

**DESIGN OF M&E CAPACITY BUILDING FRAMEWORK FOR HIV PREVENTION,
CARE AND TREATMENT TO IMPROVE HIV OUTCOMES IN KISII COUNTY-
KENYA**

DENNIS GICHOBI MAGU

REGISTRATION NO W82/89459/2016

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Building for Sustainable Development (Monitoring & Evaluation) of the University of
Nairobi**

@ 2019

DECLARATION

This project is my original work and has not been presented for a degree in any other University

Signature Date

Name of Candidate: DENNIS GICHOB I MAGU

Registration Number: W82/89459/2016

Supervisors' Approval:

This project has been submitted for examination with my approval as the University Supervisor

1st Supervisor

Signature: Date

Name: PROFESSOR. RAPHAEL ONDEKO NYONJE

2nd Supervisor

Signature Date

Name:

DEDICATION

This project is dedicated to my wife Stella Ngaire, my uncle Murigu John and my children Victor Waweru, Edwin Macharia and Bernard Munene for their encouragement, support and understanding during the fellowship.

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I sincerely wish to thank my supervisors Professor Raphael Nyonje and my mentor Dr. Albert Olande of Kisii County for their commitment, cooperation, timely supervision and guidance during the fellowship. Second, I sincerely thank Dr. Dufton Mwaengo Director UNITID, Program Manager, UHIV secretariat and UON staff for their continuous support during the period. I appreciate NASCOP, CDC and Kisii County for the support during the project period. Also I thank the UHIV cohort II fellows for the effective learning continued support and encouragement.

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LIST OF ABBREVIATION

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retroviral Therapy
CIDP	County Integrated Development Plan
eMTCT	elimination of Mother-to-Child Transmission
HIV	Human Immunodeficiency Virus
KASF	Kenya AIDS Strategic Framework
KDHS	Kenya Demographic Health Survey
KNBS	Kenya National Bureau of statistics
KTRH	Kisii Teaching and Referral Hospital
TWGS	Technical Working Groups
M&E	Monitoring and Evaluation
MoH	Ministry of Health PLWHIV People Living with HIV
MTCT	Mother-to-Child Transmission
NACC	National AIDS Control Council
NASCOP	National AIDS and STIs Control Program
UNITID	University of Nairobi Institute of Tropical and Infectious Diseases
UHIV	University of Nairobi HIV Capacity Building Program
WHO	World Health Organization

PROJECT SUMMARY

Background: The Kisii County has a diverse background with an estimated population of 1,393,258 with 125,000 orphans (NACC, 2014a). The Human Immunodeficiency Virus (HIV) prevalence is 4.4% with 63,715 people living with HIV(PLWHIV) of which 7,715 are children (Kenya Prevention Revolution Road map). The adults comprise of 34,950 and children 2923 with a PMTCT need of 1,914. The HIV prevalence among women is (8.5%) compared to men (7.3%) with HIV incidence of 1,243 (DHIS; Kenya HIV County Profile, 2018). In Kenya, the county is ranked 11th with 2.2% of the total number PLWHIV. The Ministry of Health (MoH) and partners spearhead the scale up of HIV services in controlling the HIV epidemic. This can be verified through programming data hence the need to scale up HIV Monitoring and Evaluation (M&E) frameworks (NACC, 2014b). Objective: To design, pilot, disseminate and evaluate confidence monitoring tool to scale up M&E solutions for the HIV Program in Kisii County-Kenya. Significance: The Project implementation has contributed to UNAIDS 95; 95; 95 targets improvement in cascading HIV care through capacity building. Methods: The county has a gap in a functional M&E training framework hence the need to facilitate translation of evidence into action to scale-up of HIV management to ensure quality of care in achievement of 95; 95; 95; UNAIDS targets. Outcomes: The project outputs were aligned to the county strategic plan and achieved the goal through key players, stakeholders, reviews of the M&E plan and frameworks for implementation. The HIV M&E team participated in the capacity building that resulted to improved cascade of ANC and maternal cascade, infant cascade and coverage, ART cascade, HIV patients retention and linkage to care. There was an evaluation of confidence monitoring tool among key M&E subcounty heads at baseline and end term in line with the quarterly reports to increase demand for M&E service.

1.0. INTRODUCTION AND BACKGROUND

1.1. The Burden of HIV/AIDS in Kisii County

The Kisii County has a diverse background with an estimated population of 1,393,258 with 125,000 orphans (CIDP, 2013-2017). The Human Immunodeficiency Virus (HIV) prevalence is 4.4% with 63,715 living with HIV(PLWHIV) and 7,715 children (DHIS; Kenya HIV County Profile, 2018). There has been significant results in elimination of Mother-to-Child Transmission (eMTCT) due to interventions such as free maternity and Beyond Zero. Approximately 1,530 pregnant women living with HIV out of 2,111 translate to 72% PMTCT coverage(NACC, 2015).

1.1.1 Expanding Access to Treatment in Kisii County

The timely HIV diagnosis, linkage and retention of clients to care increase ART coverage to 92% and viral suppression (PLWHIV). Approximately 2,071(95%) of children are on ART and 1,003 (48%) are virally suppressed hence the need to improve the cascade of care for the 95;95;95 targets (CDC, 2015; Braitstein *et al.*, 2011). In 2015 the number of adults receiving ART and coverage increased by 56% and 63% respectively compared to 2013 findings of 69% and 100% respectively in Kisii County (NACC, 2014a).

1.1.2 HIV Counseling and Testing

In Kisii County, 19% of women and 35% of men had never tested for HIV testing and counselling (KDHS, 2014). There is need for the County to initiate HIV innovative strategies to improve testing, counselling and care. The acquired knowledge on consistent condom use can reduce the HIV transmission and dispel the myths and misconceptions on HIV transmission(KDHS, 2014).

1.1.3 Condom use

In Kisii County 40% of women and 48% had more sexual partners and rarely considered the use of condoms (KDHS, 2014). There is need to evaluate the gaps to reduce the HIV transmission risks by more than 90% and address the HIV infection per sexual contact, voluntary Medical Male Circumcision (MOH, 2014). The VMC procedures need to be performed in safe and hygienic condition and before sexual debut for better health outcomes (KDHS, 2014).

1.1.4 Behavioral Indicators

The behavioral, socio and economic factors affect HIV transmission. Approximately 21% of women and 60% of men have sexual debut before 15 years in Kisii. The female sex networks such as payment for sex is associated with contracting HIV (KDHS, 2014).

Individual attitudes towards HIV, stigma and discrimination against PLWHIV can affect willingness for HIV testing and treatment (KDHS, 2014). There is need for HIV control mitigation measures in the county for individuals to reduce the HIV prevalence among HIV-infected persons (Horwood *et al.*, 2010).

1.1.5 Training among health care workers in Kisii County

There is need to enhance M&E capacity building framework. This is very critical due to the limitation in terms of staff empowerment in Kisii County. This is depicted in the figure below;

Table 1.1 Staff that have undergone short term trainings in past 12 month (SARAM Kenya Report, 2013)

Type of training	Kisii County	National
Child Health	42	1,890
Antenatal Care	46	1,524
PMTCT	95	4,201
Integrated vector Management	30	692
HIV and STI preventions	88	3,149
Non Communicable Diseases	12	584
Violence and Injuries	4	459
Medical Care	15	769
Health Leadership / Management	30	882
Human Resource Management	2	295
Financial Management	5	1,097
Procurement / supply management	9	696
Health Information management	17	855
Others	378	37,088

1.2 Project Goal

Design of M&E capacity building framework for HIV prevention, care and treatment to improve HIV outcomes in Kisii County- Kenya

1.3 Project Purpose

To scale up M&E solutions for the HIV Program in Kisii County- Kenya

1.4 Project Objectives

1.4.1 Main Objective

To design, pilot, disseminate and evaluate confidence monitoring tool at Kisii county by May, 2019.

