecticide Treated Net
LQAS	Lot Quality Assurance Sampling
MARP	Most at Risk Population
MEWA	Muslim Education and Welfare Association
MOGCSD	Ministry of Gender, Children and Social Development
MOH	Ministry of Health
MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health and Sanitation
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission
MCH	Maternal Child Health
MDH	Mbagathi District Hospital
MNCH	Maternal, Newborn and Child Health
MoH	Ministry of Health
MOPHS	Ministry of Public Health and Sanitation
MSM	Men who have Sex with men
NARESA	Network of AIDS Researchers of Eastern & Southern Africa
NHMB	Nairobi Health Management Board
OJT	On Job Training
ORT	Oral Rehydration Therapy
OVC	Orphans and Vulnerable Children
PAC	Post Abortion Care
PASCO	Provincial HIV/AIDS and STI Coordinator
PDCS	Provincial Director of Children services
PEP	Post Exposure Prophylaxis
PHRIO	Provincial Health Records Information officer

PHO	Public Health Officer
PHT	Public Health Technician
PI	Pathfinder International
PITC	Provider Initiated Testing and Counseling
PLHIV	People Living with HIV
PMP	Performance Monitoring Plan
PMST	Provincial Medical Services Team
PMTCT	Prevention of Mother to Child Transmission
PSI	Population Service International
PwP	Prevention with Positives
QI	Quality Improvement
RH	Reproductive Health
RDQA	Routine Data Quality Assessment
SILC	Saving and Internal lending for communities
SOLWODI	Solidarity with Women in Distress
STI	Sexually Transmitted Infections
TA	Technical Assistance
TB	Tuberculosis
TBA	Traditional Birth Attendants
TBICF	TB Intensive Case Finding
TOT	Trainer of Trainers
TWG	Technical Working Group
UN	United Nations
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VHC	Village Health Committee
VMMC	Voluntary Medical Male Circumcision
VYC	Village Youth Committee
YFPAC	Youth Friendly Post Abortion Care
YFS	Youth Friendly Service

NAIROBI PROVINCE

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1.0 Executive Summary

APHIA*plus* Nairobi is pleased to submit the second quarter report for the period, April – June 2011.[1] The project is progressing well, following a second round of planning which was occasioned by a request from USAID early in the quarter for a revised work plan to correlate with the adjusted budget. The transition from the earlier APHIA II Nairobi project to the present expanded project covering two provinces has been successful.

Project staff has held meetings with GOK authorities, primarily at the provincial and district levels where the project functions. Meetings were held with officials in the Division of Community Health Service, the Children's Department, the two Ministries of Health, the Division of Reproductive Health, the Provincial Health Management Team, the nine District Health Management Teams, NASCOP and NACC.

The Service Delivery and Community Outreach teams have made good progress with their work plan activities. At facility level, the goal is to address health concerns by strengthening HIV/AIDS, TB, Reproductive Health/Family Planning and Maternal and Newborn Health services. To achieve this goal in Nairobi Province, APHIA*plus* supports **182** health facilities of which **89** are ART sites, **57** PMTCT, **44** TB, **123** HTC, **52** PEP, **5** PAC and **85** RH/FP. PMTCT remains an area of primary importance for the prevention of HIV transmission. Among the **57** project-supported private and faith-based health facilities, **7,482** pregnant women were counseled, tested and received results of whom **369** tested HIV positive and of these, **91%** (334) received ARV prophylaxis. In maternity and ANC, **319** infants received ARV prophylaxis. In project-supported sites there a total of **5,349** live births resulted in **5,319** babies discharged alive. Still in the realm of prevention, **56,563** clients accessed counseling and received their test results of whom **8.4%** (4,751) were identified as HIV positive. The project stresses the integration of HIV/TB thus in the HIV care and treatment setting, **477** HIV infected clients received treatment for TB.

The original, emergency goal of PEPFAR in Kenya was to make treatment available to as many HIV positive individuals as possible. In this quarter, **19,020** HIV positive individuals were receiving ART treatment at all the **89** project supported sites. Another **1,146** clients were newly initiated on ART. **11,366** people living with HIV were reached with Home & Community Based Care services.

Prevention messages, with strengthened focus on quality, reached **570** youth and **220** MARPs (MSM/MSW/FSW) and **1,226** individuals in small group education through listening (ETL) sessions.

The project is fully committed to ensuring that the Community Strategy is successfully rolled out in the province. During the quarter, the Strategy was rolled out in four districts with project support to DHMTs resulting in the establishment of **5** additional Community Units. Community Action Days and Dialogues were supported. In Kamukunji District, with a significant population of impoverished and illegal immigrants, APHIA*plus* supported the establishment of a Community Unit and made plans to link CHWs to the Eastleigh Health Center. By June 30, Nairobi had **101** Community Units of which 64 are functional. Among these, 33 are supported by the project. The number of OVC supported by APHIA*plus* Nairobi rose to **22,585** with the addition to **13** IPs, formerly USAID supported Track I partners. A validation and House Economic Strengthening assessment was conducted to ascertain the number of supportes OVC as well as to gather information about their circumstances.

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[1]. The first year of the APHIA*plus* projects is following the twelve month calendar, January 1 through 31 December 2011.

2.0 Program Description

APHIA*plus* Nairobi/Coast supports integrated service delivery and addresses the social determinants of health in the technical areas of HIV/AIDS, malaria, family planning and tuberculosis, and MNCH, and to a lesser extent water and sanitation.. APHIA*plus* fits in an overall GOK and USG strategy that builds on achievements of APHIA II, the emergency driven comprehensive response to the AIDS pandemic. APHIAplus will ensure that gains achieved under APHIA II are not lost, particularly in HIV/AIDS, malaria, FP/RH and TB and will further

- maximize the existing service delivery capacity combined with deliberate integration of MNCH, nutrition, water and sanitation interventions and apply resources to existing programs to accelerate coverage
- strengthen broader health systems to further expand and sustain health impact, and to increase access, efficiency, and equity, especially for poor and marginalized populations.

APHIA*plus* applies a double pronged strategy in integrating gender and gender based violence responses by (i) raising awareness on gender and GBV issues in the community, GOK facilities & structures, and consortium partners and by (ii) enhancing capacity in service delivery at both facility and community level in comprehensive GBV response and male involvement

The zone "*Nairobi and Coast"* represents 6.3 million Kenyans and includes Kenya's two largest cities - Nairobi and Mombasa. Public health services and medical services have worked together in increasing demand for services and improve access to quality services, but some challenges still need much more attention than currently offered.

The zone has a population with significant HIV burden. In Nairobi, HIV prevalence is 9.2% in the 15–49 years age group (with 3.8% among youth 15-24 and 13.2% among 25-49), with significant disparity between male (6.5%) and female (10.4%) prevalence. Knowledge of HIV transmission and prevention is generally high in Nairobi, but over 70% of the population perceive themselves at small or no risk. HIV testing in Nairobi has increased since 2003. Nearly half of HIV-infected individuals in union are in a discordant relationship. In Coast Province, HIV prevalence is 8.8% (like Nairobi, it is nearly 20% higher among females). According to KAIS, while willingness to test is 77% among males, only 29% have ever been tested, and 12.6% of men reported having two or more partners in past year.

Nairobi and Coast have in common that there is a high contribution of female sex workers, men-who have sex with men, and injection drug users to new HIV infections. Both provinces have have important gaps in services to youth and vulnerable women, have multiple interrelated MNCH/RH needs among most vulnerable groups, and experiences many barriers that reduce access to health services.

Working with the government and other partners, APHIA*plus* will under all circumstances prioritize interventions that serve the marginalized, vulnerable and underserved populations including youth, MARPS, PLWAs and those on ARVs, orphans and children affected by AIDS; women of reproductive age (pregnant and post partum women), highly vulnerable girls, neonates and infants.

APHIA*plus* works through the GoK structure, involving provincial, district and community levels, and works within GOK implementation frameworks. It adopts therefor the planning and implementation framework of MOH as its own planning and intervention framework. APHIAplus uses the Results Framework as tool to prioritize among the multiple interventions that the Ministry of Health identifies in order to achieve NHSSP II or MTR or AOP objectives.

APHIAplus Nairobi –Coast is designed to achieve results in two main result areas and several sub result areas.

RESULT 3 : Increased use of quality health services, products and information

3.1. Increased availability of an integrated package of quality high-impact interventions at community and health facility levels

3.2. Increased demand for an integrated package of quality high-impact interventions at community and health facility levels

3.3. Increased adoption of healthy behaviours

3.4. Increase program effectiveness through innovative approaches

RESULT 4 : Social determinants of health addressed to Improve the well-being of targeted communities and populations

4.1. Marginalized, poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs

4.2. Improved food security and nutrition for marginalized, poor and underserved populations

4.3. Marginalized, poor and underserved groups have increased access to education, life skills, and literacy initiatives through coordination and integration with education programs

4.4. Increased access to safe water, sanitation and improved hygiene

4.5. Strengthened systems, structures and services for protection of marginalized, poor and underserved populations

4.6. Expanded social mobilization for health

SERVICE DELIVERY

3.0 INCREASED USE OF QUALITY HEALTH SERVICES, PRODUCTS AND INFORMATION

Progress against the work-plan

The service delivery team implemented most of the activities as per the work-plan. The APHIA*plus* project provided CMEs and sensitizations for service providers at facility level. Updates were provided to HCW on recent changes in national guidelines on management of patients. Feedback from the community was sought to assist service providers so that quality of care would be improved. Technical assistance was provided by the service delivery coordinators to the sites as a way of ensuring that national guidelines for service provision were adhered to in all supported facilities. HTC outreaches, Malezi Bora and other campaigns were supported through the PHMT and DHMT.

The project team is working with the PHMT to standardize CME packages for service providers on all health service areas supported by the project. The prolonged work planning exercise during the quarter meant that CMEs and OJT on VMMC, MARPS and YFS have been postponed to next quarter. Two HCWs were supported for exchange visits to Mbagathi District Hospital on general HIV care. Exchange visits for specialized areas such as pediatric HIV care, PAC, VMMC and GBV were postponed to next quarter. Basic equipment and essential consumables are in the process of being procured. Procurement lists have been prepared based on a six month procurement plan in preparation for a rapid scale up of services such as VMMC.

Project Highlights for the facility based activities

APHIA*plus* Nairobi/Coast entered its second quarter to offer technical assistance to the Ministries of Medical Services and Public Health and Sanitation and local implementing partners serving the people of Nairobi Province. The goal at facility level is to address health concerns by strengthening facility based HIV/AIDS, TB, Reproductive Health/Family Planning (RH/FP), and MNCH services. Notable achievements during the quarter for the facility based activities were as follows:

The number of health facilities supported by the program in Nairobi Province is **182**. By service component, the project supports **89** ART sites, **57** PMTCT (Prevention of Mother to Child Transmission) sites, **44** TB sites, **123** HTC (DTC/PITC and VCT) sites, **52** sites offered post exposure prophylaxis (PEP), **5** Post Abortion Care (PAC) sites and **85** RH/FP sites.

5,859 first ANC visit clients were served in the PMTCT supported facilities while **12,651** were revisits. **7,482** pregnant women were counseled, tested and received their results with **369 (4.9%)** testing positive. Of the HIV+, **334** (**91%)** received maternal ARV prophylaxis. **319 infants** received ARV prophylaxis at both maternity and ANC.

In the VCT/DTC setting, **56,563** clients accessed counseling and testing services and received their test results of whom **4,751** (**8.4%**) were found to be HIV+.

477 HIV infected clients attending HIV care/treatment services received their treatment for TB disease this quarter while **49,924** registered patients were provided with palliative care including TB treatment.

19,020 clients were receiving treatment at ART sites by the end of the quarter.

1,146 clients were newly initiated on ART during the quarter.

15,131 new clients and **29,693** revisit clients were offered modern family planning methods including condoms. **20,369** CYP was achieved.

Achievements during the quarter

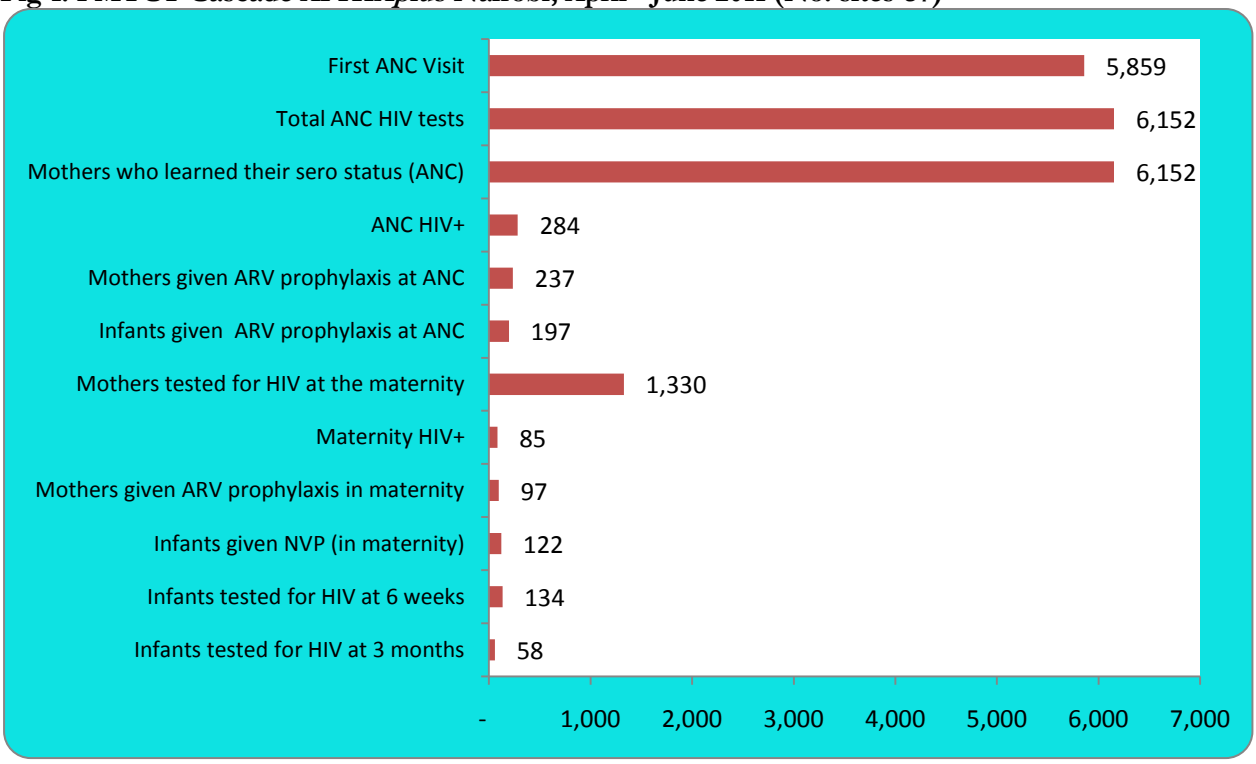
3.1: Increased availability of an integrated package of quality high-impact interventions at community and facility level

3.1.1 PMTCT

The project continued supporting **57** private and faith based facilities to implement PMTCT services. During the quarter, the project supported service providers with updates on the recently modified registers and reporting tools from NASCOP in Kasarani and Kamukunji Districts. EID data was reported in **23** facilities and the motor- bike riders ensured that samples were transported to KEMRI and that results were returned to the SP and hence to the clients. EID data reporting has been a challenge but service delivery and M&E teams are working very closely with the P/DHMTs to improve the reporting.

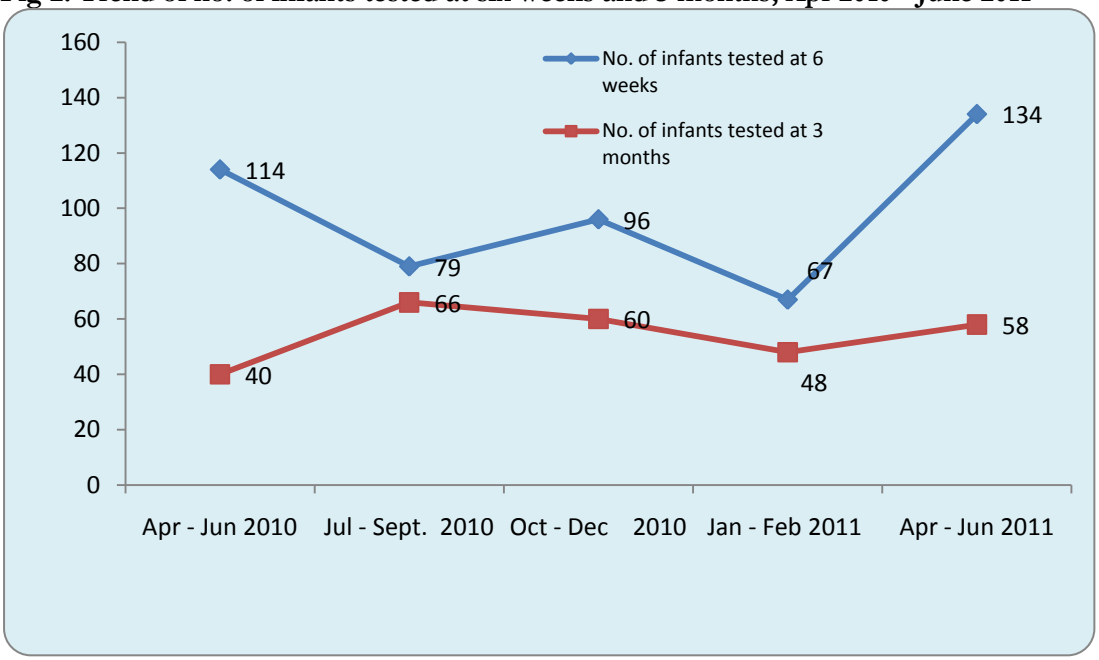
Data

Fig 1: PMTCT Cascade *APHIAplus* Nairobi, April - June 2011 (No. sites-57)



During the quarter**, 7,482** mothers were counseled and tested for HIV and received their test results at ANC: of **369** mothers who tested positive, **334 (91%)** received ARV prophylaxis. Maternal prophylaxis at the maternity was **114%** while at the ANC **83%** of the HIV positive mothers received their prophylaxis. **319** infants received prophylaxis during the quarter and **192** had samples taken for EID. The prevalence for HIV was **4.6%** in the ANC and **6.3%** at maternity.

Fig 2: Trend of no. of infants tested at six weeks and 3 months, Apr 2010 - June 2011



During the quarter, more infants were reported than in the previous quarter as having accessed EID for HIV. This was as a result of less turn-over of trained staff as well as continuing on job training

Catholic Medical Mission Board

CMMB is supported by the *APHLAplus* project to provide support to PMTCT, care and treatment of HIV in twelve faith based facilities in Nairobi. The mode of support for the last six months has been through a fixed obligation grant (FOG). **3,162** mothers were counseled and tested for HIV from all the reporting facilities and of those tested, **125** were positive. Among the positive mothers, **138** received prophylaxis with all **121** mothers who tested positive at ANC receiving prophylaxis. **101** infants received their prophylaxis during the quarter while **133** were tested for HIV through EID at 6 weeks and at 3 months. In the six facilities providing ART through CMMB, **135** new clients were initiated on ARV while **1,816** continued on treatment during quarter. **248** clients were counseled and tested through VCT and PITC.

Challenges

- Most private health facilities are not offering immunization as clients prefer to attend the immunization services in the public facilities. Plans are underway in the next quarter to provide TA and CME to facilitate establishment of immunization in private facilities.
- High staff turn-over continues to be a challenge especially in the private facilities. Where ARVs are not being offered in the MCH, there is significant loss to follow up of exposed infants as HIV positive mothers seek services in facilities that have a CCC. Discussions have started at MDH to initiate the integration of ARV services at the MCH and lessons learned from this initiative will assist in roll out to other facilities
- Staff shortage and turn-over in the supported sites has slowed down the uptake of new guidelines as well as affected record keeping

3.1.2 MNCH

In Kasarani and Kamukunji Districts, EPI updates were provided to HCW to enable them to give quality services to children in line with the global strategy of reaching every child in every district (RED STRATEGY) irrespective of religion or nationality. In addition, the project supported two *Malezi Bora* sensitization sessions per district including support to CME on maternal and child nutrition. A total of **574** HCW and CHW were reached with **9** CME and **18** sensitizations. In the forty facilities supported in MNCH, **5,417** deliveries were conducted: **5,349** were live births of which **5,319** were discharged alive. During the quarter there were, 68 still births, 30 neonatal deaths and one maternal death due to eclampsia. Amongst the complications experienced by the mothers during delivery were, ante partum hemorrhage (APH), post partum hemorrhage (PPH), eclampsia and obstructed labor (most common complication during delivery). There were no reported cases of sepsis or ruptured uterus.

During the quarter **602** children were reported to be malnourished out of the total **30,316** children weighed in **40** supported sites. **896** out of **22,951** children were underweight in the age group 0-11 months while **115** out of **1,900** were underweight in the age group 36-59 months. The majority of the children who were reported to be malnourished had marasmus **(115**) while **26** had kwashiakor, **42** were anaemic and **419** were reported as having faltering weight.

Concerning immunization, supported sites in all nine districts reported a total of **5,429** children who had received vitamin A supplementation while **9,290** received pneumococcal vaccine. A total of **4,427** children received the pentavalent vaccine, DPT, Hepatitis B/ HiB3. The increase in number of children receiving pneumococcal vaccine is due to the recent campaign funded by the Melinda Gates foundation to accelerate the coverage nationwide. Immunization is a key topic during the *Malezi Bora* campaigns and district wide campaigns supported by APHIA*plus* were geared towards improving coverage for the under fives.

Challenges

- The mother child booklet has been in short supply at the district and provincial level therefore impacting on provision of quality services.

Immunization in the private facilities remains low and therefore more CME will be provided while linking these facilities to the DHMT for more supportive supervision.

Planned Activities (July – September)

- Procure and provide apparatus for ORT corners
- Provide update on Expanded program for Immunization (EPI)
- Liaise with HCS team to strengthen follow up of malnourished children at community level
- Strengthen referral as appropriate of malnourished children
- Provide TA on FP counseling at the MCH

3.1.3 HIV Counseling and Testing

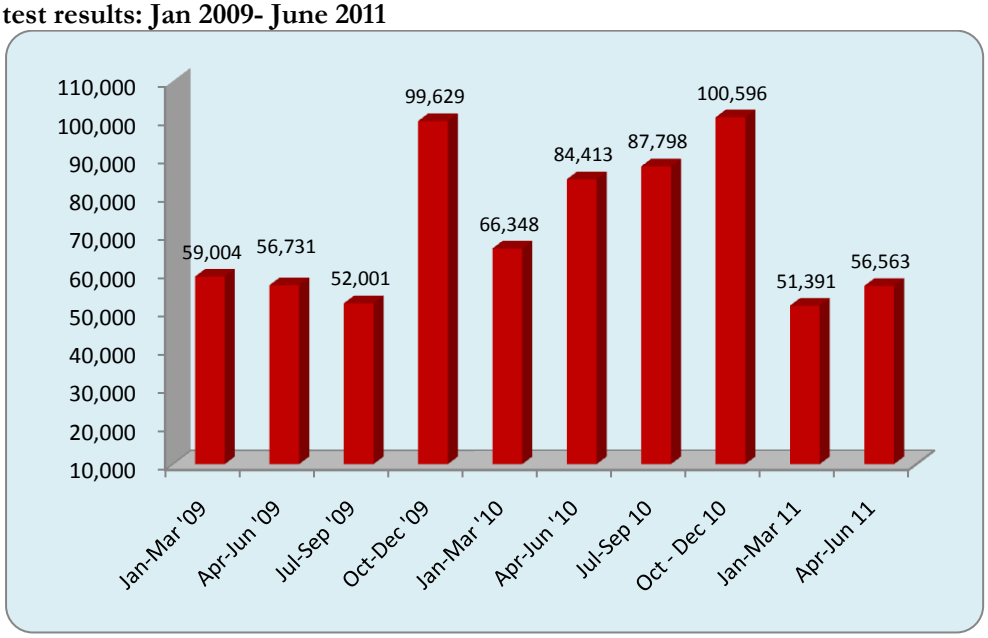
During the reporting quarter, the project continued supporting HTC services at **123** sites in the 9 districts. The main activities supported were counselor supervision and outreach activities. At Embakasi and Langata Districts HCW were updated on the new HTC guidelines. **12** outreaches were conducted at Mukuru kwa Njenga, Imara Daima, Embakasi Village, Utawala Estate, Jua Kali in Dandora, Kariobangi South, Ngara, Kibagare and Waruku Villages. Through the outreaches, a total of **3,986** people were reached with counseling and testing services, while **92** tested positive. At Embakasi, **ten** couples were reached and one was concordant positive. The

majority of the clients reached during the exercise at Westland were youth (42%) aged between 15 and 24 years. During the outreach at Westlands, it appears that drug abuse and alcohol are the primary cause for irresponsible sexual behavior. The counselors who found themselves ill-equipped to handle such issues have requested training in handling of MARP.

241 counselors were reached during the counselor supervision meetings in the nine districts. In most of these meetings the counselors agreed the terms and conditions of their work as they had not met during the A+NC transitioning period. Other issues discussed were partner counseling and testing, non-adherence to ART as a result of many patients having gone to *Loliondo* for the miracle herbal cure and the streamlining of the practice of adherence counseling by the counselors.[2]

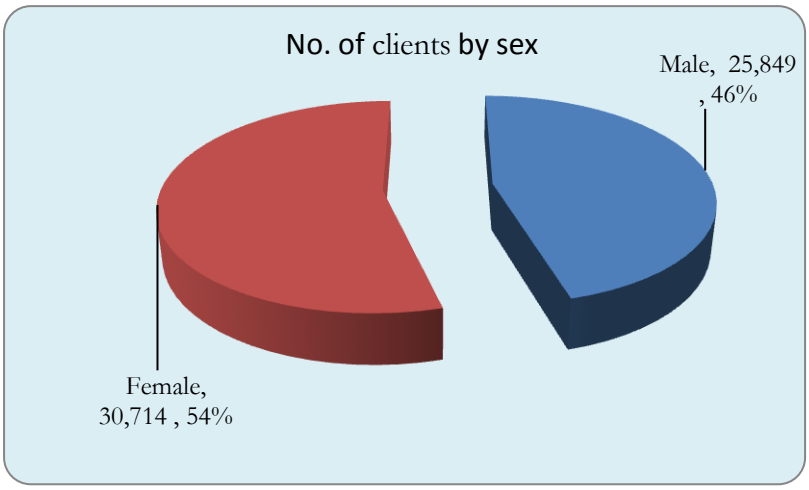
Data:

Fig 3: Number of individuals who received counseling and testing for HIV and received their test results: Jan 2009- June 2011



[2]. See Community Section, 'Monthly CHW Meetings' for explanation of the sect.

Fig 4: Number and percent of individuals received counseling and testing by gender: April-June 2011



During the quarter **56,563** clients were counseled and tested. More women **30,714 (54%)** received counseling and testing compared to men, **25,849 (46%).** There was an increase of individuals counseled and tested from 51,391 in Jan-March to 56,563 in the April-June quarter. This figure is expected to rise as program activities intensify and counseling and testing are accelerated during an RRI.

Kenyatta National Hospital

Kenyatta National Hospital is a grantee supported for the last six months under a FOG (fixed Obligation Grant) to provide HIV counseling and testing services. Through the FOG, KNH provided VCT services at the KNH VCT and Youth Center sites and GBVRC, VCT services at mentored sites, home based counseling and testing (HBCT) and PITC services in the adult and pediatric wards and also at the out- patient department and special clinics.

By the end of June 2011, a total of **16,008** patients had been counseled and tested; **2,303** in the KNH VCT, **2,847** in the mentored sites, **2,199** during the HBCT and **8,659** were counseled and tested during the PITC at the hospital.

Challenges

- The improvement of counselors' skills and attitudes remains slow in the area of pediatric testing despite having received training and mentorship support. Efforts will continue with mentorship and TA provision to ensure that their confidence improves in counseling of children
- Erratic supply of test kits has been a challenge though the project will continue to support counselors in reporting of commodities to enable better management of the supply chain.

Planned activities for next quarter (July- September 2011)

- Continue support of counselor supervision
- Strengthen pediatric HTC through mentorship and TA
- Provide updates on HTC guidelines and protocol
- Support roll out of revised tools

3.1.4 TB/HIV Integration

During the quarter, the project continued to support TB/HIV integrated services in 44 sites and **477**clients received treatment for TB at the supported sites while a total **49,924** patients were on palliative care including TB treatment.

Data

Fig 5: Number and per cent of clients receiving treatment for the TB disease by sex: Apr - Jun 2011

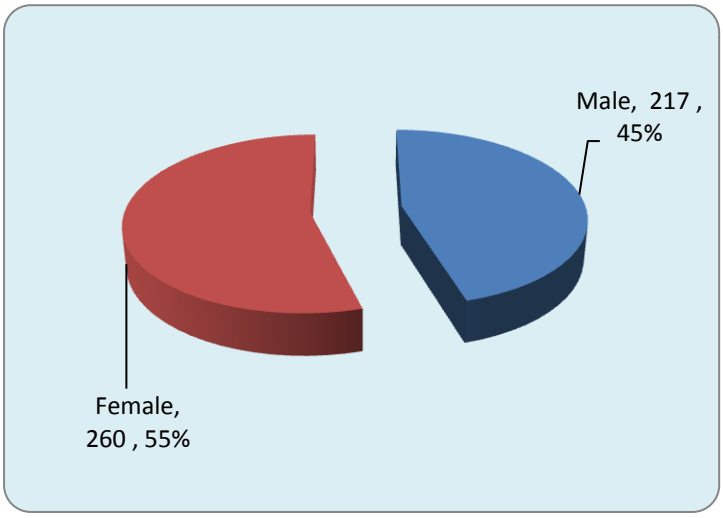
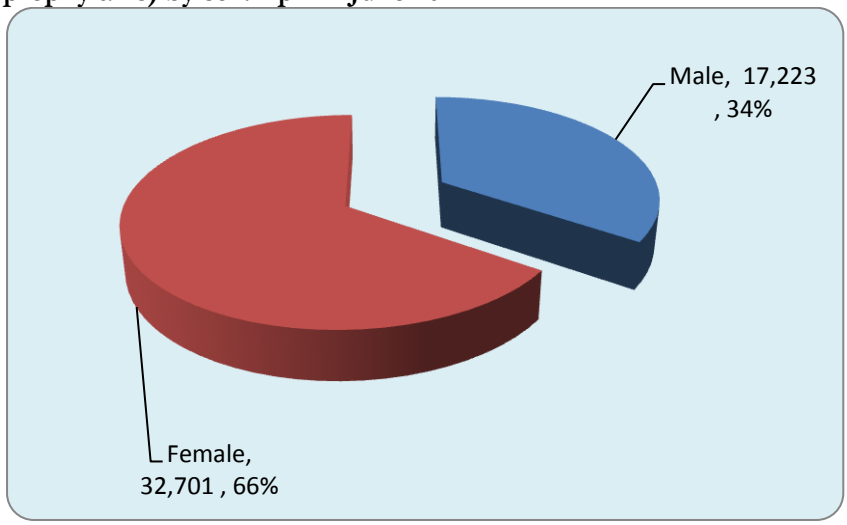


Fig 6: No. of individuals provided with HIV-related palliative care (including TB treatment or prophylaxis) by sex: April – June 2011



During June, the project staff and the PASCO's office conducted TB intensified case finding (TB ICF) roll out in supported facilities in every district. Thereafter, Waithaka HC, Melchidezek Hospital and Kivuli Dispensary were among the sites that were supported with TA in TB ICF roll out while in other supported facilities the national tools were distributed. **308** HCW were reached with the TB ICF CME while **97** DHMT members and facility in charges received sensitization on the same. In Westlands District, **214** HIV positive clients were screened for TB in two facilities out of which **18** were suspected to have TB and **2** were AAFB positive on

sputum examination. Clients were nutritionally assessed at supported sites and those found to have low BMI referred to the nutritionist for further support.

Challenges

- Lack of food support to clients or health facilities has been affecting adherence to drugs; it is in the project work plan to support nutrition corners to strengthen nutrition counseling at the facility as well as refer the clients as appropriate for either food support at community level or food by prescription at facility level
- In the months of April and May 2011 there was stock out of streptomycin injections necessitating patients to purchase their own drugs. The majority of the patients were able to procure the drug but for those who could not, treatment was affected; however, the limited supply that was available was given to these patients. The supply was later reinstated.
- Discussions are taking place with the DHMT to explore ways of strengthening defaulter tracing in Starehe District.

Planned activities for next quarter (July-September 2011)

- Strengthen TB case management at supported sites in collaboration with P/DTLC
- Continue integration of TB screening in the door to door HTC outreaches
- Participate in the district TB/HIV collaborative meetings
- Continue to support TB ICF at all supported CCC by providing TA and tools for screening
- Strengthen nutrition support and referral for nutritional support at the TB clinic

3.1.5 HIV Care and Treatment

The project continued supporting HIV care and treatment in **26** GOK facilities, **9** FBO and **54** private facilities giving a total of **89** supported sites. The support provided includes: mentorship, technical assistance by project staff, laboratory networking, and commodity management strengthening, integration of FP and HIV services, including cancer of the cervix screening. **19,020** clients were currently on treatment by the end of the reporting quarter while **1,146** clients were newly initiated on treatment. During the reporting quarter, several meetings were held with the PHMT to discuss placement of **15** cryo-therapy machines that had been procured through the APHIA II Nairobi Project. In addition, the service delivery team worked closely with the M&E team to roll out the revised tools for ART by supporting trainings in Kamukunji and Westlands Districts as requested by the PASCO.

At supported sites, the DQA report by NASCOP was shared with the facility teams, provincial pharmacist and the relevant DHMT members and together with the project team they were able to develop solutions to address problems that had been highlighted. In addition, to improve the quality of data at the facilities, the service delivery team supported CME on tools and summary reports to ensure that register are updated daily.

Fifteen facilities held interdepartmental meetings during the quarter. These meetings were attended by a total of 167 staff. Data reporting was found to be unsatisfactory in terms of timeliness and accuracy while newly revised tools were not yet present. Staff was also sensitized on the newly revised tools to be rolled out soon. Heavy workload was said to affect data submission. ARV provision was also discussed especially the issue of patients on D4T where it was stated that the supply had been erratic. Defaulter tracing was discussed and Eastleigh HC requested that they be supported with facility-based CHWs to assist with defaulter tracing. Mathare North HC requested that support with more staff for dispensing and counseling due to the increasing number of patients. APHIA*plus* was lauded for the support it is providng to the

facilities in provision of services and coordination of the CCC support. At Westlands District, the project supported a pediatric supervision meeting for the DHMT and facility in-charges on 25th May at the All Africa Churches Conference. .During the meeting, service providers acknowledged that there was a need to increase the uptake of pediatric HIV care and treatment, support service providers with skills and knowledge to conduct OJT on pediatric HIV care for other staff members, HCWs be trained on pediatric ART and that individual facilities will follow their work plan to ensure children are initiated on treatment as per the national guidelines. .

Data

The table below depicts number of clients by supported site in Nairobi

Table 1: Clients provided ART services by supported site Nairobi: April - June 2011

	Name of Clinic Site	No. of clients starting ART during report period		Cumulative # of persons started on ART		Total # of clients currently on ART		Total number by client type		
		Male	Female	Male	Female	Male	Female	New clients	Cumul.	Current
1	Bahati Health Centre	5	4	85	110	110	85	9	195	195
2	Eastleigh Health Center	5	4	9	20	9	11	9	29	20
3	Huruma Lions Dispensary	3	11	76	240	61	173	14	316	234
4	Kahawa West Health Center	5	13	58	93	58	112	18	151	170
5	Kariobangi Health Centre	8	29	273	315	282	332	37	588	614
6	Kasarani Health Center	5	9	130	232	115	180	14	362	295
7	Kenyatta University Dispensary	11	13	20	0	4	1	24	20	5
8	Mathare North Health Center	23	44	438	780	468	764	67	1218	1232
9	NCCK Huruma	4	4	9	12	9	12	8	21	21
10	Ngaira Rhodes Dispensary	18	19	375	341	371	328	37	716	699
11	Ngara Health Centre	8	4	26	46	26	46	12	72	72
12	Pumwani Majengo Dispensary	17	18	122	198	111	180	35	320	291
13	Special Treatment Clinic (STC) Casino	15	7	404	493	404	193	22	897	597
14	St. Francis Community Hospital	11	35	211	404	192	393	46	615	585
15	St. Joseph Mukasa Dispensary	5	7	112	219	112	219	12	331	331
16	Staff Clinic	6	4	17	17	17	17	10	34	34
17	Uzima Dispensary	15	12	46	90	42	69	27	136	111
	Nairobi North District	164	237	2411	3610	2391	3115	401	6021	5506
18	Amurt Health Center	23	10	236	846	219	301	33	1082	520
19	FHOK Health Centre	0	5	34	127	26	84	5	165	110
20	Gertrudes Hospital	21	40	355	552	313	488	61	907	801
21	Kangemi Health Center	31	33	363	639	336	560	64	1002	896
22	Kibera DO Dispensary	1	5	7	7	8	14	6	14	22
23	Kivuli Center/Riruta Health Project	2	6	19	65	19	65	8	84	84
24	Mbagathi District Hospital	46	60	2477	3962	2160	3431	106	6439	5591
25	Melchizedek Hospital	3	7	47	57	43	58	10	104	101
26	Nairobi Womens Hospital	6	19	164	463	164	465	25	629	627

	Name of Clinic Site	No. of clients starting ART during report period		Cumulative # of persons started on ART		Total # of clients currently on ART		Total number by client type		
		Male	Female	Male	Female	Male	Female	New clients	Cumul.	Current
27	Waithaka Health Center	0	5	39	91	25	80	5	130	105
28	Westlands Health Centre	1	8	84	162	88	154	9	246	242
	Nairobi West District	134	198	3825	6971	3401	5700	332	10802	9099
29	Dandora II Health Center	8	19	236	501	202	512	27	737	714
30	Embakasi Health Centre	3	3	175	122	175	122	6	297	297
31	Jamaa Hospital	3	8	101	136	85	103	11	237	188
32	Jericho Health Centre	4	23	85	151	85	155	27	236	240
33	Kayole II Sub-District Hospital	25	33	189	294	188	298	58	483	486
34	Loco Dispensary	5	6	66	79	60	58	11	145	118
35	Lunga Lunga Health Center	4	10	120	185	72	121	14	305	193
36	Makadara Health Center	4	14	150	233	154	237	18	383	391
37	Mukuru MMM Clinic	11	11	64	97	57	71	22	161	128
38	Remand Dispensary	11	6	225	235	122	195	17	460	317
39	Ruben Centre Clinic	12	14	99	164	19	62	26	263	81
40	Soweto Kayole PHC	6	11	178	304	178	295	17	482	473
41	Umoja 1 Health Center	10	33	11	47	11	33	43	58	44
	Nairobi East District	**106**	**191**	**1,699**	**2,548**	**1,408**	**2,262**	**297**	**4,247**	**3,670**
42	Fremo Medical Centre	0	1	1	1	1	2	1	2	3
43	GlobalMed Healthcare & Maternity	0	0	3	2	0	1	0	5	1
44	GSN Almasi Medical Consultancy	0	3	1	3	0	3	3	4	3
45	GSN Angelic Mission Medical Center	0	0	0	1	0	1	0	1	1
46	GSN Arena Medical Center	0	0	3	6	3	6	0	9	9
47	GSN Avenue Hospital	0	1	22	22	22	22	1	44	44
48	GSN Buruburu Health Services	1	2	2	4	1	1	3	6	2
49	GSN Canaan Health Providers	0	0	1	2	0	2	0	3	2
50	GSN Consolata Dispensary	0	0	0	2	0	1	0	2	1
51	GSN Dr. CJR Opondo	1	0	25	18	18	18	1	43	36
52	GSN Dr. E Omonge	0	0	35	63	34	62	0	98	96

	Name of Clinic Site	No. of clients starting ART during report period		Cumulative # of persons started on ART		Total # of clients currently on ART		Total number by client type		
		Male	Female	Male	Female	Male	Female	New clients	Cumul.	Current
53	GSN Dr. F M Mwendwa	1	1	24	30	24	22	2	54	46
54	GSN Dr. H Alube	0	0	15	22	5	13	0	37	18
55	GSN Dr. Joseph Aluoch	1	1	53	47	32	31	2	100	63
56	GSN Dr. Karienye	0	0	0	3	0	2	0	3	2
57	GSN Dr. Kimani Gicheru	1	0	10	7	10	7	1	17	17
58	GSN Dr. Paul J Ondiege	0	0	7	12	8	5	0	19	13
59	GSN Dr.S Ndombi	0	0	3	2	3	2	0	5	5
60	GSN Eastlands Medical Center	0	0	3	2	1	2	0	5	3
61	GSN Farmers Choice	2	0	12	10	5	2	2	22	7
62	GSN Gachui Medical Clinic	0	0	9	15	6	8	0	24	14
63	GSN Gurunanak Hospital	3	5	37	49	14	54	8	86	79
64	GSN Huruma Nursing Home	5	16	46	5	8	20	21	51	22
65	GSN Imani Medical Center	3	11	6	23	6	22	14	29	28
66	GSN Jahmii Medical Clinic	0	2	3	3	0	3	2	6	3
67	GSN Jamko Health Center	0	0	8	5	5	5	0	13	10
68	GSN Karen Hospital	0	0	16	14	11	10	0	31	21
69	GSN Komarock Health Center	0	0	1	0	1	0	0	1	1
70	GSN Langata Hospital	0	0	0	1	1	3	0	4	1
71	GSN Mariakani Cottage Hospital	2	4	72	56	32	31	6	118	63
72	GSN Meridian Buruburu	2	0	4	7	3	5	2	11	8
73	GSN Meridian Donholm	1	4	6	4	5	4	5	10	9
74	GSN Meridian Landmark	0	2	2	3	1	3	2	5	4
75	GSN Meridian Mall	0	0	1	0	1	0	0	1	1
76	GSN Meridian-Nation Center	0	1	2	4	0	4	1	6	4
77	GSN Metropolitan Hospital	5	14	4	3	4	2	19	7	6
78	GSN Pipeline Clinic	0	3	2	9	2	11	3	11	13
79	GSN Premium Health Services	2	5	5	10	3	9	7	15	12
80	GSN Radiant Pangani Hospital	0	0	7	12	7	11	0	19	18

	Name of Clinic Site	No. of clients starting ART during report period		Cumulative # of persons started on ART		Total # of clients currently on ART		Total number by client type		
		Male	Female	Male	Female	Male	Female	New clients	Cumul.	Current
81	GSN SDA Health Services	1	3	14	13	10	16	4	27	26
82	GSN Sims Medical	0	0	0	2	0	1	0	2	1
83	GSN Thika Road Health Center	0	1	4	6	3	4	1	10	7
84	GSN Transcom Medical	0	0	5	7	3	1	0	12	4
85	GSN Umoja Hospital	0	0	1	2	1	2	0	3	3
86	Komarock Modern Patient Centre	0	0	2	2	2	2	0	4	4
87	Maria Maternity and Nursing	0	0	0	2	0	1	0	2	1
88	St Catherine`s Maternity	0	0	0	1	0	1	0	1	1
89	St Johns Community Centre	2	3	3	6	3	6	5	9	9
	Total GSN sites	**33**	**83**	**480**	**523**	**299**	**444**	**116**	**997**	**745**
	Total Nairobi Province	**437**	**709**	**8,415**	**13,652**	**7,499**	**11,521**	**1,146**	**22,067**	**19,020**

Laboratory Network

The support for the laboratory network continued with motor bike riders employed to transport specimens to hub labs. The laboratory network caters only for CD4 samples while other ART monitoring tests are done at the facilities where there is equipment. At Kangemi HC, SCMS facilitated the repair of a biochemistry machine. The lab network in Nairobi has access to four hub laboratories, i.e., Casino HC, Lunga Lunga HC, KEMRI and Mathare North HC. During the reporting quarter the laboratory network served a total of thirty sites in various parts of Nairobi. A total of **3,423** samples were transported and their results given within the quarter; 943 samples were taken to KEMRI, 1519 samples were taken to Lunga Lunga, 319 samples were taken STC Casino and 642 samples were taken to Mathare North HC. Plans are underway to install the FACS CALIBUR machine at the Mbagathi District Hospital thus improving the laboratory network.

