AIDS, POPULATION AND HEALTH INTEGRATED ASSISTANCE II (APHIA II) WESTERN PROVINCE

Award Number 623-A-00-07-00007-00

Quarterly Project Report

October 1 – December 31, 2007
(Project Year 2, Quarter 1)

Table of contents

TABLE OF CONTENTS 2

LIST OF ABBREVIATIONS 3

I. INTRODUCTION 4

II. PROGRAM DEVELOPMENT AND MANAGEMENT 5

III. JOINT PLANNING, COLLABORATION AND NETWORKING WITH MOH 5

IV. IMPROVED AND EXPANDED FACILITY BASED HIV/AIDS, TB, RH/FP, MALARIA AND MCH SERVICES 6

V. IMPROVED AND EXPANDED CIVIL SOCIETY ACTIVITIES TO INCREASE HEALTHY BEHAVIOURS 23

VI. IMPROVED AND EXPANDED CARE AND SUPPORT FOR PEOPLE AND FAMILIES AFFECTED BY HIV/AIDS 29

VII. MONITORING & EVALUATION 40

FINANCIAL REPORT 43

APPENDICES 46

List of abbreviations

AAC	area advisory council
AIDS	acquired immune deficiency syndrome
AMPATH	Academic Model for the Prevention and Treatment of HIV/AIDS
ANC	antenatal care
BCC	behavior change communication
CBO	community based organization
CCC	comprehensive care center
COH	Channels of Hope
CORPS	community own resource persons
COPE	client-oriented, provider efficient
CS	child survival
CT	counseling and testing
DASCO	district AIDS & STI coordinating officer
DH	district hospital
DHMT	district health management team
DHRIO	district health records and information officers
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
FBP	faith based organization
FP	family planning
FS	facilitative supervision
HBC	home-based care
HIV	human immunodeficiency virus
IPT	Intermittent Presumptive Treatment
IPT-G	Interpersonal Therapy for Groups
KATSO	Kenya AIDS Treatment and Support for Orphans
KDHS	Kenya Demographic and Health Survey
LLITNS	Long lasting Insecticide Treated Nets
M&E	monitoring and evaluation
MCH	maternal and child health
NACC	National AIDS Control Council
NVP	nevirapine
OVC	orphans and vulnerable children
PATH	Program for Appropriate Technology in Health
PGH	provincial general hospital
PHMT	provincial health management team
PLWHA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission
RH	reproductive health
RRI	rapid response initiative
SDH	sub-district hospital
SWAK	Society for Women and AIDS in Kenya
TBD	to be determined
USAID	United States Agency for International Development
VCT	voluntary counseling and testing
VHC	village health committees

I. Introduction

The AIDS, Population and Health Integrated Assistance Program in Western Province (APHIA II Western) is a five-year cooperative agreement between USAID and PATH. The term of the project is from December 19, 2006 to December 18, 2011. The PATH-led team is comprised of four strategic partners: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), JHPIEGO, Society for Women and AIDS in Kenya (SWAK), and World Vision.

The goal of APHIA II Western is to promote the adoption of healthier behaviors among Western Province residents; increase use of HIV/AIDS health services; and expand use of other health services, including tuberculosis (TB), family planning/reproductive health (FP/RH), maternal and child health (MCH), and malaria prevention services.

This report covers the 1st quarter of Year 2 covering the period October to December 2007.

Executive Summary and Highlights

Despite the implementation challenges faced in the period as a result of political electioneering campaigns and the Christmas celebrations, the project team made remarkable efforts to achieve its objectives. The project achieved the set targets in most of the service areas as outlined below:

- Increased uptake of ART services as a result of decentralization to peripheral level facilities and expansion of laboratory networks.
- Increase in counseling and testing uptake for PMTCT from 89% to 91%, maternal prophylaxis uptake from 84% to 88% while infant prophylaxis increased from 61% to 66%.
- Conducted 44 comprehensive community outreaches providing health education and services.
- Supported the MOH to take the lead role in HBC program with the support of A2W project and Mildmay International.
- Increased educational support to OVCs.
- Provided M&E support to MOH HMIS which has resulted in improved reporting from facilities and districts.
- Established 20 change teams in 4 districts to capture success stories and lessons learnt.
- Conducted sensitization of over 3000 people with disability on HIV and AIDS during the UN Day for people with disability.

Implementation challenges and constraints

The Christmas festivities and electioneering slowed down services both at facilities and with communities during the reporting period, especially in the month of December. In addition, the post -election violence hampered collection of December data. Other challenges faced were as follows:

- Staff rotations, shortages and turnover continues to hamper effective delivery of services at facilities.
- Implementation of Early Infant Diagnosis (EID) still not optimal.
- Creation of more districts has led to increase in operational and coordination costs.
- Fitting community activities into the new MOH community strategy is still a challenge due to the A2W project design.

II. Program Development and Management

The reporting period saw the project consolidate and improve on the achievements of Year 1. As in the previous quarter, emphasis was placed on:

- expansion and scale-up
- quality assurance
- integration and linkages
- advocacy, behavior change and demand creation

The management of the program continued at two levels: at the field office for day-to-day implementation and with Nairobi-based staff for overall coordination and donor relations.

The program established two technical working groups in this reporting period consisting of the technical staff across result areas. The adolescent reproductive health technical working group's role is to coordinate the youth friendly services. The outreach technical working group is to coordinate comprehensive community outreaches.

The project technical team held a review meeting of the Quarter 3 report at the field office, presented it to USAID and shared with the PHMT/DHMTs in the province.

During the quarter under review, BroadReach Healthcare team visited the project in preparation for commencement of their activities. They will be implementing private-public partnerships for HIV care from the next quarter.

III. Joint Planning, Collaboration and Networking with MOH

Collaboration with the MOH and other stakeholders continued during the reporting period. Various consultative meetings were held while the provincial level advisory committees (Youth Advisory Committee and BCC Advisory Committee) continued with their activities with the support of A2W. The main collaborators were Ministry of Health (PHMT, DHMTs, facilities), Ministry of Education, Ministry of Youth Affairs, Ministry of Agriculture, Ministry of Livestock, Ministry of Culture and Social Services, and the Ministry of Home Affairs. Others were NASCOP, National Aids Control Council, FBOs and CBOs. The main areas of collaboration were:

- Capacity building
- Joint planning
- Joint support supervision

There has been marked improvement in the relationship with the MOH teams and this has helped to improve project implementation and achievement of results.

Key events

A2W supported and participated in the following events that took place during the reporting period:

- World AIDS Day (1st December 2007)
- UN Day for People with Disability (3rd December 2007)
- World Education Day (5th October 2007)

- Malezi Bora week (4th-12th November 2007)

Technical meetings
The following meetings took place in the reporting period with participation of A2W staff:

- APHIA /MOH steering committee meeting (27th November 2007)
- OVC consultative meeting (5th December 2007)
- APHIAs M&E consultative meeting (26th October 2007)
- APHIA Technical Meeting on Prevention, RH and Palliative Care (10th December 2007)
- African Midwives Research Networks Regional Conference (5th-9th November 2007)
- Prevention of Post-Partum Hemorrhage Initiative (POPPHI) Meeting (26th-28th November 2007)
- National Stakeholders Meeting on Long-acting and Permanent Methods (LAPM) (13th-15th November 2007)

Visitors to the project
Mary Lyn Field-Nguer: Pediatric AIDS consultant – BASICS, Washington DC
Harriet Stanley: Vice President PATH- Seattle, Washington.

IV. Improved and expanded facility based HIV/AIDS, TB, RH/FP, Malaria and MCH services

PMTCT

Key Program Activities

Supervision
During the quarter, 88 sites received supportive supervision from the project team. In addition to routine support supervision, emphasis was placed on improving early infant diagnosis, ARV infant prophylaxis and data enhancement.

Site Assessments
Twenty new sites were assessed and initiated PMTCT services

Trainings and Workshops
A PMTCT provider training workshop was carried out between the 19th and 25th November 2007. Twenty nine (29) providers, drawn from the entire province, were trained.

A2W/MOH planning and review meetings

- ***DHMT meeting*:** A meeting for all 14 districts involving DASCOs and the DPHNs was held during October to review the performance and activities carried out in the previous quarter and to plan for the next quarter activities.

- ***DMLT meeting*:** A meeting with District Medical Laboratory Technologists was held to review the progress in Early Infant Diagnosis (EID). Bungoma South, Butere and Vihiga had shown improvement in EID.

- ***Counselor supervision meetings*:** Each of the 14 districts held **c**ounselor supervision meetings where 350 providers offering VCT, PITC and PMTCT services participated. These meetings served to handle counselor-client relationships which could potentially result in burn out, amongst other issues.

- ***Facility review meetings*:** Four sets of meetings were held during November for PMTCT providers in the entire province to review PMTCT performance at facility level. Over 160 providers and DHMT members attended these meetings in Webuye, Bungoma, Kakamega and Busia. The Provincial Pharmacist sent a representative to the meetings to present plans on scale up of AZT and the logistics involved. They included the ordering and reporting systems available in the province.

Supplies
There was no shortage of supplies of test kits, NVP or Cotrimoxazole as buffer stocks were available from the APHIA II Western office. CDC supplied the Dried Blood Spot (DBS) materials. There was erratic supply of DBS laboratory request forms.

Psycho-social groups
By the end of the quarter there were 34 active groups. They held monthly meetings that helped to improve prophylaxis uptake, adherence and early infant diagnosis.

Male involvement strategy
Four (4) male clinics have remained focused and more spouses are accessing services compared to the previous quarter. These male clients are invited through the ANC clients on a Saturday where they learn issues surrounding ANC, child birth and PMTCT. They are offered counseling and testing.

Outreaches
Integrated outreaches continued to be carried out with 547 pregnant women receiving C&T services through 44 outreaches.

Furniture
Forty six (46) health facilities were supplied with basic furniture: 33 exam couches, 114 chairs, 34 tables and 52 filing cabinets.

Staff
Replacement for one field officer, who left the program, was made during the quarter.
Five high volume facilities with staff shortage were supported with nursing staff on short term employment. These are Bumula, Sabatia and Matungu Health Centres plus Butere and Malava District Hospitals.