1.4.2 Specific Objectives

1.4.2.1 To identify and design M&E capacity building tool for Kisii County Health Department.

1.4.2.2 To pilot the Monitoring and Evaluation capacity building tool in two Sub-counties to check its effectiveness.

1.4.2.3 To disseminate and evaluate Monitoring and Evaluation capacity building tool in Kisii County Health Department for adoption

1.5 Project Outputs/Deliverables

Strengthening of M&E committee, Meetings held by functional committee, staff trained on M&E, Staff training schedule and reports on sensitization team. Reports of staff participation in CHMT to enhance HIV care, best practice and reports.

1.5.1 The coordination of the design, strategic partnerships and application of M&E training in Kisii County, Kenya seeks to achieve the project purpose and goal through outputs described below: Various consultative meetings and forums developed during the tool design targeting relevant stakeholders, feedback, trainings conducted, number of clients linked in care, support and treatment in Kisii County.

1.5.2 The formulation and implementation of dissemination, exchange and utilization of information among health care workers in Kisii County, Kenya through relevant trainers, trainees, tools, checklists, assessment, Percentage of total training conducted and feedback from

staff, clients initiated to care and treatment documents review, knowledge products created in the tool and dissemination.

1.5.3 The collaboration with relevant actors to synthesize focused innovation implementation of M&E training framework among health care workers in Kisii County, Kenya by the end of the project. Through assessment checklists, number of trainees and those supported in the M&E training and delivery. The number of M&E trained staff reporting improvement in M&E performance as per the tool to the reduction of HIV Prevalence.

1.6 Project Outputs

Periodic data audits and M&E supervision at Kisii county.

Improved health care workers M&E skills at Kisii county.

Intensified efforts to identify trained M&E staff.

Increased number of staff ready to implement M&E strengthening at Kisii county.

Strengthened M&E competency among the trained staff at Kisii county.

Increased use of information to inform HIV interventions at Kisii county.

1.7 Project Outcomes

Established functional HIV M&E coordinated partnerships at Kisii county.

Established sub county real time M&E updates.

Accountability and improved timely reporting to care for HIV clients.

A county M&E capacity building framework driven by demand.

1.8 Justification/ Significance

Following the devolution of health care, there is need for M&E data in order to assess the diversity of the current HIV/AIDS epidemic in Kenya and show evidence based approaches and progress in HIV interventions. The M&E activities face challenges of low quality data, inadequate ownership, ineffective M&E feedback and inadequate sharing of best practices for adoption of innovative M&E approaches. There is inadequate M&E department, skills in the management of HIV/AIDS patients that lack vibrant coordination in capacity strengthening and cascading. There is need to solve human capacity challenges for collaboration between the national and county government to empower M&E staff to improve client's care. The existing gaps are due to the inadequate human capacity hence the M&E training framework interventions.

The Kisii county M&E Unit lacks a robust M&E framework to the sub counties leading to limited HIV services integration into routine health services. An improvement of M&E capacity frameworks will require all the stakeholders and partners in the health care delivery, hence the UNITD, CDC and county initiative. This led to gaps toward insufficient information use for decision making among the key M& E sub county heads. There is need to promote M&E for decision making, accountability and quality data. The dissemination of timely and complete information will contribute to closer co-operation between partners through forums. The M&E training frameworks promote health data reporting through data collection, entry and dissemination of findings and uptake through health care provider partnership. The fellowship contributes to a formulation of tools for effective data management in decision making for the Kisii county. This promoted standardization, harmonization, management and coordination. Eventually there was the application and use of M &E framework in the delivery of quality health care in Kisii County.

1.9 Statement of the problem

The HIV burden remains a major public health concern as hospitals data management systems are not fully operational to handle HIV data accurately, analyze, interpret and disseminate for decision making to improve HIV care. The gaps identified during Organization capacity assessment (OCA) report done by University of Nairobi in collaboration with management Science for Health done in 2016 revealed data management challenges. There is limited involvement of information users in M&E frameworks for data quality, capture and reporting. The staff inadequate skills are needed for actions to coordinate strategies which leads to duplication data collection efforts among health care providers for relevance and completeness. There is lack of involvement of all staff in programs that are designed and implemented without active participation of operators. There is a fragmented M&E system with no linkages among healthcare providers at various levels for integration at health care levels. The limited M&E partnerships towards availability of information with minimal errors requires to be addressed at Kisii Sub counties for adequate information sharing. It is crucial to design and implement M&E training frameworks to unify in the formulation of ‘training’ goals. For effective M& E training frameworks its pertinent to ensure integration of stakeholders to foster partnerships during trainings for purpose of information sharing among all stakeholders at all levels. The integration at Sub county level in the formation of M& E training framework activities is pertinent.

2.0: PROJECT IMPLEMENTATION METHODOLOGY

Some of the training activities at the county are to be completed by inadequate health care workers in the facilities. The staff spend a lot of their time collecting client data that is rarely utilized for decision making. The implementation of this project contributes to the broader issue of the achievement of the 95; 95; 95; UNAIDS targets in Kisii County by putting in place strategies for M & E innovative training framework to address unique capacity building challenges faced in Kisii County. The package enhanced flexibility and ownership by Kisii County and helps apply the M & E framework to address sustainability.

Table 2.1: Key institutional issues during implementation

Project objective	Project activity	Responsible person
To develop M&E capacity building tool for Kisii County Health Department.	Analyze training trends, identifying key areas of M&E training interventions, Mapping of health facilities, resources for planning, coordinating and design of the M& E framework. Identify the capacity skills for health care workers in Kisii Sub Counties.	Fellow with support from the PLP mentor. University supervisor Attached mid-term fellows M&E unit staff
To pilot the M&E capacity building tool in two Sub-counties to check its effectiveness.	Mapping of the various health facilities Train health care workers at Kisii Sub Counties. Meetings and train mentors at Kisii Sub Counties Design of a database and data dissemination plans	Fellow with staff, PLP mentor. University supervisor Attached mid-term fellows. M&E unit staff
To disseminate and evaluate M&E capacity building findings for adoption in Kisii County Health Department	Incorporation of inputs from the Kisii County stakeholders Sharing of the framework at the county Dissemination of the framework findings at the various foras Sub Counties Publication of the framework for the county	PLP mentor. University supervisor CHMT representative Attached mid-term

		fellows M&E unit staff
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2.1.1 Data sources

A list of all Sub counties in Kisii County was obtained from where the M& E health care heads were selected from the 9 Sub counties namely; Bomachnoge Borabu, Bomachoge Chache, Bonchari, Kitutu Chache North, Kitutu Chache South, Nyaribari Chache, Ntyaribari Masaba and South Mugirango.

The project used data obtained from the staff in the various forums and County meetings in collaboration with M &E Unit NACC, MOH, UNAIDS and NASCOP. Other sources were Kisii county health facilities, summary reports, county level performance review reports and DHIS. The data obtained at baseline and end term from the staff interviews at the sub counties contributed towards improving the health care at the county.

2.1.2 Risks and assumptions

The lack of timely disbursement of funds for the project and there was no conflict of interest between the Kisii county and CDC. There was no resistance from other stakeholders and partners towards the implementation of the M &E framework supporting Kisii County. There was no need for extra time from the member of staff who were strained in the health care delivery at the county.

