

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT



MONTHLY MONITORING AND EVALUATION REPORT FOR PEDPACT ACTIVITIES IN LAIKIPIA.



PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

M	Monitoring Report
PT	PEDPACT
ORC	SWD, LD, NDH, DDDH
C	LAIKIPIA EAST
D	06/04/2011, 07/04/2011, 28/04/2011, 29/04/2011
N	Progressive report number for current monitoring year

Authors:

Dr. Emma Momanyi

Dr. Frasia Karua

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

GLOSSARY OF ACRONYMS

AIDS- Acquired Immune Deficiency Syndrome

ANC – Anti Natal Clinic

ARV – Anti Retro Viral Drugs

ART- Anti Retroviral Therapy

CCC – Comprehensive Care Clinic

DASCO- District Aids and STI Coordinator

DDDH – Dol Dol District Hospital

DHMT- District Health Management Team

DMOH- District Medical Officer Of Health

DTC – Diagnostic Testing and Counseling

ENT – Ear Nose Throat

HTC – HIV Testing and Counseling

HCW – Health Care Worker

RH/FP – Reproductive Health/Family Planning

GCH- Gertrude Children Hospital

IMCI – Integrated Management of Childhood Diseases

KKT – Kijani Kenya Trust

LD – Likii Dispensary

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

HIV – Human Immune Deficiency Virus

MCH – Mother and Child Health

NDH – Nanyuki District Hospital

PEDPACT – Pediatric Prevention or Treatment for Children with HIV/AIDS

PITC – Provider Initiated Testing and Counseling

PMTCT – Prevention of Mother to Child Transmission

TBA – Traditional Birth Attendants

VCT – Voluntary Counseling and Testing

STI – Sexually Transmitted Infection

SWD – Sweet Waters Dispensary

Yrs – years

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

TABLE OF CONTENTS

CHAPTER 1- BASIC PROJECT DATA

1.1 Project Title

1.2 Main Beneficiary

1.3 Other Participant Institution

1.4 Budget of the project

1.5 Start Date

CHAPTER 2- PROJECT CONTACTS

2.1 Name

2.2 Institution, Department, Position

2.3 Role in the Project

2.4 Telephone Number and Fax

2.5 E- mail address

CHAPTER 3- PROJECT BACKGROUND

3.1 What issue or problem the project addresses

3.2 What specific changes is the project expected to bring about

3.3 How the need for this project was identified

3.4 What is/ was the baseline situation

3.5 How the progress towards the achievement of the project goal is tracked

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

CHAPTER 4- WHAT ACTIVITIES WILL BE IMPLEMENTED DURING THIS MONITORING PERIOD?

CHAPTER 5- RECOMMENDATION

CHAPTER 6- PROBLEMS

6.1 What problems have occurred during the monitoring period

6.2 What impacts have they had on the project and what impact are they likely to have on the project in the future

6.3 How have they been addressed/ rectified

6.4 What measures are being considered to mitigate the consequences of these potential problems

CHAPTER 7- WHAT HAS GONE PARTICULARLY WELL DURING THIS MONITORING PERIOD. ACHIEVEMENTS

CHAPTER 8- WHAT PROJECT ACTIVITIES ARE PLANNED FOR THE NEXT MONTH

ANNEXES:

Photos

Drug Stock Take

Patients Information

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

CHAPTER 1- BASIC PROJECT DATA

1.1 Project Title

PEDPACT – Pediatric Prevention or Treatment for Children with HIV/AIDS

1.2 Main Beneficiary

- 2 Rumuruti District Hospital
- 3 Likii Dispensary
- 4 Nanyuki District Hospital- Comprehensive Care Clinic
- 5 Dol Dol District Hospital
- 6 The Community

1.3 Participant Organisations

- The Kijani Trust
- Gertrude Children Hospital
- Ministries of Health

6.1 Budget of the project

Dates	Clinics	Doctor	Transport	Drugs
March				
6 th	Rumuruti	6,000	11,500	-----
7 th	Likki	6,000	6,300	-----
28 th	Nanyuki District Hospital	6,000	6,300	-----
29 th	Dol Dol	6,000	11,500	-----
Totals		24,000	35,600	-----
General Administration	<u>20,000</u>			
30% Doctors Salary	<u>65,000</u>			

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

Total	85,000	GRAND TOTAL	144,600
AMOUNT DUE TO GERTRUDES		109,000	
BALANCE CARRIED FORWARD FROM MARCH		44,000	
TOTAL DUE FOR PAYMENT		153,000	