Table 1: PMTCT targets and achievements

Indicator Description	Annual Target	Quarter I FY 07	% of annual target
1. Number of service outlets providing the minimum package of PMTCT services according to national or international standards.	135	151	>100%
2. Number of pregnant women provided with PMTCT services, including counseling and testing.	116,944	23,231	20%
3. Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting.	9,362	935	10%
4. Number of health workers newly trained or retrained in the provision of PMTCT services according to national or international standards.	120	30	25%

Table 2: PMTCT Output

	July – September 07	**October– December 07**
Number of counselors trained during the quarter	60	30
Number of counselors receiving additional training		
First ANC visits	24,215	23,430
ANC clients tested	21,625 (89%)	22,162 (91%)
Maternity clients tested	914	1069
Total tested	22,539	23,231
Total HIV positive	1165 (5.2%)	1065 (4.6%)
Total Maternal Prophylaxis	973 (84%)	935 (88%)
Total infant prophylaxis administered (new)	163	147
Total Infant Prophylaxis	715 (61%)	708(66%)
Counseling and testing of partners	307	325
Exposed infants Tested at six weeks	79	81
Exposed infants tested at 3 months	129	240
Exposed infants initiated on CTX post natal	179	189
Post natal tested	341	362
PMTCT women enrolled into Care	196 (17%)	259 (24%)

Uptake of PMTCT Interventions

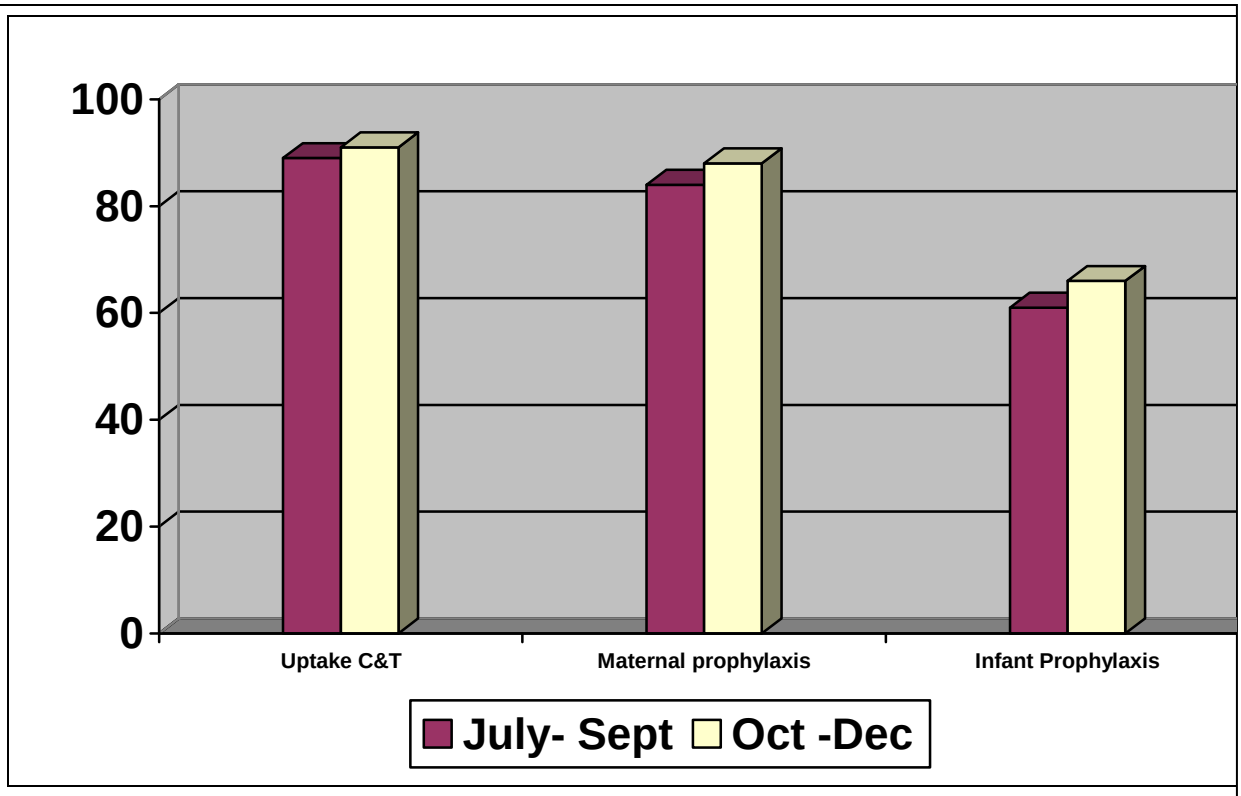


Figure 1: PMTCT service uptake

Key observations on performance

- The number of new ANC clients remained almost constant compared to the last quarter because of festivities, elections and inability to collect all data especially in December due to the ongoing skirmishes. The uptake of C&T improved both due to integrated outreaches held in October and November and the availability and acceptability of services offered. The sharing of lessons learnt during quarterly DHMT and facility meetings cannot be underestimated. A significant increase was noted in facilities where the program hired staff for ANC; notably Butere DH and Makunga HC.
- There was a significant increase in the proportion of women receiving prophylaxis, likely due to availability of commodities and the PSS groups. The proportion of infants receiving prophylaxis continues to rise.
- Though the number of partners seen remained constant; several men were tested during the male-only clinics. It is however difficult to link this data with the wives or spouses.
- The number of infants tested increased marginally from 208 to 321 as per MoH 726. However data obtained from CDC Kisumu laboratory indicates that a total of 649 samples were received and run between October and December 2007.
- Out of 361 women Counseled and tested in the post natal clinic, 15 were HIV positive.
- The proportion of PMTCT women transitioning into care increased from 17% to 24%, possibly due to an increase in the number of ART sites and scale up of PSS groups.

Challenges

1. Facilities continued to experience staff shortage due to studies and inappropriate deployment.
2. The ANC and Maternity integrated register has continued to pose a challenge due to amount of information required as well as the indicators being perceived differently by different providers. The tool does not differentiate the prophylactic regimes being issued to the client
3. PSS groups have a potential for enhancing referrals and EID. An EID reporting tool designed by PMLT that is focused, specific and comprehensive is now in use.
4. DBS roll out is slowly improving, however the challenge in delivery of samples, reports and returns have continued to hamper the process. Suggestion for a DBS specific supervisor may be a good strategy with greater involvement by the PMLT.
5. The roll out of AZT has been logistically challenging. The issue will be discussed in the next provincial meeting between A2W and MOH.
6. The PEPFAR targets for maternal prophylaxis need revising to take into account the current prevalence.

Planned Activities (January – March 2008)

1. Supportive supervision and assessments of new sites.
2. Quarterly review and planning meetings.
3. PMTCT provider training.
4. PMTCT outreaches.
5. Strengthening of EID through support supervision and OJT.
6. Technical exchange visits where and when possible.
7. Print the mother/child card with support from the Clinton Foundation.

Care and Treatment

The following HIV care and treatment activities were undertaken by APHIA II Western during the quarter October to December 2007:

Adult HIV Care and Treatment Services

The project has now expanded and supports HIV care and treatment services in thirty one (31) sites, twenty four (24) of which provide ART services and seven (7) provide basic HIV health care services only.

Table 3: HIV care and treatment targets for year II (October-December, 2007)

	Indicator	Year 1 achievements	Year 2 Targets	Year 2 Q1 Achievement	% of annual target
1	Number of service outlets providing antiretroviral therapy (includes PMTCT+ site)	17	31	24	77.4%
2	Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites (NEW CLIENTS)	1,820	3,000	830 (78 peds)	27.6%
3	Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) (CUMULATIVE)	4,492	5,476	5,266	96%
4	Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) (CURRENT CLIENTS)	3,908	4,928	4,647	94.3%
5	Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	166	100	128	128%
6	No. of service outlets providing HIV-related palliative care (excluding TB/HIV)	18	40	31	77.5%
7	Total number of individuals provided with HIV-related palliative care (including TB/HIV)	14,117	28,000	23,936	85.5%
8	Total number of individuals trained to provide HIV palliative care (including HIV/AIDS)	268	200	128	64%

Key Program Activities

Sites

By end of December 2007, A2W was supporting 31 HIV care and treatment sites with 24 of these offering adult ART.

During the reporting period, 18 new sites were assessed to determine the ability to offer HIV services. These were:

- Kakamega South District: *Iguhu HC, Kambiri HC, Shikusa GK prison, Bushiri HC*
- Vihiga District: *Sabatia HC, Kilingili HC and Hamisi DH*
- Emuhaya District: *Ipali HC and Esiarambatsi HC*
- Bungoma West District: *Chwele DH, Sirisia SDH*
- Butere District: *Manyala SDH and Namasoli ACK Mission HC*
- Mumias District: *Matungu DH, Makunga HC and Bukaya HC*
- Lugari District: *Kongoni HC and Matete HC.*

Trainings

- Thirty one (31) health care workers from A2W supported sites were trained in ART commodity management as per the NASCOP curriculum. This was followed up by a 5 day attachment (to the ART central sites) of the trainees from the seven (7) new ART sites as part of the pharmacy mentorship program
- Adult ART training was done for thirty seven (37) participants (using the NASCOP curriculum) mostly consisting of the new ART sites.

HIV care and treatment

10,068 adults are currently receiving basic HIV care in the 31 HIV care and treatment sites. The proportion of clients on ART is 44.2% (4,455/10,068) from 40% in the previous quarter (The national recommended percentage is 50%).

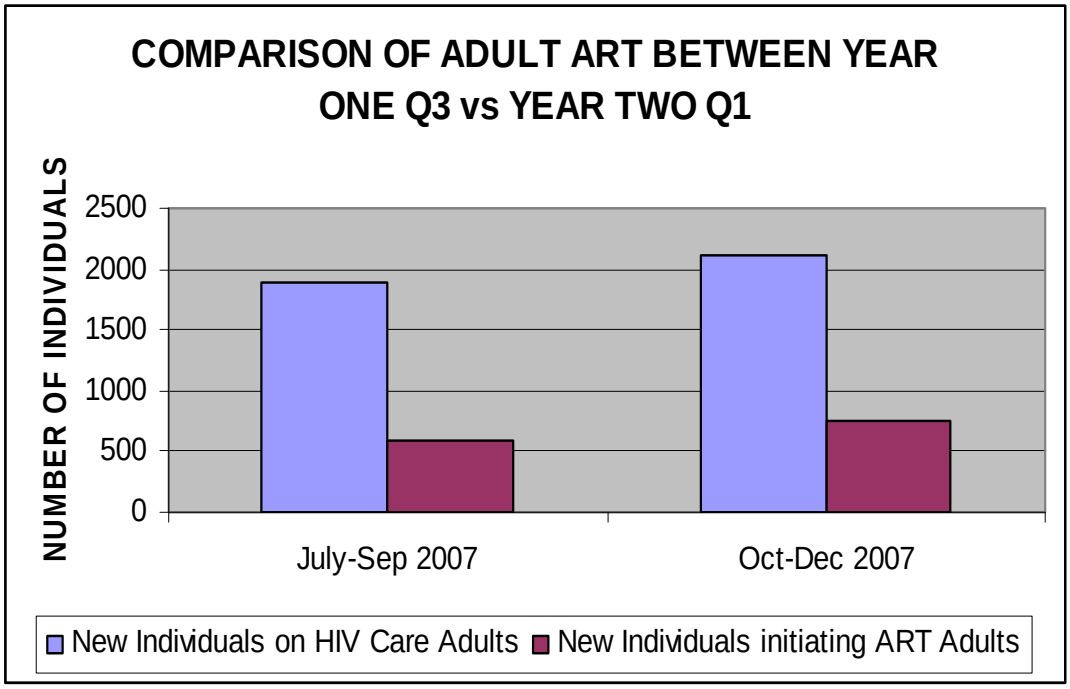


Figure 2: Comparison of Adult ART

The above graph shows about 22% (169/752) increase in the number of patients initiated on adult ART from the previous quarter of 583 patients to 752.This is attributed to the increase in the number of A2W-supported ART sites from 17 to 24 as well as an increased number of patients initiated on ART at the decentralized ART sites.