Staffing

While the need for staff support in Nairobi is 87 individuals, there are only **68** staff supported through the USAID Capacity Project; there is therefore a gap of 19 staff (see table below). The number currently supported includes a medical officer, registered clinical officers, nurses, counselors, laboratory technicians, health records and information officers, social workers, peer educators, office assistants, an administration assistant and an information technology officer. The staff gap is due to, a total of **13** staff supported by Malteser International which was a partner during A2N had their contracts terminated in May as the project was no longer supported while **6** vacancies have been occasioned by resignation of previously USAID Capacity Project supported staff. Discussions with Capacity Project have been ongoing to replace these staff.

Table 2: Project supported staff, April-June 2011

Cadre	Number	Gap
Medical officer	1	0
Senior Clinical Officer	1	0
Registered Clinical Officer	28	5
Registered Community Nurse	8	6
Medical Laboratory Technologist	9	1
Health Records and Information Officer	5	6
Social Worker	2	0
CCC Counselor	3	0
CCC administrator	1	0
Office Assistant	1	0
Peer Educator/ administrative assistant	2	1
VCT counselor	6	0
Patient attendant	1	0
Total	68	19

Cervical Cancer Screening

The project continued supporting commodity supply for screening for cancer of the cervix in HIV positive women at the CCC. The method used was visual examination of the cervix using Lugol's Iodine and acetic acid (VIA/ VILLI). Most patients found to have suspicious lesions were referred to KNH while others were booked at facilities where cryo-therapy machines will be placed during the coming quarter. A total of **1,126** clients were screened on VIA and **1,120** on VILLI and of the total screened, **14** were positive for VIA/ VILLI while **29** had lesions suspicious of cancer of the cervix. Screening of STI was integrated into the cervical cancer screening and **149** clients were treated for STI while **12** were referred for further treatment. During the quarter, **17** facilities, mainly public facilities reported cancer of the cervix screening.

Mbagathi District Hospital

The CCC at MDH is a center of excellence that provides high quality comprehensive care with no charges to the patients. The project support to MDH includes staff support, air-time, and transport for home visits, hot lunch for children attending family clinic with their caretakers/guardians, support groups for mamas (expectant mothers) teens and pre-teens support groups and non-pharmaceutical commodities. The facility has CHWs based at the CCC who provide linkage to the community.

The CCC has a total of **34** staff, **24** of whom are supported through the USAID Capacity Project. There is one medical officer who heads the CCC, an administrative officer who assists the CCC with logistical management, a senior clinical officer to supervise eight clinicians, four nursing officers and four others from the MOH all headed by a MOH nursing officer in-charge of CCC. In addition the USAID Capacity project one peer educator, one senior counselor, 2 counselors, one lab technologist, one social worker, 2 health records officer and an office assistant. NASCOP supports two data clerks while MOH support one other CO, two senior

nursing officers, a subordinate staff and two pharmacists. Staff at MDH were exposed to various update during the quarter: which included: Prevention with positives, EID tools, ART tools training, PEP register training, HTC training, HTC update, a work shop on use of rifabutin, PMTCT update, MARPS sensitization and HIV QUAL. CMEs were also offered every two weeks through project support.

During the quarter, **220** patients, **194** adults and **16** children, were enrolled in care. **115** patients and **106** adults and **9** children were initiated on ART. The total number of patients now on ARV is **5,591**. **28** patients transferred out and **54** were lost to follow up. There were **95** clients served in the FP clinic, **60** new clients and **35** revisits. **164** new clients and **72** revisits were screened for cancer of the cervix. Four clients with abnormal lesions were referred to KNH and **18** were treated for STI. The project will place a cryo-therapy machine at the Mbagathi District Hospital procured during APHIA II Nairobi and all clients with abnormal lesions will from next quarter be treated at the facility.

To improve adherence, the project supported **9** education sessions given to **39** HIV positive mothers. Health talks were given to clients by peer educators and CHW and adherence counseling sessions continued. Disclosure for children above eight years was supported as well as play therapy sessions to enhance adherence to treatment.

Nutrition assessment continued for clients, especially for the children, pregnant women and post- partum women. In the laboratory, **1780** CD4 tests were run, **1077** creatinine samples (**166** were abnormal), and **32** samples were sent to National HIV Reference Laboratory (NHRL) for viral load.

Challenges/ recommendations

- Lack of a nutritionist working full time at the CCC has affected nutritional assessment for clients especially children at each visit. A full time nutritionist should be based at the CCC and this has been proposed to the hospital management.
- CRAG kits are not always available for screening patients for cryptococcal meningitis. There has been a request for this to be supplied through SCMS for timely and accurate assessment of patients and a response to this is being awaited.

Gertrude's Children Hospital

During the quarter, Gertrude's Children Hospital was supported through a FOG. The grant supported care and treatment of children living with HIV and their families; catered for HIV counseling and testing through the project counselors, psychosocial support groups and supported nutritional support. The monitoring of the second milestone (15th March to 15th May) was on 16th May 2011. The monitoring was performed by the service delivery coordinator in collaboration with the Grants Manager. By the end of the second milestone, **241** patients had been counseled and tested, **687** adults were on HIV care while **854** children continued receiving care at the facility. **120** caregivers attended the support group meetings while **187** clients attended their support groups. **35** infants received food support during this period. GCH continued submitting their monthly data to the project. By the end of the quarter **65** new patients of whom **20** were children had been initiated on ART and **464** were continuing on treatment with **317** of those on treatment being children.

Nairobi Women's Hospital

Nairobi Women's Hospital was supported through a FOG for comprehensive care services including PMTCT and support of the GBV centre. **100** clients accessed VCT services during the

period for the second milestone. At the GBVRC, **340** GBV survivors accessed counseling services out of which **23** were survivors of domestic violence.

Challenges/ recommendations

- Integration of FP in the CCC remains a challenge due to frequent stock out of commodities. The project has been assisting in redistribution of commodities to enable access.
- Departure of Malteser International supported staff has affected quality of services at supported sites. Discussions are underway with Capacity Project to fill the gaps. To further improve the quality of care at supported sites, a needs assessment for staffing is underway to identify other priority areas for staff support.
- Laboratory network remains a challenge due to access to only a few CD4 machines, especially for the public facilities at Mathare North, Lunga Lunga, STC Casino and KEMRI. Break down of the machines, thus disrupting services especially at STC Casino and Mathare North Health Centers, is frequent due to overload and age of the machines. The Mbagathi District Hospital is in the process of installing a FACS Caliber and it is hoped that this will strengthen laboratory support for CD4 in Nairobi.

Planned Activities for Next Quarter

- Provide mentorship to supported sites
- Provide CME on commodity management
- Provide CME on ART tools
- Strengthen laboratory network
- Procure and provide equipment for nutrition corners
- Support OJT for cancer of the cervix screening and use of cryo-therapy

3.1.6 RH/FP

During the reporting quarter, the project continued supporting RH/FP services at **85** sites.

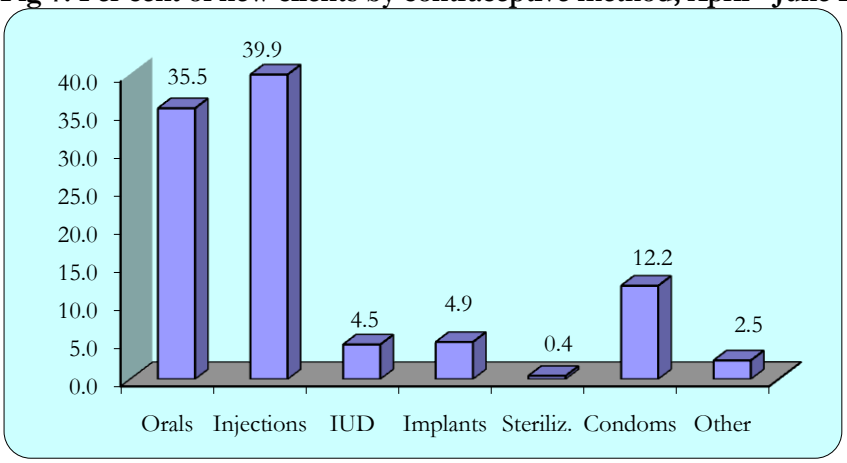
Data

Table 3: Number of new clients served by contraceptive method: April - June 2011

Method provided	Client type	No. of clients served
Orals	New	5,374
	Revisit	10,721
Injections	New	6,043
	Revisit	16,655
IUD	New	687
	Revisit	553
Implants	New	737
	Revisit	216
Sterilization	New	65
	Revisit	8
Condoms	New	1,853
	Revisit	1,509
Others- natural method	New	372
	Revisit	31

	New clients	**15,131**
Total	**Revisits**	**29,693**

Fig 7: Per cent of new clients by contraceptive method, April - June 2011



During the quarter **15,131** new patients were counseled and provided with at least one FP method in the supported facilities. Of all the new patients seen, **39.9%** were started on Depo Provera injection which remains the method of choice for most clients. Popularity of the injectable contraceptive may be due to the ease of administration while some women consider it a more discrete method to use with amenorrhea being viewed by some as a benefit.

FP services continued despite occasional stock out of commodities. During the quarter, Dagoretti District experienced stock out of Depo Provera injection. Transport support was provided to RH coordinators to distribute FP commodities from facilities overstocked to those experiencing stock outs. APHIA*plus* continues to support service providers' sensitizations on FP compliance.

In Makadara District, the project supported a CME for **35** service providers on YFS. An FGD followed for **8** adolescents at Jericho HC to gauge their perceptions regarding YFS. The youth at Jericho HC recommended that a youth desk be placed at the facility as well as a shift in attitude of staff towards youth was needed. YFS services continued being integrated in other services at MDH, Waithaka HC and Dandora II HC.

In Njiru District, an outreach was supported which integrated curative services, cervical cancer screening, and immunization and vitamin A supplementation. **917** clients were treated for various ailments, **60** received counseling and provision of FP methods, **19** children were immunized and **135** others received vitamin A supplementation.

3.1.7 Post Abortion Care

PAC services are being supported in five facilities in the province: KNH, MDH, Waithaka HC, , Riruta HC and Mutuini SDH. The newly renovated PAC room at MDH is now being fully utilized. During the quarter, **470** new clients were seen while **30** were revisits; of those seen, **297** had manual vacuum evacuation performed as part of the PAC procedure and **2** had dilatation and curettage done. **428** received post abortion contraceptive counseling and **170** were given a family planning method. **34** were referred for services elsewhere.

Challenges/ recommendations

- Commodity shortage remains the biggest challenge to implementation and integration of services. The project continues to support the RH coordinators to redistribute commodities.

Planned activities for next quarter

- Conduct annual FP compliance assessment
- Provide youth desks in five facilities
- Strengthen YFPAC services
- Scale up integration HTC services into FP at project supported facilities including Tunza sites

3.1.8 Voluntary Male Medical Circumcision

The project was represented at the national TWG during the quarter for VMMC and also in discussions with stakeholders. MDH and KNH requested support for VMMC. Working with the PASCO, the project identified seven additional sites for possible support after ensuring that no other partner was supporting those facilities. They were: Baba Dogo, Mathare North., Kasarani, Dandora II, Westlands, Jericho and Bahati Health Centers. In preparation for the VMMC services, a needs assessment will be conducted at the identified sites in the coming quarter. Several meetings were held with USAID and the Capacity Project to finalize the recruitment of VMMC dedicated staff.

Planned activities for next quarter

- Hire five dedicated teams for VMMC
- Conduct facility assessment for readiness for VMMC services
- Procure equipment and commodities
- Work with community teams to mobilize for VMMC services
- Train through Nyanza reproductive health services SP who will provide services

3.1.9 Most at Risk Populations (MARP)

APHIA*plus* will support five public facilities to establish MARP friendly services. The staff at these facilities will be trained through the PASCO's office on stigma reduction and provision of MARP services. Already two facilities have undergone orientation on provision of MARP friendly services: Westlands and Kangemi Health Centers. The third site identified is Dandora II HC in Nairobi East. A FGD was held at the Dandora II HC on the 27th of April to learn more about the ease with which MARPS are able to access services at public facilities. A group of men who have sex with men (MSM) participated in the FGD and they welcomed the idea of establishing a MARP friendly clinic in Dandora II HC. They proposed that one of their own should be the link person who will facilitate the linkage between the health facility and the MARP. They further proposed that one member of the key populations be a counselor in the facility to establish counseling services. They recommended that lesbians be invited for a FGD during which they will express their views. This will help to educate the lesbians how to seek medical services, organize social events to create awareness, and to create a support group in the facility for the key populations.

Challenges and recommendations

Despite staff being trained and sensitized at Kangemi and Westlands Health Centers, services have not picked up well. It has been found that before taking the staff through MARPS training it is necessary to undertake a stigma reduction session for all staff.

Planned activities for next quarter (July - September 2011)

- Stigma reduction sensitization for Kangemi, Westlands and Dandora II Health Centers service providers
- Sensitization on MARPS friendly services for HCW at Dandora II HC
- MARPS sensitization for project program staff
- Distribution of national guidelines on MARP to the selected facilities
- Support P/DHMT to identify two more facilities for establishment of MARP friendly services

3.1.10 Strengthened Linkages and Partnerships

DHMT meetings & District stakeholders meetings

As part of strengthening linkages between facility and community services, the APHIA*plus* service delivery team participated in DHMT meetings and district stakeholders' meetings. The project also continued to support the district and provincial teams to conduct support supervision to facilities, notably during the *Malezi Bora* week. During this period the PHMT was able to visit 16 facilities for supervision. Support provided included stationery, photocopying of reporting tools, sensitizations and CME. The project supported monthly DHMT and facility in-charges' meetings in all the nine districts. These meetings provide a forum where progress updates and challenges encountered in service delivery are discussed. At Njiru District the project team oriented the facility in charges and the DHMT on the new project activities. Plans are under way to sensitize other DHMTs on the new project activities.

Facilitative supervision

During the quarter April – June, a Quality Improvement & Facilitative Supervision meeting cum orientation session for PHMT and PMST was held. The orientation session included an overview of quality improvement as well as facilitative supervision. During the meeting the PHMT/PMST were taken through an adapted facilitative supervision tool which was modified under APHIA II Nairobi from the MOH RH PMTCT facilitative supervision tool which had been developed under AMKENI in collaboration with the Division of Reproductive Health in 2007. Following deliberation with the PHMT and PMST, the tool was endorsed for use in Nairobi Province. Also discussed and endorsed in the meeting were interview guides for client exit interviews and provider feedback. The latter will be used to obtain information on quality of health services from the client and health provider perspective. From the information obtained from the facilitative supervision tool, client exit interview and provider feedback, facility action plans will be developed and subsequently monitored for improvement of health services. Minutes of the meeting documented the agreed upon provincial strategy on facilitative supervision.

Challenges and Recommendations

- Slow implementation period as the project was still developing its work plan as the MOH staff was finalizing the AOP 7. In the forthcoming quarter, work will be intensified to recover the lost time.

Activities planned for the next quarter (July – September)

- Support and participate in the DHMT and facility in charges meetings
- Support and participate in the district stakeholders' forum
- Support and facilitate the quarterly district AOP6 review meetings.

- Support provincial dissemination forum on Facilitative Supervision for DHMT and HMT on the FS tool
- Conduct a 3-day orientation on Facilitative Supervision for 60 DHMT/HMT members
- Conduct a 3-day TOT on Client Oriented Provider Efficiency (COPE) for 30 trainers
- Conduct a 3-day orientation on COPE for 30 facility staff

Meetings attended by Service Delivery Team

- Clinical PWP TOT training on 9th to 13th May at Sai Rock Hotel, Mombasa
- Langata District 3rd quarter AOP review meeting on 24th May at AMREF Training Center
- Makadara District stakeholder's meeting on 26th May at Milele Guest House
- Stakeholders' sensitization meeting for implementation of Social Accountability on 2nd June at Utalii College
- Sex Workers Dissemination meeting on 3rd June Meridien Court Hotel
- DRH Document dissemination meeting on 9th June at Lenana Conference Center
- RH tool dissemination held on 8th to 10th June at Lenana House
- PMTCT TOT training orientation on new PMTCT curriculum 13th to 15th June 2011
- Nairobi Province Commodity review meeting 16th June at Gracia Hotel
- National Policy on Provision of SP for IPT for Malaria in Pregnancy (MIP)on 30th June at Panafric Hotel

Visitors

- USAID FP compliance on 7th June to Mathare North, Dandora II and Makadara Health Centers
- USG visit to Mbagathi District Hospital on 14th June and Pediatric technical advisors from USAID and CDC ON 15TH June Mbagathi District Hospital
- USAID visit to Mathare North Health Center on 23rd June to follow up on the NASCOP DQA report

3.2 INCREASED DEMAND FOR AN INTEGRATED PACKAGE OF QUALITY HIGH-IMPACT INTERVENTIONS AT COMMUNITY AND HEALTH FACILITY LEVELS

- *APHIAplus* Zone 2 supported provision of health talks in health facilities. This was done by service providers, peer educators and community health workers attached to the health facilities
- The service delivery coordinators distributed IEC materials to the health facilities on different service components during the reporting quarter
- *Malezi Bora* activities were held from 2nd to 14th May 2011. Health talks, CMEs and sensitizations were held both at the health facility and community level.

3.3 INCREASED ADOPTION OF HEALTHY BEHAVIORS

- This was addressed through counseling in the Comprehensive Care Clinics, VCT centers, provision of health education in the health facilities and provision of condoms to the clients.

Environmental Compliance

During the quarter, support on waste management continued and facilitative supervision continued being supported as DHMT ensured that proper disposal of waste was taking place. The facilities continued implementing the work plan developed under the A2N project. Infection prevention activities were implemented under all components including injection safety and environmental sanitation. In Dagoretti District, the DHMT was supported by the project to hold a meeting in June to discuss waste management in the area. During the meeting, it was learned that all districts have now been supported with a vote for waste disposal in the HSSF.

Planned activities for next quarter

- In collaboration with the provincial and district pharmacists, collect all expired drugs and store them at a central place for subsequent disposal.
- Continue working with the DHMT to ensure environmental compliance at all supported facilities by reviewing previously developed waste management plans.

COMMUNITY PROGRAM

3.0 INCREASED USE OF QUALITY HEALTH SERVICES PRODUCTS AND INFORMATION

Progress against the Work Plan

This report details the status and achievements for the activities planned for April - June 2011 that include participation in the project start-up meetings, Social profiling to ensure effective BCC message development and targeting, ETL sessions for small groups for greater engagement and in-depth understanding of various topics, focused group discussions (FGDs) on integrated messages with selected community members to identify myths and misconception on FP and target the interventions, training in different areas including OVC quality improvement standards for coaches, support to PLHIV in home-based care and health literacy training. Roll-out of the community strategy in five districts to improve service delivery, OVC care and support services and participation in various stakeholders' meetings at all levels to strengthen referrals and linkages between health facilities, other structures and the community. Project implementation is on track and planned activities not realized in the quarter under review were deferred to the next quarter. Work planning process took longer than expected thus affecting implementation.

Highlights of the Quarter:

- **570** youth served at Dandora II Health facility and the youth resource centre.
- **220** MSM/ MSW/ FSW were reached through small group sessions.
- **1,226** people were reached through small group ETL sessions.
- Establishment of **5** Community Units.
- Participation in Community Dialogues and Action Days.
- Community Mentor Mothers - **1** Pregnant and Breastfeeding Mother's Support group established.
- Health literacy conducted for **151** PLHIV.
- **11,366** PLHIV reached with Home and Community Based care (HCBC) services.
- Meetings with PHMT/DHMTs, IPs and other stakeholders, to share planned activities for the year, AOP implementation progress, and District priority activities.
- Discussions with NHIF on vulnerable households and improved access to healthcare.
- OVC validation and Household economic strengthening self assessment conducted.
- **22,585** OVC served out of whom **19,692** OVC received supplemental direct services and **2,893** received primary direct services.
- Medical camp and growth monitoring conducted for OVC in collaboration with MOH reaching **7,730** OVC.
- Physically Disabled of Kenya (APDK), sensitized **166** caregivers in OVC affected Households.
- **30** youth trained as Life skills building ToT.
- Commemoration of the Day of the African Child.
- **56** community leaders sensitized on RH/FP. Five FGDS conducted reaching 47 persons.

Achievements

3.1: Increased availability of an integrated package of quality high-impact interventions at community and health facility levels

3.1.1 Dandora Youth Desk and Resource Centre

This quarter, **570** young people were attended to at the youth friendly desk located at Dandora II Health Centre and in the Resource Centre that is manned by the youth. The youth who came to the facility accessed a number of services offered including CT, FP, TB screening and ANC as well as getting IEC materials. Following is a summary of youth who were served both at the Dandora II facility and at the resource centre.

Table 4: Youth attended to at the Dandora II Health Facility/Resource Centre April-June 2011

Number of youth attended to at the facility and resource centre				
	Facility		**Resource centre**	
AGE(Yrs)	Male	Female	Male	Female
14-20	102	67	23	26
21-24	124	170	28	30
Total	**226**	**237**	**51**	**56**

3.1.2 OVC and Caregivers Support

In collaboration with the Ministry of Public Health and Sanitation (MOPHS), a 10 day medical camp targeting 30 schools and 10 community public facilities in Makadara District and 1 health day at Daniel Comboni School in Korogocho were organized. A total of **7,730** OVC were reached out of whom **6,264** (3,036 females, 3,228 males) were aged below 8 years. Services provided to the OVC during the camp included health talks, physical examinations, growth monitoring, immunization, vitamin A supplementation, de-worming and treatment of minor illnesses such as common cold, upper respiratory tract infections, and skin conditions, fungal and bacterial infections. Cases that required further examination were referred to the nearby health facilities and will be followed up by CHWs.

To address the need of increased numbers of childhood immunization, dropouts/defaulters and persistent cases of measles in Korogocho slums, an immunization outreach was conducted by the project in partnership with the Ministries of Health and the City Council of Nairobi's Health department. Children under five years of age were immunized, de-wormed and provided with vitamin A supplementation. Nutritional screening, treatment, family planning services, HTC and health talks (education) were conducted for OVC and their caregivers. The Ministry of Health also used the opportunity to introduce the new pneumococcal vaccine for pneumonia prevention, a killer disease among children under five years of age. During the outreach **1,176** OVC caregivers benefited from the above services.

Therapy sessions for disabled children at Mathare Special Training Centre and at Nairobi Integrated Program Clinic were conducted whereby **66** disabled OVC benefited from physiotherapy services. In addition, one OVC received specialized medical treatment at Kenyatta

National Hospital; two received drugs to last 6 months and 13 received wheelchairs to facilitate their mobility.

OVC support groups for children living with HIV were held in 28 IPs. The youth leaders used ETL methodology to address the concerns raised by the members. CHWs, nurses and counselors who run the support groups picked on this methodology as it was more participatory and made the sessions lively. After the discussions **1,600** OVC (2kgs each per a month) received their monthly ration of maize flour.

Langata Health Centre, an APHIA*plus* partner, in collaboration with AMREF, Kenya carried out CD4 counts for **7** OVC and **50** caregivers. During this exercise the caregivers were also sensitized on good nutrition aimed at boosting their immunity hence enabling them to live healthier lives.

Three awareness campaigns on the importance of HIV testing were carried out in Dandora in partnership with youth groups in the area. Through this effort, a total of **125** OVC caregivers were counseled and tested for HIV.

At the NIP Marurui Health Center, two (2) Marshal Art tournaments ran concurrently with counseling and testing services in which **378** OVC caregivers were counseled and tested. In all these efforts, those who tested positive were referred to health facilities of their choice for HIV care and treatment as well as attached to CHWs for follow-up. They were also encouraged to join and were referred to support groups of people living with HIV.

During the quarter, the OVC program reached **22,585** OVC with different services. The increase in number of OVC served is attributed to thirteen (13) new IPs that APHIA*plus* Nairobi has brought into the program from previously USAID-supported Track I partners (New Partnership Initiatives and AED Capable Partners). This number is expected to increase in subsequent quarters as more IPs supported by the above continue to be included in the APHIA*plus* OVC project. The exact figures of OVC transitioned to the project will be ascertained once the OVC data from the validation exercise is completed in the next quarter. Below is an illustration of the number of OVC served by the project through different Implementing Partners (IPs).

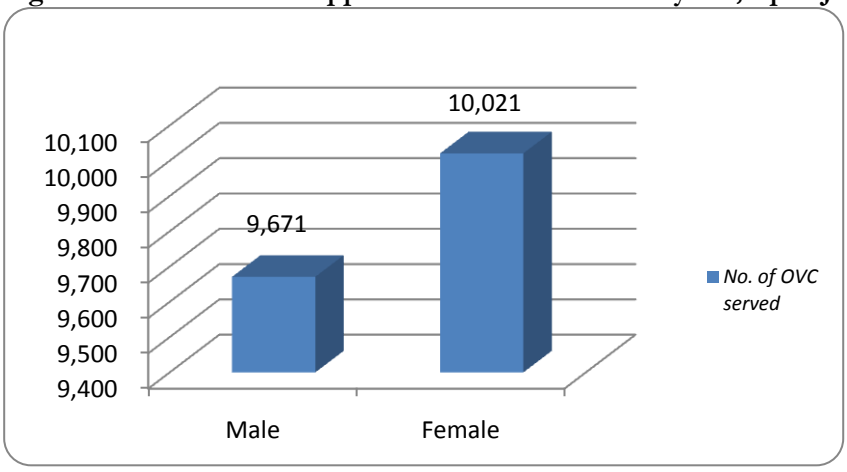
Table 5 : Summary of OVC Served by Implementing Partner : April - June 2011

Summary of OVC Served by Implementing Partner: April - June 2011, Nairobi Province

Name of Implementing Partner	Supplementary direct support (1 or 2 services)		Primary direct support (3 more services)		Total number served		Total number of OVC served
	Male	Female	Male	Female	Male	Female	
Kangemi Health Centre	93	90			93	90	**183**
Kivuli Centre/RHP	259	293			259	293	**552**
Waithaka Health Centre	238	233			238	233	**471**
Riruta Health Centre	97	141			97	141	**238**
Kabiru Health Trust	200	241			200	241	**441**
MoH Lang'ata	105	108			105	108	**213**
MoH Highridge	143	160			143	160	**303**
Mitumba	127	104			127	104	**231**
IDEWES(Institute of Development and Welfare Services)	100	200			100	200	**300**

SACODEN(Stategic Community Development)	0		183	195	183	195	**378**
HAKISHEP(Haki Self Help Group)	27	22	50	38	77	60	**137**
KICOSHEP(Kibera Community Self Help Programme)	146	164			146	164	**310**
YDF(Youth Development Forum)	0		204	220	204	220	**424**
KIPOTEC(Kibera Post Test Club Network)	207	259			207	259	**466**
KISEP(Kibera Slum Education Programme)	112	97	28	33	140	130	**270**
BZI(Baraka Za Ibrahim)	0		202	133	202	133	**335**
KOPLWA(Kenya Organization of people living with AIDS)	0		253	162	253	162	**415**
Redeemed Gospel Church Devt. Prog.	536	520	1	1	537	521	**1,058**
KENWA	487	534			487	534	**1,021**
St. Francis - Mwiki	525	512	367	329	892	841	**1,733**
MoPH&S Central	110	133	2		112	133	**245**
MoPH&S Pumwani	145	117			145	117	**262**
MoPH&S Kahawa West	124	114	3	5	127	119	**246**
MOCASO	156	164	112	100	268	264	**532**
St John's Community Centre	1,099	1,228			1099	1228	**2,327**
Nairobi Integrated Program	521	552			521	552	**1,073**
Mukuru kwa Reuben Centre	115	111	12	16	127	127	**254**
CII - Mukuru	344	361	68	45	412	406	**818**
MAHOB	107	103			107	103	**210**
KAHOBACA	282	280			282	280	**562**
AIL - Kariobangi South	167	186			167	186	**353**
Grace Care Group - Umoja	222	244		2	222	246	**468**
PCC - Dandora	407	433	7	2	414	435	**849**
LCPC - Embakasi	247	183	52	46	299	229	**528**
ROFO - Ruai	228	229			228	229	**457**
NOFI - Njiru	133	136	9	11	142	147	**289**
Runjekwa - CHWO	272	240			272	240	**512**
Dandora I Health Centre	138	133			138	133	**271**
Dandora II Health Centre	122	108		2	122	110	**232**
Mukuru Promotion Centre	1256	1261			1256	1261	**2,517**
AVSI ()	74	27			74	27	**101**
Total Central	**9,671**	**10,021**	**1,553**	**1,340**	**11,224**	**11,361**	**22,585**
Summary	**19,692**		**2,893**		**22,585**		

Fig 8: OVC served with supplemental direct services by sex, April-June 2011



From the illustration above, it is evident that the project has endeavored to ensure gender equality in targeting and service provisioning**.**

3.1.3 Maternal, Newborn and Child Health (MNCH)

Community Mentor Mothers

To promote MNCH at community level, APHIA*plus* had planned to utilize the *"Mentor Mothers"* concept to educate and support pregnant and breastfeeding mothers on essential maternal and child health concerns aimed at improved utilization of available MNCH services. APHIA*plus* facilitated the establishment of a support group composed of pregnant and breastfeeding mothers in Mtumba CU. Of the **15** women who attended the first meeting, 6 were pregnant while 9 were breastfeeding. During this meeting, family planning (FP) was also discussed and the mothers were referred to Mbagathi District Hospital for further counseling and initiation of FP. The project will continue to encourage initiation of such groups in other CUs, and from these, community mentor mothers will be selected and oriented on MNCH/FANC to educate other mothers in an effort to contribute to the improvement on Maternal and Child mortality indicators that are still alarming. (Although Nairobi has a slight improvement on early childhood mortality: child mortality 4/1000, under five mortality 64/1000, infant mortality 60/1000 these rates can still be improved KDHS 2008/2009).

A group of pregnant and breast-feeding mothers at the initiation of a support group

At the community level, the CUs and implementing partners will be supported to establish growth monitoring posts (GMP) to assess the growth of under fives to identify any complications and respond appropriately. Specifications for the growth monitoring equipment have been sourced in consultation with MOH and procurement of the GMP equipment is underway. CHW will be trained on growth monitoring, signs and symptoms of malnutrition,

predisposing factors, management, prevention and integration with other interventions including WASH, education and economic strengthening initiatives. The community will continue to strengthen linkages with the health facilities for referrals especially the severely malnourished cases for therapeutic feeding and ensure follow-up of the clients by CHW. Issues of barriers to good nutrition will also be addressed in the next quarter. Further, training on IYCF practices, IMCI, MNCH, FANC and community PAC will be conducted for CHW *(trainees already identified)* and sensitizations for selected community members. Mineral supplementation and de-worming will be targeted for children accessing ECDs. Community dialogues, outreaches, support groups, IEC are some of the avenues for delivering MNCH messages. Further, TBAs will be sensitized on how to become birth companions.

3.1.4 HIV Care and Support

Health Literacy Training

In line with APHIA*plus's* commitment to provide an integrated package of high-impact services at community level, health literacy training was conducted for **151** PLHIV from various parts of Nairobi. Health literacy improves access to treatment by providing relevant information that prepares PLHIV to initiate ART early while at the same time equipping those on treatment with the knowledge and skills required for adherence to treatment including living positively. Health literacy training provides a forum for experience sharing and expression of fears and appropriate solutions are explored. In addition, health literacy provides a package of integrated messages, i.e., HIV & AIDS (including prevention, testing, condom efficacy), PMTCT, ART (including ARV drugs, side-effects, adherence), TB, FP/RH (including STIs, cervical cancer), HCT, positive living, disclosure, advocacy and human rights approach to health and Gender-based Violence (GBV), which is a new addition to health literacy.

Participants were drawn from Kasarani Health Center, Casino Health Center, Mtumba Community Unit (CU) in Langata District and Hazina, which is part of Mukuru Fuata Nyayo slums of Makadara District. Thirty percent (30%) of the participants were male while 70% were female, and the age range was 15-54 years, with the majority of the participants falling between ages 25-40 years. Five (5) HIV concordant couples attended the training. From the questions raised during the sessions there was an indication that many of the participants had limited information on all the topics covered, and hence the training was timely and relevant. Health literacy training contributes significantly to the preparation of clients for treatment and arresting potential defaulters early enough. The pre and post-test evaluation revealed that learning took place. On average, the lowest score for the pre-test was 10% while the highest was 52%. For the post-test, the lowest score was 22% while the highest was 82%.

3.1.5 Home and Community-based Care (HCBC) for PLHIV

APHIA*plus* continued to support home and community-based care for PLHIV through 28 Implementing Partners (IPs) and, a well-trained team of CHWs and Supervisors. During the quarter, a total of **11,366** PLHIV clients were reached with various services with 85% on ART. The services included home-visits, psychosocial support through one-on-one counseling and support group meetings, referral for treatment, PMTCT and FP, and home nursing care for the few who are bed-ridden. The main challenge this quarter was defaulting as a number of clients visited the famous Tanzanian herbalist in *Loliondo* (see below under CHWs Monthly Meetings). Overall, the percentage of clients on ART increased slightly from 84% in the last quarter to 85% in the quarter under review, mainly due to new clients initiated on ART. APHIA*plus* is stepping up health literacy and topical updates for these clients to ensure as many as possible resume and

continue with treatment. Coupled with this, the project will conduct religious leaders' sensitizations on HIV & AIDS in quarter three.

Fig 9: HCBC clients served by sex: April-June 2011

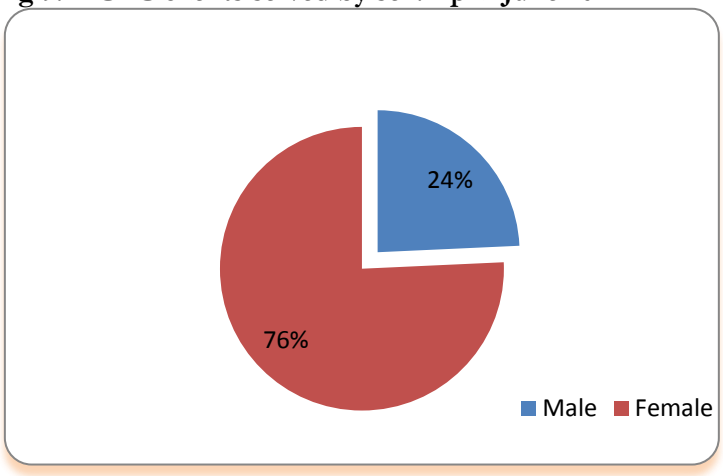


Figure 9 above shows the percentage of HCBC clients served by sex during the quarter. The number of males enrolled in the HCBC program is about a quarter of the female clients which emphasizes the "feminization" of HIV infection, where prevalence among women is significantly higher than prevalence among men in the same age-groups. APHIA*plus's* experience also shows that women easily accept their HIV+ status and are more likely to seek for support resulting into a majority of the women readily accepting enrollment in the HCBC program and benefit from the various services.

Monthly CHW meetings

To coordinate and monitor progress on the home and community support services provided by CHWs, APHIA*plus* implementing partners held routine monthly meetings. These are forums that facilitate feedback on data, report on CHBC progress, community education and sensitization as well as experience sharing to address challenges. The key issues discussed during the meetings were high incidence of TB particularly in Eastleigh area of Kamukunji district, where majority of the people living in the area are illegal immigrants who fear to seek services in government facilities.

To expand community services in Kamukunji District, APHIA*plus* supported the establishment of a Community Unit that involved training of community health workers (CHW), Community health committees (CHC) and mapping. In the next quarter the project will support community sensitizations to raise awareness on TB and HIV and strengthen referral to health facilities for these services as well as the provision of chalkboards. Further, the CHWs will be linked to the Eastleigh Health Center for referrals for their clients. In other areas, the CHWs reported a new wave of defaulting as clients visit the famous herbal healer in *Loliondo* Tanzania. The healer claims to have a herbal potion that heals all diseases and it is reported that visitors to *Loliondo* include Members of Parliament and affluent business people besides others from all walks of life. At present, this is the biggest set-back in the HCBC program this quarter. APHIA*plus* has already scheduled health literacy training for the clients of the hardest hit IPs, coupled with emphasis on re-testing for those who have been to *Loliondo* to confirm the status.

Another important issue raised by the CHWs was need for more support in training and counseling for discordant couples. APHIA*plus* will support health literacy training and referral for counseling.

During the meetings, the CHWs reiterated that HCBC plays an important role in supporting PLHIV live positively and promote care and support for PLHIV, family members and community at large. The CHWs have also continued to encourage their clients to join support groups for peer support, adherence and positive living. To date, there are **151** support groups supported by APHIA*plus* Nairobi through implementing partners.

Challenges and Recommendations:

- *Defaulting* - a number of clients defaulted from treatment after visiting a herbalist in Tanzania who claims to have a cure for all diseases. APHIA*plus* will continue to provide health literacy training for these clients and ensure they are followed up closely. VCT will also be encouraged for these clients to ascertain the status.

3.1.6 Support for Community Strategy

Community dialogues - APHIA*plus* participated in community dialogue meetings for Korogocho (Kisumu Ndogo), Mtumba and Kuwinda. One of the issues raised in Korogocho was the big number of pregnant women who prefer to give birth at home with the assistance of traditional birth attendants. The main reason given was the negative provider attitude. In response to this, campaigns and sensitization in the community will be conducted by the CUs with the involvement of service providers to promote the benefits of delivering in health facilities. Another issue identified, was the unclean environment. The Community Health Committee planned for a clean-up day that will involve local stakeholders including the Nairobi City Council.