2.1.3 Sustainability plan

The implementation plan of the M& E training framework at Kisii County was developed to guide and enhance staff sensitization and trainings. The project integrated the M& E Unit at Kisii County Health Department. The unit ensured active participation and reporting about the findings of the M& E training framework. Further the trained sub county heads acted as ToTs to facilitate continuity of the designed framework. The attached PLP Mentor and 2 medium term fellows can propagate continuity of the framework at the County.

2.2. Project implementers, partners and beneficiaries

2.2.1 Implementers

The key implementers of the project were: 1) The UHIV Fellow as the Principal Investigator; 2) the Participating Local Partner (PLP) mentor, Dr. Albert Olande 3) The University Supervisor, Professor Raphael Nyonje, 4) Two mid-term fellows based at Kisii County Department of Health.

2.2.2 Partners

The partners for the project were: 1) Centers for Disease Control (CDC) as the funding agency of the project; 2) University of Nairobi Institute of Tropical and Infectious Diseases (UNITID) 3) Kisii County Department of Health; 4) Development Partners in the NGO Sector i.e. Afya Ziwani, Pallidum UMB, Afya Ziwani, AHF, LVCT, Jilinde KRC, Dawuoye, Marie stopes, KNEAD LG, Mwendo, Care international and MERLIN.

2.2.3 Beneficiaries

The primary beneficiaries of the project were the clients due to the capacity strengthening among the health care workers. This led to improved quality of health care among the HIV/AIDS clients. The staff were able to apply the acquired skills and expertise to improve the health care operations and positive outcomes.

The performance of HIV/AIDS care at Kisii County has become the Centre of excellence in the region. Other key beneficiaries were NASCOP, HIV/AIDS actors in the NGO sector and partners at Kisii County Department of Health and policy makers at various levels.

2.3 Ethical Considerations

The project team ensured restricted access to the information collected and coding of data was observed. The fellow sort approval from the University of Nairobi and CDC and Kisii County Health Department. The information was used only for the project and personal information from the records was not released without County Health Department written permission. The project reports were locked to ensure high level of privacy and confidentiality. The project report findings can be utilized to improve the 95; 95; 95; UNAIDS targets in Kisii County.

3.0: PROJECT MONITORING AND EVALUATION:

Description of monitoring and evaluation of the project:

3.1 Strengthening of the Kisii County M&E team

The UoN fellow and medium term fellows, mentor, University supervisor and M&E team created foras for discussion of pertinent M&E issues..

3.2 Regular meeting by the M&E team

The regular and subsequent M&E meetings and documentation in the meeting register.

3.3 Collaborative team formation by partners

The project team worked collaboratively with seconded members of staff from other programs.

3.4 Capacity building of CHMT and sub county staffs on M&E

The fellow, stakeholders, CHMT and M&E team did a pilot and enhanced staff capacity building at sub-county level. The M&E team strengthened training as evidenced in reports.

4.0 RESULTS

4.1 Distribution of Confidence Monitoring tool findings in Kisii County

Majority (49%) of the health care workers attained much of skills on data collection, while tool design achieved (40%) and the least was dissemination of findings at (9%).

Table 4.1 Distribution of Confidence Monitoring tool findings in Kisii County

Activity	% Confidence at baseline	% Confidence at end term	% Variance
Tool design	30 %	70%	40%
Data collection	33 %	82 %	49%
Data analysis	41%	76%	35%
Completeness	31 %	68%	37%
Timely submission	54%	73%	19%
Dissemination	56%	65%	9%

There was an increase of the number of clients tested for HIV from 96,198 to 117,743 in the second quarter. Also there was an increase in the number of clients who received HIV results in the first quarter from 836 to 1006 in the second quarter. There was a 2% decrease in in the HIV positive results obtained from the HIV tested in Kisii County.

Table 4.2: Distribution of clients tested for HIV in Kisii County

Duration in 2018	Total clients Tested	Positive Results Received	Percentage of Positive Results
July-Sep 2018	96,198	836	0.87%
Oct-Dec 2018	117,743	1006	0.85%

4.3 Distribution of Antenatal care cascade in Kisii County

4.3.1 Distribution of Antenatal care cascade during July- September 2018 in Kisii County

In the quarter of July-September 2018 findings from the study reveal a high number (13017) of women who attended for antenatal care while 8585 individuals were tested for HIV, skilled deliveries were 8829 with those attending for the 1st ANC at 9,000.

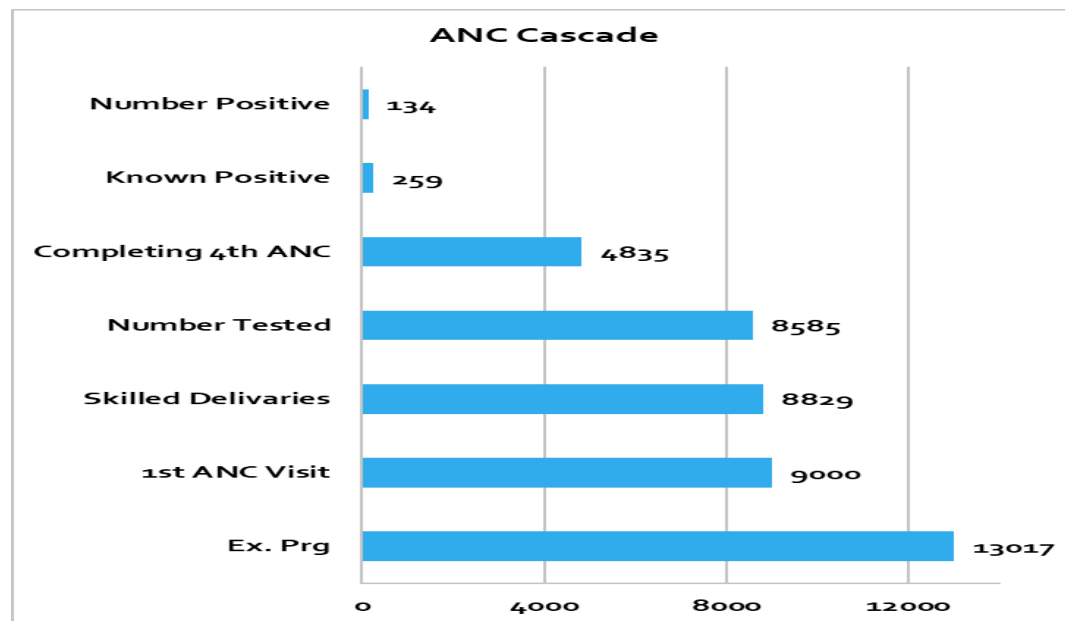


Figure 4.1: Distribution of Antenatal care cascade in July- September 2018 in Kisii County

4.3.2 Distribution of Antenatal care cascade during October- December 2018 Kisii County

In the quarter of October- December 2018 findings from the study reveal a high number (4537) of women who completed four ANC visits while 7486 individuals were tested for HIV, skilled deliveries were 7750 with those attending for 1st ANC at 8086.