Community-facility linkage

***HIV facility-based psychosocial support groups*:** A2W continued to support and strengthen the existing fifteen (15) facility-based support groups and supported the establishment of 15 more. The support groups were instrumental in enhancing ART adherence and also for defaulter tracing. This was done in conjunction with Zingatia Maisha.

***Strategy workshop*:** A 3 day strategy workshop was held to develop a common approach to community- facility linkages in the province. The participants included the PLWHAs, community members and health workers. It was facilitated by A2W and Zingatia Maisha.

Laboratory networks

Laboratory networks were expanded to ensure that all the thirty one (31) supported sites were linked to the existing laboratory networks to provide all the HIV-infected individuals to access pre-ART investigations free of charge. The standard operating procedures were disseminated to the respective facilities for implementation. Buffer stocks of lab reagents were procured for pre-ART investigations.

Supportive site supervision

Supportive technical supervisory visits were made to thirty one (31) sites during the reporting period. This involved the provision of adult ART mentorship, HIV clinical updates on patient management, linkages, referrals and continuum of care for HIV infected persons and orientation on pre-ART and ART data collection tools.

Site specific HIV sensitization meetings

Site specific sensitization meetings were conducted in two (2) ART sites during the reporting period namely Matayos HC and Alupe Sub-District Hospital. The meetings were focused on HIV linkages, integration and continuum of care and the challenges they are facing as a facility.

Site renovations and support

The project undertook renovation of facilities to improve service delivery. The status of the renovations in the period of review was as follows:

- Kakamega Provincial Hospital, 75% complete; Lumakanda District Hospital, 90% complete; and Butere District Hospital, 80% complete.
- Tendering for Malava DH for the waiting bay and laboratory was done.
- Bills of Quantities (BQs) for Matungu DH and Matayos HC were prepared and are awaiting tenders.

The electronic ARV (MSH) dispensing tools were installed in Malava District Hospital and Lumakanda District Hospital and are currently in use.

Staff support
Twelve (12) registered clinical officers, five (5) nurses, one (1) nutritionist and two (2) data clerks were hired on short term contracts to support the ART services. This brings the number of clinical staff hired on short-term contracts to thirty seven (37).

Pediatric HIV Care and Treatment Services

The current number of A2W supported sites that offer pediatric ART are fifteen (15). Program activities conducted during this quarter that specifically targeted HIV-positive children are summarized below:

Key Program Activities

Sites
By end of December 2007, A2W was supporting thirty one (31) sites providing pediatric HIV care and treatment of which fifteen (15) sites are offering pediatric ART services.

Trainings
26 health care workers were trained in pediatric HIV management and 34 were trained in pediatric psychosocial counseling training as per the NASCOP curriculum.

HIV care and treatment
A total of 1,032 children are currently receiving HIV care in the 31 HIV care and treatment sites. Children represent 9.4% (1032/10992) of total number of patients on HIV care and treatment and 9.4 % (78/830) of those newly initiated on ART during the reporting period.

About 30% (309/1032) of children currently on HIV care are receiving ART, an increase from 24% in the previous quarter (the national recommended percentage is 50% of those on care needing treatment).

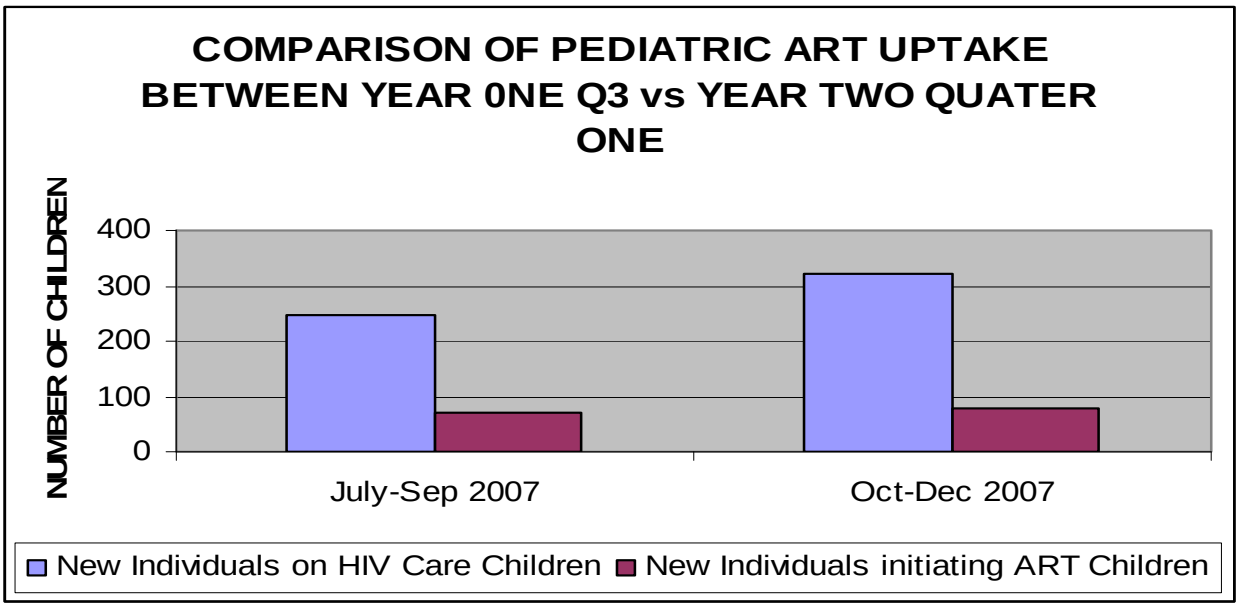


Figure 3: Pediatric ART uptake

The graph shows an increase of 11.5% (9/78) in the number of new children (<14 years) initiated on ART from sixty nine (69) children the previous quarter to seven eighty (78) children during the reporting period.

Pediatric mentorship program
APHIA II Western project continued to provide pediatric ART mentorship during the site visits.

HIV psychosocial support group
Pediatric psychosocial support groups have been initiated in Bungoma District Hospital, Vihiga District Hospital and Kakamega Provincial General Hospital. The psychosocial support group plays an instrumental role in providing a context in which children/adolescents/caregivers can receive crucial support from peers and health care workers and increase rates of caregiver involvement/support in the child's/adolescent's treatment.

Supportive supervision
Supportive supervisory visits were made in fifteen (15) pediatric ART sites during the quarter. This involved technical updates on pediatric HIV care and treatment, identification of exposed infants, referrals, linkages and continuum of care amongst HIV exposed and infected children.

Challenges

1. Inadequate human resource capacity at health facilities
2. Some staffs trained in ART provision were deployed to service areas where they could not practice their skills e.g. surgical wards and theatre.
3. Inadequate physical infrastructure at health facilities.
4. Uptake of pediatric ART it still slow due to difficulties in diagnostic work up.
5. There were frequent stock-outs of CD4 reagents due to poor supply chain management between the facilities and KEMSA.

Planned Activities (January – March 2008)

1. Purchase and distribution of the furniture and stationeries to sites
2. Train 30 health care workers on pediatric ART.
3. Train 30 on pediatric psychosocial counseling
4. Train 60 providers on the Integrated Management of Adult Illness (IMAI).
5. Train 30 health care workers on ART commodity training and orientate pharmacy personnel on NASCOP standard operating procedures for ART decentralization.
6. Conduct supportive technical supervision to 31 sites
7. Establish 6 new ART sites
8. Initiate 5 new pediatric ART sites
9. Conduct ART Technical exchange meeting.
10. Roll out the ARV dispensing tool to 4 sites.
11. Hold sensitization meetings for pediatric and adult psychosocial groups.
12. Establish downward referral mechanism at the Kakamega Provincial General Hospital
13. Carry out site renovations for the 15 new ART sites and continue with the maintenance of the existing 18 sites
14. Facilitate DHMT supervisory visits, monitoring and evaluation support to facilities
15. Carry out 8 site-specific sensitization meetings on HIV care and treatment with emphasis on linkages, integration and continuum of care
16. Establish and support youth friendly services in the facilities

Counseling and Testing

Key Program Activities

A total of 105 sites offer voluntary counseling and testing (VCT) up from 78 while provider-initiated testing and counseling (PITC) sites increased from 103 to 146.

Supervision
Support supervision was conducted in 51 sites in 12 of the 14 districts, jointly with MOH teams.

Advocacy meetings
Advocacy meetings were held at Hamisi Health Centre and at Bungoma District Hospital. An HIV facility committee was established at Hamisi .

Site assessments
Rapid site assessments were conducted at the Masinde Muliro University of Science and Technology (MMUST) clinic and at the prisons' dispensary in Shikusa. This was in preparation for establishment of CT services at the two facilities.

Trainings
Sixteen (16) counselors commenced and completed the 1st two phases of training on counselor supervision. The final phase and certification will be completed in the next quarter.

Outreaches
Outreach services for counseling and testing were provided as part of the integrated community outreaches that were supported for 44 facilities. They accounted for 832 of the total clients tested in VCT. In addition, moonlight VCT was supported by A2W at the MMUST cultural week in early November. The clientele, mainly the student population, numbered 120.

Utilization of C&T services
The total number of clients that received counseling and testing increased to 29,032 from 27,982 in the quarter prior. This represents a 48% achievement against the annual target of 60,500.
The number of clients tested during the quarter via PITC was 10,298 as compared to 6,943 in the preceding quarter. This represents a 48.3% increase in service uptake as most of the providers trained in the previous quarter are now offering the service. A total of 2507 of the clients (24.3 %) tested positive. Up to 2,146(20.8%) of those tested were in the pediatric age set (<14 years) with 398 of them testing positive.

