

REPUBLIC OF KENYA



GOVERNMENT OF MAKUENI COUNTY



**DEPARTMENT OF HEALTH SERVICES**

**OFFICE OF THE CHIEF OFFICER HEALTH SERVICES**

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**A Standard Template for Partner Collaboration**

## **COLLABORATION BETWEEN THE DEPARTMENT OF HEALTH AND ITS PARTNERS IN IMPLEMENTING PUBLIC HEALTH INITIATIVES**

### **Department of Health Project/Program Report Template**

**Project/Program Title:** COMMUNITY LED MONITORING

**Partner Organization:** WOMEN FIHTING AIDS IN KENYA

**Date Submitted:** 14/6/2024

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#### **1. Background/Overview of the Project/Program:**

Community Led Monitoring is an accountability mechanism led by the community and those directly receiving HIV care and treatment with the aim of providing routine monitoring of HIV service delivery at community level through innovative strategies. It involves meaningfully engaging recipients of care in giving feedback on the quality of services in the selected health facilities through a data collection platform, I-MONITOR. Peer monitors who understand public health and are capable of handling clients without judgement and maintain utmost confidentiality are assigned to the mapped-out facilities to collect data. The goal of the project is to contribute towards a change of service delivery for PLHIV and KPs/vulnerable groups through innovative strategies at the community level. The project objectives are;

- I. Establishment of a Sustainable Data Collection platform to ensure quality data in accordance with local government standards.
- II. Increased accountability and quality of social services.

The pilot phase of the project was implemented for a period of one year (1<sup>st</sup> May 2022 and 30<sup>th</sup> may 2023) through the funding from PEPFAR in 28 health facilities across the six sub counties.

The current CLM grant is funded by PEPFAR through the UNAIDS and CDC managed award and runs from 15<sup>th</sup> April 2024 to 31<sup>st</sup> September ,2024. This is being implemented in 40 health facilities across the six sub counties including the 28 health facilities in which the pilot phase was implemented.

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#### **2. Implementation/Intervention Sites/Duration:**

The community led monitoring project was implemented in the following facilities for a period of one year during the pilot phase;

1. Kikoko Mission Hospital
2. Kilungu Sub- County Hospital
3. Kilala HC
4. Mukuyuni Subcounty Hospital
5. North Star
6. Makindu Dice
7. Makindu subcounty hospital
8. Kambu Subcounty hospital
9. Kibwezi Sub County hospital
10. Masongaleni HC
11. Ngwata HC
12. Mtito Andei subcounty Hospital
13. Kyambeke H.C (122)
14. Kasikeu H.C (225)
15. Sultan Hamud subcounty hospital
16. Makueni County Referral Hospital
17. Kathonzweni health centre
18. Nziu Dispensary
19. Matiliku subcounty hospital
20. Kilili health centre
21. Kitise health centre
22. Mavindini health centre
23. AIC Kalama health centre
24. Tulimani health centre
25. Mbooni Sub-County
26. Tawa Sub- County hospital
27. Mbooni subcounty hospital
28. Kisau subcounty hospital

There are 12 additional health facilities of CLM implementation in the current grant which runs for a period of six months. They including the following;

1. Kyuasini health centre
  2. Kibiko dispensary
  3. Uvete health centre
  4. Nthongoni subcounty hospital
  5. Kanzokea health centre
  6. Kithiki health centre
  7. Kako health centre
  8. Kathulumbi health centre
  9. Kalawa subcounty hospital
  10. Kali H.C
  11. Kikumini health centre
  12. Kaliani HC
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### 3. Achievements and Impact:

Outline the achievements and impact of the project/program. Include quantitative data if available. Additionally, provide pictures showcasing the project/program's impact.

1. **County Entry Meeting-**The meetings involved WOFAK management and programs team, CHMT and SCHMT. The CHMT and SCHMT included the county and the subcounty Medical Officers of Health (MOH), the county and the subcounty strategy and focal community focal persons, the county and the subcounty AIDS and STI coordinators, the county and subcounty reproductive health coordinators among others.
2. **Training of key staff on project deliverables-**The project coordinators and the Peer monitors went through a 3 days training to equip them with knowledge, skills and attitudes they need to provide feedback on health services on behalf of the clients
3. **Development of the I-Monitor and performance indicators-** WOFAK and a representative from the CHMT Makueni county joined other partners in the development of I-Monitor that was more HIV community CLM specific and also took part in the validation of the feedback questions. WOFAK participated in the validation of the questionnaire and in ensuring that the questions aligned with the performance indicators.
4. **Selection of health facilities-** To support data/feedback collection, WOFAK collected feedback in 28 facilities within the 6 Sub-counties in Makueni county. The selection process was done with the support of the CHMT and SCHMT while putting into consideration the following; PEPFAR supported site that offers HIV care and treatment services, Facility workload, Proximity between facilities, Government, faith based and other private owned institutions were included, accessibility to key population groups
5. **Training of service providers on new HIV guidelines-** WOFAK held a two-day training to the service providers to refresh them on the current HIV guidelines. The training was conducted by the subcounty AIDS and STI coordinator.
6. **Feedback Collection-** Peer monitors collected feedback at the CCCs in all the selected facilities. In total, WOFAK collected feedback from a total of 7144 People Living with HIV(PLHIVs) and Key Population (KPs). Feedback was collected around 5 major thematic areas; Commodities, Service delivery, Human Rights, Support groups and Treatment Literacy.
7. **Other Activities included;** Dialogue sessions and Sensitization of PLHIVS, KPs, and high - risk groups on HIV prevention, treatment, drug adherence and stigma.
8. **Data dissemination to key stakeholders-** CLM is an asset towards promotion of a multisectoral approach to service quality improvement, with responsibility, accountability and joint problem-solving. The feedback collected would not have been useful without sharing it with key stakeholders. WOFAK therefore held sessions with the counties and the facility health management teams (CHS, CHV, community focal persons, key community informants, KP representatives, young person's male & female, CCC staff, Community members living with HIV) to enable them to contribute

#### Pictures Specifications:

- Resolution: Minimum 1920×1080 pixels
  - Size: Maximum file size of 2MB per image
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#### 4. Challenges:

Identify any challenges faced during the implementation of the project/program. Describe how these challenges were addressed or mitigated.

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- The development of the I-Monitor took too long hence limiting the feedback collection period.
  - The I-monitor downtime and challenges with the application disrupted feedback collection and slowed down the implementation.
  - The Kenyan general elections in August 2022 disrupted the feedback collection. The implementing team embarked a on crush program to Fasttrack the activities once the political temperatures cooled down.

#### 5. Associated Publications:

List any publications, reports, or articles associated with the project/program. Include titles, authors, publication dates, and any relevant links or references.

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#### Additional Notes/Comments:

[Insert any additional information or comments here.]

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#### Contact Information:

- **Name:** [Insert Contact Name]

- **Position:** [Insert Contact Position]
  - **Email:** [Insert Contact Email]
  - **Phone:** [Insert Contact Phone Number]
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**Submission Instructions:**

Please submit this report electronically to [county.health@makueni.go.ke](mailto:county.health@makueni.go.ke).

If you have any questions or need assistance, please contact [webmaster@makueni.go.ke](mailto:webmaster@makueni.go.ke).

Thank you for your cooperation and contribution to our efforts in promoting health and well-being.