1.5 Start Date

6/05/2011

CHAPTER 2- PROJECT CONTACTS

2.1 Names

- Lis Woods Kijani Kenya
- Carol Nganga Kijani Kenya
- Dr. Frasia Karua Gertrude's Children's Hospital
- Dr. Momanyi Gertrude's Children's Hospital

2.2 Institution, Department, Position

- Lis Woods Director Kijani Kenya
- Carol Nyaga Assistant Kijani Kenya
- Dr. Frasia Karua Clinical Projects Coordinator
- Dr. Momanyi Gertrude Children Hospital, CCC

Other Important Contacts MOH

- Dr. Christine DMOH Laikipia North
- Dr. Onyango DMOH Laikipia East
- Dr. Mwaura Hinga DMOH Laikipia West
- Gladwell Wachira Likii Dispensary, Nurse In charge
- Peter Ngure Kimondo Likii Dispensary, Counselor

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

- Felictus Gathoni Likii Dispensary, Support Staff
- Harriet Riungu Likii Dispensary, Support Staff
- Watson Kigano Likii Dispensary, Volunteer
- Dr. Ngeleso - Nanyuki District Hospital, CCC, Pharmacists
- Stanley Ndegwa Nanyuki District Hospital, CCC, Records Officer
- Gladys Kiragu- Nanyuki District Hospital, CCC, Counselor
- Lawreen Ngeleso Nanyuki District Hospital, CCC, Patient attendant and Link Person
- Mary Mwangi Nanyuki District Hospital, CCC, Triage Nurse
- Florence Mbaabu Nanyuki District Hospital, Adherence counselor
- Geoffrey Wanjigo Dol Dol District Hospital, Nurse In charge
- Sarah Gakii Dol Dol District Hospital, Nurse at the Pharmacy

2.3 Role in the Project

Kijani Kenya (Funding Partner)

- Provide funds for the PEDPACT activities
- Submit monthly reports to donors

Gertrude's Children's Hospital (Implementing Partner)

- Working with the MOH provides Diagnostic, Curative and HIV services through the outreach program.
- Provide technical support to clinics
- Submit monthly reports to Kijani Kenya (narrative and financial)

2.4 Telephone Number and Fax

Gertrude's Children's Hospital

Telephone contact: 2445350/1, 3763474, 0722898948,0733639444

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

Physical address: Muthaiga Road

Postal address: 42325-00100 Nairobi, Kenya.

Email: info@gerties.org

Website: www.gerties.org

2.5 E- mail address

Dr. Frasia Karua fkarua@gerties.org

Dr. Momanyi emomanyi@gerties.org

CHAPTER 3- PROJECT BACKGROUND

3.1 What issue or problem the project addresses

Communities within the Laikipia East District are Isolated and among the poorest in the country.

The issues the project addresses are reduced access to health due to poverty and poor infrastructure, stigma towards people living with HIV/ AIDS, low rates of volunteer testing, lack of health care services; ANC , PMTCT, VCT, RH/FP, Adult and Pediatric ART, Immunization, CCC and curative services.

Kijani Kenya Trust is a Kenya and UK-based registered charity that was set up in 2004 with a unique mission to raise money for HIV/AIDS and environmental conservation in Kenya. Since 2004, Kijani Kenya has supported various health activities in Laikipia East through various health facilities. These include medical outreaches, equipment procurement and infrastructural support. In November 2008 Kijani joined Gertrude’s Children’s Hospital to run a project dubbed PEDPACT. The project utilizes funds raised by Kijani and the pediatric clinical expertise of Gertrude’s in order to bring expert care and treatment to children living in hard to reach areas of the Laikipia East district². Founded in 1946, Gertrude’s Children’s Hospital is the most experienced children’s hospital in East and Central Africa and its

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

expertise in pediatric care. Through the PEDPACT program, Kijani and Gertrude's Children's hospital aim to reach the children of Laikipia through partnering with the District Hospital and local stakeholders.

3.2 What specific changes is the project expected to bring about

Using the existing structures, KKT and GCH partnering with the District Hospitals and Local stakeholders, aim to improve the health indicators in Laikipia and scale up the services offered by the MOH through outreach programs that offer HIV counseling and Testing, PMTCT, ANC, Adult and Pediatric ART, Immunization, Curative services, RH/FP and CCC services and through on job mentorship of MOH staff to improve quality of care and for sustainability.

The project also aims at empowering the community to create a demand for quality services.