The number of clients receiving VCT was 18,734 as compared to 21,039 in the previous quarter, a 10% reduction. This was mainly due to low turnout in December when most staffs were on leave and also due to kit outages in some districts. A total of 1967 clients (10.5%) tested positive. Couple testing was almost comparable to the previous quarter with 1081 couples tested versus 1063 in the preceding quarter. Fifty (50) couples (4.6%) were concordant positive whilst 94(8.7%) were discordant. These are shown in the figure below

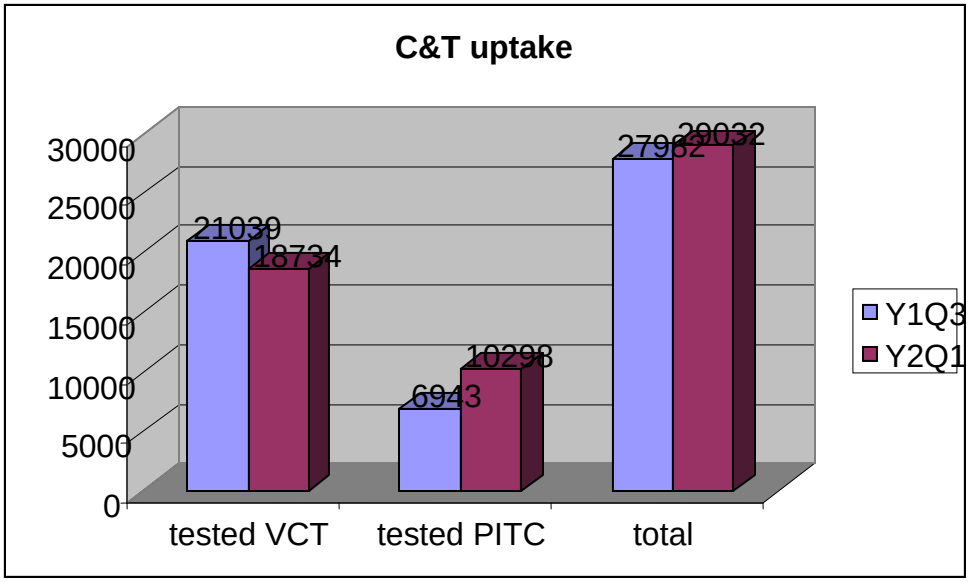


Figure 4: of utilization of counseling and testing services for 2 quarters.

Challenges

The main challenges to counseling and testing service provision during the reporting period were:

1. Staff shortages: Most staff took leave in December and the many public holidays plus electioneering also accounted for reduced staff time at facilities.
2. Certain districts ran out of test kits by the mid of December
3. External quality assurance in the province should be strengthened.

Planned Activities (January – March 2008)

1. Conduct advocacy meetings to strengthen PITC at facility level.
2. Train 20 ToTs on PITC especially for the newly formed districts.
3. Train 100 health care providers on PITC at facility level for the underserved districts.
4. Hire 10 VCT counselors on short term contracts.
5. Support the DHMTs to carry out supportive supervision and hold counselor meetings.
6. Establish HIV committees in 15 facilities and strengthen the existing ones.

TB/HIV Palliative Care

Key Program Activities

Supervision

The Provincial TB/Leprosy Coordinator (PTLC), the Provincial Medical Laboratory Technologist (PMLT) along with the Vihiga district team conducted support supervision and external quality assurance (EQA) for TB diagnostics and care to 15 health facilities in Vihiga District.

Training

To improve the staff capacity in TB/HIV co-infection management, 30 health providers from the clash-hit Mt Elgon district were trained. They were drawn from all the health facilities in the district and will immediately offer the service both at the health facility and in the camps for the displaced in Mt. Elgon.

Piloting of ART provision in TB clinic
The Alupe TB clinic is one of those earmarked as pilot for ART provision. Towards this end, the clinic was assessed for renovation and the bills of quantities (BQs) are ready and awaiting approval for commencement of works.

World AIDS Day support
WAD was supported through C&T activities in Busia, Teso, Bungoma South, Kakamega South, Mumias and Vihiga. A total of 991 clients received counseling and testing at the six districts with 58 testing positive.

TB case load
There were 2003 TB cases detected at the facilities during the reporting period representing a 17.7% increase from 1702 in the preceding reporting period. A total of 1025 TB patients completed their treatment (938 in the pervious quarter) of whom 556 were cured i.e. found smear negative (638 in the previous quarter). Routine testing for HIV is offered at all TB clinics and 69% of the clients received counseling and testing this quarter.

Challenges

The main challenge is timeliness of TB data, especially with regards to HIV testing and the number of clients on ART.

Planned Activities (January to March 2008)

1. Support supervision to Butere, Mumias, Bungoma and Lugari districts.
2. Provider training on TB/HIV management for both public and private facilities.
3. Quality assurance for Acid-Fast Bacilli (AFB) refresher training for lab staff
4. Community-based DOTS and defaulter tracing training for HBC coordinators.
5. World TB Day festivities to be held on March the 24th 2008.

Reproductive Health, Family Planning, MCH and Malaria Services

Key Program Activities

MCH and Malaria

A2W supported the local MOH in marking the second Malezi Bora weeks in November. The activities included comprehensive and integrated outreaches, health education, LLITNs distribution and IEC materials distribution. The PHMT was facilitated to supervise the activities in all districts.

Support supervision
Joint support supervision were held with the MOH on MCH and child welfare services in the province.

MCH service utilization
More than 49,000 children were served as new visits at the child welfare clinics (CWC). There were 33,071new attendants to Ante-natal clinics with 20,276, 11,340 and 7,893 mothers

attending ANC for the 2nd, 3rd and 4th time respectively. Intermittent presumptive treatment (IPT) was offered to 13,874 mothers for the first time and 9,231 for the second. In comparison to the last quarter of year 1, new attendees to the CWC were 29% higher this quarter with marginal reductions in the attendance to ANC and mothers receiving IPT.

The table and graph below compare the performance between the October-December quarter and the previous with regard to utilization of MCH services.

Table 5: MCH service utilization

OCT-DEC	Visit Type	October	November	December	TOTAL	July-Sept
CWC	New	17774	17594	13982	49350	38459
	Rev	66351	84559	52152	203062	150925
ANC	1	12270	11927	8874	33071	34966
	2	7379	6925	5972	20276	22510
	3	3925	4073	3342	11340	9511
	4	2895	2787	2211	7893	8932
IPT	1	4594	4284	4996	13874	14251
	2	2795	3078	3358	9231	11196

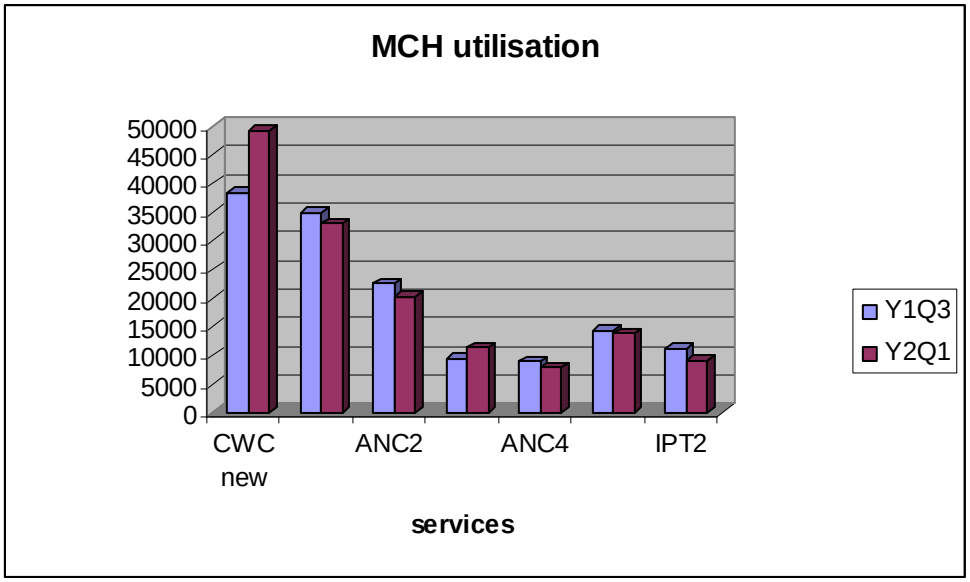


Figure 5 MCH utilization

IMCI focal persons meeting

A meeting was convened for all IMCI focal persons from the then 12 districts plus the province where elaborate and comprehensive facilitative supervision was planned for. It was suggested that the focal persons be updated on the latest revision of the IMCI curriculum. In following up to the child survival partners meeting held in September, a meeting with the Busia Child Survival Project set the pace for further collaborative activities especially for IMCI and PMTCT

Maternity services
The program continued to strengthen maternity service delivery mainly through provider support supervision within the local MoH structures. This also offered the opportunity for follow up of newly trained providers especially in essential obstetric care and post-abortal care.

Over 10,000 deliveries were conducted during the quarter with 910(9%) being complicated cases that were successfully managed. Of these, 696 were by caesarean section and 214 by breech delivery.

Post-abortion care was offered to 704 clients within the quarter.

The table below compares service delivery between the last and the current quarters.

Table 6: Service Utilization

Services	Y1Q3	Y2Q1
PAC	540	704
Total deliveries	9,371	10,119
SVD	8,374	8,954
C/S	792	696
Breech	205	214
Referrals		567
Maternal deaths		31

Meetings attended
- Population Council meeting on domiciliary midwifery,
- African Midwives Research Network's regional conference.
- Prevention of Post-Partum Haemorrhage Initiative (POPPHI) in Nairobi

Family Planning Services

Assessments
- A rapid assessment was conducted at some select facilities in Lugari, Bungoma, Busia, Teso and Vihiga districts on Adolescent Reproductive Health. Most of the facilities did not have youth friendly services. Alupe SD Hospital, Ekwanda Health Centre and REEP Butula had youth corners.

- An assessment and appraisal of the facilities that conduct BTL services was also conducted as part of the RH supervision. The provincial hospital and all other major hospitals offer the services routinely. Matungu and Lumakanda District Hospitals have no routine BTL services. However, Lumakanda has a theatre under construction and will require support in purchase and supply of basic theater equipment.

Meetings/Workshops

- The DRH, in conjunction with NASCOP and the HMIS department convened a meeting for the DHMTs in Western province. It was jointly supported by APHIA II Western and Management Sciences for Health (MSH). It served to review the HMIS tools, especially

the MOH's 711 integrated tool. It was generally agreed that this tool, once in use will save staff time and improve on the quality and timeliness of data management.