The Mtumba CS Unit registered as a CBO under the Ministry of Gender and Social Development and thus can qualify for funding, particularly from the National AIDS Control Council (NACC). The CHWs reported that pregnant women are supported to adhere to FANC and the women are now using *"piggy banks"* to save money to facilitate birth preparedness. For example, in case of emergencies at night the money saved is used to pay for transport to the hospital. One of the TBA present at the dialogue meeting shared how she supported a woman who had approached her to assist her to deliver but fortunately she had attended an MCH training in which she had learnt the importance of timely referrals, and the fact that every pregnant woman is at risk and instead she accompanied her to Mbagathi Hospital where they were received by a nurse. She is encouraging her fellow TBAs to do the same. For FP, the CHWs received pills and condoms from Jina Clinic for distribution in the community. In Kuwinda, the community reported that many children who had not been fully immunized were identified and referred to Karen Health Center.

Expansion of Community Strategy

In an effort to strengthen the capacity and functionality of the Community Units, create demand and inculcate a culture in which the community takes responsibility for its own health, APHAI*Plus* supported DHMTs to establish **5** community units (CUs) out of a planned annual target of 18. The HCS team participated in all the stages of the establishment of the CUs, from community *barazas* where the CHCs and CHWs were selected to the actual trainings of these groups. The five CUs are Eastleigh South, Kibera Kianda, Mukuru sisal, Githogoro and Marurui (reference table below). Mapping and household registration for these new CUs will be conducted in the next quarter. As reported in the RH/FP section (reference increased demand section 3.2 below), community Focus Group Discussions (FGDs) conducted in various districts revealed that there exists a myriad myths and misconceptions on family planning (FP), which hinder access to FP services. In response to this, APHIA*plus* incorporated FP in the training of the CUs mentioned above to enable the CHWs immediately begin to educate community members on benefits of FP

services at household level. The table below shows the CUs established during the quarter and their link facilities:

Table 6: APHIAplus Newly Established CUs and Link facilities in Nairobi, April –June 2011

Name of Unit	District	Link facility
Eastleigh South	Kamukunji	Eastleigh Health Center
Kianda	Langata	Langata Health Center
Githogoro	Westlands	Mji wa Huruma Health Center, Gertrude's Garden Satellite Clinic
Mukuru Sisal	Embakasi	Mukuru Health Center
Marurui	Kasarani	Maururi Health Center

One of the major challenges for the Mukuru Sisal CU is the lack of a functional government facility in its catchment area. The only government facility in the area, i.e., Mukuru Health Center has not been fully functional for long due to inadequate staffing, furniture, supplies and commodities. The Mukuru Sisal CU organized and conducted an elaborate launch of the unit to which the DHMT members and other stakeholders were invited. This was a bid to raise awareness on the need to revive the health facility to serve the community within its catchment area. The DMOH promised to ensure that the facility will be staffed and commodities supplied. APHIA*plus* will provide furniture and supplies within its mandate and the CU will raise awareness of the services to be provided within the community.

The APHIA*plus* staff participated in DHMT meetings during which the District CS Coordinators reported progress on the establishment of CUs in their respective Districts. This way, the DHMT members understand and appreciate the role of the CUs in demand creation and utilization of services as well as recognize them as an integral part of the service delivery structure in healthcare. The total number of CUs established in Nairobi through APHIA (APHIA II N and APHIA*plus*) support to date is **33.** Currently, Nairobi Province has a total of 101 CUs established out of which **64** are functional and the rest at various stages of development.

Challenges and Recommendations:

- Shortage of community reporting tools. The tools supplied by the government are not adequate for the CUs. In response to this APHIA*plus* project, has endeavored to assist with reprinting and distribution of the community tools within its capacity to facilitate data collection and reporting.
- Lack of monthly stipends and kits for CHWs. The lack of stipends in the non project supported CUs is contributing to non functionality of the CUs.

3.2: Increased demand for an integrated package of quality high-impact interventions at community and health facility levels.

3.2.1 Reproductive Health and Family Planning (RH/FP)

Focus Group Discussions (FGDs)

At the core of revitalizing demand creation and provision of family planning services, the project is focusing on addressing the gaps that impede access to family planning services. A major gap identified is knowledge of modern contraceptive methods. This has in turn created spread of myths and misconceptions about family planning methods. In this respect, one of the methods aimed at identifying myths and misconceptions related to specific modern methods of family planning is the use of focus group discussions (FGDs). During the period under review five (5) FGDs were conducted out of a planned target of nine (9) mainly due to the prolonged work planning process. Two FGDs were conducted in April and three in June 2011 as shown in the table below.

Table 7: Focus group discussions held and number of participants by sex

Where FGD conducted	Name of District	Participants		
		Male	Female	Total
Ng'ando	Dagoretti	5	6	11
Gitari Marigu	Njiru	5	5	10
Gikomba	Kamukunji	5	4	9
Githogoro	Westlands	5	4	9
Huruma Lions	Starehe	4	4	8
Total		**24**	**23**	**47**

A structured FGD guide was used in the discussion. The first question was, "What do you understand by the term family planning?"Majority of FGD participants were generally familiar with the concept of family planning and methods that couples can use to space the births of their children. Although responses were stated in many ways, majority of the FGD participants were in agreement on the concept of family planning – spacing births in order to be able to cater for the family with given resources; to give the mother time to rest before another birth; and planning for one's life given the prevailing economic hardships.

In all FGDs, participants were supportive of the concept of family planning. The reason for support was given as mainly "to enable provide for the needs of the children and for the mothers' health". There were, however, differences when it came to the use of modern contraception. The differences in this respect were due to various myths and misconceptions about family planning.

When asked whether they knew of any methods that couples may use to plan the births of their children (or to plan their family) or avoid an intended pregnancy, majority of the participants were able to mention almost all methods except at times, the permanent methods(male and female sterilization), emergency contraceptive pill (ECP), and Implants. Participants were asked to say who they think could use a family planning method. In all FGDs, participants were in agreement that all women of reproductive age should use family planning. Some participants, however, had reservations about advising young people to use FP as they feared it would be

promoting prostitution. Others felt that young people should be advised to use condoms only, but also counseled to chill because a condom can burst.
Some participants also expressed fear that use of family planning among young people might lead to increased HIV/AIDS. Another group was of the view that there was need for parents to be encouraged to talk to their children candidly without mincing words "speak frankly about family planning and avoid misleading them". They also suggested that parents can refer their children to young counsellors for further advice if they find it necessary.

Participants were also asked whether they were aware of any opposition or restriction to the use of family planning methods. In almost all FGDs opposition to the use of contraceptives was reported to be mainly due to misguided religious believes especially the belief that God wants people to multiply and fill the world. They for instance identified a few sects such as the Israeli and Akorino as examples that have misguided religious believes. A participant gave an example of his own brother who had 16 children from one wife.

The Catholic Church was reported to be against the use of modern contraception, although other participants were of the view that these days people need to decide on their own. Some communities are against family planning because of the belief that a woman should give birth until the last egg since last borns have special blessings (become "kings").

Other cultural beliefs that were identified as hindering family planning practice are in the case of one-child families or same sex children especially if they are girls.

When participants were asked to state what they thought prevents a large number of women and men in their reproductive age from using modern contraception and what they had heard people say about specific methods of family planning, the following responses were provided: -

a) Men don't want to go for vasectomy because of uncertainties for lasting marriages or relationships and as one keep re-marrying they may want children with their new spouses. Traditionally, men are regarded as the "bulls" and if friends and family get to know that one went for the procedure they are stigmatized and this affects their ego.

b) Fear of infertility- they said when a man is infertile it's always blamed on the woman since men don't even want to seek medical care. They already assume it's the woman with the problem not them. The society believes the same. Because of this, women are afraid of using family planning to prevent the community from thinking that their husbands are infertile and being blamed for it. A lot of people also belief use of family planning promotes promiscuity.

c) A lot of women are reluctant to use the pill because of fear of nausea or even forgetting to take. Others belief that pills pack themselves up in the body which can cause an illness. An example of a woman with a swollen leg because of the use of pills was given in one of the FGDs. The pill is also thought to make the woman too wet and cold and therefore loses sexual urge. It is also believed to cause infertility because of its chemical composition. Other men belief that pills have chemicals that affect men. One man in one of the groups believed that the chemicals that stop a woman from becoming pregnant can be absorbed by the man during sexual intercourse and the man's breasts become enlarged.

d) On the IUCD many people belief that if the woman becomes pregnant, sometimes the baby may be born holding it and or may cause deformity. Others belief it can easily disappear into other parts of the body like in the stomach and can only be removed through operation, .

Others strongly belief that the IUCD can prick a man and cause injury to the penis during sex. Because of this many people recommend a man needs to accompany the wife to the clinic to get measurements of the penis so that the right size IUCD can be inserted. Still there are others who belief that IUCD causes cancer of the cervix.

e) Some people belief condoms may be laced with HIV virus. Others say that they are afraid that people with bad intentions can poke holes on the condoms to transmit the virus. Also, men don't want to use condoms and women don't insist on their partners using them for fear of being labelled prostitutes and or the man resulting to violence. Others still belief using a condom is like eating a sweet with a wrapper – "you can't eat a sweet with a wrapper".

f) On vasectomy men equate it with castration ("stripping the man of his manhood"). A lot of people are also afraid of dying during the vasectomy procedure. Men expressed fear of the method as they say in case their wives divorce them they cannot re-marry and have children with another woman. They also do not want other people to know they have had a vasectomy as they will be ridiculed as being "useless." Men also belief that their wives can easily become loose if they had TL. In addition most women do not like it since it is permanent. They fear that they might want more children after it is done and in the event they cannot have more children, their husbands would abandon them.

g) The injectable is believed to interfere with sexual enjoyment by making users weak/fatigued and it is also believed to make some women fat and or very thin.

h) Some people wrongly belief that Implants are good as they can be easily removed without even going to the hospital. They belief, since it is just inserted under the arm, one can easily remove without going to the clinic (it was interesting because even some of the CHWs in one of the FGD believed the same).

The project will use the results of the FGDs in various ways. For instance, it will be shared with the HCM team to inform family planning message development, service delivery team will utilize the outcome during facility CMEs to enable service providers at facility level provide focused information/education on family planning messages to their clients to address fears, myths and misconceptions that tend to discourage use of modern contraceptives. The information will be used in the CBD training/update for CHWs to enable them educate their communities appropriately and already its being utilized during the community leaders/members sensitizations as highlighted below.

Community Leaders Sensitization

A two-day community leaders' sensitization whose objective was to create awareness on RH/FP, HIV/AIDS including HCT, gender based violence and post-abortion care among community leaders in Makadara District was held on June 27-28, 2011 at the Redeemed Gospel Church, Mbotela. The activity, attended by **56** community leaders (28 males and 28 females) drawn from Makadara District comprising group leaders, religious leaders, CHC members, provincial administration, selected CHWs, CBO representatives, youth leaders, a representative of Disability Caucus and village elders was facilitated by relevant DHMT members with specific competencies (District Reproductive Health Coordinator, District Public Health Nurse, District Community Strategy Coordinator) and APHIA*plus* staff and covered the following subjects: -

Facts on HIV/AIDS; Maternal newborn and child health (MNCH); Family planning; Gender issues in health; Water, sanitation and hygiene (WASH).

Gender issues in health also generated heated debates by both men and women participants. The issue of rape and procedures to follow in case of rape was extremely useful for the participants since rape is common in the district. It was also interesting to note that leaders still tend to cling to cultural beliefs/traditions that a woman cannot inherit her parents' property or a man to share information on how much he earns or show pay slip to the wife.

Because of overcrowding, water shortage in Makadara and personal hygiene concerns, the topic on WASH was particularly useful to the community leaders. The topic on MNCH was particularly informative to all participants especially men who do not accompany their wives to clinics. Even for ladies, the topic served in providing new information especially on the focused antenatal care (FANC) which is taken for granted especially for mothers who do not experience any problems during their pregnancy. Family planning in particular generated a lot of discussions giving an impression that more time was needed to give it good coverage.

Some of these questions/issues raised pointed to the fact that myths and misconceptions about family planning are still quite prevalent among community leaders. This also shows the fact that community leaders lack information on family planning. For instance, some of the male participants were seeing some contraceptives especially IUCD for the first time implying that conducting community sensitization for leaders is critical for the uptake of family planning. The participants also accused religious leaders for preaching wrong information to their congregations, thereby discouraging prospective family planning clients and observed the need for religious leaders to also be sensitized on family planning.

Challenges and Recommendations:

- *Misinformation and Misconception on FP* -Based on information received during focus group discussions and the community leaders' sensitizations, a lot of people express interest in planning the births of their children, however, widespread misinformation and misconceptions on modern contraceptives especially how they work discourages their adoption and use. In order to adequately respond to misinformation and misconceptions, the project will lay more emphasis on small group discussions. Inform family planning message development, information may be used during facility CMEs and counseling for FP clients to enable service providers at facility level provide focused information/education on family planning messages to their clients. The information will also be used in the CBD training/update for CHWs to enable them educate their communities appropriately and during community leaders/members sensitizations.

A topic on the cancer of the cervix has also been added to be covered under family planning methods session during community leaders' sensitizations to create demand for the service.

Caregivers sensitization on Disability

APHIA*plus* NC in collaboration with the Association of the Physically Disabled of Kenya (APDK) sensitized **166** caregivers from Makadara on various forms of disability. The caregivers learned how to identify club foot conditions at an early age, and where to seek for treatment. APDK supports disability rehabilitation services in Makadara through community health workers trained in community based rehabilitation of disability conditions. The caregivers were confident to handle the challenges they faced when parenting disabled OVC. They also promised they will demystify the misconceptions and misinformation in their communities regarding disability.

3.3: Increased Adoption of Healthy Behaviors

In an effort to promote healthy behaviors and practices within the community, **41** small group ETL sessions were conducted in various parts of Nairobi by PLHIV advocates that reached **696** people (162 males & 534 females) covering; stigma and discrimination, positive living, TB, Discordance, Adherence, Opportunistic Infections and nutrition. The main challenge still remains stigma but the project will continue to engage with HIV+ persons to deal with self-stigma and with the community to create an enabling environment for disclosure and support.

Further, an ETL session was held at Kibuti in Kangemi with a group of people with disability (PWD). The members lamented about double stigma i.e. being physically challenged as well as HIV positive. They also lacked adequate information on HIV & AIDS. Follow up sessions to address the challenges with this group will be conducted next quarter.

Some of the issues raised during the sessions include:

- Support group members had issues of stigma and discrimination especially from the mothers–in–law and neighbors wanted to know why they were not breastfeeding their children.
- Some members are still struggling to accept that HIV positive parents can get HIV negative children and requested for more sessions on PMTCT.
- Disclosure is still a problem for fear of rejection or being left with their spouses. They requested for follow up sessions on disclosure.

3.3.1 Key Populations – MARPS

During the quarter, the project held discussions with a number of prospective organizations addressing the MARPS to gain an in-depth understanding of the various MARPS package/services offered by individual organizations, their target and coverage in order to assess suitable opportunities for partnerships. APHIA*plus* Nairobi project, in close collaboration with Bar Hostess Empowerment and Support program (BHESP), reached the FSW, MSW and MSM with different services (small ETL sessions on HIV/AIDS, Health literacy and condom distribution). In the next quarter, the project will finalize partnership with organizations that have competencies and abilities to work with IDU and directly target *matatu* drivers and touts. This generally affected realization of the planned targets for the quarter.

Issues Raised by the Female Sex Workers;

- Need for female condoms especially for those clients who don't want to use male condoms.
- Lack Negotiation skills and often forced to give in to those clients who do not wish to use condoms.
- Support for their children i.e. with school fees, food and clothing.
- Economic empowerment activities/ IGAs.
- Use of alcohol to give them courage to go out and face their clients.
- Lack of adherence to ARV's for the HIV positive ones- due to alcohol abuse
- Harassed and sometimes raped by police at night.
- Gender based violence from the clients who beat them up.
- Clients demand anal sex. Despite the fact that the female sex workers are aware of the risks posed by having anal sex, some said they are tempted by the monetary gains since they are paid as much as Kshs. 10,000/=.
- Limited disclosure on HIV status among the sex workers as they fear losing clients. Unfortunately they sometimes have sex without condoms thereby exposing them to both re-infection and increased risk of infecting others.

Project focus for this period was on FSW, MSW and MSM who were reached through the Small group sessions (less 25 people) using the – Education Through Listening (ETL) a technique that endeavors to understand the needs of

the audiences and provide adequate time for the participants to engage with the facilitators and with each other through discussions. BHESP was in charge of mobilization while the project provided facilitators (PLHIV Advocates and Peer educators) previously trained by APHIA II Nairobi on ETL. A total of ten sessions was held, comprising of **25** MSM/ MSW and **195** female sex workers in which HIV prevention, counseling and testing and positive living were discussed. Condom demonstrations were done and 3,000 condoms were distributed.

Most of the female sex workers who attended the sessions were street based. A session was also held with brothel based sex workers who offer 24 hours services in small rented rooms. Worth noting was that even during the ETL sessions, clients came and the girls would leave to serve them and come back to continue with the sessions. It was evident from the discussions that female sex workers lacked information on RH/FP and HIV prevention. For example, one of the female sex workers despite of being pregnant, she was still serving clients whereas others continue to serve their clients even when on their menstrual period.

One said;

> *"We cut a piece of sponge from the mattress and insert it in the vaginal canal to block the menstrual flow and continue working".*

The ETL session for the MSM/ MSW was equally informative. One of the shocking revelations was that for one to belong to the group he had to be initiated by having sex with well known HIV positive clients and yet the older MSW will not tell the new recruit about the clients HIV status. It's called *"rubber stamping."* In addition, they mentioned that they frequently drug and rob their clients with a readily available drug nicknamed *"mchele" (*nicknamed rice due to its size*)*. This is a drug that induces sleep if ingested. MSM/ MSW/ FSW sessions took place in; Kasarani, Town centre, Mwiki, Eastleigh, Kawangware, Kayole, Umoja II and Dandora. The group raised the following issues:

- They clearly stated that their need was food because many of their members are taking ARV's and yet they lack proper nutrition.
- Substance abuse is high especially with alcohol.
- Low condom negotiation - if a client offers a lot of money for anal sex without condoms, they readily accept.
- Sexual gender based violence -SGBV by clients.
- Stigma from the society. Sometime they are kicked out by landlords and beaten up by members of the public.

After the sessions, the MSM/ MSW requested for follow up sessions on topics like re-infection, positive living, nutrition and ARVs. Follow up sessions have been planned to address these topics.

3.3.2 Small Group ETL Sessions for Youth

These ETL sessions mainly involved the OVC and were carried out by youth leaders. The OVC were mobilized through various APHIA*plus* project supported implementing partners whereby **530** OVC (214 males & 316 females) were reached through **22** small group sessions. Topics for discussions included; drug & substance abuse, rape, good touches and bad touches, pregnancy, relationships, parent/child communication, assertiveness, peer pressure, SGBV and cross generational relationships. The sessions were interactive with ice breakers, group work and games to reinforce learning.

During these sessions in Kangemi, it was noted that the children were quite informed about the relationship between HIV and AIDS and drug and substance abuse**.** Kangemi is well known for drug peddling and drugs are easily accessible by the children therefore leading to high rates of crime, school drop-out, sexual abuse and HIV infection among others. Heroin in the area goes for one hundred and fifty shillings for 1⁄8 of a tea spoon. It was realized that some parents sell the drugs, use them in the house or sometimes send their children to buy for them. This exposes the children who eventually experiment with the drugs and unfortunately, some get addicted to the drugs after trying them for the first time. Most children at one point had experimented with one or more drugs; however most of them didn't like the experience. Among the questions that they asked included;

- Is it okay for someone on ARVs to have sex?
- How long does a HIV positive person have to take ARVs?
- How does one protect him/herself from sexual exploitation/ rape?
- If you get sexually assaulted by your close family member can you file a court case?
- Do testimonies given by minors (children) carry any weight before court of law?
- Does it mean a marriage of a young person to an older one is an example of cross-generational relationship?
- How can one come out of a cross generational relationship without causing any harm to the second party.

These questions were deliberated upon during the discussion and the youth leaders responded appropriately.

Theatre outreaches in schools
These sessions will begin next quarter after the theatre groups are trained on magnet theatre and integrated messages and selection of partners with competencies and abilities to engage with in school is finalized to increase coverage.

Training of Youth as Life Skill ToTs
A total of **30** youths from Marurui area of Kasarani District were trained as ToTs on life skills. This training was aimed at informing the youth to change risky behavior which exposes them to HIV and AIDs. They are expected to cascade this training to other youths in their community.

3.4: Increased program effectiveness through innovative approaches

During the quarter, project staff was oriented on the Ministry of Gender, Children and Social Development (MOGCSD) Quality Improvement Service Standards for OVC Programmes and the HCIP Improvement Collaborative model of QI. The staff orientation was a follow up of a 2-day USAID APHIA*plus* OVC QI planning workshop facilitated by staff from Health Care Improvement (HCI) Project. HCI has been working closely with the MOGCSD – Children's Department in the development of the QI service standards for OVC through the OVC QI technical working group.

Subsequent to this, a 5-day QI coaches training on OVC QI service standards was conducted in collaboration with Healthcare Improvement Project for the Nairobi team: 21 trainees participated (8 APHIA*plus* staff, 4 MOGCSD staff – provincial and district children officers, 5 MOPHS –provincial and district community strategy coordinators and 4 representatives from APHIA*plus* affiliated Community Based Organizations). The participants were drawn from the two Ministries as APHIA*plus* Nairobi Coast wishes to align its OVC support within the Community Strategy. The TOT/QI coaches will be used to subsequently cascade, train and

supervise the local implementing partners (IP) and community units providing support to OVC. As a follow up to the QI coaches training, the Nairobi teams will support the training of QI teams on the OVC QI services standards at IP and CU level in the subsequent quarter. Three districts will be supported to roll out the OVC QI service standards–Kasarani, Langata and Njiru.

During the quarter, the CDC UNITID fellow who has been hosted by Pathfinder International Kenya since April 2010 began working on her non-research project. The CDC UNITID Fellowship program, places fellows for a 2-year period with a host institution, during which a fellow gains program experience working under a mentor in the host institution as well as participate in didactic trainings at the University of Nairobi UNITID complex. However most of the time is spent with the host institution. The primary purpose of the program is for the fellow to contribute to the work of the host institution with the fellow carrying out a UNITID-funded non-research project during her second year. The project should have practical program management learning and clear deliverables. UNITID will provide USD 10,000 towards the Fellow's project as well as provide USD 3,000 as hosting costs for the fellow. The fellow has undertaken to develop/adapt a Community Health Committee planning toolkit as her project.

The fellow with support from her host institution mentor presented her project proposal to APHIA*plus* Nairobi program staff and the Nairobi PHMT. Later in the quarter the project proposal was presented to CDC project review committee. The fellow is awaiting approval of the project proposal to commence project implementation.

Table 8 : OVC QI planned activities and achievements: April-June 2011

Activity	Target	Actual	Performance gap
Roll out OVC QI using improvement collaborative (training of QI coaches and team, and provincial learning sessions)	20 QI coaches 3 QI teams (45 persons)	20 QI coaches trained 0	3 QI teams
Develop a tool kit for CHC planning, coordination, and tracking of community health services/activities	1 toolkit	0	1 toolkit

4.0 SOCIAL DETERMINANTS OF HEALTH ADDRESSED TO IMPROVE THE WELL-BEING OF TARGETED COMMUNITIES AND POPULATIONS.

4.1 Marginalized, poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs

In June 20th 2011, the project embarked on an enumeration exercise to ascertain and validate the accurate numbers of OVC served by the program. These include OVC carried over from APHIA II project as well as those that were transitioned from USAID's track 1 supported projects, NPI and AED capable partners' projects that phased-out starting March 2011 and ensure no gap in service delivery is experienced. To maximize on the OVC exercise, HES questions were included to assess the vulnerability level of households under the program. Data generated is expected to assist the program target HES interventions and ensure they are responsive to the specific needs of the households served and ultimately improve the economic resilience and safety nets of the vulnerable households. The enumeration and profiling exercise is expected to end early next quarter and a full report provided.

The Voluntary Savings and Loan (VS&L) groups started during APHIA II Nairobi have continued to thrive while new ones are appearing. So far there are **97** groups formed during APHIA II comprising of 1,240 caregivers (1,108 female and 132 male) community members in Mukuru trained on VS&L methodology and by the end of June, the groups had a cumulative value of Kshs 1,164,927, saved from the group's members. Loans obtained by members in the quarter were used to buy food, pay for medical treatment and to revamp individual businesses. In addition, **62** community members from Njiru District were trained on the methodology. Sixteen (16) girls trained in hair dressing by APHIA II Nairobi and had initiated a saloon business were supported with 3 month's rent to run a hair salon business that mainly involve braiding and weave insertion. Procurement of startup kits is underway to help them scale-up the business.

Further, Mtumba Community Unit started VS&L activities whereby **50** CHWs contribute Kshs.20/month. The group members borrow from this pool to boost their businesses and the money is repaid with interest to build up the group savings. This group learned of VS&L from another community group that begun its VS&L activities under the APHIA II Nairobi project. One particular VS&L group attached to the Highridge Health Center has been very successful in VS&L, building up their savings to a level where members can borrow up to Kshs 200,000. This goes to demonstrate that VS&L is a viable way of economic strengthening for community groups no matter how small they start.

4.2: Improved food security and nutrition for marginalized, poor and underserved populations

The CHWs from St. Francis Community Hospital, one of the project's implementing partners have come together to set up a kitchen garden and a fish pond on a piece of land given by the institution to improve on food security. This initiative was made possible through collaboration between St. Francis and the Ministry of Agriculture. The food produced is shared among the CHWs who are PLHIV to improve their nutrition status.

The project continued to support needy OVC **(100)** and their households with emergency food support. The food stuff given was rice, maize flour and cooking fat from the District based food banks. In addition, well wishers provided **72** OVC from Riruta Health Project (Kivuli) with rice and beans.

Growth monitoring was conducted for **1210** OVC from Kasarani District during which **690** OVC who were either malnourished or bedridden due to mental disability were provided with unimix. Monthly follow up and growth monitoring through CHWs for this cohort will continue in order to improve their health status. A total of **2,263** children aged below 8 years from 16 ECCD centers in Mukuru continued to benefit from a daily mid-morning snack of unimix (corn soya milk) porridge. Two hundred and three (263) bags of unimix were procured and distributed to 16 ECCD centers. In addition, seven (7) lorry trucks of cooking fuel (firewood) were also procured to facilitate the preparation of the porridge.

Challenges and Recommendation

- *Food insecurity* – due to the prevailing drought in the country tremendous increase in food prices has adversely affected the vulnerable groups for instance, many of the clients enrolled in the HCBC program are struggling to provide food for themselves and their families. Although there is no immediate solution to this, APHIA*plus* will purchase relief food as a short-term measure for the most vulnerable households, link to social protection (relief/food Aid) while promoting income generation through VS&L for other household to improve food security. This will be based on the outcome of the assessment on HES status that was part of the OVC validation exercise.

4.3 Marginalized, poor and underserved groups have increased access to education, life skills, and literacy initiatives through coordination and integration with education programs

The project supported life skills training for **1,448** children in 14 centers' under St. John's Community Center Program in Nairobi. St John's Community Center program was under the support USAID track 1 project which is now supported by APHIA*plus* Nairobi. The topics covered during the training were; a) I'm at risk, a topic that makes children aware of the risks they face in their daily lives and how to avoid or address them, b) Planning my Life a topic that addresses their goals and barriers to achieving them, c) Drugs and substance abuse which expounded on the forms of drugs, their side effects as well as management of substance abuse, d) Adolescence and changes in their body which addressed the many question and fears the children had regarding adolescence. Further, **105** children were supported to visit Giraffe Center, Animal orphanage and the Bomas of Kenya providing the children with an opportunity to learn more about animals and Kenyan heritage and culture. The exposure visit also helped boost the children's self-esteem and confidence. The Nairobi Integrated Program paid school fees for **13** OVCs and provided **150** others with school uniform.

Four (4) Aflotoun clubs previously established with match funds, with a membership of **322** children (118 girls and 204 boys aged), aged 6-14 years carried on with their club activities in the quarter. Club meetings were held weekly in each of the schools and the club patrons continued to support the children in carrying out their activities.

The APHIA*plus* project will provide learning and play materials to ECCDs as well as support disabled OVC to access special skills course once the on-going OVC validation exercise is completed. The report will ascertain the number of needy ECCDs and OVC with disability to be supported.

Discussions with IPS to identify safe, secure, child friendly and community approved spaces for use to carry out activities were initiated during the monthly coordinator meetings. Once these child friendly spaces are identified, APHAI*plus* Nairobi will equip them with learning material

and equipment in the next quarter. These spaces will also be used to hold focus group discussions to identify barriers to school enrollment.

4.4 Increased Access to Safe Water, Sanitation and Improved Hygiene

Community Units continue to sensitize the community on WASH. For example, Mtumba CU has been sensitizing the community on safe drinking water that includes boiling drinking water and storage to minimize contamination. The Unit also held Action days in April to promote community hygiene. In Kuwinda, the CU held an Action day to promote cleanliness in the slum. The community members contributed to buying cleaning equipments such as brooms, gloves and spades for the clean-up while in Mutuini the CHWs have trained community members on effective use of leaky tins and introduced their usage at the household level. Many households have readily adopted the use of home-made leaky tins for hand washing.

The environmental clean ups were led by the relevant government staff for instance, the District community strategy coordinators of Embakasi, Kamukunji and Langata Districts and the Area Chief for Kiambiu lead the cleaning exercise in their areas. Nairobi City Council provided a truck for garbage collection and the various community health committees mobilized the community. The project provided a transport allowance to those who participated in mobilization and planning while CHWs sourced for spades, *jembes,* liner bags, gloves, wheel barrows, brooms and rakes.

Community members loading garbage on the NCC truck.

Further, children and patrons in **16** health clubs comprising of **667** children (384 female, 283 male) continued to meet weekly during the quarter and were engaged in various activities including; cleaning of the school and drinking water vessels, refilling and treating drinking water, sensitizations on safe water use and promoting child to child health education among their peers at school. The focus theme in this quarter was "*hand washing*". Club patrons and members tried their best to deliver message across the school fraternity.

To further promote the hand washing initiative, **95** bars of soap, 1,200 bottles of water guard and 200 aqua tabs were distributed to 24 schools in Mukuru benefiting **8,904** children. With

these provisions, teachers have reported that the practice of washing hands in the schools and consumption of treated water by the children has improved.

A total of **500** girls from Kwa Njenga Primary in Mukuru Slums received under wear and sanitary pads. The girls, teaching staff and the school management were grateful and appreciated this effort made by APHIA*plus* Nairobi project and Sayari Group in support of retention of girls in school.

The OVC project officers made visits to the various DHMTs in 4 Nairobi Districts to advocate for the formation of school health clubs. The District Health Promotion Coordinators took the initiative positively and approached the schools that will be targeted for the clubs. Sensitization of the various school management committees including teachers who will be patrons of the clubs is scheduled for the next quarter. It was agreed in the meetings that the health clubs will integrate issues of child rights and protection with emphasis on topics recommended in the school health policy.

APHIA*plus* has identified schools to benefit from 36 water tanks. The schools were identified through the District Community Strategy Coordinators as lacking water storage facilities. The procurement of the tanks is underway and discussions for reliable water supply to these schools with the Nairobi Water and Sewerage Company will commence in the next quarter.

4.5 Strengthened systems, structures and services for protection of marginalized, poor and underserved populations

APHIA*plus* approached the National Hospital Insurance Fund (NHIF) to explore ways of encouraging community groups join the Micro-insurance health scheme to facilitate access to outpatient treatment services at an affordable cost. Although this is still in its infancy, NHIF indicated that the lowest cost of joining the scheme is Kshs. 160/month, which covers the family members of the contributor for outpatient services in government health facilities. It was agreed APHIA*plus* prepares a list of all the groups that they are working with at the community willing to get information from NHIF, the list was shared with the NHIF staff who undertook field visits to some groups and follow up on the same will continue in the coming quarter to ensure that interested community groups join the scheme.

Seventy-nine **(79)** OVC participated in an information technology (IT) campaign aimed at making I.T safe for children. This activity piloted by End Child Prostitution in Kenya (ECPIK), was to sensitize both children and caregivers in urban informal settlements on the dangers OVC are exposed to through IT as well as how best to use IT to the benefit of the child. The campaign also emphasized on the need to protect children from exposure to sexual material on the internet. A total of **12** OVC participated in the Communication Commission of Kenya (CCK) training on online child protection. The children will cascade this sensitization to their colleagues in schools and in their communities.

To contribute towards strengthening of existing structures to improve service delivery, **55** participants from Airbase and Kiambiu Locations of Pumwani Division were trained as Locational Area Advisory council members. It has been observed that cultural practices like FGM, non-immunization of children, rape, sodomy, child defilement and gender violence are rampant in these areas. The training focused on gender issues, stress management, QI Standards, Child protection and legal instruments that can be used to reduce cases of child abuse and neglect. The training highlighted HIV/AIDS, Charitable children's institutions regulations, basic child development and counseling, resource mobilization for community groups, importance of safe spaces for children, LAAC guidelines and Networking and linkages to child protection.

APHIA*plus* Nairobi project collaborated with Children's Department, the Provincial Administration and City Council of Nairobi to commemorate the Day of the African Child in the nine (9) districts. This year's theme was "*all together for urgent actions in support of street children*". In Westlands District, the event was commemorated at Kihumbuini grounds in Kangemi preceded by a procession starting from Mountain View total petrol station through Marenga road to Kihumbuini grounds led by Tumshangilieni Mtoto brass band. Other items on the program included entertainment by the various schools in attendance, performance by the brass band and speeches. The Guest of Honor encouraged children and parents to take education seriously and help get children off the streets. The District Commissioner discussed the importance of adhering to the law and reiterated that her office will take stern action against law breakers. She also urged parents to avoid activities which might predispose them to HIV/AIDS. Others in attendance were the District Children's Officer, and the Westlands Children's Assembly President. The event was also attended by various partners including Directors of organizations working for children in Westlands as well as Heads of Government Departments in the District. APHI*plus* Nairobi provided snacks to **3,000** children who attended the celebrations.

4.6 Expanded social mobilization for health

The project teams began with start-up meetings with the local opinion leaders within the community units to get their input and buy in. Mobilizations for the meetings were done with the help of the various District Community Strategy Coordinators and the CHC's. The meetings began at 10 am with short presentations on APHIA*plus* and thereafter the staff outlined the activities that were carried out within the CU's during APHIA II Nairobi and what was expected for APHIA*plus* Nairobi. Community members who attended these meetings included DHMT members, CHWs, CBO representatives, CHC members, facility in-charges, the area Chief, Assistant Chief and the youth. The start-up meetings were conducted in the following community units:

- Galole (Eastleigh) CU- Kamkunji District
- Mabatini (Mathare) CU- Starehe District
- Gitari Marigu A & C (Dandora)- Njiru District
- Soweto (Kayole) & Mombasa (Mukuru) CUs- Embakasi District
- Mitumba- Lang'ata District
- Mutuini & Ngandu CUs- Dagoretti district
- Githogoro & Kangemi Central CU's- Westlands District
- Mbotela CU- Makadara District
- Kisumu Ndogo CU- Kamkunji District
- Kasarani CU- Kasarani District
- Mombasa Rueben CU- Embakasi District

Social profiling

In order to better understand the future audiences' needs and ensure targeted BCC interventions, social profiling was conducted within the CU's with various target age groups. In the profiling, six archetypes for profiling were:

- 10-14 years boys and girls
- 15-24 years men and women
- 25+ men and women

The issues identified in the various CU's during the social profiling included: alcohol and substance abuse especially among the youth and older men; early pregnancy among the young women since they lack information on RH/FP; older women having between 6 – 8 children due to lack of information or access to RH/ FP services; young girls fear pregnancy more than HIV; older men find it easier to go to the pharmacies for medication when they fall ill and only go to hospital when they are very sick.

4.7 Linkages with National Mechanisms

Health Communication and Marketing (HCM)
HCM gave APHIA*plus* program staff an orientation on all the communication materials they developed. They have also availed for re-printing all the Art-work for the communication materials so that APHIA*plus* can reprint any of the materials for use within the communities.

HIV Free Generation (HFG)
BCC coordinators attended both the National GATE planning meetings as well as the Implementing Partners forums that took place at the HFG offices in Nairobi. APHIA*plus* Nairobi is also hosting the Nairobi Provincial GATE planning meetings slated for 25-27th August 2011.

NASCOP
The Outreach Programs Specialist represented the project in the MARPS TWG held in NASCOP. Highlights of the meeting:

- Organizations using methadone must ensure the TWG is aware.
- Sites selected for IDUs should be close to the service delivery points.
- Currently, there is no data on IDU among truckers.
- Needle Exchange Program (NEP) must be coupled with outreaches/mobile services to reach the mobile population.
- The PASCOs & DASCOs should meet prior to the TWG quarterly meeting to ensure issues raised by the provinces/districts are captured at the TWG meeting.
- IEC materials for MARPS were sourced from NASCOP that have gone a long way in disseminating information to the MARPS especially the sex workers.

Partners Meeting for Nutrition
Project staff participated in the meeting whose main agenda for the meeting was to bring together Office of Population and Health (OPH) and Agriculture Business and Environment Office (ABEO) offices in USAID and the field partners implementing Agriculture and Nutrition Interventions to engage in an effort to address the GHI Goal "*Reduce child malnutrition by 30% across assisted food insecure (20) countries"* and Kenya is among them in conjunction with FTF (Feed the Future). The FTF Project will be implemented in selected sites in Kenya with a focus on three areas; *Maize, Horticulture* and *Dairy*. The criterion for selection was based on a number of filters namely; Competiveness; Nutritional value; Scalability and Income potential. Value Chain tool has been developed to facilitate the assessment. It will be pre-tested on three existing USAID Agriculture and Nutrition Programs in August 2011. During the discussions, it was recommended that other Ministries beyond Health and Agriculture be actively involved due to multifaceted causes of malnutrition such as Cooperatives, Water, and MOE etc.

4,8 Strengthened Linkages and Partnerships

DHMT meetings & District stakeholders meetings

As part of strengthening linkages between facility and community services, the APHIA*plus* HCS team participated in DHMT meetings and district stakeholders meetings. The main community issues raised included the need for heightened community sensitization on RH and FP to create demand for these services. APHIA*plus* is responding to this through training of CHWs in FP/RH, as well as through community leaders' sensitization on the same. In Njiru and Embakasi Districts, APHIA*plus* was commended for its efforts in supporting the government to roll out the community strategy in Nairobi. The DHMTs also reported that community mobilization was done very well by the partners, including APHIA*plus* and it was reflected in the increased uptake of services such as provision of vitamin A for children, immunization and oral health.

Review of Guidelines for the Integration of Social Accountability into the HSSF

APHIA*plus* participated in the review of the Social Accountability (SaC) guidelines developed by the MOPHS in May 2011. This meeting was held at Utalii Hotel on 31st May 2011 convened by the Provincial Director of Public Health and Sanitation and was facilitated by staff from the Ministry's headquarters. The facilitators provided an overview on the structure of social accountability for the health sector services fund (HSSF) emphasizing on the importance of community participation in the social accountability for HSSF. The 3 key elements of the guidelines are; community participation, transparency and interactive sharing of information on HSSF, and grievance redress mechanisms. The guidelines are meant to guide district teams to achieve good governance of HSSF, effective development using HSSF, empowerment of communities served and reduction in corruption. The meeting was attended by PHMT members, DHMTs, FBOs, CBOs, the local administration (District Commissioners (DCs) and District Officers (DOs), representatives of CUs and development partners.

Participation in Human Rights Based Approach in Health (HRBA)

As a member of the Health NGOs Network (HENNET), APHIA*plus* participated in a 3-day TOT training on Human Rights based approach (HRBA) in health. The training was part of HENNET's endeavor to strengthen health programming for its members. The HRBA is based on the normative international human rights standards and principles that recognizes human beings as rights holders and establishes obligations of duty bearers. HRBA build on the elements of good programming practices and emphases on process as well as outcome. It calls for equality and non-discrimination, inclusion of the marginalized and most vulnerable communities, transparency and accountability and participation and empowerment. APHIA*plus* will endeavor to ensure that these principles are upheld in the implementation of its activities at all levels.

Stakeholders Planning Meeting on Community Health Committee (CHC)

On July 15th 2011, a project staff participated in a meeting organized by the Division of Community Health Service and MSH through USAID support to review the CHC curriculum and training Manual. To assess the applicability of the documents, a pilot was proposed for two provinces, Nyanza and Coast in August 2011. During the meeting members also agreed on the TOTs and the appropriate days for the piloting. Once the exercise is completed and documents finalized they will be circulated to standardize training.