3.3 How the need for this project was identified

The need for support was established through the statistical evidence produced by the MOH. This includes the maternal mortality, under 5 mortality, immunization coverage, HIV/AIDS prevalence, access to health facilities among others

A needs assessment was also carried out by KKT to review the programs activities in the districts.

3.4 What is/ was the baseline situation

3.5 How the progress towards the achievement of the project goal is tracked

- Number of clients served in the outreach clinics
- Number of staff mentored
- Number of referrals

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

CHAPTER 4- WHAT ACTIVITIES WILL BE IMPLEMENTED DURING THIS MONITORING PERIOD

	ACTIVITIES	TARGETS	DATES	OUTCOME
Provide experienced paediatric diagnostic and curative services to marginalized communities in Laikipia East	<ul style="list-style-type: none"> Provide immunization to children under 5 	100%	7 th April 8 th April 28 th April 29 th April	100%
	<ul style="list-style-type: none"> Provide Health Education 	One relevant topic	28 th April at the CCC	Carried out in partnership with the local partners.
	<ul style="list-style-type: none"> Growth and Nutritional assessment 	100%	7 th April 8 th April 28 th April 29 th April	100%
	<ul style="list-style-type: none"> Early infant diagnosis of HIV. 	100%	7 th April 8 th April 28 th April 29 th April	3 infants
	<ul style="list-style-type: none"> Diagnostic, curative and referral services children. 	100children 50 adults	7 th April 8 th April 28 th April	81 children 89 adults

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

			29 th April	
	<ul style="list-style-type: none"> Provide VCT services 	50%	7 th April 8 th April 28 th April 29 th April	5% Improved due to mobilization and awareness activity to increase testing numbers. .
Strengthen systems in paediatric HIV/AIDS prevention, diagnosis, care and treatment in Laikipia East district	<ul style="list-style-type: none"> Provide technical support to the District hospital CCC 	100%	28 th April	100%
	<ul style="list-style-type: none"> Diagnostic, curative and referral services children 	100%	28 th April	100%

CHAPTER 6- PROBLEMS

6.1 What problems have occurred during the monitoring period

Problems during the monitoring period have been arisen at different points;

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

The poor infrastructure hindered timely access by the community to the Mobile outreach clinic for the health care services that were being offered.

There is poor communication between contact persons hence delay activities because information communicated at an earlier date has to be communicated again to clarify the agenda of the visit.

Change in the hierarchy with the split of Ministry of Health in to Ministry of Public Health and Ministry of Medical Services and contributed to poor communication and failure of information being communicated through the right channels.

Rumuruti District Hospital

This was the first visit to Rumuruti District hospital and it was vital that before we started carrying out our activities that we meet the DMOH, introduce and familiarize ourselves. This took place on the 6th April 2011 at 10am at his office. Present at the meeting was also the DPHO.

Rumuruti District Hospital was elevated to the status of a district hospital from Health Care Center in the year 2007. The catchment area holds a population of approximately 25000 to 30000 persons. Since this happened the structure has not been upgraded to meet the standards of a district hospital. This has led to delivery of services quiet a challenge for the health care workers at the facility.

Aphia + carries out activities around the area but don't work with the hospital. They deliver their services and carry out their activities through CHWs at the community level. Around the region they also have Tunza, who provide RH/FP services, through outreach programme in the area.

The main challenge at Rumuruti is Infrastructure. The structure housing the hospital has not been upgraded to meet the standards of a district hospital. Through the hard work and creative staff, they have managed to create more room from the already limiting space to provide services. With the use of ply wood, they have managed to partition the areas with

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

more than enough space to create room for other services, for example, they have consultation rooms, they have created a ward, medical records area. They have used the rooms previously used for these purposes to have other use for example, delivery room, specialized clinics, HTC center, and drug store.

The other challenge is that they have one vehicle that serves multiple purposes. The one vehicle serves as an ambulance, as the vehicle carrying supplies, as the same vehicle that transports the staff for official functions and meeting and any other hospital related issues. It is important to note that despite of the vehicle being used as an ambulance it does not meet all that is required to meet by an ambulance.

Rumuruti also lacks the equipment to carry out some tests in the facility. Because of this they have to refer their clients to Nyahururu District Hospital, who are already overwhelmed since they serve a wide area; Laikipia West, Olkalau, Subukia, and other surrounding area, compromising the quality of the services provided. Due to the limited services they have, they are resolved to strictly admit the under 5 and monitor women who deliver normally with no complication who are usually release home if the vital remain normal.

They also lack enough staff at the hospital. They have one Medical Officer who deals with the hospital clients and also doubles up as the DMOH, VCT counselor also doubles up as the DASCO, the Deputy Medical Superintendent doubles up as the Clinical officer in charge of the hospital. They also lack skilled staff at the hospital for the different services they deliver.