- A national stakeholders meeting was held in Nairobi to discuss means of improving access to and uptake of long acting and permanent methods (LAPM) of family planning. It was jointly facilitated by JHPIEGO and DRH. A national task force was formed to work out and finalize on the strategies to be adapted for Kenya

Service utilization

There was an overall increase in the of FP services with a couple years of protection (CYP) of 29,459 achieved versus 23,253 in the preceding quarter. There were comparative increases in clients served with injectables (60%), IUCDs (21.7%) and implants (58.4%). There were also comparative drops with regard to pills (7.9%) and Tubal ligations (19.5%). The improved performance is attributable to better availability of the commodities, especially the implants, more support supervision to the providers and the integrated community outreaches. Tubal ligations were less due to the December period with many holidays and less time to offer elective surgery. Three vasectomies were performed as compared to 9 in the previous quarter.

The table below summarizes the utilization by districts October to December 2007.

Table 7: Family Planning Service Utilization

District	Family planning method mix							CYP
	Pill cycles	DEPO	IUCD	Condoms	BTL	Implants	Vasectomy	
Bungoma East	1,126	2,797	34	14,999	51	35	-	**1,514**
Bungoma North	1,397	1,900	73	11,031	106	5	-	**1,724**
Bungoma South	2,617	3,895	17	20,212	107	170	-	**2,756**
Bungoma West	1,027	1,950	19	7,423	43	11	-	**1,047**
Busia	2,572	5,324	32	28,027	42	291	-	**3,128**
Butere	1,558	2,448	13	30,369	10	86	-	**1,336**
Emuhaya	890	1,663	37	36,278	31	64	-	**1,351**
Kakamega North	926	2,320	28	18,660	-	16	-	**924**
Kakamega South	1,572	8,887	141	56,538	153	63	-	**4,671**
Lugari	2,707	3,810	74	28,915	60	52	-	**2,118**
Mt. Elgon	341	2,483	-	6,542	4	43	-	**868**
Mumias	1,989	2,118	11	45,631	126	40	2	**2,155**
Teso	928	3,071	4	24,836	47	56	-	**1,578**
Vihiga	2,938	5,427	77	121,976	135	128	1	**4,289**
Total	**22,588**	**48,093**	**560**	**451,437**	**915**	**1,060**	**3**	**29,459**
July-Sept	**24,520**	**30,898**	**460**	**275,288**	**1,137**	**669**	**9**	**23,253**

Challenges

1. Inadequate staff capacity for FP provision.
2. Shortage of condoms in the early part of the quarter.
3. The pentavalent vaccine was out of stock nationally for the latter half of the quarter.

Planned Activities (January to March 2008)

1. Training of trainers on active management of third stage of labour
2. Facility based training for FANC/MIP/PMTCT/TB
3. Facility based malaria case management training
4. Support supervision for RH/FP/MCH services including IMCI
5. Training on cervical cancer screening
6. Provider training on essential obstetric care
7. FP/HIV integration training.

V. Improved and expanded civil society activities to increase healthy behaviours

Abstinence and being faithful

Key Program Activities

During the quarter 71,867 primary and secondary school children were reached by abstinence and being faithful messages through group discussions, individual talks, debates, video shows, music and poems. These numbers were derived from the continuous contact with the previously trained teams within schools. In Q2 the peer education within 364 schools engaged in the previous quarter will continue but new targets will be realized in Q3 of year 2 after training new teachers and peer educators.

Picture 1: Peer education in school

In addition the following was achieved

- One (1) quarterly review meeting by District Education Officer held and attended by 13 Educational Officers from districts in Western Province
- 3000 people were reached with health messages during the Schools Provincial Education Day that is celebrated nationally.
- 48 Trainer of Trainers on Life skills for HIV and AIDS, RH ,TB and Malaria in school participated in a meeting organized by the DEO Kakamega South to discuss challenges in implementing the school health programs

Picture 2: KAKAMEGA SOUTH DEOS AND TEACHERS MEETING

Challenges

1. An increase in the number of administrative districts from 8 to18 increases costs of coordination
2. Students Examinations reduced prevention efforts in schools especially for class 8 and form four 4 peer educators because they were occupied with exams as their priority

Planned Activities (January – March 2008)

1. DEOs review and planning meetings
2. Recruitment of schools for HIV and AIDs program
3. Principals' orientation on HIV and AIDs program
4. Teachers training as TOTs on HIV and AIDS, RH, TB and Malaria,
5. Support for schools' drama festival
6. Follow up and monitoring of peer education activities within schools
7. Ongoing mentoring and training of peer educators in schools

Other Prevention

The project reached a total of 155,259 new people and made 366,639 contacts with other prevention activities. The following activities contributed towards the numbers achieved.

Trainings, workshops and conferences

- Fourteen (14) Field Facilitators (FF) were trained on participatory learning approach. The aim was to equip the FFs on skills that will enable them to train the community on formulation of Community Health Improvement Plans (CHIPS) that will help them address their own concerns.

- 113 Lead Community Health Workers were trained on PLA.

- 3,020 CHWs were trained representing 104 men, 1,229 women and 657 youth on PLA to assist on formation of PLA teams and orient them on the same.

- 200 worksite motivators were trained on HIV and AIDS, RH, Malaria, TB and MCH in partnership with the Ministry of Health in order to implement activities within their worksites.

- 500 Village Health Committee were oriented for one day on PLA process to help the community identify their own health issue.

- 50 VHC conferences took place during the quarter and this was attended by 26,270 representing 1,121 men, 1,221 women and 315 youths. The aim of these meetings was to have the CHC committee members to know each other and elect the officials.

- 1,260 PLA team members were oriented on PLA at community level to carry out the exercise and come up with Community Health Improvement Plans (CHIPS).

- 14 FFs were trained on resource mobilization to support the community to mobilizelving their health concerns identified during the formation of CHIPs.

Outreaches

- 2,520 students mobilized for moonlight VCT in Masinde Muliro University. Magnet troupes conducted outreaches and facilitated discussions on AB and condom use based on the Frequently Asked Questions by students. About 12,500 contacts were made in the 5 day cultural week in addition to referrals for VCT services.

- Magnet theatre troupes conducted 71 outreaches and reached 15,536 people in total.

- A total of 44 Outreaches were carried out that reached; 4,079 of 0-14years, 14-25 years 2,549 and above 25 years 2,918 people. During the outreaches Referrals made reached 318 family planning, 65 ART and 47 PMCT. The outreaches created opportunities for services.

- Over 3,000 people with disabilities were reached with HIV/AIDS, TB, RH, Malaria on UN Day for people with disabilities.

Meetings

- 1,524 VHC meetings took place and were attended by 3,648 men, 4,807 women and 1889 youths totaling to 10,344. The main aim of these meetings is to discuss the health issues of the community. Also these meetings provide forums for dialogue discussions.
- 50 sub location meetings held and attended by 704 representing 333 men, 304 women and 70 youths. The aim of these meetings was to select office bearers which represented 84 men, 69 women and 21 youths [174 people].
- 3 monthly meetings were held to get feedback from the field with the FFs.
- 3 feedback meetings were held between LCHWs and FFs.
- 3 feedback meetings were held between LCHWs and VCHWs.
- 8 district meetings were held with 159 church and FBO leaders

- 3 monthly feedback meetings with the 8 trained Site Coordinators were held. 10 sites were identified for peer family program; Kimilili, chwele, mihuu have had ongoing programmes for peer families while Webuye, Nzoia, Malakisi, Sio Port, West Kenya and Shikusa are new sites.
- Quarterly change team meetings were held around 8 health facilities in 4 districts in Vihiga, Bungoma, Mumias, Busia and was attended by 96 participants

Dialogue group discussions in the community

- 3,544 dialogue groups were identified with a membership of 16,798 men, 34,679 women and 11,132 youth [62,609 people]
- 15,827 group discussions were attended by 132,223 people. These discussions are aimed at educating the community on the importance of seeking health services at their nearby health facilities.

Worksites

- 5,095 people were reached through the worksites
- 16,899 contacts were made in the worksites on different sessions

Married adolescents

200 married adolescent mentors were selected from Teso, Mt. Elgon, Vihiga, and Mumias Districts by their respective churches and10 mentors recruited from the Muslim community.

Peer families recruitment

- A total of 168 peer family facilitators were identified from 18 sub locations and villages as shown below. Where villages are used, the number of peer family facilitators identified depended on the population of the village as below
- The selection of families to participate in the peer family program include Families that consist of a father, mother/guardian and 2 adolescent children aged 12-17, preferably a boy and a girl, Family members that are willing to volunteer to participate in and meet with other families and the peer family facilitator once a month, Families that willing to share their knowledge and experiences with other family members and the community

Change team

Mobilized and formed 12 change team committees with a total membership of 144 in 6 districts (appendix 4). Change teams are mobilized in the district around the ART sites to capture successes and Lessons Learnt from activities and support their magnification through community forums. In future they will contribute towards the Radio programmes and Newsletter articles for the community.

Youth grants

The youth grants logistics was finalized by the finance department and will be disbursed in the next quarter.

Table 8: Year 1 prevention indicators and target

	Indicator	Year 1 Achievement	Year 2 targets	October-Dec 2007 Target	Achieved in October-December 2007
5.2	Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful, by gender	195,302	192,139	150,000	155,000 (107,629 women 47,626 men)
	Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful, by gender (***contacts, not individuals***)	469,823	3,711,928	1,237,309	366,639
5.3	Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful,	32225	12,642		Planned for Q2
14.2	Number of local organizations provided with technical assistance for HIV-related institutional capacity building [through grants and networks]	16	3,402	850	50
14.4	Number of individuals trained in HIV-related institutional capacity building	19020	63,650	15,912	1,951
	Number of Magnet Theatre performances	127	440	110	71

The above table shows the achievement of the quarter in review against Year 2 targets. A total of 155,000 new people were reached against 150,000 people targeted for the quarter. The project reached 366,639 with Dialogue group discussions against the target of 1,237,309 and this was attributed to the political electioneering period that diverted the community attention. Fifty Village Health Committees received technical assistance from the project but in general their was low number reported for capacity building due to the delay in training the Community Health workers as resource persons . There were 1951 individuals trained in conducting community health action improvement plans in HIV/AIDS, RH, Malaria, TB, MCH

Challenges

1. Political electioneering interfered with community dialogue discussion group activities thus affecting the community targets. The post election is likely to have a similar effect
2. Demand for motivators from informal worksites to be given lunch or snacks during feedback meetings

Planned Activities (January - March 2008)

1. 3 BCC meetings and 1 team field monitoring visit
2. Orientation with DHEs & PHOs on Result 2 Activities & MOH involvement in new Districts
3. 50 Volunteers selected at s/l to initiate the CHW program via village mobilization (identify Sublocational CHW) for expansion
4. 88 VHC conferences
5. CHW formal feedback meetings
6. 3FF have monthly meeting with A2W staff
7. Identify 8 Magnet Theatre groups and train 64 people
8. Conduct Radio Listernership survey
9. Train 50 peer families facilitators as TOTs
10. Worksite motivators conduct 30,000 dialogue group discussions
11. Monthly meetings with worksite coordinators
12. Identify 400 schools for training
13. Print 4250 peer education guide and 850 teacher
14. Orientation for 400 Headmasters
15. Train 400 married adolescents mentors
16. sub location CHWs meet with 2 women groups on health education at s/l level (contacts)
17. Youth CHWs conduct discussions and activities with 1500 youth
18. Conduct 13 health action days and 132 outreaches
19. Develop grant program for women
20. Conduct quarterly meeting with 52 change teams
21. Develop content for 2 health newsletters issues
22. Support the drama festivals for schools
23. Develop comic book content
24. Support HIV and AIDS workshop for women with disability

Success story: Change team takes the initiative

We are no longer the "moving graves" nor the "dying tomorrow". Life is in us, we are living and ARV'S work", says Jael, a member of the change team committee at Vihiga district hospital, as well as the chairlady of VIHASA, a network of PLHA'S in Vihiga district.