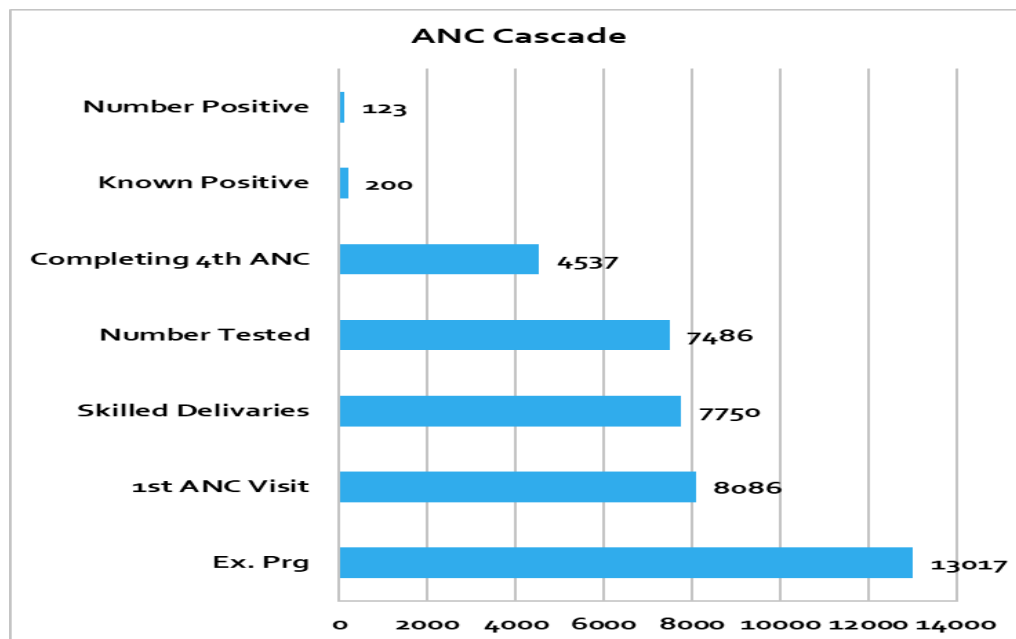


Figure 4.2: Distribution of ANC cascade during October- December 2018 in Kisii County

4.4 Distribution of Maternal cascade in Kisii County

4.4.1 Distribution of Maternal cascade in July- Sept 2018 in Kisii County

The study findings in the quarter of July- Sept 2018 reveal that majority (7750) of clients had skilled deliveries while 321 had infant prophylaxis and 479 needed PMTCT with 13017 pregnancies.

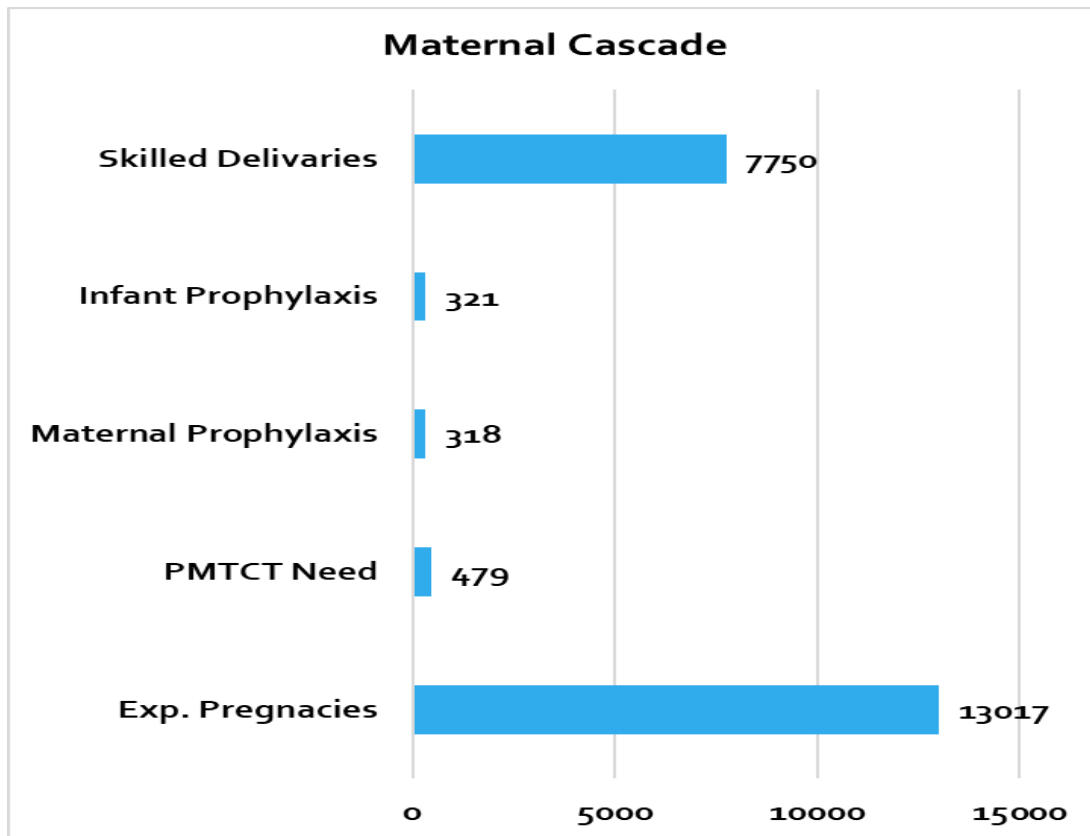


Figure 4.3: Distribution of Maternal cascade in July- Sept 2018 in Kisii County

4.4.1 Distribution of Maternal cascade in October- December 2018 in Kisii County

During the October- December 2018 quarter majority (8829) of clients had skilled deliveries, while 351 had infant prophylaxis and 479 had maternal prophylaxis with 479 requiring PMTCT with 13, 017 pregnancies.

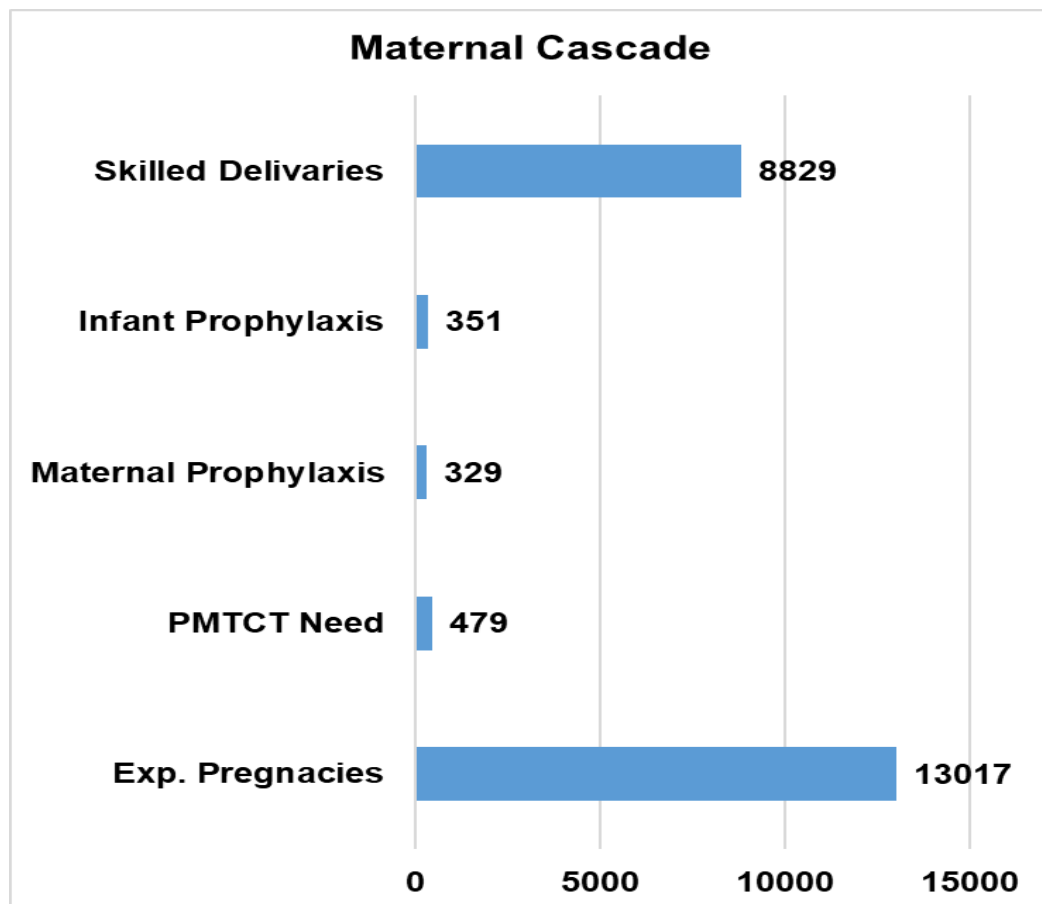


Figure 4.4: Distribution of Maternal cascade during October- December 2018 in Kisii County