Activities Planned for the Next Quarter: July –September 2011

- Strengthen community units through training in IYCF, IMCI, MNCH, HBC and CBD.
- Support DHMTs to establish new Community Units in priority areas (training of CHWs, CHC, chalkboards, mapping and household registration).

- Conduct religious & community leaders' sensitization by providing package of messages in HIV&AIDS, MNCH, and RH/FP.
- Conduct FGDs on FP and utilize information to target the interventions.
- Identify FP Male Champions.
- Orient selected TBAs to support mothers as birth companions and support FANC at community level.
- Conduct health literacy training for PLHIV support groups and incorporate Prevention with Positives (PwP) key messages.
- Support coordination meetings for DASCOs, HBC Coordinators, District Community Strategy Coordinators, In-charges, CHCs and Community Health Extension Workers (CHEWs).
- Link community groups to the National Hospital Insurance Fund (NHIF).
- Complete household economic assessment, establish vulnerability status of households and link them to appropriate services.
- In partnership with HFG participate in the National Youth Week- 12th August 2011
- Support the Sakata Finals - 20th & 21st August 2011.
- Support the Nairobi Provincial GATE August 2011.
- Continue with small group sessions for FSW/MSW and MSM.
- Continuation of small group sessions for Youth and Adult populations.
- Training of theatre groups on integrated messaging and Magnet theatre skills.
- Training of CHW's & CBO's to conduct small group sessions within CUs.
- With the Outreach team commence review of the Community Strategy Alignment checklists.
- With the Home & Community Support team conduct TOT training on community COPE for CHEWs and District Community Strategy Coordinators.
- OVC validation and establishment of the HES status for targeted interventions.
- TOT training on VS&L for selected caregivers.
- Support small scale income generation activities (IGAs) for OVC households and link them to market networks.
- Provide learning and play material to ECCDs.
- Mineral supplementation and growth monitoring at ECCDs.
- Procure Anthropometric equipment for CUs/IPs at growth monitoring.
- Conduct Nutrition Education for CHW and caregivers.
- Conduct Child Forums.
- OVC Provisioning as appropriate.
- Support Child HIV testing and counseling at IP level for OVC.
- Roll out OVC QI using improvement collaborative (training of QI coaches and team, and provincial learning sessions).
- Train LAACs/LOCs on child rights, quarterly meetings, sensitization on the TSC circular, and setting up of child protection desks.

***** For more details and activities planned for the quarter - *reference the APHIAplus Nairobi Work plan.*

5.0 GENDER

IR 4.5 Strengthened Systems, Structures, and Services for Protection of Marginalized, Poor, and Underserved Populations

Progress against the work plan
During the quarter, technical assistance on the integration of gender issues in the APHIA*plus* project and support/participation in stakeholder and technical working groups (TWG) meetings at provincial and district levels were planned. The Women's Justice and Empowerment Initiative (WJEI) case documentation form for record keeping of gender based violence (GBV) cases by CHWs and paralegals was to be adapted as well as a review of the Gender Equity Men (GEM) tool for use in selected community outreaches undertaken. The project planned to provide a grant to the KNH-GBVRC to enhance capacity in the provision of GBV response services and facilitate health facilities to liaise with the US Department of Justice (USDOJ) for Sexual Assault and Forensic Examiner (SAFE) training of health care workers. Community entry sensitization forums and training sessions for provincial administration, government district technical heads and key NGOs/FBOs on GBV, gender issues in health and the Sexual Offences Act were to be conducted. Other gender integration activities planned include the mobilization of active community gender responsive participation in local systems and structures; facilitation of active gender responsive community participation in identifying vulnerable individuals for support and continued support to the Kibera GBV working group.

Project Highlights
Significant highlights for the quarter include the support/ establishment to the GBV working groups in Kibera, Dagoretti and Makadara and the Kibera male champions' network. GBV stakeholder meetings in these areas were held with the Ministry of Gender and the provincial Administration taking active leadership thereby ensuring that the sustainability of the structure beyond APHIA*plus*. A noteworthy activity by the Ministry of Medical Services was the initiation of quarterly gender mainstreaming meetings at the Nairobi County level.

Achievements during the Quarter

Work Planning
During the quarter, the second phase of work planning continued with gender issues being integrated in the final plan. Technical assistance on the integration of gender issues was provided with the main focus of activities being prevention and response services to GBV.

Training of staff on the Healthy Images of Manhood (HIM) Approach
The HIM Approach that was developed under the Extending Service Delivery (ESD) Project was suggested as an innovative strategy that the APHIA*plus* project could use to enhance male involvement in FP/RH/GBV focused activities. To this end, training for project staff has been initiated and a training session takes place every week. This will provide staff with the skills of utilizing the approach within their respective thematic areas.

Start-up Meetings
During the quarter, start-up meetings were held with the Office of the Provincial Director for Gender and Social Development and District Gender and Social Development Officers (DGSDOs). It was agreed that formation of GBV working groups in Nairobi County would focus on Dagoretti, Kamukunji and Makadara in 2011 beginning with community entry sensitization forums. The Kibera GBV working Group will continue to receive support, building

on the work undertaken in 2010 under WJEI. The other districts will be covered in the ensuing years.

GBV Stakeholder Meetings for Dagoretti and Makadara
Planning meetings were also held with the Provincial Administration and District Gender and Social Development Offices of Dagoretti and Makadara which led to the initial GBV stakeholder meetings in these districts.

The Makadara GBV Stakeholder meeting was held on 16th June 2011 with a total of **48** participants (22-m; 26-f). Participants included representatives from the Children's Office, Probation Office, Ministries of Health, Provincial Administration (Chiefs and District Officers from Lunga Lunga, Land Mawe, Kaloleni and Kayaba), National Commission on Gender and Development, Constituency Development Fund (CDF), Constituency AIDS Control Committee (CACC), Women's Empowerment Link (WEL), CHWs, religious leaders, youth leaders, persons with disabilities and women leaders. Some of the key concerns raised in Makadara are early marriages leading to child neglect, domestic violence and the absence of shelters for GBV survivors. During the meeting, the stakeholders agreed to form a district level working group and enhance the capacity of the group through training on GBV prevention and response in the next quarter. The office of the DGSDO will be the coordinator of the group to ensure sustainability of the group beyond APHIA*plus*.

In the planning meetings with the Dagoretti DGSDO, it emerged that a GBV working group was started in January 2011 with support from WEL. However, this group requires strengthening through training, increasing the diversity of representatives and scaling up Government participation. The Dagoretti GBV stakeholders' meeting was held on 29th June 2011 with a total of **51** participants (22-m; 29-f). Participants at the meeting included representatives from the DGSDO, DDO, Kilimani Police, WEL, AMREF, Lea Toto, women leaders, religious leaders, youth leaders, persons with disabilities, CHWs and CBOs.

During the meeting, it emerged that defilement cases are high in the district coupled with the culture of silence by the community which leads to informal/illegal community courts. Sodomy and rape/defilement cases are on the rise especially among street children i.e. the older ones defiling the younger ones.

On the way forward, it was agreed that the office of the DGSDO and the DDO will be coordinating the activities of the Dagoretti District GBV Working Group. In-depth training on GBV coordination will be conducted in the next quarter. Community wide sensitizations will be on GBV prevention and response will be undertaken in all locations of Dagoretti District. The Police committed to follow-up on GBV cases reported at the gender desk and had not been adequately addressed.

Gender Mainstreaming Meeting in the Office of the PDMS
During the month of June 2011, the Office of the PDMS hosted a quarterly meeting for gender mainstreaming in health facilities. This was the first of its kind and offered an opportunity for APHIA*plus* to share their plans and lessons learnt from WJEI under A2N. Gender mainstreaming is now in the performance contract of the PDMS and each health facility is expected to establish a Gender committee to ensure that gender issues are addressed in their respective facilities.

Partner Meetings
Meetings with potential partners namely, the KNH-GBVRC, WEL and the Centre for Rights Education and Awareness (CREAW) were held to identify specific ways that they could work with APHIA*plus* within the new implementation framework that emphasizes sustainability.

Proposed support to KNH-GBVRC will include staff sensitization seminars, multi-sectoral coordination facilitation through stakeholders meetings, monthly community outreaches in Nairobi, integrating GBV screening in VCT, disseminating the GBV standard operating procedures (SOPs) and national guidelines on the management of GBV in the hospital

The proposed partnership with CREAW will include community sensitization on GBV and the Sexual Offences Act, training of paralegals and provision of legal aid in 4 districts, Kamukunji, Makadara and Dagoretti with continued support to Kibera in Langata.

Based on the achievements of the GBV working group in Kibera, APHIAplus will continue to work with WEL using a direct implementation approach in strengthening of GBV working groups in Kamukunji, Makadara and Dagoretti with continued support to Kibera in Langata. WEL has been the leading gender issues focused NGO that has been working with GBV working groups in the country hence their technical assistance and experience is ivaluable.

Support to Kibera GBV Working Group
During the month of June, APHIA*plus* supported the monthly meeting of the Kibera GBV Working Group. The group has continued to meet independently and has been coordinating its activities e.g., participation in the Day of the African Child celebrations. The group has been facing challenges in leadership and group dynamics and it has been found necessary to support a teambuilding workshop for the working group members, community response team, safe spaces/ shelters and the male champions so that the group builds consensus on how they will work together as an expanded GBV working group. This will be held in the next quarter.

National GBV Working Group Meetings
APHIA*plus* continued to attend the meetings of the National GBV Working Group and is now a member of a task force that is developing a national training curriculum on Sexual and Gender based violence. During one of the meetings, a presentation on the menstrual cap was made. Some of the key concerns raised include the availability of safe water for cleaning, sharing amongst school girls and the cost. The team presenting will be piloting the menstrual cap in ten secondary schools in Kibera and are exploring lowering the price from Kshs. 3,000 to Kshs. 450.

Support to Male Champions of Kibera
The male champions in Kibera have continued to meet and during the quarter, the group has undertaken several outreach activities where they have communicated GBV messages. These include an outreach by Sarakasi Trust, several drama outreaches and a tree planting exercise supported by Safaricom in the community.

During a Peace Day in Kibera organized by the Haile Selassie Foundation the male champions actively participated by sharing messages on prevention of GBV. They were able to mobilize their resources to hire the venue for the meeting. The group also had a chance to educate community members on GBV prevention and support during the World Environmental Day on 5th June, 2011. In addition, members of the male champions' network have been accompanying the filming crew of *Sita Kimya* that has been holding community screening sessions to help with sharing experiences during the discussions in the screening sessions.

The male champions decided to develop monthly work plans for their activities to enhance coordination of their activities. In addition the network has developed a constitution and is pursuing registration as a CBO. The Kibera male champions are using social networking internet sites to share their activities and are on Facebook where they post photos and updates on their upcoming and ongoing activities and now have an email address. The male champions have requested support with identifying ideas that would help generate an income for their activities. This will be addressed through an economic empowerment forum for the group in the next quarter.

Review of the GEM Tool
The GEM tool was used in the piloting of WJEI in 2010 to gauge the effectiveness of forums and outreaches on GBV in Kibera. It was useful in tracking the level of knowledge that was retained by community members following the sessions. The tool has been reviewed slightly in line with the APHIAplus mandate and will be disseminated to the teams engaged in community sensitization on GBV.

Linkages for Training on SAFE
This activity has been delayed but will be followed up when the training needs assessments for health care workers is undertaken.

Integrating GBV prevention and response as a cross-cutting issue
During the quarter, sessions providing basic information on GBV were facilitated in the following activities:

- Treatment literacy training for PLWAs (10-m; 30-f) in Mitumba Slum in South C – during the session some of the forms of GBV that were highlighted were domestic violence caused by unfaithfulness in marriage/intimate partnerships, early marriages, sexual harassment of women and girls as well as under-reporting of cases of GBV.
- Location Advisory Committee training for Kamukunji on children's rights – a session on GBV prevention and response was conducted (m-25; f-25).
- Makadara community leaders on reproductive health and family planning; as a result of this session, one of the members of the CHC reported that 10 cases had been responded in the community (m-28; f-28).

Other Activities
Prevention activities addressing norms about masculinity related to HIV/AIDS will be undertaken during small group communication sessions which have not taken place since the facilitators have been undergoing training during the current quarter. Prevention activities addressing GBV and coercion will be undertaken during community screening sessions of the *Sita Kimya* docudrama developed during the implementation of WJEI. Prevention activities addressing legal rights of women and girls will be undertaken through a sub-grant to CREAW who will implement community level interventions on the same. Prevention activities aimed at increasing access to incomes and productive resources will be undertaken using an integration approach that will see female survivors of GBV or those vulnerable to GBV incorporated in the activities.

Challenges
The slow start up of activities in APHIA*plus,* occasioned by the extended work planning, has meant that activities planned for the quarter have not all been undertaken. However, this is being addressed by scaling up the pace of implementation of activities. There has been strong support from the Government offices – Ministry of Gender and Provincial Administration which means that planned gender specific activities will be accomplished during the year.

Planned Activities for the Next Quarter

- GBV stakeholders' meeting for Kamukunji
- Training and mapping of services for GBV stakeholders on GBV prevention, response and coordination for Dagoretti, Kamukunji and Makadara districts
- Teambuilding activities for the Kibera GBV working group
- Continued support to the Kibera GBV working group, the Kibera male champions and safe spaces/shelters
- Continued integration of GBV prevention and response sessions in trainings for PLWHAs, teachers, Local Advisory Committees and community leaders
- Small group communication sessions on addressing norms about masculinity related to HIV/AIDS
- Targeted *Sita Kimya* docudrama community screenings
- Provision of grants to KNH-GBVRC and CREAW
- Integration of GBV response in CMEs for health care workers
- Development of the Health Facility GBV preparedness assessment tool

6.0 Strategic Information

APHIA*plus* project provided a wide range of support in the province in order to fulfill its broad mandate of assisting to build the capacity of the MOH M&E system. The team worked closely with Provincial and District Health Management teams by liaising regularly with the Provincial Health Records Information Officer (PHRIO), the District Health Records Information Officers (DHRIOs), the Provincial AIDS and STI Coordinator (PASCO) and the District AIDS and STI Coordinators (DASCOs). The M&E Team works closely with program coordinators in conjunction with liaising with GoK data staff. A typical supervision support team consists of a member of the M&E Unit, a program coordinator and a member of the district data team (DHRIO or HRIO).

The M&E Unit provided complete and accurate data to project staff for use in programmatic decision making and reporting working closely with the project result areas to assist in evaluation and analysis of performance.

The M&E Unit worked closely with program staff throughout April and May in revising the project work plan. Close attention was paid to both the AOP6 and AOP7 during the revision exercise.

APHIA*plus* Nairobi hosted a meeting called by USAID/Strategic Information Team together with APHIA Evaluation to discuss plans for baseline study.

Facility Technical Assistance
The M&E Team focused on ART data during this quarter. Facility registers of singled out facilities were assessed and consensus was made on the way forward. It was notable that the records were affected by staff turnover affecting the health management system. Requests have been made to Capacity Project so that the number of HRIOs will be increased from the current **2 HRIOs** in the province to **9 HRIOs**. Meanwhile, temporary measures have been put in place as we await the deployment of Capacity Project-employed HRIOs.

The M&E team participated in data quality meetings in Westland Districts.Routine data quality assessments were done in 5 health facilities that included AMURT Health Center, Dandora II, Huruma Lions, Kayole SDH and Soweto PHC. TA was provided at regular intervals through joint visits to 17 facilities by project and MOH staff. Registers were examined and on-the-job training provided on maintenance of registers. The 17 health facilities included Jericho HC, Makadara HC, Dandora II HC, Soweto Kayole PHC, Kayole SDH, Embakasi HC, AMURT health Center,Waithaka HC, STC Casino, Mutuini HC, Kabiro Health care trust, Mathare North HC, Riruta HC, Ngong Road HC, Chandaria HC, Kenyatta National Hospital and NASCOP VCT.

District Health Records Office Support
APHIA*plus* M&E team has been working closely with the DHRIOs' office to support data related initiatives during the quarter. NASCOP developed new tools that required strategic roll out assistance. The APHIA*plus* team was active in supporting the training of all DASCOs and DHRIOs in the Province in a meeting that was held in Machakos.

In this meeting, an APHIA*plus* Data Officer participated in the facilitation team as a Master Trainer – of – Trainers (TOT). This activity was followed by a request from the Nairobi PASCO to support further orientation meetings with Kamkunji and Westlands Districts respectively. A total of **161** service providers were trained (Kamkunji **91** and Westlands **70**). This support will continue in the coming quarter through OJTs and CMEs at facility level to ensure high compliance level and proficiency in the use of the new tools.

The M&E Unit has also facilitated update activities of the Master Facility Lists in six districts (**Njiru, Dagoreti, Kamukunji, Makadara, Kasarani and Embakasi districts**). The PHRIO has expressed appreciation for the assistance provided through airtime which has resulted in **95** facilities added to the MFL.

Recently, the PHMT in Nairobi has been stepping up the Data Use and Information Demand initiative and in line with this drive, APHIA *plus* M&E team has been in talks with the PHRIO to explore ways the project can best support this initiative so that it will have a trickle effect all through to the facility level. APHIA*plus* will support regular data review meetings that will accelerate this process in the subsequent months.

Since the Community Based Health Information System(CBHIS) has become the center of importance this year, especially with the Government strategy of rolling out Community Units (CU), there was need to strengthen the CBHIS, APHIA PLUS M&E team participated in two CBHIS stakeholders meetings where the focus was to revise the CBHIS tools.

Trainings and Stakeholders Participation
APHIA*plus* M&E Unit enjoyed capacity building opportunities through several trainings. These were as follows:

1. **LQAS Training** (APHIA EVALUATION) 25th to 27th May 2011– this was to help the team carry out baseline study for Community Household Economic Strengthening Baselines, one of the M&E team members attended the training that took place at Panafric Hotel .

2. **TraiNET**(US EMBASSY) 15th to 16th June 2011– This was to support compliance in Training tracking as soon as the Commission communicates to the Chief of Parties in PEPFAR funded projects.

Meetings during the quarter

- Participation in the M&E taskforce meeting in NASCOP by the data manager.
- **2nd June 2011:** Two M&E team members attended a CHIS tools evaluation meeting at AMREF training center
- **6th-10th June 2011 – Limuru:** Attended an OVC QI training facilitated by USAID Health Care project. This will help the project to measure the effectiveness and efficiency of the services provided to each and every child and their well being (OVCs) but not at the HH level.

7.0 Resource Mobilization and Family Planning Repositioning

- Participation in the European Network of NGOs working on SRH Fact-Finding Mission: The mission studied sexual and reproductive health and rights (SRHR) and the Kenyan health system. The mission was undertaken to prepare for an upcoming EuroNGOs pilot advocacy project in Kenya : "*Expanding the Support-Base for SRH and the Attainment of MDG 5."*

- Meeting with Population Action International (PAI) on support to The Integration Partnership: This project supports increased demand for RH/HIV integration-including provision of RH supplies-and advocates with influential institutions for dedication of resources to RH/HIV integration. An invitation was extended to APHIA*PLUS* Coast Project Director (Margaret Lubaale) to attend an integration conference in Addis Ababa, Ethiopia (June 2011)

- Contacts with fact-finding mission from the Model UN team, participating in a GIMUN project about housing and human rights in Nairobi (June 20-30 2011).

- Abstracts were submitted for the FP Conference 2011 to be held in Dakar, Senegal: " Integrating Facility and Community Youth Friendly Service Initiatives – The Ruiru Model in Kenya" "Access to Contraception for Young women Seeking Postabortion Care Services." (collaboration PI/FHI)

- Pamela Onduso, Program Advisor for Pathfinder Kenya, was one of three featured panelists at the "Linking Family Planning Service Delivery Partners with Advocates" workshop on June 10, 2011, which Pathfinder organized in collaboration with the United Nations Foundation and Marie Stopes International-US. This one-day workshop increased awareness of how US Government-supported family planning and reproductive health programs are implemented . This event allowed to advocate for international family planning and reproductive health with policymakers in the US Congress

8.0 Communication and Documentation

Support to DHMT and PHMT

The Communications Advisor met with members of the Embakasi DHMT to establish approaches of offering support in documentation. There are planned meetings with the provincial health promotion office and other district health promotion officers. Meetings were already held with Internews to establish linkages that will help the teams gain skills to improve documentation of their activities and good practices. There are plans to offer trainings during the next quarter.

Nairobi Province Performance Indicators

MOH, PEPFAR Indicator No.	Indicator	Baseline	Yr 1 Targets	March	April-June 2011	July - Sept 2011	Oct - Dec 2011	Total Achievement	% Achievement
NAIROBI PROVINCE PERFORMANCE INDICATORS									
PEPFAR INDICATORS									
PREVENTION									
Prevention Sub Area 1: PMTCT									
P1.1.D	Number of pregnant women with known HIV status (includes women who were tested for HIV & received their results)	21,666	21,991	2,505	7,482			**9,987**	**45**
P1.2.D.MIN	Number of HIV positive pregnant women who received antiretrovirals to reduce risk of mother-to-child transmission	1,223	1,231	159	334			**493**	**40**
Prevention Sub Area 4: Injection and Non-injection drug use									
P4.1.D PR	Number of injecting drug users (IDUs) on opioid substitution therapy	0	3	0	0			**0**	**0**
Prevention Sub Area 5: Male Circumcision									
P5.1.D MIN	Number of males circumcised as part of the minimum package of MC for HIV prevention services, by age	0	52	0	0			**0**	**0**
	<1	0	5	0	0			**0**	**0**
	1 to 14	0	18	0	0			**0**	**0**
	>15	0	29	0	0			**0**	**0**
Prevention Sub Area 6: Post Exposure Prophylaxis									
P6.1.D MIN	Number of persons provided with post-exposure prophylaxis, by exposure type	0	100	310	906			**1,216**	**1,216**
	Occupational	TBD	TBD	5	15			**20**	
	Rape/sexual assault victims	TBD	100	295	852			**1,147**	**1,147**
	Other non-occupational	TBD	TBD	10	39			**49**	
Prevention Sub Area 7: Prevention with People Living with HIV (PwP)									

MOH, PEPFAR Indicator No.	Indicator	Baseline	Yr 1 Targets	March	April-June 2011	July - Sept 2011	Oct - Dec 2011	Total Achievement	% Achievement
NAIROBI PROVINCE PERFORMANCE INDICATORS									
P7.1.D MIN	Number of People living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions	32,001	35,488	15,653	24,962			**24,962**	**70**
Prevention Sub Area 8: Sexual and Other Risk Reduction									
P8.1.D PR	Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required, by sex and age	0	20,500	0	696			**696**	**3**
	Male			0	162			**162**	
	10-14	0	0	0	0				
	15-19	0	3,500	0	162			**162**	**5**
	20-24		0	0	0				
	25+	0	0	0	0				
	Female	0	17,000	0	534			**534**	**3**
	10-14		0	0	0				
	15-19		1,700	0	534			**534**	**31**
	20-24		0	0	0				
	25+		0	0	0				
P8.2.D	Number of targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		20,000	0	530			**530**	**3**
	Male		10,000	0	214			**214**	**2**
	10-14		5,000	0	214			**214**	**4**
	15-19		5,000	0	0			**0**	**0**

MOH, PEPFAR Indicator No.	Indicator	Baseline	Yr 1 Targets	March	April-June 2011	July - Sept 2011	Oct - Dec 2011	Total Achievement	% Achievement
NAIROBI PROVINCE PERFORMANCE INDICATORS									
	20-24		0	0	0			**0**	**0**
	25+		0	0	0				
	Female		10,000	0	316			**316**	**3**
	10-14		5,000	0	316			**316**	**6**
	15-19		5,000	0	0			**0**	**0**
	20-24		0	0	0				
	25+			0	0				
P8.3.D PR	Number of targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required, by MARP type and sex	0	6,250	0	220			**220**	**4**
	SW	0	4,800	0	195			**195**	**4**
	Male	0	100	0				**0**	**0**
	Female	0	4,700	0	195			**195**	**4**
	IDU	TBD	0	0				**0**	
	Male	0	0	0				**0**	
	Female	0	0	0				**0**	
	MSM	0	700	0	25			**25**	**4**
	Other vulnerable populations (Matatus)	0	750	0				**0**	
	Male	0	700	0				**0**	
	Female	0	50	0				**0**	
P8.4.D	Number of condom service outlets			200	230			**230**	
Prevention Sub Area 11: Testing and Counseling									
P11.1.D MIN	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results, by sex and age	0	132,800	17,926	56,563			**74,489**	**56**
	Male	0	54,448	9,778	25,847			**35,625**	**65**
	<15	0	5312	791	2,594			**3,385**	**64**
	15+	0	49,136	8,987	23,253			**32,240**	**66**
	Female	0	78,35	8,148	30,716			**38,864**	**50**

MOH, PEPFAR Indicator No.	Indicator	Baseline	Yr 1 Targets	March	April-June 2011	July - Sept 2011	Oct - Dec 2011	Total Achievement	% Achievement
NAIROBI PROVINCE PERFORMANCE INDICATORS									
			2						
	<15	0	5,312	760	2242			**3,002**	**57**
	15+	0	73,040	7,388	28,474			**35,862**	**49**
Prevention Sub Area 12: Gender									
P12.1.D	Number of people reached by an individual, small-group, or community-level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS, by sex and age	0	20,500	0	40			**40**	**0**
	Male	0	0	0				**0**	**0**
	0-14	0	0	0				**0**	**0**
	15-24	0	1,167	0				**0**	**0**
	25+	0	2,333	0	10			**10**	**0**
	Female	0	17,000	0				**0**	**0**
	0-15	0	0	0				**0**	**0**
	15-24	0	5,667	0				**0**	**0**
	25+	0	11,333	0	30			**30**	**0**
P12.2.D	Number of people reached by an individual, small group or community-level intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS, by sex and age	0	20,500	0	205				**0**
	Male	0	0	0	0				
	0-14	0	0	0	0				
	15-24	0	1,167	0	0				
	25+	0	2,333	0	97				**0**
	Female	0	0	0	0				

MOH, PEPFAR Indicator No.	Indicator	Baseline	Yr 1 Targets	March	April-June 2011	July - Sept 2011	Oct - Dec 2011	Total Achievement	% Achievement
NAIROBI PROVINCE PERFORMANCE INDICATORS									
	0-15	0	0	0	0				
	15-24	0	5,667	0	0				**0**
	25+	0	11,333	0	108				**0**
P12.3.D	Number of people reached by a individual, small-group, or community level intervention or service that explicitly addresses the legal rights and protection of women and girls impacted by HIV/AIDS, by sex and age	0	20,500	0	0				
	Male	0	3,500	0	0				
	0-14	0	0	0	0				
	15-24	0	1,167	0	0				
	25+	0	2,333	0	0				
	Female	0	17,000	0	0				
	0-14	0	0	0	0				
	15-24	0	5,667	0	0				
	25+	0	11,333	0	0				
P12.4.D	Number of people reached by a individual, small-group, or community level intervention or service that explicitly aims to increase access to income and productive resources of women and girls impacted by HIV/AIDS, by sex and age	0	122	0	0				
	Male	0		0	0				
	0-14	0	0	0	0				
	15-24	0	0	0	0				
	25+	0	0	0	0				
	Female	0	122	0	0				
	0-14	0	0	0	0				

MOH, PEPFAR Indicator No.	Indicator	Baseline	Yr 1 Targets	March	April-June 2011	July - Sept 2011	Oct - Dec 2011	Total Achievement	% Achievement
NAIROBI PROVINCE PERFORMANCE INDICATORS									
	15-24	0	38	0	0				
	25+	0	84	0	0				
CARE									
Care Sub Area 1:									
8.1	Number of OVC served by OVC programs	0	71,000	13,170	22,585			**22,585**	**32**
8.1.a	Number served in 3 or more core areas	0	35,500	1,130	2,893			**2,893**	**8**
	Male	TBD	13,135	561	1,553			**1,553**	**12**
	Female	TBD	22,365	569	1,340			**1,340**	**6**
8.1.b	Number served in 1 or 2 core areas	0	35,500	12,040	19,692			**19,692**	**55**
	Male	TBD	14,555	5,990	9,671			**9,671**	**66**
	Female	TBD	20,945	6,050	10,021			**10,021**	**48**
Care Sub Area 1: Clinical Care (Includes OVC)									
C2.1.D MIN	Number of HIV positive adults and children receiving a minimum of one clinical service, by sex and age	0	35,488	46,958	49,924			**49,924**	**141**
	Male	0	14,550	16,105	17,223			**17,223**	**118**
	<15	TBD	1420	1519	1573			**1,573**	**111**
	15+	TBD	13,130	14,586	15,650			**15,650**	**119**
	Female	0	20,938	30,853	32,701			**32,701**	**156**
	<15	TBD	1420	1,531	1586			**1,586**	**112**
	15+	TBD	19,518	29,322	31,115			**31,115**	**159**
C2.2.D MIN	Number of HIV positive persons receiving cotrimoxazole prophylaxis, by sex and age	0	35,488	33,625	35,450			**35,450**	**100**
	Male	0	14,550	11,609	12,805			**12,805**	**88**
	<15	TBD	1420	951	955			**955**	**67**
	15+	TBD	13,130	10,658	11,850			**11,850**	**90**
	Female	0	20,938	22,016	22,645			**22,645**	**108**
	<15	TBD	1420	1096	900			**900**	**63**

MOH, PEPFAR Indicator No.	Indicator	Baseline	Yr 1 Targets	March	April-June 2011	July - Sept 2011	Oct - Dec 2011	Total Achievement	% Achievement
NAIROBI PROVINCE PERFORMANCE INDICATORS									
	15+	TBD	19,518	20,920	21,745			**21,745**	**111**
C2.3.D MIN & PR	Number of HIV positive clinically malnourished clients who received therapeutic or supplementary food	TBD	TBD	0	0			**0**	
C2.4.D MIN	TB/HIV: Percent of HIV positive patients who were screened for TB in HIV care or treatment setting	TBD	70%	0%					
C2.5.D MIN	TB/HIV: Percent of HIV positive patients who were screened for TB in HIV care or treatment (pre-ART or ART) who started TB treatment	TBD	100%	0%					
Care Sub Area 5: Support Care									
C5.1.D MIN	Number of eligible clients **(OVC)** who received food and/or other nutrition services **(WILL ADD PROTECTION, PSS, EDUCATION)**, by age	TBD	9,350	327	9,053			**9,380**	**100**
	<18	TBD	9,350	327	9,053			**9,380**	**100**
	18+	0	0	0	0			**0**	
PR	Number of HBC ciients served, by sex	11,164	11,164	11,350	11,366			**11,366**	**102**
	Male	2,688	2,688	2,729	2,759			**2,759**	**103**
	Female	8,476	8,476	8,621	8,607	-		**8,607**	**102**
TREATMENT									
Treatment Sub Area 1: ARV Services									
T1.1.D	Number of adults and children with advanced HIV infection newly enrolled on ART, by age & sex	TBD	1396	337	1146			**1,146**	**106**
	Male	TBD	558	106	437			**543**	**97**
	<1	TBD	5	0	0			**0**	**0**
	<15	TBD	51	6	36			**42**	**82**
	15+	TBD	502	100	401			**501**	**100**

MOH, PEPFAR Indicator No.	Indicator	Baseline	Yr 1 Targets	March	April-June 2011	July - Sept 2011	Oct - Dec 2011	Total Achievement	% Achievement
NAIROBI PROVINCE PERFORMANCE INDICATORS									
	Female	TBD	803	231	709			**940**	**117**
	<1	TBD	5	0	0			**0**	**0**
	<15	TBD	75	9	25			**34**	**45**
	15+	TBD	723	222	684			**906**	**125**
	Pregnant/lactating	TBD	35					**0**	**0**
T1.2.D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) (Current), by sex and age	17,470	18,692	17,351	19,020			**19,020**	**102**
	Male	6,988	7,477	6,700	7,499			**7,499**	**100**
	<1	52	53	0	0			**0**	**0**
	<15	648	695	615	689			**689**	**99**
	15+	6,288	6,729	6,085	6,810			**6,810**	**101**
	Female	10,482	11,215	10,651	11,521			**11,521**	**103**
	<1	53	53	0	0			**0**	**0**
	<15	995	1069	512	583			**583**	**55**
	15+	9,084	9,738	10,139	10,938			**10,938**	**112**
	Pregnant women	350	355	169	215			**215**	**61**
T1.3D	Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	91%	93%						
	<15	TBD	90%						
	>15	TBD	95%						
HEALTH SYSTEM STRENGTHENING									
Health System Strengthening Sub Area 1: Laboratory									
H1.1.D MIN	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	7	7	7	7			**0**	
PROGRAMMATIC INDICATORS									
MONITORING AND EVALUATION									
PR	Number of quarterly RDQA in supported sites and implementing partners	0	12	0	0			**0**	
SYSTEMS STRENGTHENING									

MOH, PEPFAR Indicator No.	Indicator	Baseline	Yr 1 Targets	March	April-June 2011	July - Sept 2011	Oct - Dec 2011	Total Achievement	% Achievement
NAIROBI PROVINCE PERFORMANCE INDICATORS									
PR	Number of facilities trained on COPE	0	5	0	0			**0**	
PR	Number of Community Units trained on Community COPE	0	5	0	0			**0**	
PR	Number of sites receiving mentoring visit(s) from provincial/district mentors during the quarter	15	16	0	0			**0**	
PR	Number of DHMT members trained on DDIU (Data Demand & Information Use)	0	24	0	27			**27**	
RESULT 3: INCREASED USE OF QUALITY HEALTH SERVICES, PRODUCTS AND INFORMATION									
3.1: Increased availability of an integrated package of quality high-impact interventions at community and facility level									
PR	Number of community workers trained	0	3,650	0	207			**207**	**6**
PR	Number of facilities integrating MARP friendly services	0	5	0	2			**2**	**40**
HIV/TB									
MIN	Number of Infants tested for HIV at 6 weeks	TBD	837	41	134			**175**	**21**
MIN	Number Infants tested for HIV at 12 weeks	TBD	157	21	58			**79**	**50**
MIN	Number of Infants provided with ARV prophylaxis	1,000	1,046	153	319			**472**	**45**
MIN	Number of TB patients who received HIV CT and test results	TBD	9,000	573	1,771			**2,344**	**26**
MNCH									
MIN	Number of children under 12 dewormed at least once a year	0	14,000	0	7,730			**7,730**	**52**
MIN & PR	Number of children <5 years given Vit A (including OVC)	0	15,000	0	5,468			**5,468**	**36**
PR	Number of couples counseled & tested for HIV		10,833	835	2,488			**3,323**	**31**
	Counseled		10,833	1094	2,506			**3,600**	**33**
	Tested		10,83	835	2,488			**3,323**	**31**

MOH, PEPFAR Indicator No.	Indicator	Baseline	Yr 1 Targets	March	April-June 2011	July - Sept 2011	Oct - Dec 2011	Total Achievement	% Achievement
NAIROBI PROVINCE PERFORMANCE INDICATORS									
			3						
	Both HIV positive			49	98			**147**	**#DIV/0!**
	Discordant			44	181			**225**	
RH/FP									
PR 3.1.7-4	Couple Years of Protection (CYP) in USG-supported program at project-supported facilities	0	48,000		20,370			**20,370**	**42**
	No. of people trained in FP/RH with USG funds		0	0	0			**0**	**#DIV/0!**
	Males		0	0	0			**0**	**#DIV/0!**
	Females		0	0	0			**0**	**#DIV/0!**
	No. of USG-assisted service delivery points providing FP counseling or services			50	85			**85**	**#DIV/0!**
	No. of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP								
3.1.7-6	Number of counseling visits for FP/RH as a result of USG assistance			7,537	15,131			**22,668**	**#DIV/0!**
3.1.7-21	Number of people that have seen or heard a specific USG-supported FP/RH message								
3.1.7-26	Number of policies or guidelines developed or changed with USG assistance to improve access to, and use of, FP/RH services								
3.1.7-32	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs								
3.1.6-3 MCH	Liters of drinking water disinfected with USG-supported, point-of-use				244,000			**244,000**	

MOH, PEPFAR Indicator No.	Indicator	Baseline	Yr 1 Targets	March	April-June 2011	July - Sept 2011	Oct - Dec 2011	Total Achievement	% Achievement
NAIROBI PROVINCE PERFORMANCE INDICATORS									
	treatment products								
3.1.6-6 MCH	Number of cases of child diarrhea treated in USG-assisted programs								
3.1.6-8	Number of children less than 12 months of age who received DPT3 from USG-supported programs				4,402			**4,402**	**#DIV/0!**
3.1.6-43	Percent of children under five years old with diarrhea treated with Oral Rehydration Therapy (ORT)								
3.1.6-46	Percent of births delivered by caesarean section		0%	12%	12%			12%	
3.1.6-53	Percent of children who have received the third dose of Pneumococcal conjugate vaccine by 12 months of age		0%	0%	0%				
3.1.6-57	Percent of children who have received measles vaccine by 12 months of age		0%	0%	0%				
3.2: Increased demand for an integrated package of quality high-impact interventions and community and facility levels									
PR	Number of individuals reached through small group discussions on health excluding HIV (disaggregated by age and sex)	0	162,000	0	0			**0**	
3.3: Increased adoption of healthy behaviors									
PR	Number of community dialogue days held on health topics	TBD	36	0	17			**17**	**47**
MIN	Number of pregnant women attending at least 4 ANC visits	0	15,000	1,678	4,939			**6,617**	**44**
MIN MCH 3.1.6-11	Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	0	9,000	1,560	5,417			**6,977**	**78**

MOH, PEPFAR Indicator No.	Indicator	Baseline	Yr 1 Targets	March	April-June 2011	July - Sept 2011	Oct - Dec 2011	Total Achievement	% Achievement
NAIROBI PROVINCE PERFORMANCE INDICATORS									
MCH 3.1.6-14	Number of improvements to laws, policies, regulations or guidelines related to improved access to, and use of, health services drafted with USG support								
3.4: Increased program effectiveness through innovative approaches									
PR	Number of facilities with information corners for DUDM and QI	0	5	0	0				**0**
PR	Number of IP/CU trained on OVC QI standards	0	3	0	3			**3**	**100**
PR	Number of male champions trained for FP/RH, GBV, VMMC	0	90	0	0			**0**	
RESULT 4: SOCIAL DETERMINANTS OF HEALTH ADDRESSED TO IMPROVE THE WELL-BEING OF THE COMMUNITY, ESPECIALLY MARGINALIZED, POOR AND UNDERSERVED POPULATIONS									
4.1: Marginalized, poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs									
PR	Number of households linked to household economic strengthening initiatives	0	15	0	1290			**1,290**	**8,600**
PR	Number of children trained on basic financial literacy	0	300	0	322			**322**	**107**
PR	Number of individuals who received VSL training and engaged in income generating activities, disaggregated by age and sex	0	4000	0	67			**67**	**2**
	Number of OVC who received vocational training and engaged in income generating activities, disaggregated by age and sex	0	150	0	16			**11**	**0**
4.2: Improved food security and nutrition for marginizalized, poor and underserved populations									

MOH, PEPFAR Indicator No.	Indicator	Baseline	Yr 1 Targets	March	April-June 2011	July - Sept 2011	Oct - Dec 2011	Total Achievement	% Achievement
NAIROBI PROVINCE PERFORMANCE INDICATORS									
PR	Number of individuals receiving nutrition literacy education		3,000	0	0				
4.3: Marginalized, poor and underserved groups have increased access to education, life skills, and literacy initiatives through coordination and integration with education programs									
PR	Number of supported schools with children's health and/or rights clubs	0	20	0	16			16	**80**
4.4: Increased access to safe water, sanitation and improved hygiene									
PR	Number of highly vulnerable households provided with water treatment supplies	5,000	5,000	0	0				
4.5: Strengthened systems, structures and services for protection of marginalized, poor and underserved populations									
PR	Number of district and provincial GBV working groups established	1	2	0	2				
PR	Number of teachers trained in:			0	0				
PR	Sexual Offences Act	0	30	0	0				
PR	Stigma reduction of GBV/HIV/AIDS	0	30	0	0				
PR	Number of chief's offices with Child Protection Desks established	0	20	0	0				
PR	Number of male champion networks established	1	2	0	0				
4.6: Expanded social mobilization for health									
PR	Number of adolescents/youth reached through drama outreaches in secondary schools on RH/FP, GBV, VMMC	0	121,500	0	0				
PR	Male	0	40,500	0	0				
PR	Female	0	81,000	0	0				