The other challenge is the community they serve. They have two types of persons, the pastoralists and the farmers who farm with the help of Irrigation and casual laborers. The majority of the community is made up of the pastoralists, who are constantly moving from place to place. Follow up of these clients is a challenge. This is the group that delivers at home instead of hospitals with the aid of TBAs. The target for hospital deliveries is 45% but currently stands at 8%. This is associated with high infant and maternal mortality. They also still participate in harmful cultural practices.

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

The women in the communities in rumuruti have no say and if they do, they have little say when it comes to matters of health and the family. They cannot negotiate for safe sexual practices despite poly gamy being rampant and intergenerational unions being the norm in their community. They cannot make decisions when it comes to RH/FP. Women who have tested positive are lost to follow up since they cannot share this with their spouses. It is feared that the prevalence of HIV infection among the pastoralist may be higher than expected.

Likii Dispensary

Despite being centrally place compared to Sweet Waters Dispensary, Likii does not provide Adult or pediatric ART.

A meeting was held with the committee at Likii. The committee had a few concerns that they wanted to share. One of their concerns was whether the patients we see pay for the drugs that are dispensed to them as some patients reported that they were paying for drugs issued to them.

Their other concern was they needed new furniture for their facility.

Nanyuki District Hospital

A meeting was also held at NDH to share concerns and challenges they are facing.

The communication channels at NDH were not defined. Information that was sent to the DMOH, was not dispersed to the rest of the team, so the team was not clear on our agenda and did not have a schedule of the visits that were to be made.

The other challenge was clients were missing their appointments and some tried to fix their appointments to coincide with our visit. This was disturbing as it was reported some clients were defaulting not only on clinic dates but also medication.

The other challenge they have is regular and uninterrupted OI drugs. This has been a challenge since the clients are meant to buy the drugs which they already cannot afford. This

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

also contributed to the patients defaulting clinic dates and coinciding their clinic visit with our visits.

The other main challenge, follow up of patients CD4 count is not optimal. All persons involved are not actively following up patients CD4 counts.

Dol Dol District Hospital

Due to the poor infrastructure, the communities within the vicinity of DDD, cannot access Health care services offered by DDDH for example the number of women delivering in the hospital is not satisfactory as most women deliver at home with the help of TBAs, Family members or on their own despite attending ANC and having the knowledge of the importance of delivering in the hospital. The bad road to dol dol is made worse by the changing weather as we approach the rainy season.

Communication barrier between the HCW and the community still poses a problem when it comes to communicating health issues.

Traditional Practices are rampant among the communities in and surrounding Dol dol, for example, traumatic extraction of “Bad teeth”, with the use of unsanitary tools.

The community in dol dol is primarily made up of the pastoralists. They are always on the move searching for food and water. They attend the hospital only after they have tried the traditional healer and medicines with no success. It is also noted despite them attending the hospital is no guarantee that they will adhere to medications and advice given by the HCW.

It is also a big challenge treating the very sick children as their parents don't easily agree to admission and some run away from the wards. This is worse in the pastoralist communities because their children are also source of labour; taking care of cattle.

Testing has been a challenge in the at dol dol as it is not welcome by the communities.

6.2 What impacts have they had on the project and what impact are they likely to have on the project in the future

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

The change in the hierarchy with the split of MOH to MOMS and MOPS will need change in the communication channels. This requires time and consultation with the involved persons for proper planning in the future.

The poor communication channel has led to poor communications and conflict in interests when it comes to the agenda. This will hinder delivery of services and compromise the smooth running of the project.

Poor infrastructure not only hinders access to Health care services by the affected community but also hinders delivery of these services by the HCW to the community. This will delay the expansion of the services offered by the health care facilities.

Failure of upgrading facilities that need upgrade will compromise the quality and limit the services provided to the community. Failure to upgrade will also hinder the implementation and integration of the services that the project is supposed to help achieve.

Failure to provide adult and pediatric ART in our facilities will reduce the quality of life of the already affected and the infected. This will result not only result in clinical degradation of the already infected but will also have an impact on the social aspects of the Infected and the affected, for example, a rise in the number of orphans, child headed homes, schools drop out, overburdened grandparents, depression among many other.

The predominance of Traditional Birth attendants and the rampant traditional practices in both dol dol and Rumuruti hinder the progress being made in preventing the spread of HIV, increasing the incidence and prevalence. They are also a vehicle for other illnesses, which may otherwise not be a problem, for example, tetanus.