Picture 3: Some of the change team members of Vihiga in a planning meeting at the Vihiga district hospital

The change team in collaboration with VIHASA, the Ministry of Health, the provincial administration ,CACC coordinators and other well wishers organized for an anti AIDS walk for PLHA'S whose theme was to sensitize the public on the need to know their status through VCT, accept their status, enroll for treatment and avoid stigma and discrimination.

The "community takes the lead" event had all roads leading to Mbale where the climax of the event was to be held. PLHA'S from various parts of the district held processions to the venue of the event. Various activities were lined up for the day that included voluntary counseling and testing, health education and speeches from various people. Over 800 people participated in the walk that included MOH staff, Provincial administration, members of the 33 support groups attached to Vihiga district hospital and the general public. 22 members of the public accessed VCT services while 100 received treatment for various ailments.

The event was an eye opener for many. Many of the clients who have been accessing ART services elsewhere are now back to Vihiga, those on ARV's but not in any support group have now joined various support groups and there is demand for information and services to the church through the church leaders. Five (5) HIV positive pastors have come up to form a support group of their own that will be used in the sensitization of other church leaders.

VI. Improved and expanded care and support for people and families affected by HIV/AIDS

The project endeavors to enhance the quality of life for OVC and PLWHA in partnership with the CBOs and FBOs. During the quarter in review 17 CBOs that were sub granted for the period September 2007 – December 2007 satisfactorily accomplished their planned activities except two CBOs in based in Mt. Elgon and Budalangi.

OVC support

Key Program Activities

OVC activities were carried out at the local level through 17 CBO with support and supervision coming from A2W technical team and relevant government ministries. The children's department provided the overall lead; the Ministry of Education oversaw school fees disbursement, the ministry of livestock advised on livestock support programme while the Ministry of Agriculture advised on the types of seeds that were suitable at the different sites. The Ministry of Culture and Social Services participated actively in the CBO sub-granting and will continue to monitor the CBOs we are working with. The CBO also recruited additional OVCs during the quarter to raise the project total to 34,017.

Education

School uniform distribution for primary school continued during the quarter. The CBOs fitted a total of 4,024 OVC, 2,243 males and 1781 female. A total of 228 pupils in secondary school received secondary school fees support through the CBOs in conjunction with the MOE and MOHA. Out of this, 91 were females while 137 were males.

OVCs supported with uniforms at the Mumias Cultural Centre

Nutrition
Nutrition support was in form of direct grain supplementation by the 17 CBOs as well as through organic farming (seeds provided) and dairy goat project. In Teso and Busia Districts, 42 (23 males and 19 females) CHW were trained as TOT in organic farming. This training was done in conjunction with the Ministry of Agriculture. During the quarter the project area experienced enough rains which promoted food security at OVC and PLWA household level.

Livelihood support/protection
A total of 62 OVC (35 males and 27 females) were vetted by the CBO and attached to vocational training sites.

Shelter
Two hundred and three (203) children received shelter support, particularly beddings through CBO sub grants.

Psychosocial support
This was provided during CHW visits and during children club activities which is described below.

Picture 4: A child receiving counseling during children club activity in Kakamega

Children Clubs

The 9 Children's Clubs formed in Year 1 held activities in early December. A total of 725 Children (291 boys and 434 girls) were counseled through the clubs where freely shared their experiences with the community persons trained in systemic child counseling program.

Memory book writing

There are 40 memory books being written by parents to the children to prepare them for family transition. The memory book trainees visited various community fora and families where they discussed issues concerning parenting, child growth, separation and importance of disclosure of one's HIV status. They reached 243 boys, 382 girls, 524 adult males and 1,052 adult females. Out of these meetings 5 girls and 3 boys were referred for medical care.

Systemic child counseling monitoring meetings

These were held in Kakamega, Bungoma, Lugari and Busia districts successfully on a monthly basis. They handled cases of separation, suicidal attempt, bereavement, child physical, sexual and psychological abuse.

In Bungoma the child counselors have been able to support children reach to the CCC. They have been able to form a children's support group which was to have an end year party on 30th of December unfortunately the political skirmishes made them postpone. The number of children reached with the systemic child counselors (excluding children clubs sessions) are 278 boys and 912 girls.

Community counseling monitoring meetings were held in Vihiga, Butere/Mumias, Bungoma and Busia districts. Paralegal monitoring meetings took place in Kakamega, Butere/Mumias, Busia and Vihiga districts.

The table below quantifies the benefits to OVCs in the quarter.

Table 9: OVC benefit data summary by type

TYPE OF BENEFIT	FEMALES	MALES	TOTAL
Psycho-social support	11,933	14,145	26,078
Education	1,872	2,380	4,252
Protection	37	24	61
Shelter(Beddings, clothes)	111	92	203
Livelihood support(Vocational training)	27	35	62
Health care	66	71	137
Nutrition (food)	2,859	1,783	4,642

The project has tried to provide different benefits to the OVC. Nutrition and health benefits will be the major focus in the next quarter.

Table 10: OVC benefit data summary by number of benefits

	Gender	1 or 2 benefits	3 or more benefits	Total
Western Province total	Female	13,907	1,711	15,618
	Male	16,632	1,960	18,594
	Total	31,302	3,669	34,212

Most of the OVC received 1 or 2 benefits.

Other OVC support activities

Distribution of OVC monitoring tools continued to all the 17 CBOs. A total of 2,015 CHW were supplied with monitoring tools.

During the period under review, the OVC technical team attended two USAID meetings during which major aspects of quality care and monitoring for the OVC were deliberated upon.

CBO/FBO strengthening

Strengthening and capacity building of the CBOs continued during the quarter. Twenty four (24) CBOs represented by 46 officials received organizational capacity building (OCB) and grant management training. The twenty four CBOs qualified for second phase sub granting in Q2 of Yr2 to scale up implementation of R3 activities.

Challenges

1. The AAC structure in Western Province is still weak and requires resources input beyond the scope of the project. This has hampered rolling out locational AAC.
2. The total number of OVC in the project is large compared to available resources. The budget provides about US$ 500,000 for direct OVC benefits when the required amount per child per year is about US$ 120.

Planned Activities (January- March 2008)

1. Hold a provincial OVC stakeholder forum to be lead by the Children Department so that the role of AAC is made clear
2. Conduct 1 organisational capacity building (OCB) trainings for 16 CBO/FBO focal persons.
3. Issue Sub grants to 16 CBO/FBO.
4. One training each for systemic child counselling and memory book and paralegal, each has about 25 persons.
5. Conduct location 16 AAC trainings and support them conduct quarterly meetings.
6. Place 820 out of school OVC in vocational training sites including entrepreneurship.
7. Conduct monthly supervision and monitoring visits of CBO/FBO activities and quarterly CBO/FBO meetings as well as monthly meetings of VCO and OVC CHW.
8. Support 14 district and divisional AAC to hold quarterly meetings and supervision activities.
9. Conduct one TOT training on OVC care and support targeting 24 CHW/VCO. These to train 600 OVC CHW on child monitoring, care and support.
10. Pay school fees to 500 total orphans in secondary school.
11. Support 320 out of school OVC with business skill training.
12. Support 12000 primary school OVC with uniform and school supplies.
13. Support 2440CHW OVC monitors with rain gear, t-shirts, bicycles and stationery as per need.
14. Train 480 CHW as TOTS in organic farming and support 1000 OVC establish backyard kitchen gardens.
15. Support to 400 children in children clubs for counseling sessions.
16. Quarterly monitoring meeting with 200 child counselors and memory book CHW.

Palliative Care

Key Program Activities

Home Based Care activities PLWA livelihood support

There is now a pool of over 75 MOH staff trained by A2W and Mildmay on HBC implementation. These are fairly evenly spread in all facilities in the province. In the reporting quarter, these staff supported the HBC programme by providing trainings to CHW through CBO sub grants. A consultative meeting was held in Kakamega South District in which the role of district HBC coordinator, facility based coordinator; CHW and the CBO were spelt out.

Fifteen (15) dairy bucks were distributed to the CBOs. These will serve the 200 she-goats that were distributed to PLWA households last quarter. The households will be able to get milk from their progenies.

During the quarter all the tools required for HBC were distributed to the CHW and HBC coordinators in all the 17 divisions A2W is supporting directly. HBC kits will be procured and distributed in the next quarter.

Reporting of HBC activity improved a lot this quarter. This is after a number of meetings between the HBC coordinators and A2W data and HBC technical teams. The data captured in MOH 726 annex is summarised below:

Table 11: Home Based Care

	Females	Males	TOTAL	Last quarter
No. of CHW providing HBC	1427	653	2080	682
No. of CHW reporting	739	325	1064	406
No. of clients	8655	4289	12944	4,051
No. of clients < 15 yrs	610	524	1134	173
No. of clients 15yrs and Over	5272	2131	7402	3,878
No. of patients on ARV	41 92	2329	6521	2,102
No. of patients on TB treatment	933	820	1756	762
No. of PLWHA receiving nutritional support	1086	552	1638	706
No. of HIV+ TB patients receiving ART and TB treatment	711	401	1,112	512
No. of Deaths	38	38	76	49
No. of HBC kits Supplied	897		897	648
No. of HBC kits used	897		897	714

Inter-Personal Therapy for Groups (IPT-G)
This activity was a carried forward from Year one. There was recruitment and training of 30 IPT-G group leaders from Shinyalu and Hamisi divisions. They carried out an ethnographic survey whose data will be analysed next quarter. IPT-G provides a mechanism for depressed members of the community to undergo therapy sessions that will enable them overcome their emotional challenges.