	APHIA Plus NAIROBI	April-June 2011 PMTCT MATRIX																
	Facility Name	First ANC Visit	ANC revisits	ANC HIV test (total)	ANC learn HIV status	ANC clients HIV+	Mother Nevirapine ANC	Infant Nevirapine ANC	Maternity mother tests	Maternity HIV+	Maternity	Infant NVP Maternity	Deliveries	Mothers counseled on infant feeding	Infants tested for HIV		HIV+ Clients referred for follow-up	
															At 6 weeks	At 3 months	Mothers	Partners
1	Amurt Health Center	33	61	24	24	1	1	2	0	0	0	0	0	2	1	1	0	0
2	Brother Andre Clinic	253	748	253	253	21	21	0	0	0	0	0	0	21	4	3	0	0
3	Coni Medical Centre	40	25	49	49	11	10	7	13	2	2	2	2	52	6	0	0	0
4	DIWOPA Clinic	178	490	141	141	5	4	4	0	0	1	1	104	4	5	0	0	0
5	Fremo Medical Centre	5	14	19	19	4	4	0	0	0	0	0	0	19	0	0	0	0
6	FHOK Health Centre	183	714	163	163	5	8	7	97	4	7	5	91	18	1	0	0	0
7	Frepals Health Centre	7	17	46	46	9	9	9	46	9	9	9	561	82	0	0	0	0
8	GSN Buruburu Health Services	4	2	4	4	0	0	0	0	0	0		0	0	0	0	0	0
9	GSN Canaan Health Providers	11	10	11	11	0	0	0	0	0	0	0	0	0	0	0	0	0
10	GSN Gurunanak Hospital	81	230	94	94	0	0	0	44	0	0	0	62	0	0	0	0	0
11	GSN Huruma Nursing Home	73	42	73	73	1	1	3	194	14	13	13	13	56	0	0	0	0
12	GSN Imani Medical Center	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
13	GSN Jahmii Medical Clinic	42	76	118	118	9	2	9	107	7	2	7	7	9	0	0	0	0
1	GSN Karen Hospital	10	40	50	50	9	9	11	3	3	3	3	3	11	5	0	0	0

4																		
15	GSN Mariakani Cottage Hospital	40	71	18	18	0	0	0	8	0	0	0	0	0	0	0	0	0
16	GSN Pipeline Clinic	56	64	56	56	3	13	5	15	3	3	5	5	31	0	0	0	0
17	GSN Radiant Pangani Hospital	33	27	42	42	1	1	3	42	3	3	3	3	24	0	0	0	0
18	GSN SDA Health Services	12	18	7	7	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Guru Nanak Hospital	125	365	138	138	0	0	0	62	0	0	0	0	0	0	0	0	0
20	Jamaa Hospital	208	875	202	202	6	6	0	2	0	5	5	215	6	5	5	0	0
21	Kabiro Health Trust	68	62	20	20	0	0	0	7	0	0	0	43	0	0	0	0	0
22	Kasarani Maternity	54	94	76	76	4	4	4	148	4	4	4	64	76	4	0	0	0
23	Kayole Hospital	83	120	48	48	4	6	1	36	4	4	6	112	28	0	0	0	0
24	Kenyatta University Dispensary	22	81	32	32	0	0	0	0	0	0	0	0	0	1	0	0	0
25	Kivuli Center/Riruta Health Project	9	30	14	14	9	4	5	0	0	0	0	0	39	0	0	0	0
26	Langata Hospital	8	15	8	8	0	0	0	3	0	0	0	4	0	0	0	0	0
27	Makadara Mercy Sisters	214	643	267	267	9	0	0	0	0	0	0	223	7	2	1	0	0
28	Maria Immaculata Hospital	239	576	155	155	7	9	0	1	1	1	3	245	2	3	3	0	0
29	Maria Immaculate Health Center	85	118	93	93	4	0	0	0	0	0	0	0	0	2	2	0	0
3	Mary Immaculate Sisters	11	158	14	14	6	6	11	0	0	0	0	0	8	8	2	0	0

0	Dispensary Bahati	6		0	0													
31	Melchizedek Hospital	45	266	64	64	2	0	1	15	1	0	1	72	2	0	0	0	0
32	Metropolitan Hospital	49	88	117	117	1	0	0	50	1	0	0	58	0	2	0	0	0
33	Mukuru MMM Clinic	636	699	570	570	22	30	43	0	0	0	0	0	22	12	3	0	0
34	Mutethania Medical Clinic	122	112	191	191	4	3	5	160	5	5	5	197	4	0	0	0	0
35	Nairobi Womens Hospital	354	1266	283	283	3	3	2	0	0	6	12	403	3	6	6	0	0
36	Patanisho	104	188	102	102	10	0	7	26	5	0	7	108	168	0	0	0	0
37	Provide Kayole Clinic	17	54	30	30	3	0	0	60	3	0	0	19	2	0	0	0	0
38	Ray of Hope Health Centre	61	106	61	61	4	0	2	38	4	2	4	106	21	0	0	0	0
39	Ruben Centre Clinic	177	225	191	191	8	7	6	0	0	0	0	0	517	2	2	0	0
40	Samaritan Clinic (Nairobi East)	26	37	24	24	13	0	0	28	1	0	0	173	43	0	0	0	0
41	Saola Health Centre	75	131	86	86	4	2	2	35	3	3	3	75	20	1	0	0	0
42	South B Hospital	118	218	118	118	5	5	0	0	0	0	0	141	4	0	0	0	0
43	Soweto Kayole PHC	123	270	133	133	8	12	8	0	0	0	0	0	15	8	8	0	0
44	St John Hospital	77	221	76	76	3	0	0	7	2	2	2	107	2	0	0	0	0
45	St Johns Community Centre	15	4	15	15	3	3	3	0	0	0	0	0	0	3	3	0	0
4	St. Bridgets Clinic	49	46	44	44	3	3	0	0	0	0	0	0	3	0	0	0	0

46																		
47	St. Catherines Health Centre	32	74	46	46	2	0	0	14	0	2	2	92	2	0	0	0	0
48	St Catherine`s Maternity	2	28	9	9	1	0	0	0	0	0	0	0	0	0	0	0	0
49	St. Florence Medical Care Health Centre	48	10	58	58	0	0	0	33	0	0	0	56	12	0	0	0	0
50	St. Francis Community Hospital	847	1460	854	854	31	31	31	18	0	3	3	738	31	16	6	0	0
51	St. Joseph Mukasa Dispensary	84	206	84	84	3	3	0	0	0	0	0	0	3	2	1	0	0
52	St. Judes Health Centre	42	45	42	42	6	6	6	12	2	2	2	81	3	0	0	0	0
53	St. Lukes (Kona) Health Centre	23	14	29	29	0	0	0	3	0	0	0	22	22	0	0	0	0
54	St. Marys Medical Clinic	36	55	33	33	6	2	0	3	1	7	7	54	91	0	0	0	0
55	St. Teresa Dispensary	57	114	61	61	1	0	0	0	0	0	0	0	0	0	0	0	0
56	Uzima Dispensary	347	927	469	469	9	9	0	0	3	8	8	191	7	35	12	0	0
	Total Province	**5859**	**12651**	**6152**	**6152**	**284**	**237**	**197**	**1330**	**85**	**97**	**122**	**4450**	**1492**	**134**	**58**	**0**	**0**

Progress Tracking: January 2011- December 2011												
Act Ref	**Ind Ref**	**Timeline**					**Activity Implementation Status**				**Outputs/ Deliverables**	**Comments**
No	**No(s)**	**Activity description**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**Oct-Dec**	Done	Delayed	On-Track	Changed		
Project Management												
		Develop program strategies and orient project staff on the A+ program strategies		X	X				x			
		Provide technical assistance in integration of gender issues in APHIAplus	X	X	X	X			x			Ongoing
		Facilitate sharing and learning of promising /best practices and lessons learned through sharing forums and exchange visits within the zone and other APHIAplus projects			X	X						
		Establish a Project Advisory Committee and facilitate quarterly meetings			X	X						
		Facilitate quarterly provincial steering committee meetings			X	X						

		Hold quarterly project partners meetings			X	X						
		Support and participate in the stakeholders and TWG meetings at provincial and district levels	X	X	X	X			x			Ongoing
		Support and participate as appropriate in the AOP 7 process (including AOP development and quarterly reviews) at national, provincial, district, facility, and community levels	X	X	X	X			x			Ongoing
		Provide TA to line ministries e.g. MOGCSD at provincial and district levels in preparation of annual workplans		X			x					
		Prepare and submit USAID PEPFAR SAPR and APR	X			X			x			
		Conduct annual program review and strategy meetings				X						
		Develop and submit year 2 work plan, PMP, and budget to USAID				X						
		Support project staff development through selected training courses			X	X			**x**			
		Project staff and MOH counterparts to attend at least 3 relevant international conferences e.g. HIV Implementers, Global Health Council, etc			X	X						

		Procure color photocopier and laminator to support reproduction and photocopying of IEC materials and job aids including client rights and service charter		X				x				To be procured during the July-September quarter.
		Support team building for APHIAplus staff					X					
Communication and Documentation												
		Produce one-page project briefs for all projects areas (HCS, BCC, OVC, gender, service delivery, RH/FP, MARPS, and HIV)			X							
		Produce quarterly newsletter on best practices and case studies			X	X						
		Develop scene setters for key project sites		X		X		**x**				**Awaiting template from USAID**
		Document project activities through short 3-5 minute videos (in-house TA) to share on internet and other fora				X						
		Produce monthly program updates and share with key stakeholders	X	X	X	X			x			Ongoing
		Participate in national and international exhibitions related to APHIAplus (in country)			X	X						
		Pitch best practices to the media			X	X						

		for coverage										
		Disseminate best practices using various media (communications materials, websites, facebook, twitter, etc.)			X	X						
		Support P/DHMT to build skills on documentation (photography, writing skills)				X						
		Develop branding guidelines and materials for APHIAplus zone 2		**x**	X	x			x			Ongoing
		Build capacity of project staff in communication skills			x							
		Support essay competition among OVC on health topics				X						
		Produce biannual OVC newsletter				X						
Program Monitornig and Evaluation												
		Conduct bi-annual data quality audit			X							
		Pilot mobile phones for timely data collection at community levels and facility level				X						
		Build skills of CUs for data management including understanding the tools and use of data for decision making.			X	X						

		Continue to support KNH-GBVRC with the installation of the GBV IMS		X	X	X		x				To be supported through the grant. Project description in progress.
		Identify additional sites for the installation of the GBV IMS			X	X						
		Conduct CMEs on data management in GBV response in health facilities			X	X						
		Adapt the WJEI case documentation form for record keeping of GBV cases by CHWs & paralegals		X	X				x			Ongoing
		Review the GEM tool for use in selected community outreaches		X	X				x			Ongoing
		Support quarterly RDQA in supported sites	X	X	X	X			x			.Ongoing
		Hold quarterly orientation and review sessions with program staff and/or partners	X	X	X	X		x				Delayed because of the prolonged work planning process
		Support quarterly DHRIO meetings	X	X	X	X		X				As requested by the PHRIO
		Contribute DDIU during regular DHMT meetings	X	X	X	X		x				The province has just completed it's staff training on DDIU
		Train CHWs on community based health information system and M&E	X		X			X				CBHIS under review by national mechanism

		Train implementing partners on community tools	X	X				X				CBHIS under review by national mechanism
		Conduct quarterly data feedback sessions with IPs	X	X	X	X		X				Delayed due to the prolonged work planning process.
		Support inclusion of DDIU during 'community dialogue days'	X	X	X	X		X				The province has just completed it's staff training on DDIU
		Identify tools/registers needs and liaise with appropriate USAID mechanism	X	X	X	X			X			Ongoing
		Provide TA/mentorship to districts to enable them to understand and use indicators	X	X	X	X			X			M&E team in the process of developing Charts for indicators on the new tools
		Support private/FBO sector partners to manage and use data	X	X	X	X			x			Delayed due to the prolonged work planning process
		Supervise district data management	X	X	X	X			X			
		Develop 'data utilization plans' (Community Units; health facilities)	X	X				X				CBHIS under review by national mechanism
		Train district and facility staff on new HIS tools (Kamukunji and Westlands)	X	X			X					
		Train project and district GOK relevant staff on LQAS methodology	X		X		X					
		Support data collection and	X	X	X	X			x			

		transmission at the DHRIOs										
		Support updating of the MFL at the district level by the DHRIOs	X	X	X	X			x			
		APHIAPlus Nairobi/Coast M&E team visits APHIAPlus NAL			X							
		Support development of information corners at facility level	X	X	X	X		x				Due to prolonged work planning process
		Conduct CSI baseline (including training of CHWS and enumerators on LQAS)				X						
System Strengthening (Specific System Strengthing Not Already in Result 3 and Result 4)												
		Support P/DHMT and HFC orientation on their roles and responsibilities			X							
		Identify ICB needs (training, renovations, equipments, staffing, lab reagents, HMIS tools, governance/leadership at all levels) and link them to the USAID-supported national mechanisms as appropriate		X	X	X			x			
		Support display of service costs and service charter at the facility level			X	X						
		Strengthen management of HSSF/HMSF and other funds				X						

		Strengthen supportive supervision (orientation and OJT of DHMT/PHMT on facilitative supervision tools and approach, tool printing, exchange visits, provincial sharing forums, transportation)			X	X			X			
		Orient DHMT/PHMT on facility and community COPE (Client Oriented, Provider Efficient)			X							
		Set up a QI committee at provincial and district level				X						
		Orient facility staff on COPE in selected sites and apply it to program areas (ANC, PMTCT, RH/FP, CACX, EMOC, PAC, CH, CCC, HCT, MARPS)				X						
		Conduct post-training assessments (standard tool to be developed by HCS team)				X						
		Orient CHEWS, facility in-charges, and selected CHCs/CHWs on community COPE			X	X						
		Conduct FGDs as part of community COPE for feedback to improve quality of services in selected CUs			X	X						

		Provide technical assistance in integration of QI approaches and tools in APHIAPlus (including staff & P/DHMT orientation sessions, monitoring of QI integration in the project)			X	X						
		Develop mentorship strategy with P/DHMT		X					x			
		Conduct mentorship assessment with P/DHMT **in** all the health facilities offering ART services			X							
		Strengthen skills of provincial/district mentors through coaching			X	X						
		Support mentorship breakfast meeting with P/DHMT (sharing of mentorship strategy, guideline updates, global thinking)			X	X						
		Hold district and facility level mentorship grand rounds			X	X						
		Conduct mentorship sharing forums (incl. P/D MOH mentors, A+ project staff)			X	X						
		Identify five skills labs for service providers skills building			X							
		Develop mentorship materials and to distribute job aids			X							

		Identify and track performance indicators for mentorship			X							
		Support development of a checklist of what is quality care interaction and orientation of the mentees			X	X						
		Support mentorship to service providers in selected private and GOK sites on different program areas: (See Narrative)			X	X						
Result Area # : Increased Use of Quality Health Services, Products and Information												
IntermediateResult 3.1 : Increased Availability of an Integrated Package of Quality High impact intervention at community and Facility level												
		Conduct CMEs for service providers at facility level on different program areas e.g. (See Narrative)		X	X				X			Ongoing
		Support annual team building for MDH and D/PHMT				X			X			
		Conduct whole site sensitization to service providers on attitude change including value clarification for MARPS, YFS and VMMC in collaboration with P/DHMT		X	X	X			X			Ongoing
		Provide OJT to service providers on service provision for MARPS, YFS and VMMC in collaboration		X	X	X		X				Following up with provincial level on curriculum

		with P/DHMT										
		Support exchange visits for pediatric HIV care, YFS, PAC, VMMC, GBV to sites with identified best practices e.g. MDH, Gertrudes		X	X	X		X				Plans underway
		Support ToTs to conduct post training follow up and certification of service providers on RH/FP, PAC, HIV/TB, GBV, VMMC, CACX etc		X	X	X			X			Following up with provincial level on certification
		Assist facility in-charges to conduct client feedback through exit interviews, FGDs, suggestion boxes for facility management action		X	X	X			X			
		Procure basic equipment for health facilities e.g. weight scale, heightboard, stethoscopes, thermometers, Jadelle removal kits, etc.		X	X	X		X				Plans underway (Lists under development)
		Procure and distribute consumables for FANC, IYCF, PAC, CACX to supported sites		X	X	X		X				Plans underway (Lists under development)
		Provide TA for MNCH, HIV/TB, FP/RH, GBV including integration of services in collaboration with P/DHMT		X	X	X			X			On-going

HIV & TB												
		Provide a grant to KNH VCT and GBVRC to support provision of a HIV CT and GBV services			X	x						. Grant under review
		Facilitate health facilities to liaise with the USDOJ for SAFE training of health care workers			X	X						
		Provide a grant to GCH, NWH, CMMB, GSN to support provision of adult and pediatric HIV/RH/FP services			X	X			X			
		Develop a PIP for Mbagathi District Hospital			X	X			X			
		Provide TA on HIV management as per the national guidelines to SP		X	X	X			X			ongoing
		Strengthen lab networking including provision of transport allowance for human courier for movement of blood samples for processing and return of results		X	X	X			X			ongoing
		Establish CCC family day at 3 selected sites (support to include entertainment and lunch)		X	X	X		X				Plans underway
		Support health facilities through OJT for SP on hero book at selected sites in order to support		X	X	X		X				Plans under way

		empowerment of children living with HIV										
		Support and participate in multi-disciplinary team meetings at ART supported sites		X	X	X			X			ongoing
		Assess facility preparedness for SGBV response		X	X	X			x			A tool has been identified for discussion with the Provincial Office for adaptation
		Conduct HTC RRI through provision of consumables, transport, and support to HTC counselors			X	X						
		Partner with HCM for communication support for HTC RRIs.				X			X			
		Support selected facilities to strengthen TB intensified case finding at all entry points		X	X	X			X			Tools rolled out. Partnering with KAPTLD in some sites
		Integrate outreach/inreach services for cervical cancer to include HTC, FP, breast cancer, and STI screening			X	X			X			Due to request from DHMTs, this activity was initiated during the reporting quarter.
		Provide TA to strengthen TB case management at supported sites in collaboration with DTLC		X	X	X			X			on-going
		Reprint PEP - IEC Materials and distribute				X						

		Provide HTC services targeted at men, women and couples	X	X	X	X			X			on-going
VMMC												
		Establish VMMC services in five public facilities		X	X	X		X				Awaiting VMMC site assessment by province and recruitment of VMMC dedicated staff through Capacity project
		Support salaries for VMMC service dedicated staff			X	X						
		Identify VMMC equipment needs and liasise with SCMS for supplies			X	X			X			
		Collaborate with Nyanza reproductive health project (NRHP) for roll out of VMMC services		X	X	X			X			On-going
PMTCT												
		Conduct monthly PMTCT updates to supported PMTCT sites on EID, IYCF, and most efficacious ARV prophylaxis regimen		X	X	X			X			On-going
		Strengthen HIV-exposed infant care		X	X	X			X			On-going
		Access NVP and determine RTK from Abbot draw down account to strengthen PMTCT buffer stock.			X							
		Integrate PMTCT into ANC services in Tunza facilities		X	X	X			x			ongoing

MARPs												
		Establish MARPs-friendly clinics		X	X	X			X			Identification of MARPs friendly facilities ongoing. However, training curriculum is yet to be finalized. Trainings planned for July-September quarter
		Procure and distribute condom compatible lubricants		X	X	X		x				In the six months procurement plan and therefore to be procured in the July-September quarter
MNCH												
		Provide two-day orientation on PPH for service providers from facilities with maternities			X	x						
		Orient HCW on the 1,000-days campaign for MCH		X	X	X		X				plans underway
		Conduct quarterly maternal mortality meetings at level 3-4 facilities		X	X	X		X				plans underway
		Conduct Malezi Bora, world breastfeeding day(s), and immunization campaigns		x	X	X			X			Supported provided at provincial and district levels
		Strengthen nutrition and ORT corners through TA				X						
RH/FP												
		Conduct annual FP compliance assessment in 51 sites		X	X	X			X			ongoing
		Provide TA for integration of YFS		X	X	X			X			ongoing

		services in selected facilities										
		Provide selected facilities YFS equipments supplies including TVs, furniture, DVD player and DVDs, and penile and vaginal models			X	X						
		Set up youth desks in selected facilities to improve access to YFS		X	X	X			X			ongoing
		Strengthen YFPAC services to PAC sites, including provision of YFPAC job aids			X	X						
		Provide full range of FP contraceptive methods at Tunza facilities	X	X	X	X			X			ongoing
		Integrate HTC into FP services at Tunza facilities	X	X	X	X			X			ongoing
Community Level												
MNCH												
		Orient selected community mentor mothers to promote MNCH including post-natal care			X							
		Sensitize TBAs to support mothers as birth companions			X	X						
		Train CHWs on MNCH and FANC			X							
		Train CHWs in community IMCI			X	X						

		Train CHWs in community IYCF				X						
		Support CUs to participate in GoK health campaigns, eg immunization, malezi bora			X	X						
		Conduct community/religious leaders sensitization on FANC, MNCH, CT, immunization, PAC, GBV, and HIV		X	X	X			X			ongoing
		Conduct training for selected CHWs on community PAC				X						
HIV Care and Support												
		Establish OVC support groups for HIV + children and link with L2 services		X	X	X		**X**				To be established in new IPs after OVC Validation Excercise in July 2011
		Provide KENWA, RGC and St. John's Community Centre with a grant to support HBC and OVC services			X	X						
		Develop a PIP MOU with RHP			X	X						
		Conduct OVC service needs assessment for 3 OVC service areas in selected IPs				X						
		Conduct feedback sessions with children on quality of service provision			X							
		Train CHWs on pediatric			X							

		counseling										
		Support child HIV testing and counseling at IP level for OVC		X	X	X		**X**				To be done after OVC Validation
		Create awareness on post-rape care/PEP among caregivers and OVC			X	X						
		Support growth monitoring, mineral supplementation, and deworming at ECDs			X	X						
		Establish/strengthen growth monitoring outposts at CU and IPs for children under 5 years		X	X	X			**X**			Procurement of MUACs on progress
		Support needy OVC for treatment with transport and necessary hospital diagnostic costs			X	X						
		Orient CHWs on cervical cancer and CT for mothers.		X	X	X		x				Delayed due to the prolonged work planning process
		Conduct topical updates for support groups		X	X	X		X				Delayed due to the prolonged work planning process
		Support PLHIV advocates to conduct health literacy training (includes PWP) for PLHIV, YLHIV (including persons with disabilities)		X	X	X			X			ongoing
		Support CU/IPs to form YLHIV support groups		X	X	X			x			Ongoing

		Train CHWs on HBC			X	X							
		Train CHWs in defaulter tracing				X							
		Provide HBC services (including monthly transport allowances and HBC supplies)		X	X	X			x				ongoing
		Establish OVC support groups for HIV + children and link with L2 services		X	X	X		**X**					This is for new IPs and will be done after OVC validation
Community Strategy Support													
		Train CHCs and CHWs (including youth) to expand coverage of community strategy (CS)		x	X	X							Ongoing
		Conduct mapping in CUs' areas of coverage			X	X		X					
		Support DHMT to provide CUs with chalkboards			X								
		Orient facility in-charges and health facility committees on CS			X								
		Conduct quarterly progress/supervision meetings for DCSCs and CHEWs			X	X							
		Provide annual performance-based awards for best performing CHW in CU				X							
		Hold annual national convention				X							

		on CS										
Intermidiate Result 3.2 : Increased demand for an integrated package of quality high-impact interventions at community and facility levels												
Community Level												
RH/FP												
		Train CHWs as CBDs (including youth)		X	X	X		X				Resheduled;-was to start with two units in june but planned sites were taken over by Maryland. Re-scheduled to start in July
		Conduct refresher training for existing CBDs			X	X						
		Train selected community and religious leaders as advocates of FP/RH				X						
		Sensitize men on RH/FP, GBV, VMMC			X	X						
		Conduct community FGD with different groups (males and females) on MNCH, RH/FP, GBV, and PAC		X	X	X			X			ongoing
		Participate in community dialogue around MNCH, RH/FP, HIV/AIDS, GBV, VMMC, and IMCI		X	X	X			X			ongoing
		Conduct topical updates for CHWs on RH/FP			X	X						
		Reach WRA with FP/RH/HIV messages and where to access	X	X	X	X			x			Ongoing

		services										
		Partner with HCM for Artwork for IEC materials developed for *zuia kuhara* campaigns			X	X						
		Train P/DHMTs and CHEWS on ETL, segmentation, targeting, and social profiling to improve their capacity to develop appropriate communications strategies at the community level				X						
		Train male and female representatives of CBOs/CHWs on ETL and audience social profiling and Integrated messaging on RH/HIV and MCH to better mobilize men and promote preventive health behaviors at the community level		X	X				X			
		Review, adapt, print, and distribute IEC materials on HIV (HCT), RH/FP, TB, and GBV for awareness creation				X						
		Train drama groups on Magnet Theatre and integrated messaging in different program areas: RH/FP, HIV/TB, MNCH, and GBV awareness creation			X							
MARPs												

		Provide a grant to SAPTA, BHESP, Ishtar and Maisha House to reach MARPS with prevention messages and services and link to appropriate services including training of peer educators			X	X						
		Develop radio spots to create awareness on the link between intravenous drug use and HIV				X						
		Support matatu industry peer educators to conduct outreaches on integrated messages to increase utilization of HIV/FP/RH services			X	X						
Youth												
		Train youth male and female facilitators from CBOs and CUs using ETL and integrated messaging in RH/FP, HIV, MNCH, and GBV awareness		X	X							Delayed due to the prolonged work planning process
		Partner with HCM for Artwork for IEC materials developed for C-word campaigns			X	X						
		Screen cut down of Sita Kimya film targeted at in school youth aged 10-14 to encourage increased reporting and post-rape treatment-seeking behavior within 72 hours			X	X						

		Support youth CBOs, CHWs facilitate integrated outreaches through ETL targeting youth in various social settings to create demand for YFS			X	X							
		Support implementation of youth strategy through youth CBOs under HFG's Gpange banner. HFG to provide mass media support			X	X							
		Screen Staying Alive in a Box targeting out of school youth to improve appropriate health care seeking behavior			X	X							
		Co-fund district and provincial Gamini Annual Talent Explosion Festivals (GATE)			X	X							
		Co-fund provincial Gjue 1 million campaign			X	X							
		Create community awareness during Youth Week			X								
Facility Level													
		Support health facilities through TA to provide health talks on HIV, nutrition, TB, RH/FP, child Health, hygiene, PMTCT, and maternal health using staff, CHW, and peer educators		X	X	X			X				On-going

		Provide support for national and international events including World Contraceptive Day, World TB, and World AIDS Day		X	X	X			X		Support to Malezi Bora	On-going
		Source and distribute IEC materials on YFS, PMTCT, RH/FP, HIV/TB, VMMC, and MCH in collaboration with P/DHMT		X	X	X			X			On-going
Intermediate Result 3.3 : Increased adoption of Healthy behavior												
Community Level												
		Provide a grant to Kenyatta University, Kenya Boys and Girls Scouts, MYSA, MMAK (PYI), and youth groups (TBD)			X	X						
		Sensitize adolescent OVC on RH/FP, PAC, GBV, PEP, and VMMC and link them to YFS services		X	X	X		x				TDue to prolonged work planning process child forums were not supported during April holidays. Plans are underway to support child forums during August holidays
		Provide edutainment programming for VMMC through the HCM VMMC video			X	X						
		Create and raise awareness on drug and substance abuse to OVC		X	X	X		**X**				delayed due to OVC validation excercise - to be done in July 2011
		Conduct gender responsive school holiday forums for OVC boys and girls to reduce vulnerability to exploitation and			X							

		abuse										
		Support IP/CU exchange visits for learning and experience sharing			X	X						
		Support CHWs and CBOs to conduct integrated ETL sessions targeted at men and women on FP/RH, HIV, MNCH, GBV, and promoting preventive health behaviors at household level			X	X						
		Collaborate with HCM to facilitate CBOs/ CHWs to distribute socially marketed products (condoms, waterguard, Pur) to increase access to health products				X						
		Support quarterly update meetings between CHEWs, CHWs and CBOs to strengthen CU				X						
		Support drama groups conduct outreaches in facilities, communities and secondary schools with messages on FP, drugs and substance abuse, HCT and Condoms			X	X						
		Screen Sita kimya film in urban slums targeted at men and women to encourage GBV reporting and post rape treatment health seeking behavior			X	X						

		Screen cut down of Sita Kimya film targeted at kids 6-10 to encourage GBV reporting and post-rape treatment health-seeking behavior			X	X						
		Screen 15 minute VMMC video among non-circumcising communities to increase uptake of VMMC.			X	X			X			
Intermediate Result 3.4 : Increased Program Effectiveness through innovative approaches.												
		Apply after action review methodology as a management tool in quarterly project review meetings			X	X						
		Set up information points in health facilities			X	X						
		Support interfacility learning and sharing forums for Health Facility Committees on facility management (including financial management)				X						
		Roll out OVC QI using improvement collaborative (training of QI coaches and team, and provincial learning sessions)			X							Coaches trained and plans underway to pilot OVC QI standards in 3 districts
		Pilot community tool for pediatric TB screening for use by CHWs for OVC (develop tool, print/photocopy tool, and provide				X						

		one-day orientation to CHWs)										
		Adapt and train children on basic financial literacy using the Aflatoun methodology			X	X						With leverage funds from CF, 280 children were trained. Training to continue with A+NC funding.
		Replicate and establish safe spaces for education and PSS within the community			X	X						
		Orient project staff and P/DHMT on community strategy checklist for supervision of community units			X							
		Establish effective referral tracking through community desks (standardize tools, develop contact directory, procure pin stacks, print tools and directory, CHW orientation on tools)	X	X	X		x					Delayed due to the prolonged work planning process
		Develop a tool kit for CHC planning, coordination, and tracking of community health services/activities		X	X	X			X			
		Facilitate TBAs to reinvent themselves as champions for RH/FP and HIV prevention services										See above under MNCH

		Pair PLHIV for psychosocial support in the community through support groups		X	X	X						Ongoing
		Support male champions for FP advocacy on all methods to increase uptake (including training of champions on FP)			X	X						Scheduled for Aug & Oct
		Pilot establishment of tertiary institutions of learning community health units (TILCHU) in university and colleges (including training CHWs, PE, and CHC)			X							
		Apply Healthy Images of Men approach in RH/FP, MNCH			x	x						
		Pilot use of a mobile phone platform to share health messages for MARPS			X							
Result Area 4 : Social Determinants of Health addressed to improve the well being of the community, especially the marginalized, poor and the underserved populations												
Intermediate Result 4.1 : Marginalized, poor and underserved groups have increased access to economic security intiatives through coordination and integration with economic strengthening initiatives												
		Support OVC for vocational training and provide business start up packages		X	X				**X**			ongoing
		Train OVC caregiver on VSL/SPM groups and refer them to MFIs			X	X						

		Support small scale income generation activities (IGAs) for OVC households and link them to market networks		X	X	X	X					ongoing
		Conduct household economic self-assessment to establish vulnerability status in collaboration with the CUs and IPs, categorize into levels of vulnerability, and link appropriately			X	X						HES incorporated into the OVC validation Exercise that is ongoing
		Facilitate linkages for women CBOs and CHWs to Ministry of Gender and Social Services for economic empowerment through the women empowerment fund				X						
		Facilitate linkages to national mechanism for institutional capacity building (ICB) for partner CBOs/FBOs and CUs			X	X						
		Facilitate linkages to relevant ministries, institutions, and private partners, e.g. MOA, Livestock and Fisheries, Water and Sanitation, MGCSD, Youth, NGOS, and HFG, to leverage and wrap-around with other USAID partners			X	X						
		Conduct community dialogue to address culture and gender biases that act as barriers to women			X	X						

		engaging in economic empowerment initiatives										
		Orient CBOs to sell socially marketed products: water guard, PUR, aqua tab, and condoms			X	X						
		Support youth groups to access HFG's economic empowerment network			X	X						
		Orient MARPs peer educators to sell socially marketed condoms			X	X						
Intermediate Result 4.2 : Improved food security and nutrition for marginalised, poor and underserved populations												
Community Level												
		Support targeted OVC with food supply		X	X	X			**X**			ongoing
		Support OVC households to build their capacity on food production, storage, and preservation through training on improved farming methods and products value addition in periurban areas			X	X						
		Support sensitization for OVC caregivers to address barriers to good nutrition for children including nutrition in HIV			X	X						
		Facilitate linkage to social protection (food aid, vouchers, cash transfer, and older persons'			X	X						

		fund)										
		Conduct community dialogue to address culture and gender biases that act as barriers to food security and nutrition among women and children			X	X						
		Disseminate IYCF and HIV and Nutrition Guidelines and related IEC materials to CHWs and caregivers			X	X						
Intermediate Result 4.3 : Marginalised, poor and underserved groups have increased access to education, life skills and literacy initiatives through coordinating and Integrating education programs												
		Disseminate the National School Health Policy and Guidelines and the Gender in Education Policy			X	X						
		Roll out safe schools initiative using the CLASSE approach			X	X						
		Provide ECD Centers with learning and play materials		X	X				**X**			ongoing
		Establish Aflatoun clubs in 20 schools			X							4 clubs in four schools established with CF leverage. with
		Train ToT CHEWs/CHWs on disability for cascade training on disabilities management			X	X						
		Support OVC with disability to access courses on special skills e.g.		X	X	X		x	**X**			Needs assessment done in June with APDK support

		Braille, sign language etc										
		Support OVC to access bursary and scholarship programmes e.g CDF, LATF, JKF		x	x	x			**X**			To be done as need arises
		Support HIV + OVC to attend life skills camps for career counseling and ASRH			X	X						
		Hold quarterly child forum			***X***	***X***						s
		Create child and youth friendly spaces in communities to enhance learning		X	X	X			**X**			briefing meetings with IPs done and information gathering on potential IPs/Cu's in progress
		Identify barriers to school/ECD enrollment and retention and support OVC as appropriate		X	X	X			**X**			
		Create linkages with Global Education Fund to improve access to education for children in primary and secondary schools.				X						
Intermediate Result 4.4: Increased access to safe water, sanitation and improved hygiene												
		Advocate for water supply from Nairobi Water and Sewerage Company to schools and provide and install water tanks for water storage		X	X	X			X			Asessment done in 36 schools and procurement of tanks on progres
		Conduct sensitization on WASH and HIV/AIDS for heath/child			X	X						

		rights clubs in schools (one club per school)										
		Provide needy OVC adolescent girls in OVC program with sanitary towels		X	X	X			X			Ongoing.
		Pilot community total sanitation approach (including community sensitizations on hygiene and sanitation, safe water, conducting community action days on sanitation, installation of pit latrine, and provision/promotion of water treatment reagents)		X	X	X			X			Ongoing
		Conduct community awareness for community leaders and CHWs on water recycling			X	X						
		Provide water treatment supplies (i.e. low contamination water containers and water guard) to highly vulnerable households.				X						
		Disseminate WASH related IEC materials and messages through community dialogue and action days.			X	X						
		Participate in WASH Technical Working Groups and other environmental and sanitation groups/partners fora.			X	X						

		Co-fund community action days for environmental hygiene & sanitation for CUs			X	X						
		Conduct sessions on diarrhea management including POU water treatment and hand washing			X	X						
		Support district school health programs through theater outreaches on safe water and hand washing			X	X						
		Facilitate linkages with partners that have WASH programs in schools (including exchange visits)			X	X						
Intermediate Result 4.5: Strengthened systems, structures, and services for protection of marginalized, poor, and underserved populations												
		Create awareness on child rights and GBV to CUs, community leaders/gatekeepers, and caregivers through community campaigns and sensitization			X	X						
		Hold quarterly provincial stakeholders meetings on child protection		X	x	x			**X**			Based on PCO calender
		Support MOE to follow up on impact of teacher trainings conducted in A2N on PSS			X							
		Train LAACs/LOCs on child rights, quarterly meetings, sensitization		X	X	X			**X**			Ongoing

		on the TSC circular, and setting up of child protection desks										
		Support needy OVC households identified by CUs/IPs for shelter and care		X	X	X						Ongoing
		Collaborate with the NCC to support selected identified priority needs of street children/families			X	X						
		Train managers/caretakers of children's homes on integrated messaging including child rights, HIV/AIDS, GBV, and drugs and substance abuse				X						
		Build partnerships with child rescue centers for management of child abuse cases, with appropriate referrals for treatment and legal action			X	X						
		Establish of children's councils			X	X						
		Identify ICB needs (CBOs,FBOs and Cus) and address them appropriately in collaboration with the national mechanism			X	X						
		Facilitate access to information and linkage to existing health insurance schemes including voucher system, Jamii Bora, and			X	X						

		NHIF										
		Refer needy cases (abused, exploited, etc) whose rights have been violated to existing community structures eg provincial administration, police, AACs, and CREAW			X	X						
Gender Specific Activities												
		Conduct community entry sensitization forums and training for provincial administration, government district technical heads and key NGOs/FBOs on GBV and gender issues in health and the Sexual Offences Act		X	X				x			Ongoing
		Mobilize active community gender responsive participation by the local systems and structures (HFC, CHC, CU, CDF, LATF)		X	X	X			x			Ongoing
		Facilitate active gender responsive community participation in identifying vulnerable individuals for support (including legal, health, and security services)		X	X	X		x				This has been delayed as it is best done during the GBV working group trainings
		Conduct mapping of GBV referral services in the districts			X	X						
		Provide technical assistance in the formation of			X	X						

		location/district/province level GBV working groups										
		Continue to provide technical assistance to the Kibera GBV working group	X	X	X	X			x			Onoing
		Form and strengthen male champion networks			X	X						
		Map and strengthen identified local shelters through training				X						
		Provide a grant to CREAW to conduct community sensitization on the Sexual Offences Act, GBV coordination activities, and provision of legal aid			X	X						
Intermediate Result 4.6 : Expanded Social Mobilization for Health												
		Conduct exchange visits for learning and experience sharing between IPs/CUs and project staff				X						
		Support international children days, e.g. day of African child, international OVC day		X	X	X			x			Ongoing
		Conduct community start up meetings with community health committees (CHC) and DHMT		X	X				x			Ongoing
		Support IPs/CUs to mark the 16 Days of Activism and International Women's Day				X						

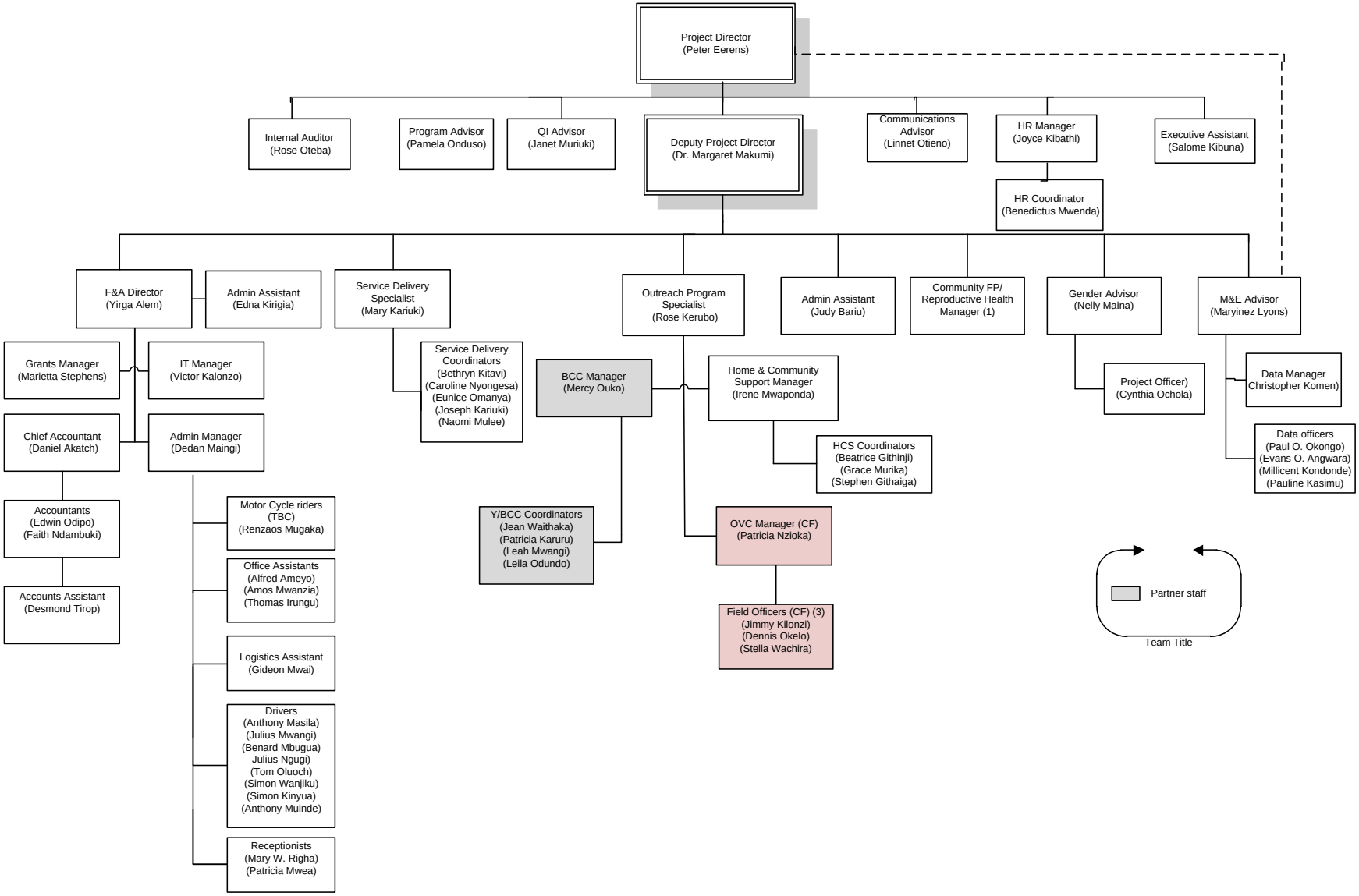
Strengthening Linkages and Patnerships												
Linkages between levels of Care												
		Establish community desks at health facilities			X							
		Conduct quarterly review meetings for facility health committees, CHCs, in-charges, CHEWs, and district CS coordinators			X	X						
		Conduct quarterly coordination meetings for DASCOS, HBCCs, CS coordinators, DRHs, DPHNs, and district gender coordinators			X	X						
		Participate in HBC TWG and HENNET	X	x	X	X			X			on-going
Partnership with PHMT/DHMTs												
		Develop MOU with PDPHS/PDMS to support provincial and district medical offices			X	X						
		Support district waste management plans to ensure EMMR compliance including transportation and consumables		X	X	X			X			Ongoing
		Support quarterly district HBCT outreaches and inreaches with counselors, supplies, and mobilization for counseling and		X	X	X			X			Ongoing

		testing										
		Conduct counselor supervision sessions at district level		X	X	X			X			On-going
		Support and participate in monthly district data feedback meeting (support though stationery, LCD, laptop, tea, and transport reimbursement)		X	X	X		x				Delayed due to prolonged work planning process.
		Support and participate in monthly DHMT in-charges meetings (support though stationery, LCD, laptop, tea and transport reimbursement)		X	X	X			X			On-going
		Provide D/PHMT with transport distribution of commodities		X	X	X			X			
		Support provincial laboratory coordination meeting (focus on laboratory commodities and equipment)		X	X	X		X				On-going
		Support and participate in bi-annual provincial stakeholders meetings (support though stationery, conference package, and transport reimbursement)		X	X	X			X			Ongoing
		Support and participate in quarterly district stakeholders meeting (support though stationery, LCD, laptop,		X	X	X		X				Plans underway

		conference package, and transport reimbursement)										
		Support and participate in quarterly provincial and district AOP review meetings (support though stationery, LCD, laptop, tea and transport reimbursement)		X	X	X			X			Ongoing
		Support and participate in district quarterly clinical meetings (support though stationery, conference package, and transport reimbursement)		X	X	X		X				Plans underway
		Support post-training follow up on facilitative supervision to 7 districts		X	X	X			X			Ongoing
		Support sharing forum for DHMT and PHMT on facilitative supervision			X	X						
		Provide support to CHEWS supervising CHWs and CBOs on correct messaging		X	X	X		X				Will start once the CBO/ CHW's are trained and start working in quarter 3
		Participate in the national TWG as appropriate	X	X	X	X			x			Ongoing
		Partner with HCM to build P/DHMT capacity on development of mass media and IPC				X						

		communication strategy.									