4.5 Distribution of Infant cascade in Kisii County

4.5.1 Distribution of Infant cascade in July- Sept 2018 in Kisii County

During the July- Sept 2018 study findings reveal that 289 infants had PCR test, while 9 had positive PCR results and 7 infants were started on ART. There was a total of 283 HIV exposed infants and 479 mothers were in need of PMTCT services.

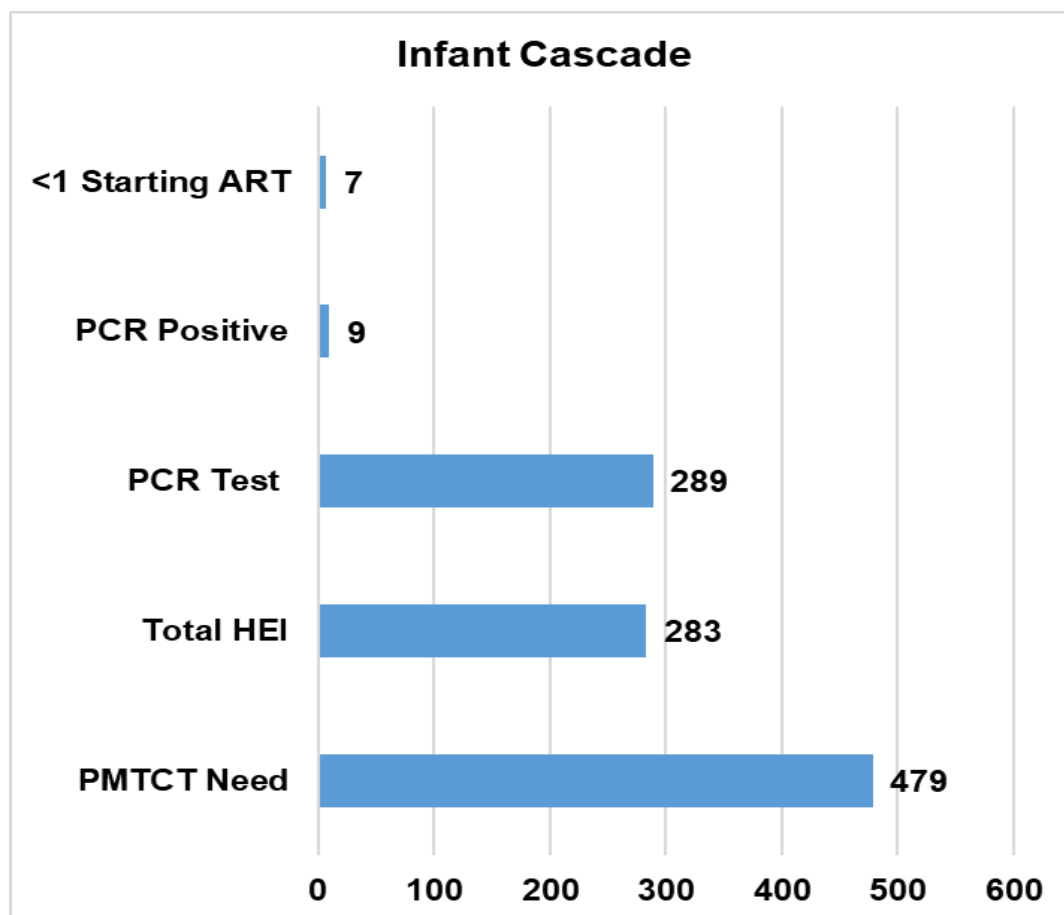


Figure 4.5: Distribution of Infant cascade during July- September 2018 in Kisii County

4.5.2 Distribution of Infant cascade in October- December 2018 in Kisii County

In the quarter of October- December 2018 findings reveal there were 6 infants had positive PCR test and were started on ART respectively out of 333 who had PCR test with 155 HIV exposed infants and 479 mothers required PMTCT services

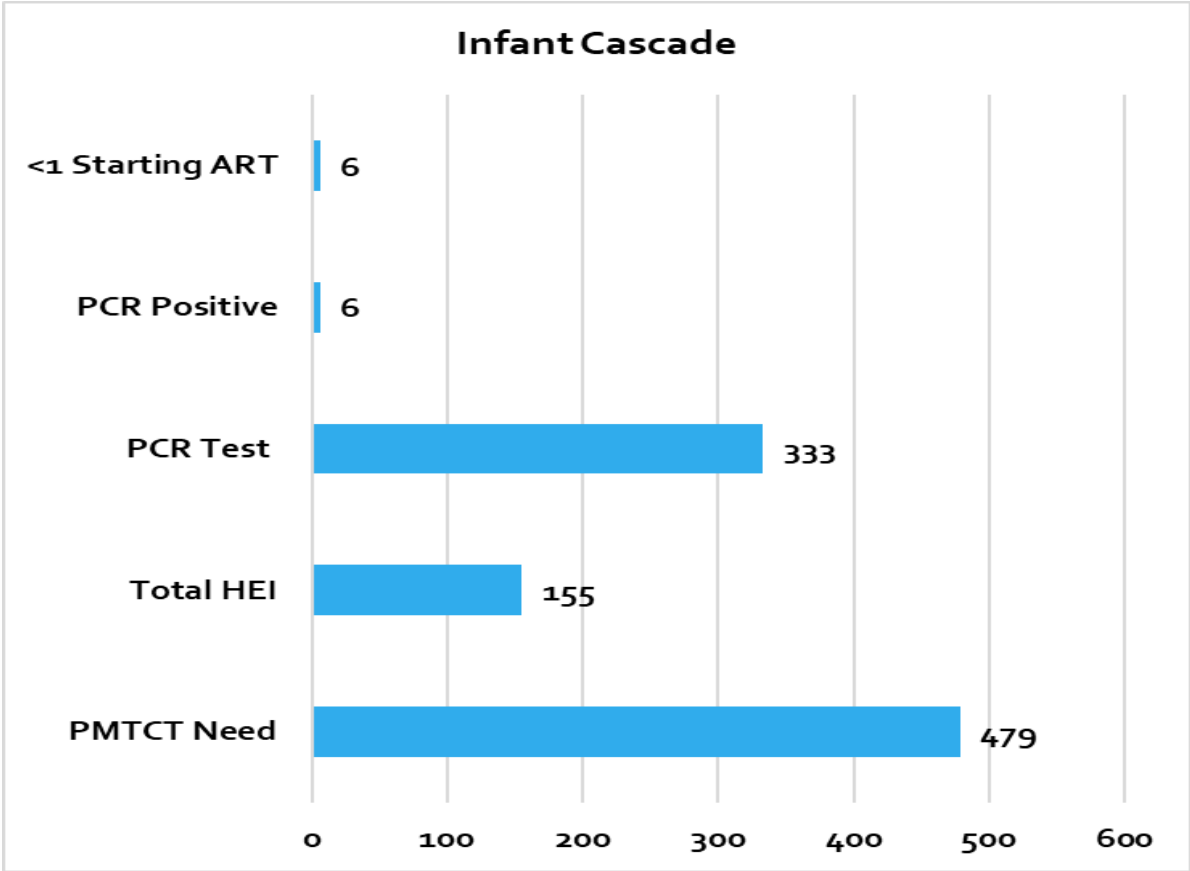


Figure 4.6: Distribution of Infant cascade in October- December 2018 in Kisii County

4.6 Distribution of Infant coverage in Kisii County

4.6.1 Distribution of Infant coverage in July- Sept 2018 in Kisii County

Findings reveal that 78% of the infants less than one year were started on ART while 60% had a PCR test with 73% on infant prophylaxis and all the mothers required PMTCT services during the July- September 2018.