Channel of Hope (COH)
During the quarter the project worked towards reducing stigma and strengthening community safety nets by building the capacity of FBOs to respond to HIV and AIDS issues. The project had adopted COH inter-denominational approach targeting church congregations, FBOs and CBOs. Twenty five (25) church leaders were trained on COH.

Ambassadors of Hope (AOH) outreaches
The outreaches continued actively in the months of October and November but slowed in December as the communities were involved in electioneering. One concern coming out of the outreaches this quarter was the feeling that just as in TB; one is not infectious once started on ARV. There will be need for more focused IEC.

A total 8,689 males and 14,268 females were reached through the stigma reduction outreaches in the province. These outreaches were held in welfare groups, schools, faith based groups, youth

groups, groups for the disabled, formal and informal worksite groups, World AIDS Day events as well as other A2W trainings. Emphasis was on drug adherence and service points.

Paralegal meetings
These were held in Kakamega, Vihiga, Butere, Mumias and Busia districts. The paralegals handled 80 rape cases, 96 cases of domestic violence, 6 child abuse cases and 56 property inheritance cases. Most rape survivors were able to get medical care. In Kakamega there was a case of a woman who had been physically abused and expected the husband only to be fined but not be jailed. She asked for the withdrawal of the case.

Vihiga has high number of cases in child sexual abuse. Paralegals are few and there is need for identification cards to assist them especially when approaching the administration. The number of families assisted by paralegals was 510 males and 867 females, while children were 30 boys and 112 girls.

Bereavement counseling
These were held in the month of December in Kakamega, Butere, Mumias, Bungoma and Vihiga districts. Trainees in Butere, Mumias and Bungoma have formed 4 widow support groups each that carry out bereavement counseling to other widows in the communities and encouraging the self concept through the sessions. They managed to reach and offer counseling to 25 widowers and 62 widows.

Community counseling
The community counselors monitoring meetings were held in Butere, Mumias, Vihiga, Bungoma and Busia districts on a monthly basis for all the 3 months. During visits and family discussions, the community counselors have observed that some families still deny the existence of HIV and AIDS in their families and are comfortably talking about witchcraft. Most of the people visited have made efforts to visit the VCT though it is not easy for a man in a polygamous family and to go to VCT or share the process with close members. Their referral sheets are never brought back and even when clients remind their healthcare providers about it, the retort they get is whether the sheet is the cure or the medication. They have requested for a directory of service points and contacts for their cases in the province. They were able to hold health related discussions with 650 males, 932 females and 116 boys and 246 girls.

Support groups health talks
Health talks were held in the support groups in all the districts except Mt. Elgon because of poor security. A total of 40 support groups with 327males and 828 females were reached. Members of the groups are encouraged on drug adherence and they acknowledge that this is enabling them open up as well as encouraging more members to join the group, thus reducing stigma in the community. Four support groups have started income generating activities for their livelihood.

CCC Sessions
Health sessions at the CCCs were continued to be held in Kakamega PGH, St. Mary's Mumias, Butere DH, Vihiga DH, Bungoma DH and Lugari DH. Clients were active in sharing feelings and different challenges. Bungoma has been able to organize collection of drugs for their displaced clients. A network plan and committee facilitated by 'Zingatia Maisha' project to strengthen the community facility linkages has kicked off very well in Bungoma, Kakamega and Vihiga districts and will be replicated in the other districts. Number of clients reached at the CCC sessions was 1,042 males 1,999 females and 38 boys 50 girls.

Networking
Four (4) Paralegal Networks were formed in Kakamega, Butere/Mumias, Busia and Vihiga districts. There was networking and collaboration with Western Empowerment Advocacy Education Programme (WEAEP)-Kenya for street children psychosocial support and EDDO-Kenya for the disabled group outreaches and Paralegal Forums.

The table below gives a summary of number of people reached by trained TOT in the different aspects of PLWA community activities.

Table 12: People reached through TOTs

Year 2 Quarter 1 PLWA stigma reduction and mitigation activities			
	Gender	**Q1 target**	**Q1 actual**
No. of children reached by child counselors	male	300	278
	female	600	912
No of children reached by memory book trainees	male	300	243
	female	600	382
No. of child counselors monitored	male	31	28
	female	90	98
No. of memory cook trainees monitored	male	30	30
	female	68	68
No. of children reached by community counselors	male	300	116
	female	600	246
No. of people reached by community counselors	male	300	650
	female	600	932
No. of community counselors monitored	male	30	32
	female	69	72
No. of families reached by community counselors		1500	893
No. of widow/widowers supported by bereavement counselors	male	750	126
	female	2250	588
No. of bereavement widows monitored	male	16	14
	female	77	70
No. of support groups strengthened		40	65
No. of people in support groups	male	500	410
	female	1150	2010
No. of paralegals monitored	male	38	30
	female	59	58
No. of people in families assisted by paralegals	male	300	510
	female	600	867
No. of children assisted by paralegals	male	40	30
	female	60	112
Referrals			
STI	male	100	34
	female	200	44
Support groups	male	300	632
	female	1500	1022
VCT	male	500	371
	female	500	551
CCC	male	240	124
	female	450	287
Legal	male	14	4
	female	300	173

Challenges

1. Stigma and discrimination prevents community support group formation and activities, access to services and openness in providing livelihood support.
2. Logistics involved in the procurement of HBC kits delayed the whole process.
3. Paralegal network system is weak with few trained
4. Two ambassadors died and ten (10) displaced.

Planned Activities (January- March 2008)

1. Hold monthly review meetings between HF based HBC coordinator and CHWs in all 17 divisions of CBO activities.
2. Train 60 additional district and facility based HBC coordinators and 600 CHW on HBC care and support activities.
3. Procure and distribute 1000 HBC kits.
4. Support PHMT & DHMT to hold one provincial HBC coordinators meeting.
5. Train 30 IPT-G group leaders.
6. Conduct support group meetings for enhancement of positive living (ART adherence, nutrition, hygiene), and hold one quarterly monitoring meetings held with Ambassadors of Hope.
7. Conduct sensitisation workshop for 100 religious leaders.
8. Conduct training of Congregational HIV and AIDS Task Teams (CHATT).
9. Conduct trainings for 20 community counselors, 20 bereavement counselors and 40 paralegals.
10. Hold one quarterly monitoring meeting each for community counselors and bereavement counselors.
11. Livelihood support for 200 PLWA households with livestock.
12. Establish one district paralegal network.

Picture 4: REEP director presents school fees cheque for Kevin from APHIA II Western to the principal of Butula Boys High School, as students and teachers look on

Kevin Oduor's Story

"My name is Kelvin Oduor. Am 17 years old and I am a form two student at Butula Boys High school. My father and the only parent who worked at the District Commissioner's office in Busia had died due to HIV &AIDS. I was the best in my school having scored 398 marks in the class eight exams and I was admitted at Butula Boys High school. Last year REEP (CBO) staff came to our school to register orphaned students with school fees problems under APHIA 11 Western a new project that provide care and support for OVC. I was among the many students registered in my school. I had never paid fees since form one and I had an outstanding fee balance of about KSh 58,000.

Then something happened that changed my life. Before we closed schools for the December holidays 2007 APHHIA 11 Western through REEP paid for my School fees. My teachers were very happy for me and another boy who had also benefited from this project. I was numb. My head was throbbing and heart was beating very fast. There I was with all my fees problems solved. This is the best thing that ever happened in my life. I feel grateful, happy and hopeful. At the end of the term, I took a copy my position one report card to REEP office which was forwarded to APHIA 2 Western. Now I have no excuse and am determined to keep this position to the very end. My ambition is to become a medical doctor.

My advice to orphans like me is that they should never give up hope. There are still kind people in the world. They should also work hard at school and be disciplined since no one will want to assist a person that is not well behaved. The only hope we have as

orphans is a good education. And God bless APHIA 2 Western project for giving hope to hopeless".

Picture 5: Kelvin Oduor, a Form 2 student at Butula Boys' High school telling his life story to REEP Director, expressing his gratitude to APHIA 11 Western project for having paid his School fees.

VII. MONITORING & EVALUATION

Key Program Activities

- Profile of facilities
- Mapping of facilities and other service providers
- Provincial M&E meeting
- Data collection/Analysis/Report writing.
- Capacity building for stakeholders on M&E.

Provincial M&E and Review Meetings

- The project team continued with strengthening of the HMIS in the province through meetings. Discussions were held with the District Health Records and Information Officers (DHRIOS) in the districts within the province and visits made to some of the

facilities to ensure that registers are available and are correctly filled on daily basis and correct summaries made.

- The monthly meetings with DHRIOs continued during the quarter. This arrangement has made it easy for the PHRIO to discuss with his team from the field any new developments. It has also reduced the workload in updating the AOPs for the province. These meetings will continue in the next quarter.

- An internal technical review meeting was held to discuss the quarter 3 of year 1 report. The areas of concern were: pediatric ART performance that was low; community and facility linkages to push performance upwards; OVC monitoring system, follow- up and health support.

- An exchange visit for all the M&E Advisors of APHIAs to Nyanza was made during the quarter. The focus of the visit was on OVC and PLWAS system. Data collection of the same is challenging but APHIA II Nyanza has put in place databases that are best suited. A second meeting was held in Nairobi in December and the group benefited from the presence of USAID monitoring and evaluation specialist. Issues that were discussed focused more on the tools and registers used in health facilities in the country.

- The provincial team (the PHMT, all district MOHs, Public Health Nurses, DASCOs) had a meeting with APHIA 2W to share the quarter 3 results. During the meeting the PMO highlighted some of the health objectives that are not being met such as increased deliveries in hospitals, implementation of community strategy and asked the project team to assist. The project was also requested to assist in tracking the outcome indicators within the province. During the meeting, it was also noted that the HBC program in the province was weak, reporting inconsistent and the tools not well understood. The project team was encouraged to plan and collaborate with the MOH very closely.

Support to Result Areas

The team concluded the M&E training of 220 workplace motivators at Border Palace, Busia. The training involved taking the participants through various tools used by workplace motivators. Such tools included:

- Dialogue Group Profile Form
- Dialogue Group Reporting Form
- Sub-Location CHW, Divisional Youth CHW or Supervisor Monthly Summary Report.