APHIA PLUS NAIROBI OFFICE



Coast Province

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1.0 Executive summary

This quarter two report covering April – June 2011 of year one of project implementation was prepared by APHIA*plus* zone 2 - Nairobi/Coast. APHIA*plus* zone 2 – Nairobi/Coast is a consortium of strategic partner organizations comprising of Pathfinder International, Child Fund International, Cooperative League of the USA, Network of AIDS Researchers of Eastern and Southern Africa and, Population Services International. The project was designed to contribute to increase use of quality health services, products and information and address social determinants of health to improve the well-being of marginalized, poor and underserved populations. The project aims to achieve this by supporting Republic of Kenya Ministry of Public Health and Sanitation & Ministry of Medical Services Nairobi and Coast provinces' consolidated health sector Annual Operation Plans. This is actualized by supporting the Provincial Health Medical Team, Provincial Medical Services Team (PMST), District Health Medical Teams (DHMTs) and service providers to provide leadership, management and quality services at all levels of service delivery.

The Project team spent a substantial amount of time refining the project work plan and disseminating the same to key Government partners. The project supported several activities namely: development and sharing of the mentorship model and strategy to be used in the province; continuous medical education; counselor supervision meetings; TOT trainings for Prevention with Positives (PwP) and PMTCT and lab networking. In the community outreach and prevention program, 5 sub-grantees were identified and assessed for provision of MARP related services; Outreaches were conducted by peer educators and counselors; community dialogue discussions held; CHWs supported to provide care and support to OVC and HBC clients; CBOs and Youth groups facilitated to conduct small group sessions on HIV prevention and magnet theatre sessions. Two profiling exercises were conducted, one to profile and validate numbers of OVC received from APHIA II Coast and the second being an audience profiling exercise in targeted Community Units and informal settlements. Meetings and forums supported included livelihood orientation meetings for community health workers and community health committees; meetings for village health committees, community health committees and district health stakeholder forums.

Key challenges experienced in implementing activities included: erratic supply of commodities, high staff turnover and enrolment of new staff in public health facilities, lack of male involvement, inadequate community tools for data collection, inadequate capacity of community health committee members and CHW to deliver community-based services, biting drought, high cost of farm inputs and competing tasks by Provincial and District Health Management / Medical Services Teams.

In Coast Province, the project works closely with the Provincial Health Medical Team, Provincial Medical Services Team (PMST) and District Health/Hospital Management Teams (D/HMTs) to provide leadership and management at all levels of service delivery. It also supports the teams to identify service delivery gaps and apply evidence-based approaches to enhance service delivery and create demand for the services. Quarter 2 activities were mainly focused on laying foundation of engagement and identifying priority areas of engagement through joint work planning, holding consultative meetings, and aligning programming to GOK structures, systems, strategies and policies. The work planning process took up most of the project time affecting implementation of most planned activities. Those not implemented during the quarter are now been incorporated in next quarter's plan.

2.0 Program Description

APHIA*Plus* Nairobi-Coast operates within 11 districts in the Coast provinces with an estimated population of 3.5 people. The urban areas in Coast (Mombasa, Malindi and Lamu) have slums or informal settlements, low income and high income settlements. A tourist industry is a source of economic development, but also induces dynamics that create and maintain an important community of most-at-risk populations, including IDUs, that contributes to up to 30 % of HIV infections.

The rural districts are occupied by agricultural communities and are sparsely populated with limited resource. Access to health services and information, high HIV stigma, malaria, economic vulnerability, low education levels, food insecurity, early pregnancies and high fertility rates with unmet needs for FP are typical public health needs, while the arid and semi- arid areas, whose occupation is mainly squatters and nomadic tribes, have issues of high food insecurity, high malnutrition but low HIV prevalence.

In Coast Province, HIV prevalence is 8.8% (nearly 20% higher among females). According to KAIS, while willingness to test is 77% among males, only 29% have ever been tested, and 12.6% of men reported having two or more partners in past year. All of Coast province is affected by malaria, with high impact on MNCH; a drop in hospital admissions for malaria between 1999 and 2007 showed the impact of high impact malaria interventions (long lasting insecticide treated nets). Contraceptive Prevalence Rate (CPR) increased from 24% in 2003 to 34% in 2008 . ANC coverage improved from 88% to 95%. Child vaccination coverage is 67%. While facility delivery in Coast rose from 31% to 44% from 2003 to 2008, this remains an area of need and a barrier to good MNCH services. The area is also affected by poor access to proper nutrition due to price barriers and declining school enrolment.

The poor health outcomes are exacerbated by the increasing numbers of Most-at-Risk-Populations (MARPS) that consist of young women and adolescent girls, people living with HIV/AIDS (PLHA), commercial sex workers (CSWs), men who have sex with men (MSM), truck drivers, discordant couples, and substance abusers. There still exist gaps in services to youth and vulnerable women, interrelated MNCH/RH needs among most vulnerable groups are not adequately being addressed, and access to health services is still hindered by social/cultural/economic factors

SERVICE DELIVERY

3.0 INCREASED USE OF QUALITY HEALTH SERVICES, PRODUCTS AND INFORMATION

3.1 Increased availability of an integrated package of quality high-impact interventions at community and health facility levels

Health facility levels

The project supported the PHMT/PMST, DHMTs and health care providers in both public and private health facilities to provide leadership and offer quality integrated health services of Family Planning (FP) and Reproductive Health (RH), HIV counseling and testing (HCT), HIV care and treatment, maternal, newborn and child health (MNCH), prevention of mother to child transmission and Tuberculosis (TB) care and treatment.

Main highlights for the current quarter

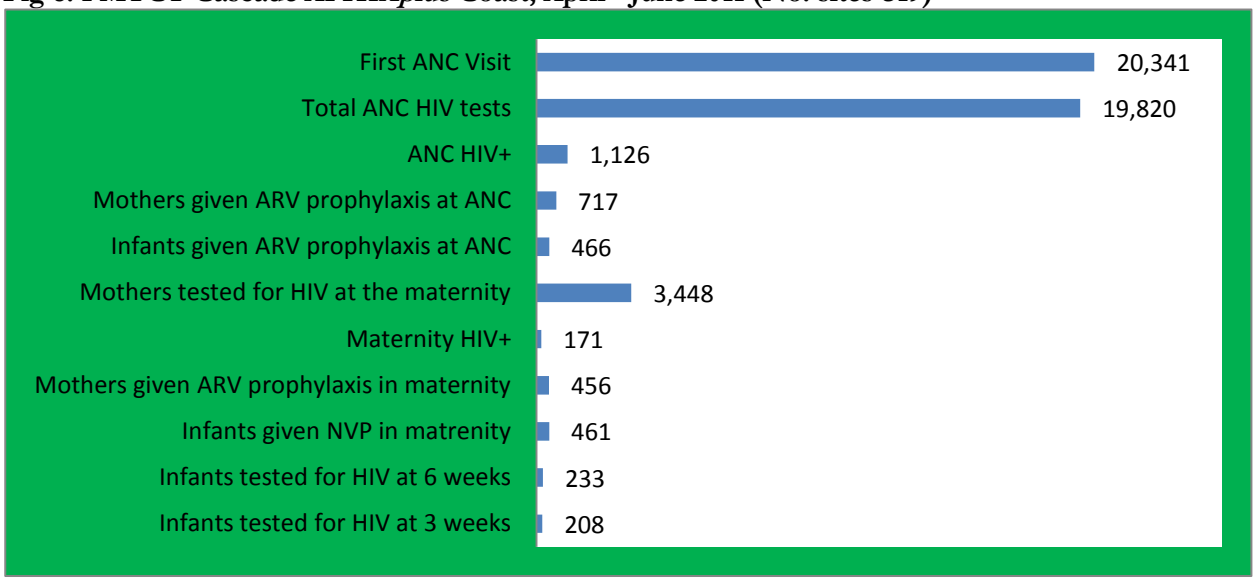
- 319 service outlets provided a minimum package of PMTCT services
- 23, 575 pregnant women received HIV counseling and testing for PMTCT and received their test results
- 91% HIV positive pregnant women received antiretrovirals to reduce the risk of MTCT
- 243 persons were provided with post exposure prophylaxis (PEP)
- 326 service outlets provided HIV counseling and testing
- 71,040 individuals received counseling and testing for HIV and received their test results
- 145 service outlets were providing HIV related palliative care (including TB/HIV care)
- 73,315 individuals were provided with HIV related palliative care (including TB/HIV care)
- 39,930 patients were on cotrimoxazole during the quarter
- 47 service outlets were providing clinical prophylaxis and/or treatment for TB to HIV infected individuals
- 110 HIV infected clients were receiving treatment for TB disease
- 143 service outlets provided antiretroviral therapy
- 1,581 individuals were newly initiated on ART during the quarter
- 27,203 individuals ever received ARTs by the end of the quarter
- 20,614 individuals were receiving ART at the end of the reporting period
- 492 infants were tested for HIV

Noteworthy was the recruitment of a Service Delivery Specialist, Dr. Dickson Mwakangalu who reported at the beginning of the quarter. The Project faced implementation difficulties following an impasse with the Provincial Director, Public Health and Sanitation. This led to a halt in MOPHS-led activities for a period of one month. The project is back on track and pending activities have now been carried over into the next quarter.

3.1.1 PMTCT

APHIA*plus* project staff jointly with MOH staff participated in the PMTCT master TOT training. Providers received updates on PMTCT guidelines through supported CMEs and during support supervision. PMTCT facilities in coast province were networked with KEMRI lab in Nairobi and 5 (CPGH, Tudor, Port Reitz, Likoni and Bomu) were linked to the CPGH lab which was under pilot for early infant diagnosis of HIV by DNA PCR.
Analysis of PMTCT uptake in public health facilities in coast province revealed that, 20,341 new ANC clients were served in the Coast PMTCT sites and 19,820 (97%) were tested for HIV. There was a slight increment in testing uptake for HIV at ANC from 93% reported in the previous quarter. The prevalence of HIV in women tested at ANC was 5.7% (1,126 Clients). Preventive ARVs were issued to 717 (64%) clients while 466 infant doses of prophylactic ARVs were issued at ANC. Partners of women served in ANC who were counseled for HIV were 686 and 632 were tested for HIV with 14 (3%) turning HIV positive. In maternity, 3,448 mothers were tested for HIV translating to 89% of mothers counseled in maternity. Out of this, 171 (5%) of them were HIV positive. The number of HIV positive women delivered under skilled attendance in the facilities was 256.

Fig 8: PMTCT Cascade APHIA*plus* Coast, April - June 2011 (No. sites-319)



In Tunza facilities, 451 women were counseled and tested (138 aged 15-24 years and 313 aged above 24 years) for HIV as part of PMTCT. About 14 (3%) of all the females tested were HIV+. No infant was tested for HIV in these facilities.

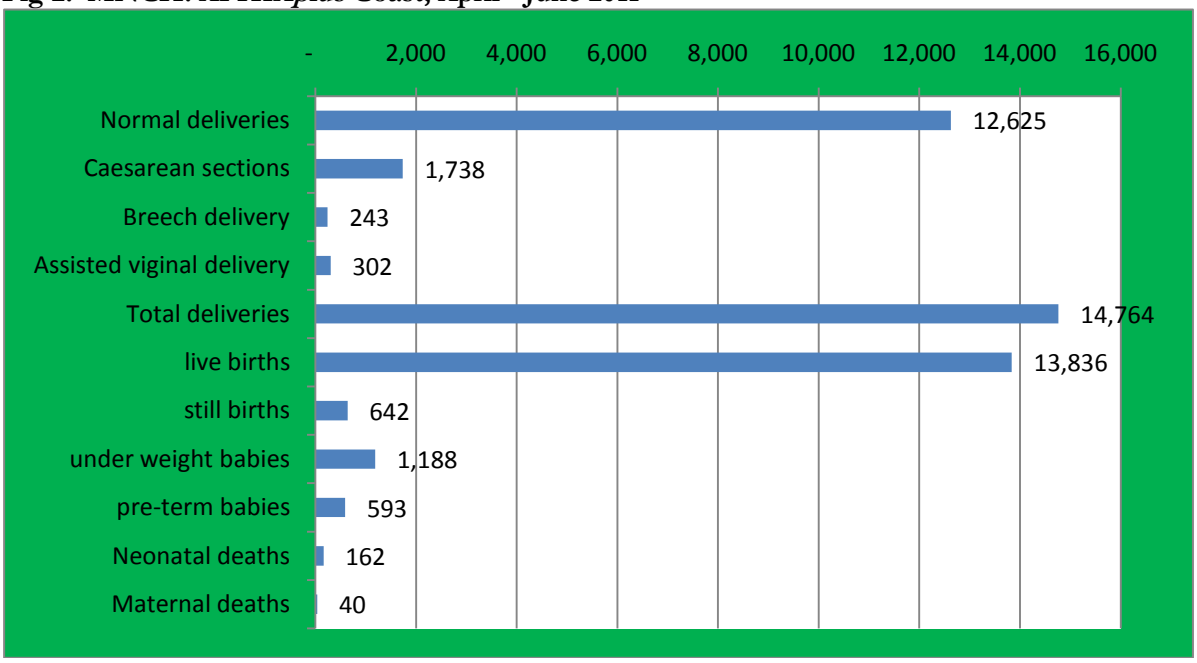
3.1.2 MNCH (Maternal, Newborn and Child Health)

MCH facilities counseled mothers on Infant and Young Child Feeding with promotion of exclusive breastfeeding for six months followed by introduction of appropriate complementary feeding. Strengthening of ORT corners for management of diarrhea and education on safe water and hygiene was supported.

During the quarter, 20,341 and 39,057 ANC clients were served as new and revisits respectively. Expectant mothers reported to have completed four focused antenatal care visits were 9,706

while 18,763 received 1st dose of IPT, 17,063 received 2nd dose and 17,838 were distributed with ITNs. A total of 14,764 deliveries were conducted under skilled attendance with 745 accessing emergency obstetric care as 26 and 112 maternal and neonatal deaths were reported respectively. Immunization coverage against measles for children under one year was 90% (27,544) and 67% (20,537) of Children under one (1) year of age were fully immunized. Children less than 5 years (< 5 yrs) receiving Vitamin A supplement were 56,026 (113%).

Fig 2: MNCH: APHIA*plus* Coast, April - June 2011



3.1.3 Malaria

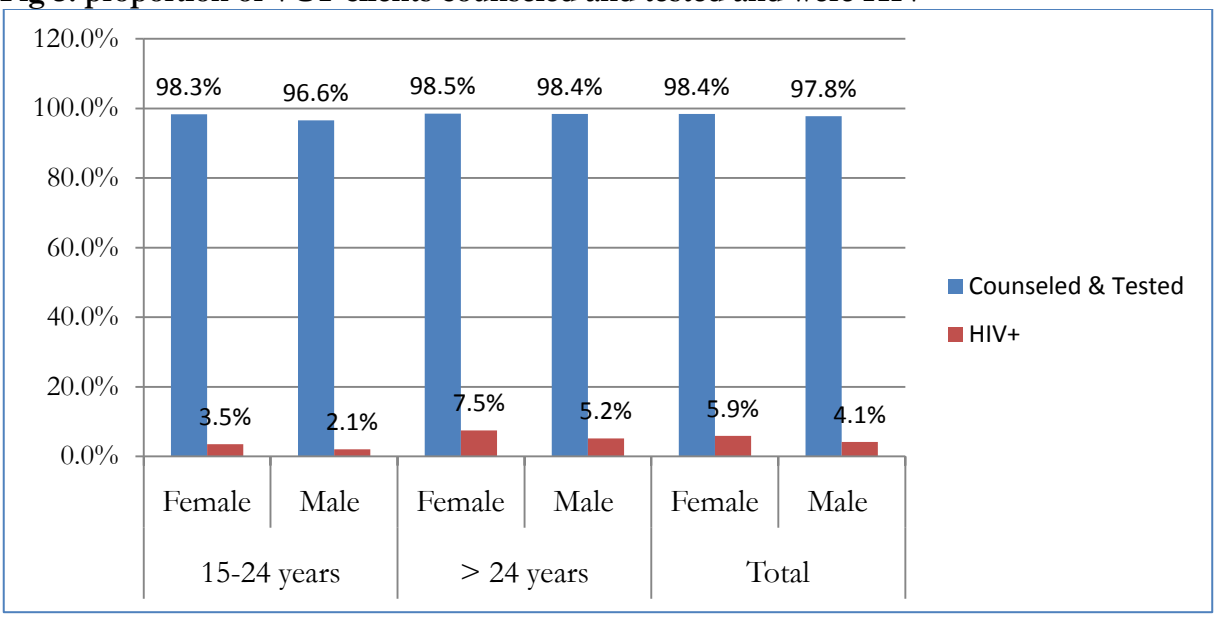
Insecticide Treated Nets were provided to 14,822 expectant mothers at ANC. 15,875 and 14,340 1st and 2nd doses of IPT were given to expectant mothers for prevention of malaria. APHIA*plus* was also represented at the National Malaria stakeholders meeting held in Nairobi.

3.1.4 HIV Counseling and Testing

During the quarter, the project supported all the 11 districts to conduct counselor supervision meetings. Orientation of providers on the revised HTC guidelines did not take place as planned. However, in preparation for the activity to be implemented in the next quarter, the project staff engaged all the DASCOs in preparation.

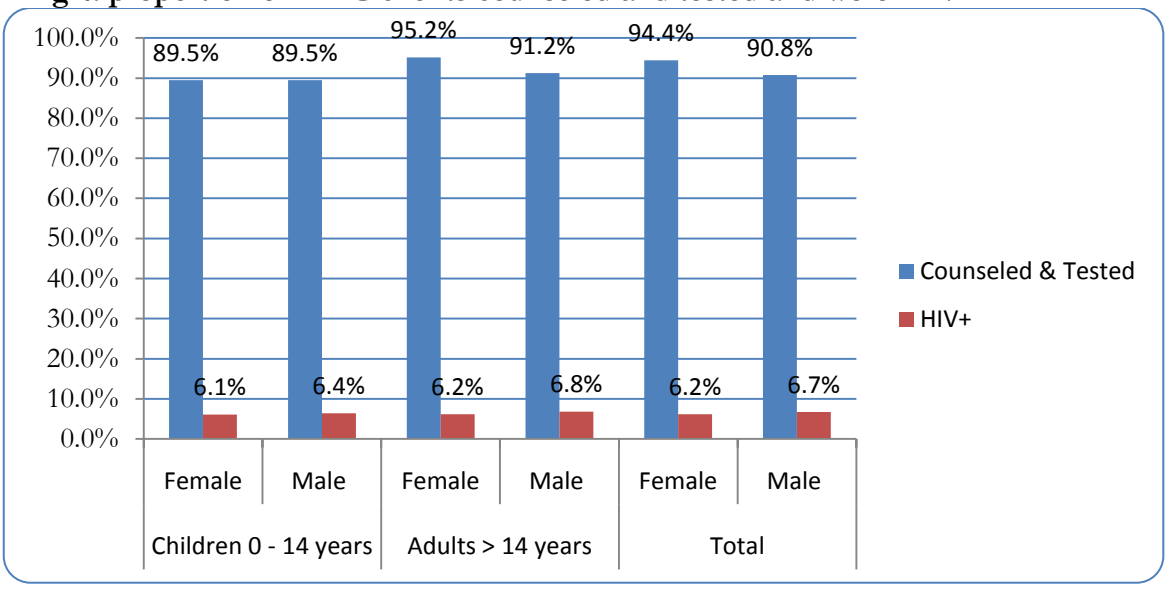
During the reporting period, 319 public health facilities were supported to provide quality HCT services. Clients who accessed HTC services in public health facilities through their own initiative were 27,316. Out of these, 26,806 (14,633 female and 12,173 male) were tested for HIV translating to an uptake of 98%. The overall positivity rate was 5.1% (1,364). The positivity rate among female clients (5.9%) was higher than male clients (4.1%). Analysis further revealed high HIV prevalence among adults (>24 years) than youth (15-24 years). Figure 1 below shows proportion of clients who were counseled and accepted to be tested and were HIV+ by gender and age. A total of 1,364 Couples were counseled for HIV and 1,267 (93%) were tested. The results revealed that, 89 (7.0%) couples were concordant positive and 87 (6.9%) were discordant.

Fig 3: proportion of VCT clients counseled and tested and were HIV+



In Provider Initiated Counseling and Testing, 40,054 and 37,296 (93%) out-patient clients were counseled and tested respectively in public health facilities. The in-patients counseled and tested were 2,844 and 2691(95%) respectively. Prevalence rates for out-patients and in-patients were 6.1% and 9.5% respectively. More adult clients received PITC testing than children clients in the quarter. However, HIV prevalence was almost the same across all gender and age. Figure 2 below shows proportion of PITC clients who were counseled and accepted to be tested and were HIV+ by gender and age.

Fig 4: proportion of PITC clients counseled and tested and were HIV+



In Private Health Facilities (Tunza), 2,705 (1,765 adults aged over 24 years and 940 youths aged 15 – 24 years) were counseled for HIV. Out of those counseled, 94% were tested (95% aged 15-

24 years and 93% aged above 24 years). The testing results revealed that 5% were HIV positive (4% were aged 15-24 and 6% were aged above 24 years). Results further revealed that more women than men were counseled and tested for HIV and fewer youth were tested and counseled for HIV, especially young males. All the 127 couples counseled for HIV were also tested for HIV and only 4 couples turned out to be HIV+ and 3 were discordant. Table 2 below illustrates the number of counseled and tested in private health facilities.

Table 2: Number counseled and tested in Tunza facilities

Service	Females		Males		Total	
	15-24	>24	15-24	>24	15-24	>24
HTC counseled	589	1049	351	716	940	1765
HTC Tested	565	960	329	679	894	1639
HTC HIV+	20	63	12	43	32	106

3.1.5 TB/HIV Integration

During the period under review, the number of new TB cases detected in the 47 TB service outlets were 866 of whom 311 of these were smear positive. Testing results revealed that 91% of TB patients were tested for HIV and 43% were found to be TB/HIV co-infected.

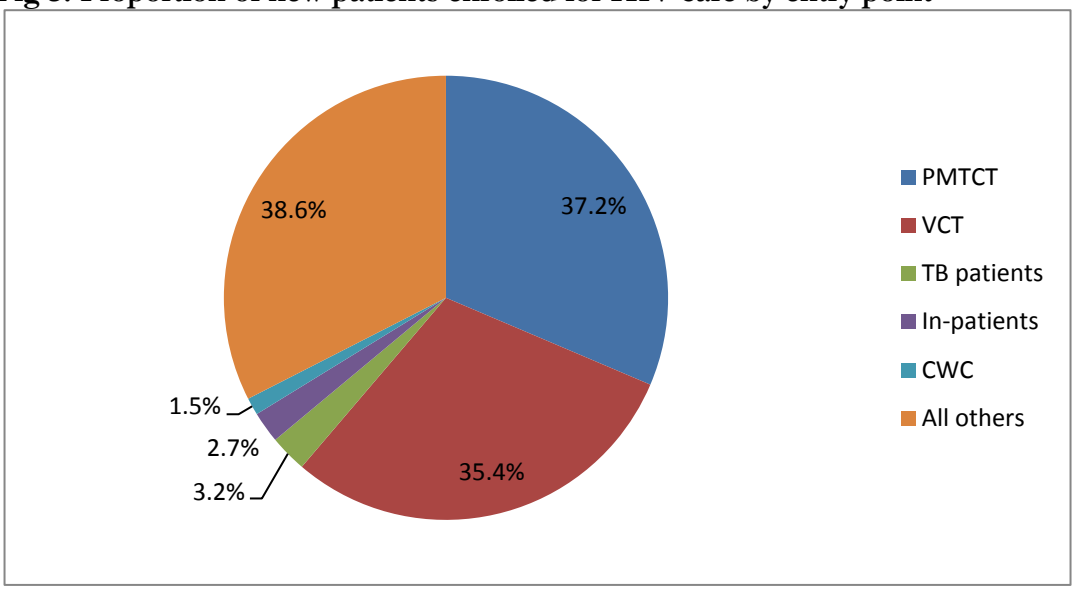
The project supported TB education and screening activities in Voi slums during commemoration of the nurse's week.

3.1.6 HIV Care and Treatment

During the quarter, the project staff participated in the PwP TOT training and will facilitate rolling out of the 5 key PwP messages namely Disclosure, Condom, STI, FP, Partner and child testing and Adherence to health providers working in the comprehensive care clinics in the coming quarter.

During the reporting period, 2,646(1,837 female and 809 male) clients were enrolled for HIV care. The entry point of majority of new clients enrolled within the month for HIV care was VCT (38.4%), others comprising of transfer-ins, PITC and Post Exposure Prophylaxis accounted for 35.2% and PMTCT (16.9). Figure 3 below shows the proportion of new patients enrolled for HIV care by entry point.

Fig 3: Proportion of new patients enrolled for HIV care by entry point



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Cumulatively, 68,865(7,378 Children and 61,487 adults) persons have ever been enrolled for HIV in the Coast province ART sites. New clients started on ARVs were 1,478 (177 Children and 1301 adults). Cumulatively, 27,303) individuals have ever been initiated on ART and 20,709 are reported to be currently receiving ART.

Lab Networking

The Service Delivery team spent considerable amounts of time with respective district health management teams to assess viable lab networking solutions. Each district drew up a plan and budget for support but this was halted during the month of June by virtue of the implementation challenges highlighted earlier in the report. These activities will be resumed in earnest in the next quarter.

3.1.7 Family planning and Reproductive Health

In public health facilities, Continuous Medical Education (CME) sessions on Family Planning (FP) compliance were supported for staff in Coast Provincial General Hospital (CPGH) and Mtwapa, Kilifi, and Kinango District Hospitals. The Tunza clinical team provided continuous monitoring and support supervision to private providers and, addressed geographic and socio-cultural barriers that impede access to care by beneficiaries in peri-urban areas and hard to reach populations of urban slums.

During the quarter, 76,587 clients received family planning services. New clients and revisits were 21,320 and 55,267 respectively. The method mix by popularity was as follows: injections 66.9%, Pills 15.6 %, Condoms 12.2%, IUCD 1.6 % and, Implants 2.6%. The estimated Contraceptive-Year Protection (CYP) or protection provided by family planning services during a one-year period, based upon the volume of all contraceptives distributed in health facilities was 14,868.6. Table 1 below illustrates the uptake of FP methods and CYP in coast province.

Table 3: Uptake of family planning methods and CYP

Method	Total	CYP
Pills	11,954	796.9
INJECTIONS	51,229	12,807.3
IUCD	1,220	348.6
IMPLANTS	2021	577.4
STERILIZATION: Female	253	2.9
Male	9	1.1
CONDOMS	9,379	78.2
All others	513	256.2
TOTAL	**76,578**	**14,868.6**

The number of clients who received post abortion care services were 412 (339 MVA and 73 D&C) and 1,860 individuals were treated for urethral discharge and another 691treated for genital ulcer disease.

3.1.8 Mentorship

Development of Mentorship strategy

Within the APHIA*plus* consortium, mentorship is spearheaded by NARESA. In the quarter, a mentorship strategy was developed by the NARESA team which included the Principal investigator, Program manager, Technical advisors and the Program manager. NARESA's model for mentorship has a three prong approach which includes development of centers of excellence in terms of coverage, equity and quality of HIV services, Development of HIV skills laboratory at District level where staff can train and Coaching for GOK mentors.

Mentorship Meetings with P/DHMT

Mentorship meetings were held with the P/DHMT to share the strategy and its contribution to the AOP.In addition to this meeting encouraged global thinking where P/DHMT made their contributions.

Mentorship material development

Mentorship materials were developed in collaboration with the P/DHMT.Orientation of mentors will be done using the NASCOP training curriculum.

Development of checklist for baseline assessment

A checklist was developed which the mentors will use to do a baseline assessment of the facilities. The checklist covers various components of HIV care that are to be assessed. This includes PMTCT, CCC, and ART etc.

Visitors

- Hosted the USG pediatric HIV ITT who visited Coast Provincial General Hospital (CPGH), Mtwapa Health Center, Bomu Medical Center and Kilifi District Hospital.

- Hosted Lisa Godwin –USAID for Family planning compliance visits.

- Hosted team from OGAC, UNODC and CDC visiting IDU sites.

Challenges

- Most outlets had no/insufficient stocks of female condoms.
- There was erratic supply of commodities; FP, ARVs, LLITNs in the province.
- High staff turnover and enrolment of new staff who have not been trained on completing service delivery registers, reporting tools and indicators compromises on quality of data.

Recommendations

- Liaise with KEMSA to improve on supply chain of FP commodities, ARVs and LLITNs
- Enhance OJT of new staff on completing service delivery registers and reporting tools

Activities planned for the next quarter

- Orientations on revised HTC and PMTCT guidelines.
- Roll-out quarterly planning and budgeting process in all district health teams for APHIA*plus* support.
- Support targeted CMEs, sensitizations and OJT activities in all service delivery interventions
- Completion of needs assessments for equipment, renovation and training.
- Laboratory networking for CD4 testing of HIV infected patients and PCR testing for HIV exposed infants.
- Monthly facility in charges meetings.
- Support mentorship activities for adult and pediatric HIV care and treatment.

COMMUNITY PROGRAM

3.1 Increased availability of an integrated package of quality high-impact interventions at community and health facility levels

3.1.1 MARP Interventions

To reach majority Most-at-Risk Population (MARP) and offer them with HIV related services, APHIA*plus* identified and assessed 5 sub-grantees. The sub-grantees included: International Centre for Reproductive Health – K (ICRH-K), Solidarity with Women in Distress (SOLWODI), Omari Project, Muslim Education and Welfare Association (MEWA) and, Council of Imams and Preachers of Kenya (CIPK). The target beneficiaries to be reached by the sub-grantees are MSWs, MSM, CSWs/FSWs, drug abusers and youths in and out of school. The range of services to be offered to the MARPs include: rescuing, rehabilitating and reintegrating exploited children and women; provide biomedical, social and psychosocial support; BCC campaigns and outreaches; active harm reduction and treatment to IDUs; HTC and screening services for TB, STI, and Hepatitis.

In April and May, 20 peer educators and counselors conducted 5 outreach sessions. During the outreaches, 3,030 female sex workers and their clients were provided with HIV prevention services. This was achieved through small group and one-on-one sessions. The services provided were HIV testing and counseling, STI screening and treatment, FP commodities and distribution of IEC materials. Table 3 below outlines the number of clients provided with respective services during the outreaches conducted.

Table 4: Number of MARPs reached with HIV prevention services during outreaches

	No. of people reached		HIV testing		HIV+ Test Results		STI treatment		Condoms		IEC Materials
	M	F	M	F	M	F	M	F	M	F	
April	762	450	341	118	4	6	15	36	36,000	66	2,600
May	1,167	651	635	200	8	8	27	50	115,200	74	3,380
Total	1,929	1,101	976	318	12	14	42	86	151,200	137	5,980

3.1.2 Support to orphans and Vulnerable Children

During the reporting period 55,439 OVCs (27,378 male and 28,061 female) received health support which included de-worming/medical checks and referrals in collaboration with the Ministry of Public Health and sanitation, school based outreaches and follow up of OVC adherence on anti retroviral medication.

3.1.3 Home and Community-based Care (HCBC) for PLHIV

APHIA*plus* continued to support home and community-based care for PLHIV through 2392 CHWs. During the quarter, a total of 8,000 PLHIV clients were reached with various services which included home-visits, psychosocial support through one-on-one counseling and support group meetings, referral for treatment, PMTCT and FP, and home nursing care for the few who are bed-ridden. The main challenge highlighted by CHWs in Taita/Taveta was defaulting as a number of clients visited the infamous Tanzanian herbalist in *Loliondo*. At a district planning meeting, health facilities in the area reported that they were losing clients who had stopped taking their ARVs while others exhibited treatment failure.

Monthly CHW feedback meetings – APHIA*plus* community team continued to hold monthly feedback meetings to receive feedback from CHWs and collect community data. These meetings also provided an avenue to identify needs of CHWs and make recommendations on way forward.

Activities planned for the next quarter

- Provision on HBC kits to replenish CHW stocks.
- Roll out refresher trainings for CHWs.
- Reprinting and dissemination of Community tools.
- Commence financial support to implementing partners identified in previous quarter to build on existing Prevention with positives program.

3.1.4 Support for Community strategy

APHIA*plus* Coast project through the community support team (CST) contributes to increased utilisation of quality high impact health services, products and information as well as address Social determinants of health to improve the well-being of targeted marginalized poor and underserved populations. The CST has facilitated establishment and capacity building of community structures such as; VHCs, CHCs, and CHWs, post test clubs, support groups as well as youth groups, CBOs and women groups.

The community structures act as change agents in increasing the demand for and utilization of health services through health education, community dialogue sessions, health outreaches, health action days and referrals. During community dialogue sessions, a total of 5,076 community members (1,296 male and 3,780) were referred to health facilities for various health services and 59,834 condoms (58,834 male and 1,050 female) condoms were distributed. Table 4 below shows the number of clients referred to health facilities for various services. The number of female clients referred for health services was three times the male clients. This is attributed to more women attending community dialogue discussion sessions than men.

Table 5 : Number of clients referred from community to health facility for services

Month	VCT		CCC		PMCT		MCH		TB		FP		Malaria		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
April	86	162	16	62	0	198	0	165	27	46	8	246	238	258	377	1137
May	144	205	29	46	0	152	0	164	32	39	1	296	223	293	430	1195
June	166	237	20	52	0	212	0	237	79	100	2	311	216	298	489	1448
Totals	**396**	**604**	**65**	**160**	**0**	**562**	**0**	**566**	**138**	**185**	**11**	**853**	**677**	**849**	**1296**	**3780**

Community based organisations (CBOs) have been formed and registered to mobilize resources to finance health services. A number of them have been linked to private sector and other development partners such as microfinance institutions for credit and other financial support. Others are engaged in social projects such as protection of water sources, drainage of stagnant water and clearing of bushes to reduce malaria incidence and water borne diseases. The community support team continues to scale up on these interventions by introducing other approaches such as the household economic strengthening strategy.

CUs/CBOs linked to PSI for socially marketed health products

In order to increase availability and accessibility of health products, the APHIA*plus* Community Strategy team comprising of 10 officers were taken through an orientation of the PSI social marketing products by the PSI trade development officer. The purpose of this orientation was to establish a linkage between PSI and CBOs/ CHWs groups that can sell the products which include ITNs, water treatment products and condoms. The team established that the demand for ITNs surpasses demand.

Activities planned for the next quarter

- Identify and assess more sub-grantees
- Provide grants to local implementation partners like to offer services to MARPS
- Involve MARPS in designing their own interventions
- Identify and train peer educators
- Trained peer educators to conduct BCC sessions among their peers and refer them to the MARPs friendly facilities for services.
- Hold CHC/Facility linkage meetings.
- Conduct Community Groups Health Dialogues/community outreaches.

3.2 Increased demand for an integrated package of quality high-impact interventions at community and health facility levels

3.2.1 Interpersonal behavior change communication

During the quarter, the Tunza demand creation team used interpersonal behaviour change communication strategies to address barriers to seeking appropriate care and increase demand for health care among communities in coast. The Tunza demand creation team reached 9,329 people in coast province through this strategy, majority (90%) being female.

3.2.2 Small Group Communication Sessions on HIV

A total of 6 CBOs conducted 190 small group sessions on HIV prevention. The CHWs and youth volunteers from the CBOs who facilitated the sessions had previously been trained by PSI and APHIA II project. They included: Mahendo youth CBO, Bingo Kenya youth CBO, Rise and Shine youth CBO, Tushirikiane youth CBO, Talent Nurtures Troupe youth CBO and, PUMMA youth CBO. They reached 3,736 individuals (1,370 male and 2,366 females). A total of 2,805 (1,145 male and 1,660 Female) youths aged 15 – 24 years were reached with a topic on condom self efficacy and 931 (225 male and 706 female) adults aged above 25 years were taken through concurrent sexual partnerships.

3.2.3 Magnet Theatre Outreaches

During the month of June, 5 youth groups conducted 50 magnet theatre sessions in the community. They reached 5,026 individuals (2,533 male and 2,493 female) with messages on HIV prevention including risk perception, partner reduction and condom use. These are the groups that had previously been trained by either APHIA II project or PSI. Table 5 below shows the number of drama outreach sessions conducted by the respective CBOs

Table 6 : Number of drama outreaches and people reached by CBOs

Name of CBO	Sessions	Female	Male	Total
Tosha Youth Group	10	1,191	987	2,178
Kwacha Africa youth group	10	186	296	482
Alpha and Omega youth group	10	480	376	856
MEWA youth group	10	135	217	352
Kwale Arts youth group	10	541	617	1,158
TOTAL	**50**	**2,533**	**2,493**	**5,026**

3.2.4 Community health dialogue sessions

The CST facilitated 2,578 health dialogue group discussion sessions in 313 villages. During these sessions, a total of 15,165 (4,916 male and 10,249 female) contacts were made while 4,367 new people (1,524 male and 2,843 females) were reached with health messages.