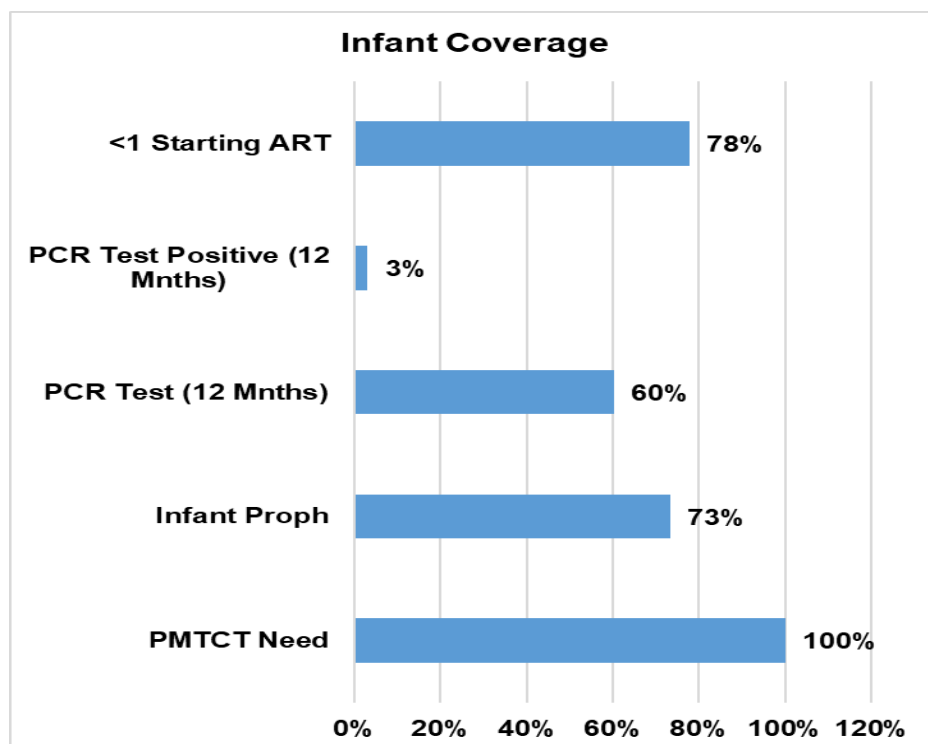


Figure 4.7: Distribution of Infant coverage during July- September 2018 in Kisii County

4.6.2 Distribution of Infant coverage in October- December 2018 in Kisii County

During the October- December 2018 findings reveal that all the infants who had positive PCR results were on ART while there was an increase of those tested for PCR.

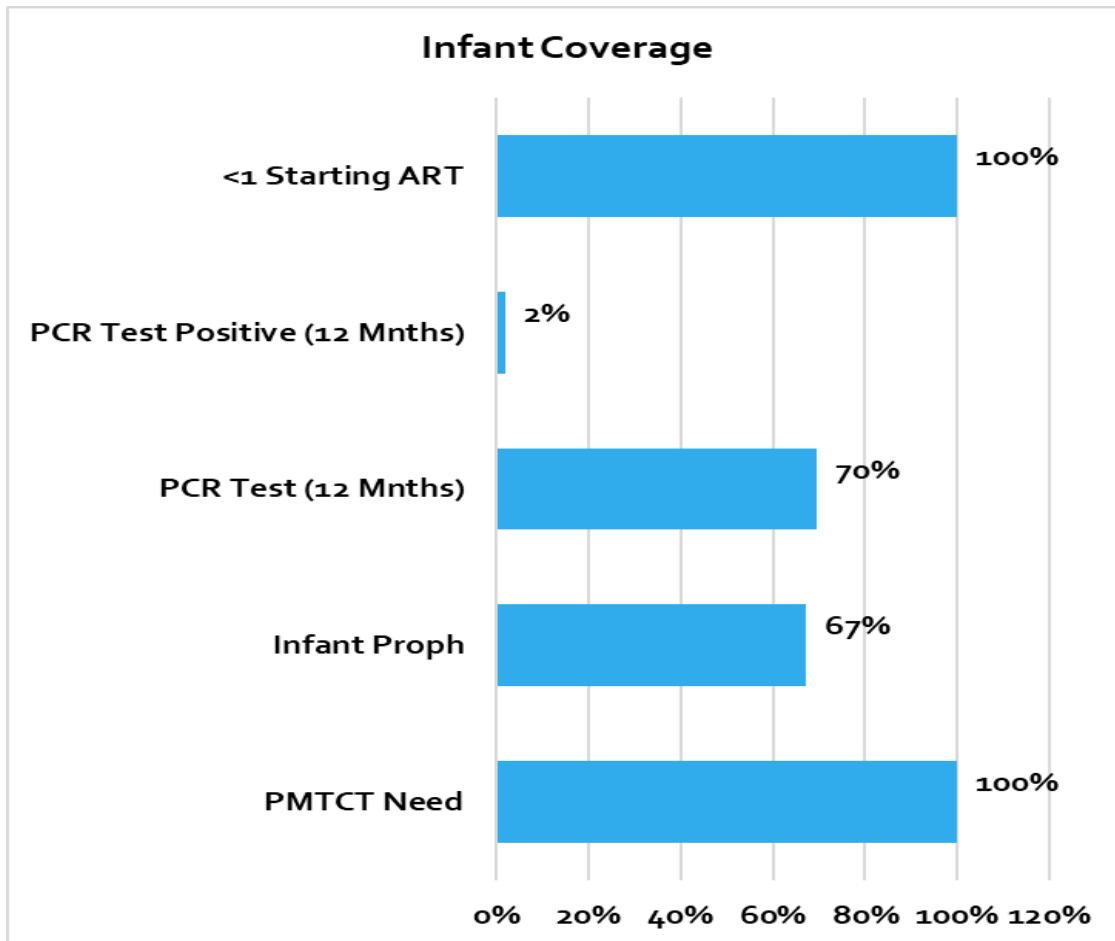


Figure 4.8: Distribution of Infant coverage during October- December 2018 in Kisii County

4.7 Distribution of ART cascade in Kisii County

4.7.1 Distribution of ART cascade in July- Sept 2018 in Kisii County

Findings from the July- September 2018 quarter reveal that 37874 individuals were living with HIV while 29491 were on ART while 23962 had viral suppression creating a gap of 3,948 clients.