RECOMMENDATION:

The need to hold consultation with the right person to facilitate efficient and timely communication with the other contact people is key. This was done through the meetings that were held at Rumuruti, NDH and Likii.

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

Adequate communication with the district hospitals and other local stake holders to avoid collision of interests should be in place.

The HCW should hold outreach in their communities to assess the situation on the ground as is and put plans in place to counter these problems.

Involving the TBA and training them on monitoring, modes of safe delivery and how to recognize complications during delivery is advised so that they work with the HCW in the health care facilities. All skilled TBAs should be known to the health facilities.

Enabling expansion of the health care services by partnering with the responsible bodies

The HCWs should deliver Health talks as frequently as possible at their facilities to impart knowledge and empower their patients.

They should have activities where they can reach specific groups, for example women and empower them on issues relating to their health.

CHAPTER 7- WHAT HAS GONE PARTICULARLY WELL DURING THIS MONITORING PERIOD (ACHIEVEMENTS?)

Rumuruti District Hospital

We held a meeting with the DMOH and DPHO, where we got to discuss about the hospital in general, the challenges they face and how they have managed to cope with the challenges.

We went round the facility and were impressed with what has been done with facility so they can deliver services to their clients.

They have created room to be able to provide services to their clients; HTC, PMTCT, ANC, MCH, Specialized Clinics and other services.

We also noted that they harvest water when it rains for use at the hospital.

Likki Dispensary

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

We held a meeting with the committee and they got to share their concerns. We managed to assure the committee that the clients don't pay for the drugs and the pending matters will be forwarded to the appropriate persons. In general the committee was happy with the project activities at the facility and will give us support in area we need support.

It offer more services than it did before; ANC, Immunization and VCT.

Has a good referral system; to CCC and other services not offered at their facility.

Have support staff and volunteer who participate in delivering services to the community.

The dispensary seems to well organized and the pharmacy was well organized and medication well displayed.

Nanyuki District Hospital

We held a meeting at NDH where they shared their concerns and we managed to come up with short term solutions. It was decided since their clients anticipate our visits and believe we are the ones that come with the free drugs, the drugs will be dispensed from the pharmacy by the pharmacist. The drugs will be free and they will give us a feed back of the drugs that have been dispensed.

The CCC record officer reports better capturing of the clients for CCC compared to last year.

Integration of the CCC and VCT services

There is better follow up of patients, up to their homes, by the patient attendant and Link person. They follow up the defaulters and try to seek out why they are defaulting and communicate with the right and appropriate person to address the issues

Dol Dol District Hospital

Considering it was not a market day, we saw a good number of patients, admitted and referred patients to NDH.

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

The hospital has involved to authority so that they are able to deliver curative services to the very sick children whose parents prove to be challenging when it comes to treatment of patients.

We managed to test more patients during the current visit that we did in the previous visit.

They have a breastfeeding programme

The DDDH does not have an established CCC, but provide adult and pediatric ART and do follow up CD4 count for their clients

They have HTC, under which they provide PMTCT, DTC and PITC.

CHAPTER 8- WHAT PROJECT ACTIVITIES ARE PLANNED FOR THE NEXT MONTH

Visits to

May 11th Likki

May 12th Rumuruti

May 26th Nanyuki District Hospital CCC

May 27th Dol Dol

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

ANNEXES:

Photos



Rumuruti District Hospital

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT



This was previously the waiting area, the partition put up created consultation rooms in rumuruti



This partition was put up to create medical records room at rumuruti



The ward created using the partition at Rumuruti, not the beddings are in good condition, clean, the beds are numbered and each bed had a mosquito net.



This is supposed to be the new maternity ward at Rumuruti. This structure has been up for 4 years now.



Likii Dispensary

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT



Patients in a que waiting to be seen by the doctor at Likii Dispensary.

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT



NDH, the CCC clinic

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT



Pharmacist at work at the CCC, NDH



Patient being seen at Dol Dol district hospital

Patient List

Rumuruti District Hospital

We did not see patients since this was the first visit. We had a meeting with the DMOH and discussed the challenges facing the facility, what they expect from us and what we expect from them.

It was a successful meeting.

PEDPACT ACTIVITIES MONITORING AND EVALUATION REPORT

Salbutamol 4 mg tabs	30 tabs
Tetracycline eye ointment	1 tube
Metronidazole 400mg tabs	30 tabs
Saline drops	3 tubes
Antacid syrup	4 bottles
Albendazole 400mg syrup	3 bottles