Table 7 : Number of people reached through community dialogue sessions

	No. of people in the group.		New people attending Sessions		Villages	#of sessions	Attendance						Totals	
							0-14yrs		15-24yrs		25+yrs			
	M	F	M	F			M	F	M	F	M	F	M	F
Apr	3259	6174	493	1030	313	787	166	185	699	1181	2892	6260	3757	7626
May	2895	5268	309	514	286	778	263	179	935	1368	2879	5695	4098	7271
Jun	4254	9306	722	1299	309	1069	265	319	915	1544	3743	7666	4916	10249
	4254	**9306**	**1524**	**2843**	**313**	**2578**	**265**	**319**	**915**	**1544**	**3743**	**7666**	**4916**	**10249**

Challenges and Recommendations

- It is difficult to mobilize men to attend community dialogue sessions
- Inadequate or complete lack of reporting tools and referral booklet for the CHCs and CHWs to deliver accurate reports to their CHEWs.
- Inadequate capacity of CHCs members and CHWs in delivery of service in their community due to high levels of illiteracy and motivational support.

Recommendations

- Design appropriate strategies that will target men and increase their involvement in reproductive health
- The new CBHIS tools (MOH513, 514 and 515) should be sought and distributed to all the CUs. It was agreed that photocopies of the tools should be used in the meant time in areas where the tools have not been accessed.

Planned activities for next quarter

- Train 300 CHWs/youth CBOs on Education Through Listening facilitation methodology and integrated messages
- Reprint and distribute IEC materials on diarrhea management
- CHWs/ youth CBOs to conduct 540 small group sessions on HIV
- Train 135 youths on magnet theatre and integrated messaging and conduct outreaches on integrated messages.
- Train 300 CHWs/youth CBOs on Education through Listening facilitation methodology and integrated messages.

3.3 Increased adoption of healthy behaviors

Audience profiling

In order to understand the characteristics, attitudes and behaviors of the target audiences, the BCC team carried out social profiling exercises in targeted Community Units and informal settlements in 5 districts. At the end of the exercise, social profiles were created for the various age groups of 15 to 19 year olds, 20 to 24 year olds and 25+ year olds. Communication channels were also identified during the sessions. Photo 1 below demonstrates an audience profiling exercise with mothers aged 25 years and above.

Key Issues Identified During the Audience Profiling Exercises	
• Early pregnancies and marriages • Sexual & Gender Based Violence • Poor sanitation due to lack of toilets • High school dropout rate • Lack of male involvement • Low use of family planning • Poor health seeking behaviour • Lack of information • Alcohol and drug use • Home deliveries • Commercial sex work	

Photo 1: Audience profiling exercise and emerging concerns

3.4 Increase program effectiveness through innovative approaches

During the quarter, APHIA*plus* Coast project staff were oriented on the Ministry of Gender, Children and Social Development (MOGCSD) Quality Improvement Service Standards for OVC Programs and the HCIP Improvement Collaborative model of QI. The staff were again introduced to the After Action review (AAR) methodology. AAR is an approach that can be used to reflect on a program event or period by asking what was expected to happen, what actually occurred, what went well, and why, what did not go well, and why and what can be improved, and how. The methodology was used to gain insight to the staff's level of engagement in the AOP 7 process as well as how the 1st project work planning process went.

Challenges and Recommendations

- Delayed implementation due to a prolonged work planning period
- Postponement of OVC QI coaches training due to OVC validation exercise

Activities planned for the next quarter

- Hold OVC QI Service Standards training for QI coaches in collaboration with USAID's Health Care Improvement Project. The QI coaches will be drawn from project staff, GOK staff from the Ministry of Gender, Children and Social Services and Ministry of Public Health and Sanitation
- Conduct sensitization session for LACC, LOC and DHMT on OVC QI Service Standards
- Support Deputy Project Director conduct quarterly project review meeting using the After Action Review methodology
- CHWs/ youth CBOs to conduct 540 small group sessions on HIV
- Conduct 3 zonal HFG GAmini Annual Talent Explosion events with integrated services.
- Support commemoration of the Youth International Day

4.0 SOCIAL DETERMINANTS OF HEALTH ADDRESSED TO IMPROVE THE WELL-BEING OF TARGETED COMMUNITIES AND POPULATIONS

4.1 Orphans and Vulnerable Children (OVC)

The Orphans and Vulnerable Children (OVC) component continued to build on quarter one activities. During the period under review 30,000 OVCs had been transferred to APHIA*plus* from the Catholic Relief Services track 1 bringing the APHIA*plus* caseload to 64,301.

During the same period, OVC profiling and validation exercise was initiated in collaboration with the Ministry of social Gender and Children's Services and Locational OVC committees to validate the existing caseload. APHIA*plus* facilitated officials from the office of the Provincial Director of Children services (PDCS) to supervise the exercise. By the end of the quarter, approximately 47,000 OVC had so far been validated. The exercise is continuing and the final number of validated OVCs will be reported in the next reporting period. The project expects to maintain the same number of OVC caseload as children not meeting the established criteria will be replaced. Key among children to enrolled in the program are: street children who will be identified with support of the Office of the PDCS and, new OVCs not yet enrolled for support in any other program and meet the criteria.

A total of 64,301 OVC (32,639 male and 31,662 female) were served. Each OVC received at least one service, psychosocial support. Table 7 below provides details of the respective services by district provided to OVCs during the quarter.

Table 8: Number of OVCs provided with services

District	PSS		Health		Education		Protection		Shelter		Food		Economic	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Malindi	4219	4315	4315	4196	4196	4295	4110	4090	4016	4256	2703	3819	2412	2906
Kilifi	8845	8614	8845	8614	7578	7285	5561	5831	8743	8501	5455	5176	4315	4043

Kaloleni	8820	8272	8820	8872	7164	6811	8820	8879	8410	7703	6042	5188	4062	3715
Wundayi	377	305	355	342	332	227	350	334	392	370	350	317	332	332
Kinango	133	122	136	125	41	35	97	96	9	9	65	69	50	50
Voi	88	17	90	17	94	17	96	0	138	17	193	0	48	17
Mwatate	252	223	233	196	114	92	151	154	213	240	238	251	128	105
Lamu	1449	1355	1312	1286	1432	1215	829	679	1212	1123	399	456	632	650
Mombasa	2259	2607	1800	2200	3616	1787	2759	1207	2359	2480	3160	2340	815	700
Kilindini	4559	4240	820	1230	6341	2059	3056	4584	4229	4202	3225	4595	1200	1175
Kwale	764	739	231	347	234	315	234	156	667	639	420	242	127	179
Msabweni	874	853	421	636	238	422	98	276	874	853	300	326	107	139
Total	32639	31662	27378	28061	31380	24560	26161	26286	31262	30393	22550	22779	14228	14011
	64,301		**55,439**		**55,940**		**52,447**		**61,655**		**45,329**		**28,239**	

4.2 Services provided to OVC

4.2.1 Psychosocial Support

During the period under review 64,301 children made contact with CHWs during the OVC validation exercise. While the exercise was focused on profiling and validating all OVC, CHWs took the opportunity to assess both OVC and household based needs which formed the basis of rapid response on immediate household needs especially the hygiene based.

Nutrition support was also accessed to 6,000 OVC, aged 0-5, during the period under review. The drought situation has worsened which has occasioned APHIA*plus* to increase projected supported in this area as a priority. Increased supply of supplementation support to 8,000 children is projected in the next planning period. 5,000 targeted girls were supported with sanitary towels to facilitate increased school retention even during their menses. The school going girls were also sensitized on hygiene.

4.2.2 Health Care

OVCs were reached with personal and general hygiene messages at home and in schools like washing hands before eating and after visiting the latrine, avoiding stagnant water and sleeping under treated mosquito nets to prevent malaria, as well as keeping the environment clean. In Mombasa cluster, **8468** OVCs were reached with this service. In addition, the OVC girls who have started menstruation periods were supported with sanitary pads to enable them attend all classes. It was realized that such girls missed at most one week classes every month due to periods. The girls are now able to attend schools without any interruptions and they experience improved hygiene.

The CHWs have been working closely with the area PHO in sensitizing the community on various health issues during the public health talks, like using treated mosquito nets, giving exclusive breastfeeding for six months, having cheap balanced diets through kitchen gardening

among others which are all very crucial even to OVCs. They were also sensitized on the importance of keeping their compounds clean especially during the rainy season to avoid the breeding of the mosquitoes causing malaria. More so, the CHWs have been referring the OVC to the health facilities to access different health services.

All the OVCs on HIV care, continually receive care and support from CHWs and caregivers. Follow up is made by social workers and project Officers to ensure they do not miss their clinic appointments and take the drugs correctly and consistently. The caregivers are also counseled about the process of disclosure.

4.2.3 Psychosocial Support

CHWs, Child counselors, and staffs provided psychosocial support during home visits and school visits to give OVC hope and encouragement. Through this support, many OVC have regained their self-confidence and self-worth as well as promote personal growth of the children. It has made the OVCs to realize that they are not different from other children, and that they have what it takes to succeed in life. This service was also provided during the OVC validation Exercise, as the CHW/caregivers took the enumerating officers door to door for enumeration. OVCs were also reached by project field staff through home and school visits. They were encouraged to work hard in school and maintain high standards of discipline and were also encouraged to help their guardians in some of the domestic chores especially during weekends and school holidays. The caregivers still were encouraged to give time to the OVC to interact with other children in the community to prevent stigma and discrimination from the community. The children and their guardians are also helped to overcome trauma and depression through basic counseling. Psychosocial support helps the OVCs to come out of self-pity and realize their dreams in life.

4.2.4 Education and Vocational Training

The CHW and Social workers carried out school visitation to the OVC in school to evaluate on their progress in schools. As the ECD levies have not been paid, the CHW and program staff had to plead with the Head teachers so that they retain the children in school. Some school going children are in dare need of support for school uniforms. OVC and guardians reached in the month were sensitized on the importance of education. The OVC were encouraged to work hard at school while the guardians were encouraged to make sure that the children attend school regularly and work closely with the teachers to ensure discipline and good performance at school. The entire cluster reached **7854** OVCs with education service. However, in many areas Most of OVCs visited in homes have high demand of school materials and this will be provided during the next school term.

4.2.5 Economic Strengthening

The caregivers to the OVC continued to initiate income generating activities to assist them cater for some of the OVC needs. Some have benefited from some small loans borrowed from the microfinance institutions and have started small business and other IGAs. More so, some of the SILC groups for caregivers which were started in APHIA II Project still exist, though many died away due to lack of supervision by the SILC field Agents. The active groups continue to carry out IGAs, savings and lending. The caregivers have always been advised to join SILC groups to save money and borrow loans and start or improve their businesses so as to generate more income. The caregivers in groups with farming activities have also been empowered with

farming knowledge and skills. The income gotten from such groups is used to cater for the OVCs as a way of sustainability. A total of **2535** OVCs benefited from economic strengthening service this quarter.

4.2.6 Shelter and Care

CHWs continued to visit OVC homes to assess shelter-related needs of respective households. A total of 9958 OVC have been classified as needing various shelter and care support. Material requisition is in place and completed activities support will be shared during the next quarter reports.

Participation in district stakeholder forums

District Health Stakeholders Forums (DHSF) meetings in Kinango and Msambweni on 31st may 2011 and 15th June 2011 respectively. These are forums for all the stakeholders in the districts dealing with health matters, which are organized by the Ministry of Health for ideas sharing and harmonization of health activities in the districts.

Activities planned for the next quarter

- Continue service provision especially in food and nutrition to counter reported famine.
- Finalize OVC Validation exercise and replace agreed variance
- Support the Department of children services to undertake a regional assemble for children
- Review ECD integrated needs and plan
- Strengthen household based economic activities to respond to OVC needs

4.1 Marginalized, poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs.

The community support team (CST) continued to strengthen community structures by facilitating livelihood orientation meetings which were attended by CHWs and CHC members. The meetings were held in 7 districts (Msambweni, Kwale, Kinango, Kaloleni, Ganze, Malindi and Magarini) and a total of 1,554 (748 men and 833 women) community members attended. The main action points agreed on during the meetings for implementation in the respective CUs were: to indentify vulnerable Households and rank them in order of vulnerability i.e. high, moderate and low; initiate cash transfer and other stabilization activities for the highly vulnerable households as a means of social protection; initiate IGA and SME activities for both stable and vulnerable households as a way of economic growth and sustainability and; create linkages with the private sector and other development partners for support and technical assistance (TA).

A total of 28,239 OVCs benefited from economic strengthening initiatives. The caregivers to the OVC continued to initiate income generating activities to assist them cater for the OVCs' needs. Some have benefited from some small loans borrowed from the microfinance

institutions and have started small business and other IGAs. Some of the SILC groups for caregivers which were started in APHIA II Project still exist, though many died away due to lack of supervision by the SILC field Agents. The active groups continue to carry out IGAs, savings and lending. The caregivers were advised to join SILC groups to save money and borrow loans and start or improve their businesses so as to generate more income. The caregivers in groups with farming activities have also been empowered with farming knowledge and skills. The income gotten from such groups is used to cater for the OVCs as a way of sustainability.

Planned activities for next quarter

- Conduct Household economic strengthening baseline assessment
- Conduct Household ranking/household Action Planning.
- Finalize OVC Validation exercise and replace agreed variance
- Strengthen household based economic activities to respond to OVC needs

4.3 Improved food security and nutrition for marginalized, poor and underserved populations

APHIA*plus* facilitated orientation meetings for CHWs and CHC members in their respective community units to discuss livelihood programs with the aim of exploring strategies to improve food security and nutrition. To forge linkages and facilitate meeting sessions, key stakeholders spearheading food security programs in coast province were invited. These included:

- Ministry of Agriculture (MOA) who will offer technical support to the District Field Facilitators (DFF), CHEWs and CHWs on crop production.
- Ministry of Cooperative Development and Marketing (MOCD) will offer technical support in the formation of farmer groups and cooperative organizations as well as marketing of farmer produce through value chains.
- Ministry of Local Government (MoLG) will support in improving physical infrastructure such as grading of roads, market maintenance, as well as helping in the rehabilitation of storage warehouses.
- Ministry of Livestock Development (MoLD) will provide TA in animal husbandry practices and management.
- Ministry of Gender, Children and Social Development- (MGC&SD) will facilitate registration of community as well as farmer groups.

During the meetings, successful local farmers were given an opportunity to share experiences. Photo 2 below shows farmer No. 1, Mr. Alex Mwangemi, who is also a member of CHC Marikebuni CU sharing his farming experience with CHCs and CHWs at the Marikebuni Dispensary. Some of the feasible activities mentioned included: crop farming (Maize, cassava, peas, sweet potatoes); fishing in the Indian Ocean and along the rivers, small lakes and swamps; livestock keeping (cattle, goats, sheep, poultry and bee keeping) and; horticultural farming (traditional vegetables, tomatoes, French beans and snow peas, cashew nuts, mangoes, oranges and coconuts). Representatives from relevant ministries had the chance to articulate some of the opportunities available within their ministries from which the community should explore. Photo 3 below shows the Matsangoni Agricultural Extension Officer (AEO), Mr. Kaburu, articulating crop production inputs to CHWs and CHCs of Uyombo CU. The opportunities

identified which the community could exploit include: the use of constituency development fund (CDF), the available agricultural and livestock extension officers, microfinance institutions and SACCOs in the province and, social responsibility of corporate sector.

In June 2011, WFP and Pathfinder Kenya partnered to support food by prescription to HIV – positive Clients undergoing Anti Retroviral Treatment (ART) and comprehensive care program in Kilifi and Mariakani District Hospitals. The food-support is also extended to all household members of the targeted clients that are found to be food insecure by providing food commodities and creating linkages to sustainable livelihood activities for the clients and household members.

Challenges

- OVCs living with HIV/AIDS have no adequate nutritional support.
- Negative attitude of community members towards farming.
- Inadequate market for farm produce coupled with low prices.
- Inadequate knowledge and skills on modern farming practices.
- Drought and lack of storage facilities.
- High cost of farm inputs.

Planned Activities for next quarter

- Orient DFFs/CHEWs in food production.
- Orient LCHWs/CHWs on food production and nutrition.
- Formation of farmers groups.
- Train farmer groups on food production and nutrition
- Continue service provision especially in food and nutrition to counter reported famine.

4.4 Marginalized, poor and underserved groups have increased access to education, life skills, and literacy initiatives through coordination and integration with education programs

Description of the Work plan status

The OVC girls who have started menstruation periods were supported with sanitary pads to enable them not to miss class sessions. It was realized that such girls missed at most one week classes every month due to periods.

Challenges

- Lack of Early Child Development (ECD) levies continue to be a challenge and some OVC have been discontinued from schools.
- Most OVCs in school are in need of scholastic materials and school uniforms.

Recommendations

- The project to follow-up with the Ministry of Education for guidance on the payment of levies from the ministry so that levies for OVC can be cleared.

Planned activities for next quarter

- Review ECD integrated needs and plan

4.5 Increased access to safe water, sanitation and improved hygiene

In Mombasa County, 8,468 OVC were reached with personal and general hygiene messages at home and in schools like washing hands before eating and after visiting the latrine, avoiding stagnant water and sleeping under treated mosquito nets to prevent malaria, as well as keeping the environment clean.

4.6 Strengthened systems, structures and services for protection of marginalized, poor and underserved populations

The community support team (CST) facilitated in strengthening of the Community Health Strategy (CHS) by supporting community-based health structures such as; Village Health Committees (VHCs), Community Health Committees (CHCs), post test clubs, support groups as well as youth groups, CBOs and women groups. This was achieved by facilitating District Health Stakeholder Forums (DHSFs); Community units orientation meetings; Lead CHWs/CHEWs orientation meetings; Community health dialogue discussions sessions; VHC/CHC meetings; LCHWs/LCHWs best practice meetings and; feedback meetings for reporting and data collection.

The project facilitated 10 district health stakeholders' forums (DHSF) in 10 districts (Msambweni, Kwale, Kinango, Kilindini, Mombasa, Kaloleni, Lamu, Taita/Taveta, Malindi, Magarini). The forums were attended by a total of 385 participants (243 men and 142 women) representing key health stakeholders in the respective districts that included GoK ministries (Ministries of Health, Agriculture, Livestock, Youth, Gender and social services, Education, Planning and Vision 2030), NGOs/FBOs (World Vision, DSW, Jipange, Plan international, CDA and Jijue) and, other interest groups (Maendeleo ya wanawake, youth Group leaders, Constituency AIDS Control Councils (CACCs)). The overriding purpose of the forums was to

share APHIA*plus* objectives, strategies and activities with other development partners in the districts and to identify areas of linkages and collaboration.

APHIA*plus* facilitated 118 CHC meetings in 47 CUs to plan and review implementation of CHS activities within the CUs. The meetings were attended by 562 CHC members (269 men and 293 women). The CHC members were also briefed on APHIA*plus* scope of work in relation to strengthening CUs. The members were informed of the effect of social determinants of health in influencing health outcomes. This was important as APHIA*plus* will support some of the socio-economic activities undertaken by CHCs. These include: farming of cash and food crops (maize, beans, ground nuts, green grams, cassava, sweet potatoes and coconut), livestock keeping (cattle, goats, sheep, poultry keeping and bee keeping), agribusiness which can be enhanced by rain water harvesting, small micro enterprises, merry-go-round and promotion of SILC project.

Village Health Committees (VHCs) equally held their regular monthly meetings to share progress reports and review implementation action plans. A total of 672 VHC meetings were held with total attendance of 2,417 members (897 men and 1,520 women).

CHWs feedback meetings were held in the 47 CUs. A total of 2,392 CHWs (983 men and 1,409 women) participated in the meetings. The aim of the meetings was to share the final consolidated reports for the respective CUs and harmonize work plans for the following month. The sessions also enable the new CHWs to learn from experienced CHWs and be oriented on reporting tools and procedures.

The PDCS was also supported during the period under review to monitor:

- Capacity building to Sauti Ya Wanawake (Lamu) to facilitate their OVC coverage in Lamu County.
- Strengthen working relationships between the Department of Children's services and APHIA*plus* especially in joint work plan development and implementation along with other partners in Coast Province.
- Follow up on Children's assemblies and progress towards a regional children's forum

Challenges

- Newly recruited CHEWs have not been trained in community strategy

Recommendations

- CHCs and CHWs to have joint feedback meetings with CHEWs to clarify issues on roles and responsibilities, and for CHCs to give updates and reports on behalf of their CHWs and respective villages.
- DHMT and PHMT members to have regular monitoring and supervision visit to the CUs to monitor progress and to mitigate some of the emerging challenges
- Partners to continue supporting the district and provincial stakeholders' forums for the purpose of sharing and reviewing their work plans to avoid duplication
- Partners to support in establishing more community units (CUs) and training of CHWs

- District Health Management Teams (DHMTs) to take lead and plan for the DHSF on quarterly.

Planned Activities

- Harmonize 10 sites to conform to community health strategy.
- Hold LCHW/CHW feedbacks meetings
- Support the Department of children services to undertake a regional assemble for children

4.7 Expanded social mobilization for health

***Malezi Bora* Campaign**

During the month of May, the project supported the Ministry of Health in the launch of *Malezi Bora* campaign at Maweni clinic in Kongowea. The CHWs carried out mobilisation while a youth group was supported to provide messages on breastfeeding through edutainment. MCH services were also offered at the clinic. The launch was attended by among others the Provincial Medical Officer, the District Officer and the DMOH Mombasa District.

Edutainment during *malezi bora* launch in the province

The Day of the African Child

APHIA*plus* Coast region supported the Department of Children's Services to commemorate the day of the African Child whose theme was **"All Together For Urgent Action In Favour Of Street Children"** The significant achievement this year was the direct participation of children who voiced the need for the Government to address child protection of all children in the country.

Activities Planned for the Next Quarter

- Train 135 youths on magnet theatre and integrated messaging
- Youth groups to conduct 135 magnet theatre outreaches on integrated messages
- Conduct 3 zonal HFG GAmini Annual Talent Explosion events with integrated services
- Support commemoration of the Youth International Day

5.0 Contribution to health systems strengthening (Result area 1 & 2)

Health System strengthening

Most planned activities for the quarter on Health System Strengthening (HSS) were not implemented due to the ongoing work plan development process. The activities included: establishing supportive supervision strategy; strengthening supportive supervision by orientation and OJT of DHMT/PHMT on facilitative supervision tools and approach and; conducting TOT orientation of DHMT/PHMT on facility and community Client Oriented Provider Efficient (COPE). The activities will be implemented in the forthcoming quarter. However, APHIA*plus* supported Provincial and District teams in their routine supportive supervision visits to district teams and facilities respectively using the APHIA II strategy and approach.

APHIA*plus* team in consultation with PHMT/PMST developed a mentorship model and strategy for use in Coast province. This mentorship model has a three prong approach which includes development of centers of excellence in terms of coverage, equity and quality of HIV services; development of HIV skills laboratory at District level where staff can train and; coaching of mentors from the two ministries of health. The team further developed mentorship materials in collaboration with the P/DHMT and held a mentorship breakfast meeting with PHMT/PMST/DHMTs to share the model and strategy, guideline updates and global thinking.

Activities planned for the next quarter

- Establish supportive supervision strategy (strategy document; provincial sharing forum on facilitative supervision)
- Orient DHMT/PHMT through OJT on facilitative supervision tools and approach
- Conduct TOT orientation of DHMT/PHMT on facility and community Client Oriented, Provider Efficient (COPE)
- Hold PHMT/PMST meeting on Quality Improvement and Facilitative Supervision
- Support provincial dissemination of Facilitative Supervision tool for DHMT and HMT.
- Conduct a 3-day orientation of Facilitative Supervision
- Participate in the stakeholders meetings and TWGs at national and provincial level

6.0 Monitoring and Evaluation

APHIA*plus* facilitated Lead CHWs/CHEWs orientation meetings in 11districts. The meetings were attended by 42 CHEWs and 43 Lead CHWs. The purpose of the sessions was to orient participants on the Community-Based Health Information system (CBHIS) data collecting tools: CHIS Household Register (MOH 513), Community Health Workers Service Delivery Log Book (MOH 514) and, Community Health Worker Extension Summary (MOH 515).

APHIA*plus* staff with support from PHMT/PMST developed a checklist to be used by mentors to conduct health facility baseline assessment. The checklist covers various components of HIV care that are to be assessed. This includes PMTCT, CCC, and ART.

Between 3rd and 6th May, the APHIA*plus* M&E specialist, two Data officers based in Mombasa office and the Coast PHRIO made field visit to Malindi, Lamu, Kilifi and Taita districts. The visit was to familiarize with the project area and discuss data management issues with the four Data Officers working in satellite offices and the four DHRIOs from the four districts. During discussions with the DHRIOs, the main concerns related to data management raised for the respective districts were: frequent stock-outs of service delivery registers and reporting tools in the health facilities; lack of transport especially from facilities in the Islands of Lamu District and other remote areas in Taita district; lack of adequate staff to enter data into the District Health Information System (DHIS); lack of knowledge and skills of most in-charges to complete the Health Management and Information System (HMIS) reporting tools.

In June, the M&E team had 3 separate meetings with staff from partner organizations (PSI, Tunza, CFI and CLUSA) in APHIA*plus* Coast region to clarify PMP indicator definitions. They further reviewed existing tools for data collection, sources of data, data flow and reporting timelines.

The M&E specialist and M&E Data Manager met the MoPHS PHRIO on 3rd June to share the M&E work plan, budget and develop a monthly schedule for the quarter.

The APHIA*plus* technical team based in Mombasa had a three day (15th – 17th June) residential workshop in Scorpion Hotel in Malindi to develop a detailed implementation plan for APHIA*plus* Coast, identify and agree on community/facility entry points and identify TA needs for staff for effective project implementation.

Between 24th and 26th May, Laura Subramanian, the Pathfinder International Research and Metrics Advisor from Boston facilitated the revision of the Coast work plan and PMP for submission to USAID by 31st May. The facilitation also included development of program/M&E frameworks. This was a participatory exercise involving APHIA*plus* staff in coast.

The Coast M&E team tasked one of the Data officers to design a public domain software package using EPI Info™ for data entry and analysis of indicators derived from MOH 105 reporting tool. This is a Ministry of Health facility based serialized reporting tool which has key indicators not captured by KePMS nor project database. The MoPHS also has no provision to capture the data from this tool within its DHIS. The software is already developed and used to generate six (6) PMP programmatic indicators.

The program staff with support of M&E team adopted the data collection tools used by APHIA II coast to collect OVC, HBC and Prevention data. The process included aligning the tools with the Next Generation Indicators (NGI) and programmatic indicators.

The Data officers participated in 2 District Stakeholders Forums (Mombasa and Kilindini) and monthly in-charges meetings (Taita and Taveta).

One Data Officer from Coast and the PHRIO coast were sponsored by Pathfinder International to attend an Outcome Monitoring and Evaluation Using LQAS Workshop in May 23-27 at PanAfric Hotel, Nairobi.

Challenges

- Attrition of health workers experienced in complementing both facility and community data collection and reporting tools
- Lack of adequate community health strategy tools for data collection

Recommendation

- CHWs to be given refresher training on completing community tools (CHS tools, OVC forms, HBC tools, prevention tools)

Planned Activities for Next Quarter

- Facilitate DHMT to conduct OJT on completing service delivery registers and HMIS tools reporting tools
- Hire data clerks to key health facilities data at the district and coast provincial general hospital
- Orient staff and DHMT on the RDQA tool and process
- Facilitate the DHMT to conduct quarterly Routine Data Quality Assessment (RDQA)
- Facilitate the DHRIOs to hold monthly data review meeting with in-charges
- Facilitate the PHRIO to hold quarterly review and planning meeting with DHMTs
- Facilitate DHRIOs, PHRIO to attend community dialogue meetings
- Orient TOT LCHWs/CHEWs/CHCs on CBHIS
- Facilitate TOTs to orient CHWS on CBHIS
- Conduct TA sessions to LIPs on data collection and reporting
- Conduct quarterly data feedback sessions with IPs
- Facilitate DHMT to orient facility staff on revised HMIS tools

7.0 Grants

APHIA*plus* Coast office did not begin full operations until March when staff were moved from APHIA II to APHIA*plus*. The lapse between departure of APHIA II Coast and the entry of APHIA*plus* –NC caused anxiety in grantees and partners that worked with APHIA II Coast. Initially, individual meetings were held with organizations that had sent unsolicited proposals and those that were referred to the project by stakeholders in the Province. Those that later found their way into the final list of grantees are Coast People Living with HIV &AIDS (COPE-recommended by the PD-MOMS as a key partner in treatment literacy and defaulter tracing) and ICRH (re-known as a key player by both NASCOP and USAID for their research with MSMS, MSWs and FSWs, peer education and drop-in centers). This method however proved tedious and subjective. In March, the team embarked on a mapping exercise to deliberately identify viable partners working with OVC, MARPS, youth and PLHIV. The team relied on hand-over notes from FHI and information collected during the writing of APHIA*plus* proposal to beef up this list.

The lists were divided into 4:

- Organizations working with MSMS, MSWs and FSWs
- Organizations working with IDUS/DUs

- Organizations working with youth as a key population.
- Organizations working with PLHIV

Sharing forums
Two meetings were organized with groups identified by the team. The first meeting focused on organizations working with MARPS and youth (March, 2011) while the second meeting hosted organizations working with/reaching PLHIV (25th may 2011). Ten (10) organizations were invited to the MARPS and Youth forum namely:

1. MEWA
2. MEDA
3. CIPK
4. OMARI Project
5. DSW
6. REACH OUT Project
7. SOLWODI
8. MMAAK

ICRH and COPE were not invited because the team had had extensive discussions with both and did not find it necessary to engage them afresh.

Seven (7) organizations attended the PLHIV programming meeting and they were as follows:

1. KNEPOTEK
2. NECOPH
3. NEPHAK
4. WOFAK
5. YOUTH ALIVE
6. KIKASU
7. NEPHAM

Each organization was given 15 minutes to make a presentation on its structure, activities, geographical coverage, successes and future plans. There was a Question & Answer session after each presentation to seek clarification and make comments on the presentation.

Team deliberations
After the sharing forums, the team deliberated on each partner with a view to understanding the comparative advantage of each. Key considerations were as follows:

- Geographical coverage-the team agreed that for effective coverage, it would first give priority to organizations that were operating in one or more districts. Most desirable were organizations that had networks in all districts of Coast province. This is for purposes of rapid scale up given the vastness of Coast province.
- Capacity-The team was looking at the organization's capacity (organizational, financial) to manage a large program or indeed to ensure cascading of knowledge, information and skills to the individual at the community level.
- Sustainability-Was the organization thinking about sustainability. This was critical in forestalling the situation we found when we took over (i.e. most organizations were

unable to continue operations after 5 years of APHIA II because they had not considered seriously their sustainability)

- The FHI report on the weaknesses of some of the organizations i.e where these serious enough to warrant a dis-qualification of this partner?

In addition to grantees highlighted, the team proposed to work with a previous APHIA II Nairobi partner, SAPTA to provide TA for early detection of addiction, addiction counseling and running of support groups for recovering addicts/alcoholics. SAPTA has cut a niche for itself in the area of addiction and HIV and in Coast we prefer to use them to build a cadre of addiction counselors in all districts of Coast rather than provide them with funds to run a program for recovering addicts. Given the magnitude of the drug problem in Coast, the team felt that this would help in rapid scale up of programs reaching youth with messaging and services to prevent and treat addiction.

Competitive Bidding

In light of a directive from Pathfinder Hq, Expressions of Interest (EOI) were prepared and circulated widely to NGOs, CBOs, FBOs and various GOK ministries/departments. The EOIs sought local implementation partners for service delivery, PLHIV, OVC, Abstinence programming and Prevention. The response was overwhelming. A Grant selection committee was set up and taken through a rigorous assessment and shortlisting process.

Request for proposals

Shortlisted grantees were requested to submit proposals for consideration. The Grants Accountant made appointments with them to conduct pre-award assessments. The Program team also embarked on sharpening the focus of each proposal through a participatory review process. The list of grantees submitted for funding are as follows:

PLHIV	**Pre-Award Type**
WOFAK	Grant
KNEPOTEC	PIP
NECOPH	PIP
COPE	GRANT
YOUTH ALIVE	PIP
YOUTH/DU/IDU	
MEWA	GRANT
MEDA	GRANT
OMARI	GRANT
Reach Out	GRANT
CIPK	GRANT
DSW	GRANT
SAPTA (Zonal partner)	GRANT

MSMs/Sex Workers	
SOLWODI	GRANT
ICRH	Sub-Contract

World Food Program - Food by Prescription Program at Kilifi and Mariakani District Hospitals- Coast Province.

In June 2011, APHIA*plus* signed a six month agreement with WFP in support of WFP's "Food and Nutrition Support for Vulnerable Populations Affected by HIV/AIDS" program. This collaboration will strengthen the implementation of the Food by Prescription Program. APHIA*plus* will carry out food distribution, community mobilization and sensitization, secondary transport, warehouse management, M&E, training of beneficiaries and livelihood support including IGA for project beneficiaries.

Coast Province Performance Indicators

MOH, PEPFAR Indicator No	Indicator	Baseline	Year 1 Targets	Jan - March	April - June	Total Achievement	% Achievement
COAST PROVINCE PERFORMANCE INDICATORS							
PEPFAR INDICATORS							
PREVENTION							
Prevention Sub Area 1: PMTCT							
P1.1.D	Number of pregnant women with known HIV status (includes women who were tested for HIV & received their results	99,408	104,378	29,264	23,575	52,839	51%
P1.2.D	Number of HIV positive pregnant women who received antiretrovirals to reduce risk of mother-to-child transmission	5,562	5,840	1,307	1,196	2,503	43%
Prevention Sub Area 4: Injection and Non-injection drug use							
P4.1.D PR	Number of injecting drug users (IDUs) on opioid substitution therapy	TBD	TBD	-	-	**-**	-
Prevention Sub Area 5: Male Circumcision							
P5.1.D MIN	Number of males circumcised as part of the minimum package of MC for HIV prevention services, by age	TBD	TBD	-	-	-	
	<1 year	TBD	TBD	-	-	-	
	1-14 years	TBD	TBD	-	-	-	
	15+	TBD	TBD	-	-	-	
Prevention Sub Area 6: Post Exposure Prophylaxis							
P6.1.D MIN	Number of persons provided with post-exposure prophylaxis, by exposure type	300	315	131	243	**374**	119%
	Occupational	100	105	11	46	**57**	54%
	Rape/sexual assault victims	150	158	62	151	**213**	135%
	Other non-occupational	50	53	58	46	**104**	198%
Prevention Sub Area 7: Prevention with People Living with HIV (PwP)							
P7.1.D MIN	Number of People living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions	8,000	8,400	0	0	**0**	0%
Prevention Sub Area 8: Sexual and Other Risk Reduction							

MOH, PEPFAR Indicator No	Indicator	Baseline	Year 1 Targets	Jan - March	April - June	Total Achievement	% Achievement
COAST PROVINCE PERFORMANCE INDICATORS							
P8.1.D PR	Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required, by sex and age	0	7,200	0	8,762	**8,762**	122%
	Male	0	2,880	0	3,903	**3,903**	
	10-14	0	980		0	**0**	
	15+	0	1,900		3,903	**3,903**	
	Female	0	4,320	0	4,859	**4,859**	
	10-14	0	1,440		0	**0**	
	15+	0	2,880		4,859	**4,859**	
P8.3.D PR	Number of population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required, by MARP type and sex	0	8,500	0	3,030	**3,030**	36%
	SW	0	2,800	0	3,030	**3,030**	
	Male				1,929	**1,929**	
	Female				1,101	**1,101**	
	IDU	0	500	0	0	**0**	0%
	Male					**0**	
	Female					**0**	
	MSM	0	700		0	**0**	0%
	Other vulnerable populations (Matatus & Prisions)	0	4,500	0	0	**0**	0%
	Male					**0**	
	Female					**0**	
Prevention Sub Area 11: Testing and Counseling							
P11.1.D MIN	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results, by sex and age	TBD	273,952	63,160	71,642	**134,802**	49%
	Male	TBD	117,127	23,576	27,397	**50,973**	
	<15	TBD	23,425	7642	7,958	**7,958**	

MOH, PEPFAR Indicator No	Indicator	Baseline	Year 1 Targets	Jan - March	April - June	Total Achievement	% Achievement
COAST PROVINCE PERFORMANCE INDICATORS							
	15+	TBD	93,702	15,934	19,439	**35,373**	
	Female	TBD	156,825	39,584	44,245	**83,829**	
	<15	TBD	31,366	9,245	10,246	**19,491**	
	15+	TBD	125,459	30,339	33,999	**64,338**	
Prevention Sub Area 12: Gender							
P12.1.D	Number of people reached by an individual, small-group, or community-level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS, by sex and age	0	186,300	0	0	**0**	0%
	Male	0	24,300	0	0	**0**	
	0-15	0	7,290	0	0	**0**	
	15-24	0	4,860	0	0	**0**	
	25+	0	12150	0	0	**0**	
	Female	0	162,000	0	0	**0**	
	0-15	0	50,220	0	0	**0**	
	15-24	0	43,740	0	0	**0**	
	25+	0	68,040	0	0	**0**	
P12.2.D	Number of people reached by an individual, small group or community-level intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS	0	186,300	0	0	**0**	0%
	Male	0	24,300	0	0	**0**	0%
	0-15	0	7,290	0	0	**0**	0%
	15-24	0	4,860	0	0	**0**	0%
	25+	0	12150	0	0	**0**	0%
	Female	0	162,000	0	0	**0**	0%
	0-15	0	50,220	0	0	**0**	0%
	15-24	0	43,740	0	0	**0**	0%
	25+	0	68,040	0	0	**0**	0%
P12.3.D	Number of people reached by a individual, small-group, or community level intervention or service that explicitly addresses the legal rights and protection of women and girls impacted by HIV/AIDS	0	186,300	0	0	**0**	0%

MOH, PEPFAR Indicator No	Indicator	Baseline	Year 1 Targets	Jan - March	April - June	Total Achievement	% Achievement
COAST PROVINCE PERFORMANCE INDICATORS							
	Male	0	24,300	0	0	**0**	0%
	0-15	0	7,290			**0**	
	15-24	0	4,860			**0**	
	25+	0	12150			**0**	
	Female	0	162,000	0	0	**0**	0%
	0-15	0	50,220			**0**	
	15-24	0	43,740			**0**	
	25+	0	68,040			**0**	
P12.4.D	Number of people reached by a individual, small-group, or community level intervention or service that explicitly aims to increase access to income and productive resources of women and girls impacted by HIV/AIDS, by sex and age	0	285	0	1,581	1,581	
	Male	0	85	0	748	748	
	0-15	0	26	0	0	0	
	15-24	0	17	0	0	0	
	25+	0	42	0	748	748	
	Female	0	200	0	833	833	
	0-15	0	62	0	0	0	
	15-24	0	54	0	0	0	
	25+	0	84	0	833	833	
CARE							
Care Sub Area 1: "Umbrella" Care Indications (Includes OVC)							
C1.1.D MIN	Number of eligible adults and children provided with a minimum of one care service, by sex and age	34,880	34,880	49,849	64,301	**64,301**	184%
	Male	12,460	12,460	25,131	32,639	**32,639**	262%
	<18	3735	3735	25,131	32,639	**32,639**	
	18+	8725	8725		0	**0**	
	Female	22,420	22,420	24,718	31,662	**31,662**	141%
	<18	6726	6726	0	31,662	**31,662**	
	18+	15694	15694	51597	0	**0**	
Care Sub Area 1: Clinical Care (Includes OVC)							

MOH, PEPFAR Indicator No	Indicator	Baseline	Year 1 Targets	Jan - March	April - June	Total Achievement	% Achievement
COAST PROVINCE PERFORMANCE INDICATORS							
C2.1.D MIN	Number of HIV positive adults and children receiving a minimum of one clinical service, by sex and age	66,000	69,300	84,496	68,894	**68,894**	99%
	Male	26,400	27,720	28,939	23,337	**23,337**	84%
	<15	5,280	5,544	4076	3662	**3,662**	
	15+	21,120	22,176	24863	19675	**19,675**	
	Female	39,600	41,580	55,557	45,557	**45,557**	110%
	<15	7,920	8,316	3960	3711	**3,711**	
	15+	31,680	33,264	51597	41846	**41,846**	
C2.2.D MIN	Number of HIV positive persons receiving cotrimoxazole prophylaxis, by sex and age	41,215	43,276	16,339	39,953	**39,953**	92%
	Male	16,486	17,310	5,101	13,880	**13,880**	80%
	<15	3,297	3,462	800	2,106	**2,106**	
	15+	13,189	13,848	4,301	11,774	**11,774**	
	Female	24,729	25,965	11,238	26,073	**26,073**	100%
	<15	4,946	5,193	806	2,048	**2,048**	
	15+	19,783	20,772	10,432	24,025	**24,025**	
C2.3.D MIN & PR	Number of HIV positive clinically malnourished clients who received therapeutic or supplementary food	7,000	7,350	-	-	**-**	-
C2.4.D MIN	TB/HIV: Percent of HIV positive patients who were screened for TB in HIV care or treatment setting	TBD	40%	38%	41%	**41%**	103%
C2.5.D MIN	TB/HIV: Percent of HIV positive patients who were screened for TB in HIV care or treatment (pre-ART or ART) who started TB treatment	TBD	40%	88%	96%	**96%**	240%
Care Sub Area 5: Support Care							
C5.1.D MIN	Number of eligible clients who received food and/or other nutrition services, by age	24,000	25,200	8,981	45,329	**45,329**	180%
	<18	2,000	2,100	8,981	45,329	**45,329**	
	18+	21,000	22,050	0	0	**0**	
	Pregnant/lactating	1,000	1,050	0	0	**0**	
TREATMENT							