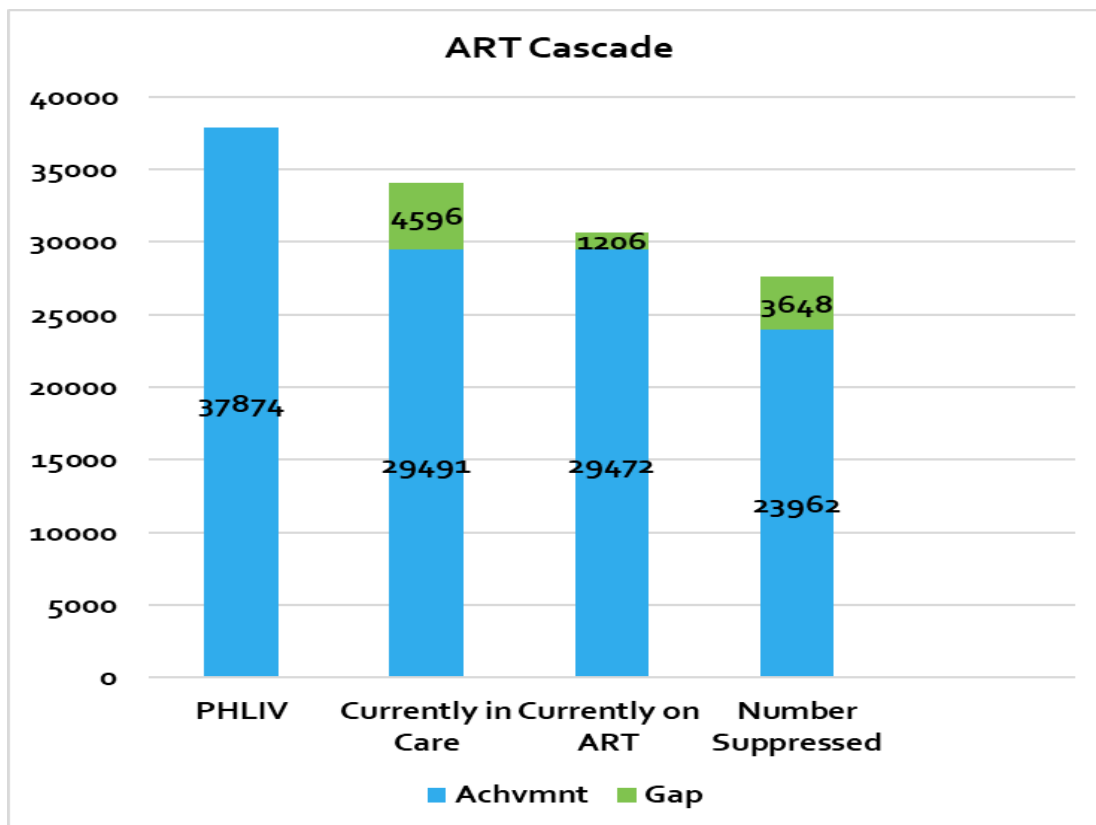


Figure 4.9: Distribution of ART Cascade during July- September 2018 in Kisii County

4.7.2 Distribution of ART cascade in October- December 2018 in Kisii County

Findings from the quarter of October- December 2018 reveal that 37874 individuals were living with HIV while 29236 were on ART while 29319 were on ART while 22237 had viral suppression creating a gap of 2559 clients.

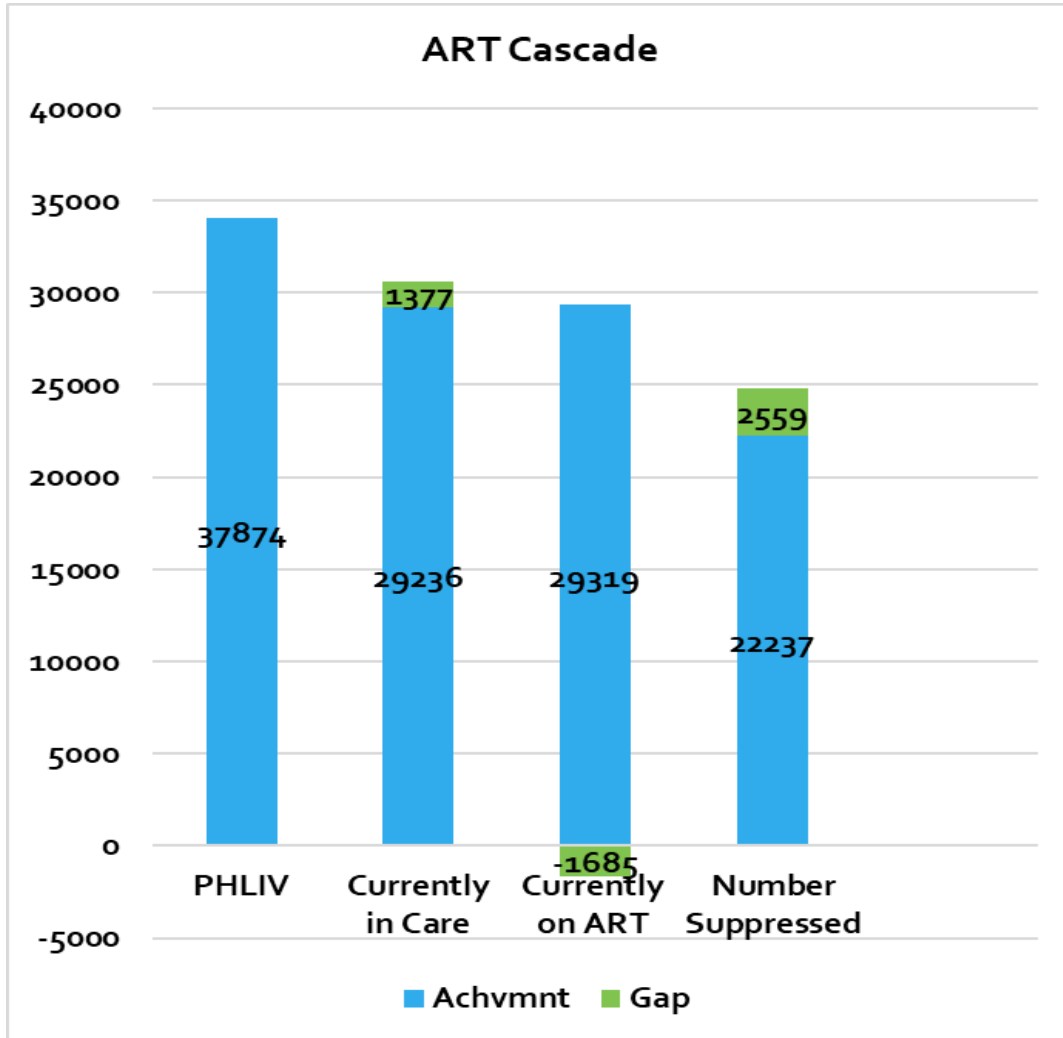


Figure 4.10: Distribution of ART Cascade in October- December 2018 in Kisii County

4.8: CAPACITY BUILDING MEETINGS



Figure 4.11: UHIV fellow and participants sharing their experiences on M&E tool at Kisii County (NOV, 2018)



Figure 4.12: UHIV fellow demonstrating the M&E tool with the participants aimed at strengthening staff capacity in Kisii County (NOV, 2018)



Figure 4.13: UHIV fellow(left) interlacting with a UHIV medium term fellow(Right) during dissemination of findings forum aimed at sustainability strengthening.



Figure 4.14: UHIV fellow and medium term fellows(Front row extreme left and extreme right)participants outside D'ANS Hotel at Kisii County

4.1 CONCLUSION

During the project there was active participation among staff in the utilization of the confidence monitoring tool to facilitate HIV care in Kisii County. The M&E team in Kisii County has full collaboration with sub county heads. There is improved HIV care services and project activities have been embraced by M&E County Health Department.

4.2 Recommendation

Its imperative to enhance M&E of HIV services to improve HIV care and support.

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LIST OF APPENDICES

APPENDIX 1: CONFIDENCE MONITORING TOOL IN KISII COUNTY

Activity	% Confidence level at baseline	% Confidence level at end term	% Variance
Tool design			
Data collection			
Data analysis			
Completeness			
Timely submission			
Dissemination			

APPENDIX 11: LIST OF ATTENDANCE IN M&E SENSITIZATION MEETING AT KISII COUNTY



**KISII COUNTY GOVERNMENT
KISII COUNTY HEALTH
LIST OF ATTENDANCE**

MEETING
ACTIVITY: UNITED M&E SENSITIZATION VENUE: DAN'S HOTEL Date: 21/11/2018

NAME	P/NO/ID	DESIGN	STATION	EMAIL ADDRESS	SIGN
DR. BRUCE OKARI	2735854	SMell	Nyanbin Mascho	bruceokari@gmail.com	[Signature]
Ibrahim S. Nyachae	12605776	PHD-Tm	Kisii Tm	nyachae2010@yahoo.com	[Signature]
James N. Kirwa	09973845	DCASCO	Kellimost	amein.kirwa@yahoo.com	[Signature]
ERANS GETUMA	22175194	CMSWO	CDH OFFICE	eggetuma@gmail.com	[Signature]
Amka Renald N.	198308960	SCMLC	Kisii HHO	amka.renald@yahoo.com	[Signature]
Meshaack Othori	14450972	D/CR	N/Masa69	meshaackothori@yahoo.com	[Signature]
Desiderius O. Makori	25121897	Sr. ICTD	MP	desiderius.makori@kii.go.ke	[Signature]
Naomy M. Ometo	25179770	FELLOW	UON	naomyometo22@gmail.com	[Signature]
Handama Julie	2808513	FELLOW	UON	nyachae2010@yahoo.com	[Signature]
JULIET OGUCHA	22676101	M&E	CDH OFFICE	ogucha13@gmail.com	[Signature]
ROBERT MACISE	11356292	CVACC	CDH OFFICE	bobkenya1@gmail.com	[Signature]
JANE N'AMOKO	9736515	DIPC	CDH OFFICE	jane.namoko@yahoo.com	[Signature]
Dr Magu Dennis	13565556	FELLOW	UON	magudennis@gmail.com	[Signature]

APPENDIX11I: LETTER OF INVITATION TO M & E UNIT MENTORSHIP MEETING



**KISII COUNTY GOVERNMENT
MINISTRY OF HEALTH
OFFICE OF THE COUNTY DIRECTOR OF HEALTH**

Telegramme “Medical”
Telephone: 0721422400/0753122723
E-Mail: kisiicountyhealthcoordinator@gmail.com

Kisii County
P.O Box 92 – 40200,
KISII

When replying quote:

REF:KS/C/HS.11 VOL.II/ (201)

Date: 13th September, 2019

The County Director Public Health & Sanitation
The County Health Records & Info. Officer
The Deputy County Health Records & Info. Officer
The M & E Unit
Dr. Albert Olande
Juliet Ogucha
Francisca Motume
Nickson Ogugu

RE: INVITATION TO M & E UNIT MENTORSHIP MEETING

This is to invite you to the above meeting which is scheduled for Monday 16th September, 2019 at 8.00 a.m. in the CDH’s boardroom.

Please attend and keep time.

**DR. GEOFFREY OTOMU COUNTY
DIRECTOR OF HEALTH**

KISII COUNTY GOVERNMENT
HEALTH DIRECTOR
P.O Box 92 – 40200
KISII

APPENDIX 1V: UNITID SENSITIZATION OF MANAGERS ON M&E ROLES AND RESPONSIBILITIES



**KISII COUNTY GOVERNMENT
DEPARTMENT OF HEALTH**

OFFICE OF THE COUNTY DIRECTOR OF HEALTH

Telegramme “Medical”
Telephone: 0721422400/0753122723
E-Mail: kisiicountyhealthcoordinator@gmail.com

Kisii County
P.O Box 92 – 40200,
KISII

When replying quote:

REF: KS/C/HS.11 VOL.II/(156)

Date: 19th November, 2018

Dr. Crispus Nyongesa
Mr. Richard Onger
Mrs. Florence Ogero
Dr. Richard Onkwari
Mr. James N. Kirwa
Mr. John Omondi
Mr. Robert Masese
Mrs. Mary Monchari
Mr. Erasto Omwega
Dr. Kimutai Cheruiyot
Mr. Desderius Makori
Dr. Jeremiah Okatch
Mr. Evans Getuma
Dr. David Okinyi

RE: UNIVERSITY OF NAIROBI INSTITUTE OF TROPICAL AND INFECTIOUS DISEASES (UNITID) SENSITIZATION OF MANAGERS ON M&E ROLES AND RESPONSIBILITY

The University of Nairobi Institute of Tropical and Infectious Diseases (UNITID) in collaboration with Kisii County Health Department (M & E Unit) has organized the above mentioned meeting to sensitize managers on the roles and responsibilities of Monitoring and Evaluation.

The meeting will be held on Wednesday 21st November, 2018 from 8.30 a.m. at a venue to be communicated later.

The Agenda will be as below:-

- i. Presentation on M & E Fellowship program by Dr. Dennis Magu.
- ii. Highlight M & E roles and responsibilities of managers.
- iii. Dissemination of M & E Institutionalization Guideline.

The purpose of this letter is therefore to invite you to the meeting. Please attend and observe time.

Thank you.

**DR. GEOFFREY OTOMU
COUNTY DIRECTOR OF HEALTH**

**KISII COUNTY GOVERNMENT
COUNTY HEALTH DIRECTOR
P.O. Box 92 – 40200
KISII.**



APPENDIX V: INVITATION LETTER TO KISII COUNTY HEALTH STAKEHOLDERS FORUM

KISII COUNTY GOVERNMENT

DEPARTMENT OF HEALTH

OFFICE OF THE COUNTY DIRECTOR OF HEALTH

Telegramme "Medical"

Telephone: 0721422400/0753122723

E-Mail: kisiihealthcoordinator@gmail.com

When replying quote:

REF: KS/C/HS.73 VOL.I/(62)

Kisii County

P.O Box 92 – 40200,

KISII

Date: 27th February, 2019

The CEO - KTRH

All CHMT Members

All Program Officers

All SMOHs

All Partners

RE: INVITATION TO KISII COUNTY HEALTH STAKEHOLDERS' FORUM

Kisii County Health Department will hold a Health Stakeholders' Forum tentatively on Wednesday 6th March, 2019 at a venue to be communicated later.

This forum aims at improving collaboration and coordination of activities among all implementing partners, relevant sectors and the health department for effective service delivery.

The objectives for the forum will be;

- Presentations by the various Technical Working Groups
- To identify priority focus areas.

In this regard, the SMOHs are requested to invite their five (5) SHMT members, while the CEO - KTRH is requested to invited and attend the meeting with the Nursing Services Manager and Hospital Health Records and Information Officer

The purpose of this letter therefore, is to request for your attendance and participation during the meeting.

Thank you for your continued support.

A handwritten signature in blue ink, appearing to read 'Dr. Geoffrey Otomu', written over a horizontal line.

DR. GEOFFREY OTOMU
COUNTY DIRECTOR OF HEALTH