MOH, PEPFAR Indicator No	Indicator	Baseline	Year 1 Targets	Jan - March	April - June	Total Achievement	% Achievement
COAST PROVINCE PERFORMANCE INDICATORS							
Treatment Sub Area 1: ARV Services							
T1.1.D	Number of adults and children with advanced HIV infection newly enrolled on ART, by sex and age	6,656	7,076	1,299	1,680	**2,979**	42%
	Male	2,662	2,793	272	517	**789**	28%
	<1	111	116			**0**	
	<15	421	440	53	96	**149**	
	15+	2,130	2,237	219	421	**640**	
	Female	3,029	3,183	725	961	**1,686**	53%
	<1	126	135			**0**	
	<15	479	503	67	81	**148**	
	15+	2,424	2,545	658	880	**1,538**	
	Pregnant/lactating	965	1,100	302	202	**504**	46%
T1.2.D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) (Current), by sex and age	38,675	50,361	25,671	21,248	21,248	42%
	Male	17,404	24,892	9,147	7,553	7,553	30%
	<1	724	6,031				
	<15	2,752	4,846	1,171	1,151	1,151	
	15+	13,928	14,015	7,976	6,402	6,402	
	Female	20,641	24,807	16,222	13,501	13,501	54%
	<1	885	2,562				
	<15	3,363	5,750	1,027	1,130	1,130	
	15+	16,393	16,494	15,195	12,371	12,371	
	Pregnant women	630	662	302	194	194	29%
HEALTH SYSTEM STRENGTHENING							
Health System Strengthening Sub Area 1: Laboratory							
H1.1.D MIN	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	0	4	0	0	0	0%
PROGRAMMATIC INDICATORS							
MONITORING AND EVALUATION							
PR	Number of quarterly RDQAs in supported sites, IPs and model Community Units	0	4	0	0	0	0%

MOH, PEPFAR Indicator No	Indicator	Baseline	Year 1 Targets	Jan - March	April - June	Total Achievement	% Achievement
COAST PROVINCE PERFORMANCE INDICATORS							
PR	Number of quarterly data feedback sessions with IPs	0	48	0	0	0	0%
SYSTEMS STRENGTHENING (SPECIFIC SYSTEM STRENGTHENING NOT ALREADY IN RESULTS 3 AND 4)							
PR	Number of facilities applying COPE	0	6	0	0	0	0%
PR	Number of Community Units applying Community COPE	0	6	0	0	0	0%
PR	Number of facilities receiving at least one supportive supervision visit from P/DHMT during the quarter	TBD	90	362	324	**362**	**401%**
PR	Number of sites receiving mentoring visit(s) from provincial/district mentors during the quarter	0	16	0	0	**0**	**0%**
PR	Number of CHWs receiving monthly supervision visits by CHEWs	0	550	2,397	2,392	**2,397**	**436%**
PR	Number of facilities, IPs, CUs, CBOs holding quarterly meetings to discuss feedback on service quality	TBD	45	45	53	**53**	**117%**
PR	Percent of model Community Units accessing HSSF, CDF, or other community funds	0%	18%	0%	0%	**0%**	0%
RESULT 3: INCREASED USE OF QUALITY HEALTH SERVICES, PRODUCTS AND INFORMATION							
3.1: Increased availability of an integrated package of quality high-impact interventions at community and facility level							
PR	Number of P/DHMTs and Community Units oriented on systems strengthening approaches (FS, COPE, OJT, CME)	0	20	0	0	0	0%
PR	Number of community workers and members trained (CHWs, paralegals, youth, MARPs, PLHIV)	TBD	1,500	0	0	0	0%
PR	Number of outreaches (mobile services) conducted for VCT, TB, MNCH services	TBD	66	11	50	61	92%
PR	Number of stakeholder meetings conducted at community, district and provincial level	3	5	4	11	15	300%

MOH, PEPFAR Indicator No	Indicator	Baseline	Year 1 Targets	Jan - March	April - June	Total Achievement	% Achievement
COAST PROVINCE PERFORMANCE INDICATORS							
3.1.6-14	Number of improvements to laws, policies, regulations or guidelines related to improve access to and use of health services drafted with USG support	0	-	-	-	0	
HIV/TB							
MIN	Number of Infants tested for HIV at 6 weeks	2,441	2,563	169	233	402	16%
MIN	Number of infants tested for HIV at 12 weeks	459	482	125	208	333	69%
PR	Number of individuals counseled and tested for HIV at MARP clinics or drop-in centers	8,000	8,400	0	0	0	0%
PR	Number of HBC ciients served, by sex	15,154	15,912	15,154	15,049	15,154	95%
	Male	4,052	4,255	4,052	4,043	4,052	95%
	Female	11,102	11,657	11,102	11,006	11,102	95%
MNCH							
MIN	Number of children dewormed at least once in a year	513,813	539,504	0	68,977	68,977	13%
MIN	Number of LLITNs distributed to pregnant women and children <5	141,918	149,014	0	29,793	29,793	20%
PR	Number of growth monitoring sessions conducted by CBOs and IPs	0	64	0	0	0	0%
MIN	Number of immunization defaulters traced by CHWs	TBD	6,000	0	0	0	0%
3.1.6-6	Number of cases of child diarrhea treated in USG-assisted programs	6,787	17,915	0	-		-
3.1.6-8	Number of children less than 12 months of age who received DPT3 from USG-supported programs	TBD	29,035	21,760	-		-
3.1.6-26	Number of people trained in maternal/newborn health through USG-supported programs	TBD		0	0		-

MOH, PEPFAR Indicator No	Indicator	Baseline	Year 1 Targets	Jan - March	April - June	Total Achievement	% Achievement
COAST PROVINCE PERFORMANCE INDICATORS							
3.1.6.43	Percent of children under five years old with diarrhea treated with Oral Rehydration Therapy (ORT)	6,787	17,915	-	-		-
3.1.6-46	Percent of births delivered by caesarean section	TBD	TBD	12%	12%		-
3.1.6-53	Percent of children who have received the third dose of Pneumococcal conjugate vaccine by 12 months of age	TBD	TBD	27%	-		-
3.1.6-57	Percent of children who have received measles vaccine by 12 months of age	TBD	TBD	90%	-		-
3.1.6-10	Number of children under 5 years of age who received Vitamin A from USG-supported programs"	TBD	TBD	113	-		-
3.1.9-1.	Number of people trained in child health and nutrition through USG-supported health area programs	TBD	TBD	0	0		-
RH/FP							
MIN	Number of WRA receiving FP commodities	451,287	473,851	60,245	68,652	128,897	27%
3.1.7-4	Couple years of protection (CYP) in USG-supported programs	17,500	18,375	14,868.60	#####	14,869	81%
3.1.7-6	Number of counseling visits for FP/RH as a result of USG assistance	321,309	337,374	60,245	68,652	68,652	20%
3.1.7-21	Number of people that have seen or heard a specific USG-supported FP/RH message	321,309	337,374	81,131	87,864	168,995	50%
3.1.7-22	Number of people trained in FP/RH with USG funds	0	700	0	0	0	0%
3.1.7-26	Number of policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services	0			0		-
3.1.7-32	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs	TBD	TBD	-	-	-	-
3.1.7-33	Number of USG-assisted service delivery points providing FP	354	360	349	319	319	89%

MOH, PEPFAR Indicator No	Indicator	Baseline	Year 1 Targets	Jan - March	April - June	Total Achievement	% Achievement
COAST PROVINCE PERFORMANCE INDICATORS							
	counseling or services						
3.2: Increased demand for an integrated package of quality high-impact interventions and community and facility levels							
PR	Number of community education sessions conducted (community dialogue days, ETL sessions, drama, etc.)	5,130	7,695	2,587	2,825	5,412	70%
3.3: Increased adoption of healthy behaviors							
MIN	Number of pregnant women attending at least 4 ANC visits	48,771	51,210	7,170	9,706	**16,876**	33%
3.1.6-11	Number of deliveries with skilled birth attendants (SBA) in USG - assisted programs	73,604	77,284	7,080	14,764	**21,844**	28%
MIN	Number of children <1 year fully immunised	105,059	110,312	19,146	12,116	**31,262**	28%
MIN	Number of households using ITNs	TBD	20,000	-	17,749	**17,749**	89%
3.4: Increased program effectiveness through innovative approaches							
PR	Number of facilities with information corners for DUDM and QI	0	33	0	0	**0**	0%
PR	Number of IP/CU applying OVC QI standards	0	4	0	0	**0**	0%
PR	Number of Community Units supervised by P/DHMT using the CS compliance checklist	TBD	15	0	0	**0**	0%
PR	Number of exchange visits conducted to facilitate learning on best practices	0	44	0	0	**0**	0%
PR	Number of adolescent-parent and PCC groups holding monthly meetings	0	30	0	0	**0**	0%
PR	Number of support groups for vulnerable populations (MARPs, PLHIV, youth) formed/ strengthened	0	82	0	0	**0**	0%
RESULT 4: SOCIAL DETERMINANTS OF HEALTH ADDRESSED TO IMPROVE THE WELL-BEING OF THE COMMUNITY, ESPECIALLY MARGINALIZED, POOR AND UNDERSERVED POPULATIONS							
4.1: Marginalized, poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs							

MOH, PEPFAR Indicator No	Indicator	Baseline	Year 1 Targets	Jan - March	April - June	Total Achievement	% Achievement
COAST PROVINCE PERFORMANCE INDICATORS							
PR	Number of community members trained on HH economic strengthening approaches (SPM/VSL, business, Aflatoun)	0	3,730	0	1,554	**1,554**	42%
PR	Number of CBOs and CUs selling socially marketed products	0	9	0	0	**0**	0%
4.2: Improved food security and nutrition for marginalized, poor and underserved populations							
PR	Number of quarterly exchange visits conducted by farmers groups	0	5	0	0	**0**	0%
PR	Number of nutrition education sessions conducted by CHEWs, CHWs, farmers' groups	0	1,500	0	11	**11**	1%
4.3: Marginalized, poor and underserved groups have increased access to education, life skills, and literacy initiatives through coordination and integration with education programs							
PR	Number of 'Keep Girls in school' campaigns conducted within Community Units	0	45	0	0	**0**	0%
PR	Number of model ECDs established in Community Units	0	2	0	0	**0**	0%
4.4: Increased access to safe water, sanitation and improved hygiene							
PR	Number of children reached with theatre sessions on safe water and hand washing	0	27,000	0	0	**0**	0%
MIN	Number of households treating water	TBD	20,000	-	-	**-**	-
3.1.6-8	Liters of drinking water disinfected with USG-supported point-of-use treatment products			-	-	**-**	-
MIN	Number of households with functional pit latrines	TBD	20,000		18,232	**18,232**	91%
4.5: Strengthened systems, structures and services for protection of marginalized, poor and underserved populations							
PR	Number of district and provincial GBV technical working groups established	0	4	0	0	**0**	0%
PR	Number of male champions identified and trained	0	120	0	0	**0**	0%
4.6: Expanded social mobilization for health							
PR	Number of special events conducted (MOYA youth week, Malezi Bora/BF weeks, etc)	0	4	0	2	**2**	50%
PR	Number of Shuga, GATE and Gjue events held	0	4	0	0	**0**	0%

Annex 1: Coast Province Work Plan Status Matrix for APHIAPlus (April - June 2011)

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
Project Management							
		Project staff oriented on APHIAplus Strategies	PR	Orient project staff on APHIA Plus strategies	Ongoing	The project staff and partners were engaged in developing the project work plan	Project strategies to be finalized in the next quarter and shared with staff
		a meeting held to provide technical assistance on integration of QI approaches	PR	Provide technical assistance in integration of QI approaches and tools in (including staff and P/DHMT orientation sessions, monitoring of QI integration in the project)	Ongoing	The project staff and partners were engaged in developing the project work plan	Staff orientation undertaken. Provincial MOMS and MOPHS orientation to be undertaken in the next quarter
		11 DHMT have their district work-plans developed	MoH	Support the PHMT conduct meetings with all the 11 District Health Management Teams (DHMT) to develop respective district work-plans.	Not done	The project staff and partners were engaged in developing the project work plan	will be undertaken in the next quarter
		Staff participated in stakeholder meetings and TWG	PR	Participate in the stakeholders meetings and TWGs at national and provincial level	Completed		
Project Monitoring and Evaluation							
		Geographic Information System (GIS) for the project installed	PR	Conduct Geographic Information System (GIS) mapping for coast province	Not done	The person identified to provide TA to staff was engaged with other duties	Identifed GoK staff in province to provide technical support next quarter

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
		15 Data clerks hired to key health facility data into DHIS	MoH	Hire data clerks to key health facilities data at the district	Not done	Waiting for budget approvals	the activity will start from next quarter
		CHEWs, DHRIOs, PHRIO/PASCO, and Facility health workers attend and participate in 11 community dialogue meetings	MoH	Facilitate CHEWs, DHRIOs, PHRIO/PASCO, Facility health workers to attend disseminations/community dialogue meetings	Completed		
		720 CHWs / CHEWs / CHCs trained as CBHMIS TOTs	MoH	Train TOT CHWs/CHEWs/CHCs on CBHMIS	Not done	The CBHMIS tools had just been reviewed and were not in adequate supply	the activity will start from next quarter
		Quarterly data feedback sessions held with 5 IP	PR	Conduct quarterly data feedback sessions with IPs	Not done	the IPs had not started implementing their respective activities	The activity will start from quarter the Ips are sub-contracted to start work
		11 DHRIO provide supportive supervision to health facilities on HMIS	MoH	Facilitate DHRIOs conduct supportive supervision	Completed		
		361 facility staff trained on new HMIS tools	MoH	Facilitate DHRIO to train district and facility staff on new HMIS tools	Not done	Nascop and HMIS were still finalizing on the tools	the activity will start from next quarter
Communication and Documentation							
		a meeting held with partners to agree on Supportive Supervision Strategy	MoH	Establish supportive supervision strategy (strategy document; provincial sharing forum on FS)	Not done	The project staff and partners were engaged in	will be undertaken in the next quarter

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
						developing the project work plan	
		30 PHMT/DHMT members oriented on COPE	MoH	Conduct TOT orientation of DHMT/PHMT on facility and community COPE (Client Oriented, Provider Efficient)	Not done	The project staff and partners were engaged in developing the project work plan	will be undertaken in the next quarter
Result Area 3: Increased use of quality health services, products and information							
Intermediate Result 3.1: Increased availability of an integrated package of quality high-impact interventions at community and facility levels							
HIV/Tuberculosis							
		A functional lab networking system for the province set up	MoH	Support the PHMT and PMST set up a functional lab networking system.	Ongoing		
		1,100 PMTCT and TB job aids disseminated to health workers	MoH	Disseminate the PMTCT protocol/package updates, TB screening tools, PWP tools	Ongoing		
		275 Health workers oriented on pediatric HIV care and treatment	MoH	Conduct an orientation of health workers on pediatric HIV care and treatment	Not done		will be undertaken next quarter
		11 clinical on-job-training (OJT) teams established	MoH	Facilitate the PHMT and PMST establish clinical on-job-training (OJT) team in each of the 11 district	Not done		will be undertaken next quarter
		132 Mobile VCTs conducted in the hard-to-reach areas	MoH	Conduct Mobile VCT to hard to reach areas and marginalized communities and provide consumables	Ongoing		

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
		HIV counselors supervision monthly meetings held	MoH	Support HIV counselors supervision monthly meeting	ongoing		
		one Quarterly provincial DASCOs and HBC coordinators forum held	MoH	Conduct quarterly provincial DASCOs and HBC coordinators forum	Not done		will be undertaken next quarter
		5 Local IPs given grants to offer services to MARPs	PR	Provide grants to local implementation partners like OMAR PROJECT, MEDA, REACH-OUT, ICRH, Bar hostess associations to offer services to MARPS	Not done	The process of identification of IPs is still ongoing	Funds disbursement to commence in this quarter
		22 Intensive case finding outreaches done in slums and congregate settings	MoH	Carry out quarterly TB intensified case finding outreaches in slums, congregate settings.	Ongoing	1 done in Taita	a continuing activity
		120 PLHIV oriented as TOTs for HIV treatment literacy and community PWP	PR	Train PLHIV as TOTs for HIV treatment literacy and community PwP	Not done	The activity could not take place until sub-grantees are contracted	Funds disbursement to commence in this quarter
		11 Youth PLHIV support groups formed and strengthened	MoH	Formation and strengthening youth PLHIV support groups	Not done	Activity is dependent on enlisting sub-grantees	will be included in sub=grantees work plans
Reproductive Health/Family Planning							
		110 RHTST oriented on the certification tools	MoH	Conduct orientation of RHTST Committee on certification tools	Not done	Project and MOH staff involved in planning	To be done next quarter

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
		330 SPs sensitized on YFS integration with other health services	MoH	Sensitize SPs on YFS and on how to integrate YFS in the health facilities	Not done	Project and MOH staff involved in planning	To be done next quarter
		99 different FP commodities distributed	MoH	Facilitate the distribution of FP commodities	Ongoing		
		FP compliance conducted in 361 health facilities	MoH	Conduct FP compliance assessment of health facilities (training of committee)	Ongoing	Done in 5 facilities	
		CBDs distribute and increase access to FP commodities	MoH	Train CBDs to distribute and increase access to FP commodities (condoms, the pill)	Not done	Project was identfying	To be done next quarter
		Quarterly FP stakeholders meetings to address FP issues for urban slum dwellers held	MoH	Participate in quarterly FP stakeholder meetings supported by TUPANGE to address FP issues for urban slum dwellers	Not done	Staff were in work planning process	To be done next quarter
Maternal, Neonatal, and Child Health							
		440 Health workers sensitized on the new pneumonia vaccine	MoH	Sensitize the health workers on the KEPI(new PCV 10 vaccine)	Not done	Project and MOH staff involved in planning	To be done next quarter
		330 Baby friendly hospital formed	MoH	Participate the formation of baby friendly hospital services as per the baby friendly government policy through TA and linkages	Ongoing		
		FP, EID, HTC integrated into 275 ANC and Post natal care clinics	MoH	Integrate FP, EID, HIV counseling and testing and services in post natal care	Ongoing		
		GBV integrated into 275 ANC and Post natal care	MoH	Support the integration GBV screening and response in ANC and post natal	Not done	Staff & partners in work planning	to be done next quarter

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
				care		process	
		220 ORT corners established/ strengthened in health facilities	MoH	Establish and strengthen ORT corners in all the health facilities	Ongoing		
		385 Maternal and perinatal death audit meeting held	MoH	Conduct and participate in maternal and perinatal death audit meeting	Ongoing		
		550 Immunization data review meetings held with health workers	MoH	Hold and participate in immunization data review meeting with health workers	Ongoing		
		660 midwives updated on skilled deliveries during Quarterly meeting	MoH	Hold and participate in quarterly review meetings with retired midwives to updates on skilled delivery	Not done		
Malaria							
		275 Heath workers sensitized on malaria case management	MoH	Sensitize health workers on malaria case management.	Not done		
		60 CUs/CBOs access socially marketed health products for malaria	MoH	CUs/CBOs linked to PSI for socially marketed health products for malaria i.e. ITNs	Not done	Staff were in work planning process	To be done next quarter
Cross-cutting Issues							
		275 Health workers sensitized on integration of GBV screening and response in health services	MoH	Sensitize health workers on integration of GBV screening and response in health services including outreaches and mobile camps. (eg. ANC, FP clinic, child welfare clinic, post natal clinic)	Not done	Staff & partners in work planning process	to be done next quarter

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
		240 hard to reach areas distributed with Essential medicine and medical supplies	MoH	Distribute essential medicine and medical supplies (vaccines, ARVs, FP commodities) to hard-to-reach areas	Ongoing		
		550 integrated outreaches and mobile camps held	MoH	Facilitate and participate in delivering health services (CT, ANC, postnatal, FP, GBV, YFS) during integrated outreaches and mobiles camps	Not done	Project and MOH staff involved in planning	to commence next quarter
		495 schools provided with Health services during school health programs	MoH	Deliver health services during schools' health programs (deworming, CT, RH, health check ups)	Ongoing		
		6 National special events commemorated	MoH	Coordinate commemoration of national special events (World TB Day, World AIDS Day, World Contraceptive Day, and 15 Days against Gender Violence	Not done	Days yet to come in the calender	
System Strengthening							
		Vibrant partnership developed with all stakeholders in 11 districts	PR	Participate in district start-up stakeholders forums on the way forward building with community strategy, building on gains of APHIA II and other partners	Not done	Staff & partners in work planning process	to be done next quarter
		Mentorship strategy developed	MoH	Develop mentorship strategy	Completed		
		mentorship strategy meeting held with P/DHMT	MoH	Conduct mentorship breakfast meeting with P/DHMT (sharing of mentorship strategy, guideline updates, global thinking)	Completed		
		Mentorship materials developed	MoH	Develop mentorship materials in collaboration with P/DHMT	Completed		

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
		15 Provincial/district mentors coached	MoH	Provide coaching to provincial/district mentors	not done	Activity will start in the next quarter.	Coaching of mentors will be ongoing.
		Job aids distributed to mentors and selected facilities	MoH	Distribute job aides	ongoing	Activity ongoing	Distribution of job aids will be ongoing as they are developed.
		Grand rounds conducted	MoH	Conduct mentorship grand rounds at district and facility level	not done	Mentors still doing baseline assesment	.Activity will be ongoing once assessment is done and gaps are identified.
		CMEs standardized	MoH	Assist P/DHMTs to standardize CMEs	not done	Activity to be done in the next quarter	CME will be organized together with the P/DHMT and the existing mentors
		Checklist developed	MoH	Develop checklist of what is quality care interaction and orientation of the mentee	Completed		
		Status of records and availability of materials in 2 health facilities known	MoH	Assess status of records, availability of materials, and review completeness of records in selected private and GOK health facilities	Activity not done	Activity not done	To be done in the next quarter
		1 Mentorship sharing forms held	MoH	Conduct mentorship sharing forums (incl. P/D MOH mentors, A+ project staff)	Activity not done	Activity not done	To be done in the next quarter

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
		66 Joint facilitative supervision in public and private facilities conducted	MoH	Carry out joint facilitative supervision in public and private facilities	Ongoing	Partly done. Province and District teams supported to conduct activity	
		361 in-charges participate in monthly meeting	MoH	Hold monthly in charges meeting with health workers	Ongoing		
		660 Multi-disciplinary teams formed in selected facilities	MoH	Facilitate the health facilities to set up multidisciplinary teams (MDTs) for HIV/TB/MDR/PMTCT/EID/	Not done	Project and MOH staff involved in planning	
		Needs assessment of essential medicines and medical supplies, major renovations, equipment, trainings, and staffing done in 275 health facilities	MoH	Conduct needs assessment of essential medicines and medical supplies, major renovations, equipment, trainings , and staffing	ongoing		To be completed in the next quarter
		12 meetings held with PHMT/DHMT to sentitize them on utilization HSSF funds to support CU activities	MoH	Sensitize PHMT/DHMT to ensure that part of HSSF funds given to link health facilities are utilized to support CU activities (e.g. dialogues and action days)	Not done	Staff & partners in work planning process	to be done next quarter
		Quarterly HMIS supervision DQA conducted in 11 model CU	MoH	Support quarterly HMIS supervision/DQA in 11 for 11 model community units (Innovation)	Not done	11 model units not yet established	Activity will take place immediately model Cus are established
		Community and facility referral strengthened	MoH	Work with DHMT, CHEWs, and facility in charges to strengthen referral between community and facility	Ongoing		
		OVC -QI rolled out	PR	Support roll-out of OVC -QI	Not done		To be undertaken in

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
				spearheaded by URC			the next quarter
		Quality HMIS supervision DQA conducted in 11 districts	MoH	Provide quarterly HMIS supervision/DQA to 11 districts	Not done	11 model units not yet established	to be done when model Cus are established
		Integrated supervision conducted in 11 districts	MoH	Conduct integrated PHMT supervision to the 11 districts	Done		
		Supervision on community strategy done 11 Cus	MoH	Conduct community health strategy quarterly supervision	Not done	11 model units not yet established	
		Health supervision done in Schools within the 11 Cus	MoH	Conduct school health quarterly supervision	Not done	11 model units not yet established	to be done when model Cus are established
		Quarterly meeting for DTLC/DASCO/DHRIO held	MoH	Hold DTLC/DASCO/DHRIO quarterly meetings	Not done	Staff & partners in work planning process	to be done next quarter
		Quarterly nursing departmental meeting held	MoH	Quarterly Nursing Dept. meetings	Not done	Staff & partners in work planning process	to be done next quarter
		Bi-annual RH consultative meeting held	MoH	Hold bi-annual RH consultative meeting	Not done	Staff & partners in work planning process	to be done next quarter
		quarterly District school health coordinators meeting held	MoH	Hold district school health coordinators quarterly meeting	Not done	Staff & partners in work planning process	to be done next quarter
		Provincial WASH stakeholder meeting held	MoH	Hold provincial WASH stakeholders meeting	Not done	Staff & partners in work planning process	to be done next quarter

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
		Provincial stakeholders meeting on TB/HIV held	MoH	Hold provincial stakeholders meeting on TB/HIV	Completed		
		School health quarterly stakeholders forum conducted	MoH	Conduct school health quarterly stakeholders forum	Not done	Staff & partners in work planning process	to be done next quarter
		PHMT/DHMT updated on CHS	MoH	Update PHMT/DHMT on CHS	Not done		to be done next quarter
		Provincial CHS conference conducted	MoH	Conduct provincial CHS conference	Not done	Dependent on national steering commitee	to be done next quarter
		quarterly MDR review meeting held	MoH	Hold MDR review meetings quarterly	Not done	Staff & partners in work planning process	to be done next quarter
		DPHOs quarterly meeting held	MoH	Hold DPHOs quarterly meeting.	Not done	Staff & partners in work planning process	to be done next quarter
		Quarterly IMCI working group meeting conducted	MoH	Conduct quarterly IMCI working group meeting	Not done	Staff & partners in work planning process	to be done next quarter
		PHMT and APHIA Plus quarterly meeting conducted	MoH	Conduct joint PHMT and APHIA Plus quarterly meeting.	Not done	Staff & partners in work planning process	to be done next quarter
		Quarterly DNOs meeting held	MoH	Hold quarterly DNOs meeting	Not done	Staff & partners in work planning process	to be done next quarter

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
		Quarterly DPF meetings held	MoH	Quarterly DPF meetings	Not done	Staff & partners in work planning process	to be done next quarter
		Quarterly PHSF conducted	MoH	Conduct quarterly PHSF	Not done	Staff & partners in work planning process	to be done next quarter
Linkage s							
		PHMT/DHMT members participating in regional and national program conferences	MoH	PHMT/DHMT participate in regional and national program conferences	Completed		
		Quarterly provincial and district health stakeholder forum held	MoH	Hold quarterly provincial and district health stakeholder forums	Completed		
Support for Community Strategy							
		60 CHEWs oriented on community health strategy	MoH	orient CHEWs on community strategy implementation	Not done	Negotiations with MOPHS on systems and support	to be done next quarter
		PHMT and DHMT supervise community units and ensure strategy roll out	MoH	Support quarterly supervision by PHMT & DHMT to community units and review progress of community strategy roll out	Not done	Negotiations with MOPHS on systems and support	to be done next quarter
		Quarterly Community Health Startegy review meeting by PHMT, DHMT, and CHEWs held	MoH	Hold quarterly community strategy review meetings	Completed		

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
		11 Model communities mapped and established	PR	Map and establish 11 model community units in the 11 districts	Not done	Staff & partners in work planning process	to be done next quarter
		CUs supported with chalkboards, computers, electronic data documentation piloted	MoH	Support CUs with 11 computers for 11 model sites (1 per district) to pilot electronic CU data documentation and sharing	not done	Staff & partners in work planning process	to be done next quarter
		45 Existing community units supported and strengthened	MoH	Strengthen the existing 45 community units established through APHIA II support	Completed		
		CHEWs cascade CBHIS to CHWs and CHCs in 60 Cus	MoH	Cascade CBHIS to the CHWs and CHCs	Not done	Dependent on CHEW TOT training	to be done next quarter
		Household registration, situation analysis, and mapping and health action plans developed in 60 Cus	PR	Conduct household registration, situation analysis, and mapping and facilitate development of health action plans	ongoing		
		Topical updates provided as needed in the 60 Cus	PR	Facilitate topical updates for CHWs depending on gaps identified (e.g. HIV, IMCI, RH/FP, IYCF, GBV, PAC, immunization schedule)	ongoing		
		60 CHC and 60 FMCs updated periodically on various topics	MoH	Conduct orientation of CHCs and FMC on programmatic areas (HIV, RH/FP, TB, Malaria, MNCH, GBV)	not done	Staff & partners in work planning process	to be done next quarter
		12 Clients feedback sessions held on service provision during	PR	Facilitate client feedback sessions on service provision at community level (e.g. community dialogues/focus	ongoing		

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
				groups)			
		60 CHW monthly Feedback meetings held	PR	Facilitate CHWs monthly and CHEW quarterly feedback meetings	Completed		
Gender							
		60 CORPS oriented on paralegal response	PR	Enhance CHEW and CHWs capacity to facilitate paralegal response, coordination and referral through GBV response networks (screening, counseling and legal)	not done	Staff & partners in work planning process	to be done next quarter
		BCC materials screened for gender sensitivity	PR	Screen BCC materials for gender sensitivity	Not Done	Staff & partners in work planning process	to be done next quarter
OVC							
		OVC linked to wider range of health services	PR	Link registered OVC to health services such as testing and counseling and TB screening.	ongoing		
BCC							
		8,000 WRA mobilized to access all FP methods	MoH	Mobilize WRA To access all methods of family planning services at private Clinics	ongoing		
		35 Private providers oriented on HIV/RH Integration	MoH	Orient private providers on HIV/RH integration	ongoing		

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
		30 CORPS oriented to promote preventive health behaviors	MoH	orient CHEWS/CHWs on ETL, targeting, audience profiling and integrated messaging on RH/HIV/MNCH to promote preventive health behaviors	Not done	Awaited the approval of the workplan	To be completed in the next quarter
		50 Drama groups trained on demand creation	MoH	Train drama groups on magnet theater and integrated health messages to create demand for services in public and private health facilities	Not done	Awaited the approval of the workplan	To be completed in the next quarter
		720 CHWs and youth groups oriented on YFS	MoH	Orient CHWs and magnet theatre youth groups on YFS	Not done	Awaited the approval of the workplan	To be completed in the next quarter
Intermediate Result 3.2: Increased demand for an integrated package of high impact interventions at community and facility levels							
BCC							
		Guidelines, and relevant materials accessed and distributed	MoH	Provide the P/DHMT with access to guidelines, job aids, protocols and other relevant IEC supplies.	Ongoing		
		Materials for CB and ETL developed and distributed	PR	Develop CB and ETL materials/job aids addressing BCC strategy, distribute materials to Tunza service providers.	On going		
		Health workers sensitized on attitude change	MoH	Sensitize service providers on attitude change, especially MARPS and delivery by skilled birth attendant	Not done		

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
		30 DHMT members and CHEWs oriented on various communication strategies	MoH	Train DHMT/CHEWs on ETL, segmentation, targeting and audience profiling to improve their capacity to develop appropriate communication strategy	Not done	Awaited approval of the workplan	To be completed in the next quarter
		11 Women group networks strengthened to mobilize and sensitize communities for increased access to health services	PR	Leverage the existing women group networks in hard-to-reach areas and where there are no functional CUs in each district to mobilize women and men for health services and provide the correct health information	Not done	Negotiations with MOPHS on systems and support	To be completed in the next quarter
		18 Drama groups oriented to conduct outreaches with integrated messaging	PR	Orient drama groups on magnet theater and integrated messaging i.e. RH/FP, HIV, MCH, and GBV awareness	Not done	Awaited the approval of the workplan	To be carried out in the next quarter
		500 CHWs trained on ETL, social profiling for targeting and correct messaging at community levels	PR	Train CHWs on ETL, audience profiling and Integrated messaging on RH/HIV, MCH, and GBV to promote preventive health behaviors	Not done	Awaited the approval of the workplan	To be carried out in the next quarter
		Youth desks established in 2 health facilities	MoH	Youth CBOs and CHWs create demand for YFS at public facilities	Not done	Awaited the approval of the workplan	To be carried out in the next quarter
		HTC RRI supported and artwork for HCM campaigns developed	MoH	HCM provides communication support for Siri screening, HTC RRIs, C-word materials, diarrhea zuia kuhara materials.	Not done	Awaited the approval of the workplan	To be carried out in the next quarter

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
		100 VMMC video produced	PR	HCM provides support for VMMC by developing 15 minute edutainment video	Not done	Awaited the approval of the workplan	To be carried out in the next quarter
		35 Tunza facilities reach WRA with HIV/RH messaging and linked to private/public facilities	MoH	WRA reached with HIV/RH messaging and linked to private providers(incl.Tunza) and public facilities for services			
		Health talks inconducted in 361 health facilities	MoH	Conduct health talks in health facilities on HIV, TB, RH, nutrition, FP, and neonatal health			
Youth							
		120 Youth volunteers trained as CBDs	PR	Involve youth as CHWs, CBDs, peer educators, and expert clients in youth friendly desks			
		Condoms made available to youth	PR	Distribute condoms and condom dispensers to youth CBOs, empowerment centers, G-Bases and other youth bases (inc. IEC on 3C's of condom use)	Not done	Awaited the approval of the workplan	Activity will commence distribution next quarter
MARPs							
		120 MARPS participate in/and own program design	PR	Involve MARPS in designing their own interventions	Not done	Will be implemented when sub-grantees are identified	Activity will commence next quarter
		5 sub-grantees provided grants to Implement MARPS activities	PR	Identify and support partners with prevention programs for MARPs (MSM/Male SWs, FSW, IDU) and map	Not done	Assessment of sub-grantees not complete	Will be done next quarter

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
				areas of intervention (ICRH, MEWA, OMARI, MEDA, REACH-OUT, SOLWODI, CIPK)			
		60 Support groups for PLHIV of varying ages and type formed/strengthened	MoH	Strengthen existing and scale up formation of new support groups for PLHIV (youth, children, and adults) for promotion of health services			
		11 Cus Linked to health financing mechanisms	MoH	Promote NHIF and other community health insurance schemes e.g. Equity bank within the CU's	Not done		
Intermediate Result 3.3: Increased adoption of healthy behaviors							
BCC							
		60 Adolescent parent groups strengthened and scaled up	PR	Strengthen and scale up adolescent parent groups in CUs and informal settlements for promotion of integrated health services	Not done		
		2,200 CHWS and CBOs conduct ETL sessions on diarrhoea management and hand washing	PR	CHWs and CBOs conduct sessions on diarrhea management including POU water treatment and hand washing	Not done	Awaited the approval of the workplan	To be carried out in the next quarter
		54,000 men reached through ETL sessions by male CHWs/CBOs on integrated messages held	PR	ETL sessions by male CHWs/CBOs to reach men with messages on HIV (HCT), RH/FP, Malaria, TB, and GBV	Ongoing		
		peer educators outreaches held to increase utilization of preventative and curative services among MARPs	PR	MSM/FSW peer educators conduct outreaches designed to increase utilization of preventative and curative services among MARPs	Ongoing		

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
Intermediate Result 3.4: Increased program effectiveness through innovative approaches							
		Small group ETL discussion sessions held	PR	Apply education through listening as a facilitation pedagogy in small group communication sessions for problem solving at individual level	Not done	Project and MOH staff involved in planning	To be carried out in the next quarter
		60 CU have established effective referral tracking initiated	PR	Establish effective referral tracking through community desks (standardize tools, develop contact directory, procure pin stacks, print tools and directory)	Not done	Project and MOH staff involved in planning	To be carried out in the next quarter
		Cus have established peer family support groups set up	PR	Scale up formation of peer family groups to foster parent/child communication (PCC) in promotion of healthy behaviors among the children using the Family Matters Approach (EBI)	Not done	Project and MOH staff involved in planning	To be carried out in the next quarter
Result Area 4: Social determinants of health addressed to improve the well being of the community, especially marginalized, poor and underserved populations							
Intermediate Result 4.1: Marginalized, poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs							
		HES workshop for DFFs/CHEWs held	PR	Facilitate DFFs/CHEWs to hold HES workshop	Not done		
		2300 CHWs trained in HES/CBHIS orientation	PR	Facilitate CHWs training in HES/CBHIS orientation	Not done	Dependent on above activity	**To be carried ot in the next quarter**

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
Intermediate Result 4.2: Improved food security and nutrition for marginalized, poor and underserved populations							
		PLHIV and OVCs access food by prescription	PR	Leverage on Food by Prescription support by WFP and other food security partners to improve the nutritional status for vulnerable groups	Completed	Project and MOH staff involved in planning	To be carried out in the next quarter
		Vulnerable household planting drought Tolerant crops .	PR	Work with MOA to enhance planting of high value nutritional and Drought Tolerant crops among vulnerable household	Not done	Project and MOH staff involved in planning	To be carried out in the next quarter
Intermediate Result 4.3: Marginalized, poor and underserved groups have increased access to education, life skills and literacy initiatives through coordination and integration with education							
		Integrated health extension services provided in 120 ECDs	PR	Support CU to promote access to regular integrated health extension services in ECDs	Not done	Project and MOH staff involved in planning	To be carried out in the next quarter
Intermediate Result 4.4: Increased access to safe water, sanitation and improved hygiene							
Intermediate Result 4.5: Strengthened systems, structures and services for marginalized, poor and underserved populations							
		OVCs validated conducted	PR	Conduct physical OVC caseload validation of children inherited from APHIA II	Not done	Project and MOH staff involved in planning	To be carried out in the next quarter
		10,000 OVCs provided with Child protection services for OVC provided.	PR	Provide school and community based child protection services for OVC	Not done	Project and MOH staff involved in planning	To be carried out in the next quarter

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
		45 DDC Meetings attended	PR	Participate in DDC Meetings to advocate and lobby for OVC issues	Not done	Project and MOH staff involved in planning	To be carried out in the next quarter
		LOC committees selected	PR	Participate in community sensitization and selection of LOC committees	Not done	Project and MOH staff involved in planning	To be carried out in the next quarter
		20,000 OVCs provided with essential services	PR	Support targeted OVC with essential services	Not done	Project and MOH staff involved in planning	To be carried out in the next quarter
		70 Staff ,CHEWs and enumerators trained on LQAS methodology	PR	Train Staff and CHEWs and enumerators on LQAS methodology	Not done	Project and MOH staff involved in planning	To be carried out in the next quarter
		OVC needs assessment tools for 6+1+1 services adapted	PR	Adapt OVC needs assessment tools for 6+1+1 services	Not done	Project and MOH staff involved in planning	To be carried out in the next quarter
		Assessment of 2-3 OVC service areas in selected CU/IPs conducted	PR	Conduct assessment of 2-3 OVC service areas in selected CU/IPs	Not done	Project and MOH staff involved in planning	To be carried out in the next quarter
		stakeholder and resource mapping for 2 -3 service areas conducted	PR	Conduct stakeholder and resource mapping for 2 -3 service areas	Not done	Project and MOH staff involved in planning	To be carried out in the next quarter

AOP Activity Ref	Indicator Ref	Output	Source (Ministry or other)		Activity Status	Reason for Variance	Action Plan
		45 TOTs oriented on OVC QI standards trained	PR	Train selected TOTs on OVC QI standards	Not done	Project and MOH staff involved in planning	To be carried out in the next quarter
Intermediate Result 4.6: Expanded social mobilization for health							
		60 CUs equipped to conduct mobilization	PR	Equip CUs with mobilization equipment such as megaphones and puppetry materials	Not done	Project and MOH staff involved in planning	To be carried out in the next quarter
		Dialogue days, outreaches, and health action days conducted	MoH	Conduct dialogue days, outreaches, and health action days	Completed		
		Religious leaders, opinion leaders, and provincial leaders engaged for social mobilization	PR	Work with religious leaders, opinion leaders, and provincial leaders for social mobilization	Not done	Project and MOH staff involved in planning	To be carried out in the next quarter
		World health days supported	MoH	Support special events, such as Malezi Bora weeks, Breast Feeding week. Sponsor radio campaign to create awareness on malezi bora, breast feeding, and immunization campaigns	Completed (malezi bora)		
		10 Youth CBOS supported to implement HFG activities	PR	Youth CBOs identified to implement HFG GPANGE activities i.e. Shuga screening and small group discussion	completed		

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