Based on problems encountered trying to fill the already submitted reports the training was tailored towards minimizing transferring of the information. The participants were urged to be filling the group profile form as soon as they finish talking to them as experienced during mock play during the training.

A template of a list of all the facilities the project team works with was developed and shared with result areas to supply information on the support provided by the project to facilities. The list is attached in the annex. This list provides some useful information on the kind of support that the project is providing to facilities. The services and material/equipment assistance to the facilities has thus been documented.

Another template was also developed to capture the district and divisions where result areas 2 and 3 operate in terms of mobilization, worksite, Magnet Theater, schools, groups of PLWAs, and CBOs.

Data Collection

The project facilitated the DHRIOs and the DASCOs to collect data forms from the facilities. This system is working well for all districts except Mt. Elgon where most of the facilities are inaccessible because of the volatile situation in the district. Despite the lateness by some facilities, the reporting rate in the province has indeed improved.

Data quality is now the focus of the project and project staffs in conjunction with the district teams are conducting support supervision including OJT at the facilities. There has been marked improvement in collection and collation of data especially for HBC and family planning.

Profile of facilities

Collating of the facility profile exercise was started in this quarter and is to be completed in the second quarter of year 2. The facilities list was obtained from the PMO's office. The team visited the facilities to collate data from 200 out of 270 facilities.

Challenges

1. Shortage of some registers in some facilities
2. Difficulty in getting data from districts on time especially in districts without computers. Of the 14 districts only 7 have computers for the DHRIOs.

Planned Activities (January –March 2008)

1. Continue with Development of Health Facility Profiles.
2. Finalize the process of mapping of facilities, services and other service providers.
3. Hold quarterly review meeting with project teams.
4. Hold Provincial M&E monthly meetings.
5. Conduct data collection and processing from districts and facilities on monthly basis.
6. Capacity building of stakeholders in M&E with a focus on working with NACC.
7. Create performance review charts for facilities
8. On the job training of HMIS.
9. Identify consultant to finalize mapping of facilities, services and community sites.

VIII: Operations and Finance

Recruitment
The project recruited IT officer, Media Officer and Youth Officer.

Office/ Space

- Burglar proofing was done in the lower office block.
- The external store was also reinforced.
- An extra office was let out to the Project by Kenafya. Procurement of containers to provide for additional space is underway.

Equipment
Four old computers were donated to Emuhaya, Mumias, Bungoma and Kakamega North
All equipment supplied to facilities were branded.

Transport
The 3 old vehicles given by Engender Health at the project are required back and arrangements are on to hand them over in early 2008.

Communication
The project is in the process of acquiring an extra wireless line to ease communication. A wireless device was put in place to assist with internet and e mail.

Financial report

During the quarter, expenditure was incurred mainly on trainings and workshops, support to OVC, site renovations and supportive supervisory visits among other activities. Cost share in form of volunteer time, GlaxoSmithKline grant expenses that relate to Western province, donated ARVs, equipment and vehicles was also reported.

Reported total expenditure for the quarter was US$1,923,061 up from US$750,602 reported in the previous quarter. This substantial increase in reported expenses was as a result of payments to subrecipients. These amounts had been reported as accruals in the previous quarter. Cumulative actual expenditure as at December 31, 2007 rose to US$3,608,911. Accrued expenditure as at December 31 2007 reduced to US$893,052 from US$1,192,698 reported in the previous quarter as a result of settlement of invoices received from partners.

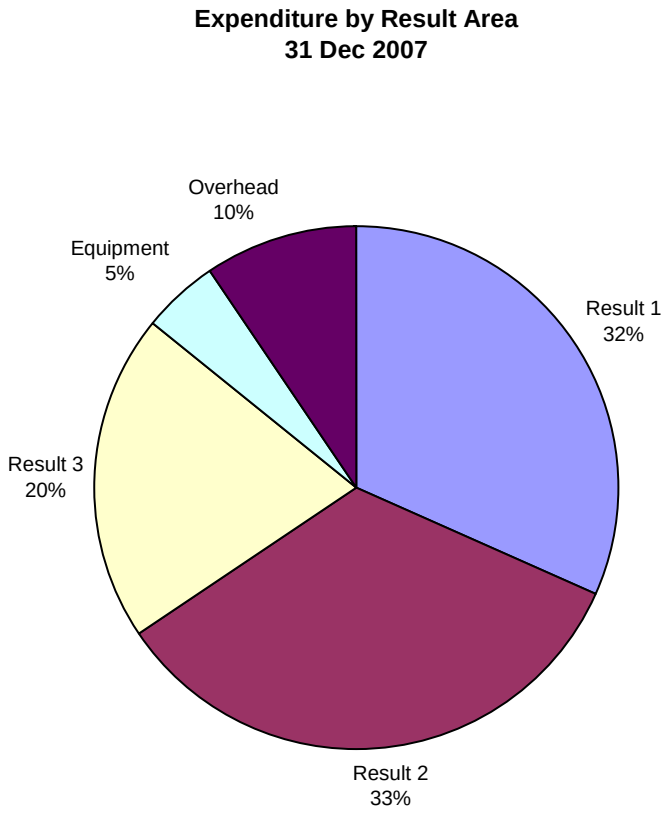
Actual and accrued expenses for the financial year ending December 31 2007 was US$4,500,963 against a budget of US$7,177,713 representing 63% spending. Considering financial year one was a start up year and implementation of activities was for only 9 months, this burn rate is satisfactory.

The balance of obligated funds as at December 31 2007 was $7,959,037. The funds are sufficient to cover planned activities for the next three quarters.

Expenditure by Result Area

The table and chart below show actual and accrued expenditure as at December 31 2007 by result area.

Result 1: Improved and Expanded Facility-Based HIV/AIDS, TB, RH/FP, Malaria, and MCH Services	1,431,124.81
Result 2: Improved and Expanded Civil Society Activities to Increase Healthy Behaviors	1,520,363.44
Result 3: Improved and Expanded Care and Support for People and Families Affected by HIV AIDS	916,475.09
Equipment	203,504.60
Indirect Costs	429,494.66
Total Program Costs	$4,500,962.60



Appendices

Appendix 1: Patients on Antiretroviral Treatment (ART)

	Facility Name	NEW individuals initiating ART October-December 2007		CURRENT individuals receiving ART by 31st December 2007		TOTAL by end 31st December 2007
		Adults	Children	Adults	Children	Total
1	Kakamega Provincial General Hospital	93	10	932	48	980
2	Malava District Hospital	22	13	105	21	126
3	Navakholo Sub-District Hospital	20	7	29	7	36
4	Bukura Health centre	8	0	10	0	10
5	Iguhu HC	22	1	16	1	17
6	*Bushiri HC*	*0*	*0*	*0*	*0*	*0*
7	*Kambiri HC*	*0*	*0*	*0*	*0*	*0*
8	Vihiga District Hospital	162	17	987	114	1101
9	Sabatia HC	20	2	64	4	68
10	Ipali HC	3	0	3	0	3
11	Emuhaya District Hospital	18	2	31	2	33
12	Lumakanda District Hospital	18	5	55	10	65
13	Likuyani Sub-district Hospital	6	2	50	2	52
14	Mabusi Health Center	14	0	34	3	37
15	*Matete HC*	*0*	*0*	*0*	*0*	*0*
16	*Kongoni HC*	*0*	*0*	*0*	*0*	*0*
17	Bungoma District Hospital	67	1	522	31	553
18	Malakisi HC	4	0	12	0	12
19	Bumula Health Center	2	0	2	0	2
20	Chwele DH	1	2	17	1	18
21	Kimilili District Hospital	28	3	167	17	184
22	*Sirisia SDH*	*0*	*0*	*0*	*0*	*0*
23	Butere District Hospital	46	2	227	11	238
24	Kwhisero Health Center	18	2	25	2	27
25	Manyala SDH	5	0	9	0	9
26	Namasoli ACK Mission HC	10	0	9	0	9
27	St Mary's Mission Hospital	86	5	822	25	847
28	*Matungu DH*	*0*	*0*	*0*	*0*	*0*
29	*Makunga HC*	*0*	*0*	*0*	*0*	*0*
30	Alupe Sub-district Hospital	45	1	272	7	279
31	Matayos Health Center	34	3	55	3	58
	TOTAL	**752**	**78**	**4455**	**309**	**4764**

Appendix 2: Current Patients enrolled on HIV care and treatment as at 31st December, 2007

	Facility	Children		Adults		Total
		Male	Female	Male	Female	
1	Kakamega Provincial General Hospital	30	48	387	812	1277
2	Malava District Hospital	26	35	76	201	338
3	Navakholo Sub-District Hospital	14	8	27	90	139
4	Bukura Health centre	4	2	25	46	77
5	Iguhu HC	20	21	30	36	107
6	Bushiri HC	0	0	1	14	15
7	Kambiri HC	0	0	3	9	12
8	Vihiga District Hospital	135	131	699	1489	2454
9	Sabatia HC	6	10	35	124	175
10	Ipali HC	0	2	9	35	46
11	Emuhaya District Hospital	3	4	17	41	65
12	Lumakanda District Hospital	14	17	57	159	247
13	Likuyani Sub-district Hospital	6	4	32	117	159
14	Mabusi Health Center	15	11	16	66	108
15	Matete HC	2	2	6	36	46
16	Kongoni HC	0	0	3	6	9
17	Bungoma District Hospital	42	48	476	979	1545
18	Malakisi HC	4	9	55	19	87
19	Bumula Health Center	0	0	2	31	33
20	Chwele DH	2	2	13	43	60
21	Kimilili District Hospital	36	49	156	445	686
22	Sirisia SDH	1	0	0	10	11
23	Butere District Hospital	31	42	194	564	831
24	Kwhisero Health Center	16	19	68	195	298
25	Manyala SDH	0	0	12	51	63
26	Namasoli ACK Mission HC	2	1	19	98	120
27	St Mary's Mission Hospital	31	55	367	838	1291
28	Matungu DH	1	2	5	12	20
29	Makunga HC	0	0	2	8	10
30	Alupe Sub-district Hospital	32	18	185	259	494
31	Matayos Health Center	6	13	95	163	277
	TOTAL	**479**	**553**	**3072**	**6996**	**11,100**

Appendix 3: Community Mobilization

District	Site	Nearest health facility	Sub-location/ Estate	Mobilization approach	Churches/villages/estates	Facilitators
Kakamega	West Kenya	Malava district hospital	Cheboso Kakunga Mwera Musingu Lubao	Kakunga jua kali group	2 villages 3 villages 5 villages 2 villages 1 Shikusa prison estate	4 6 10 4 6
Busia	Sio-port	Sio-port sub-district hospital	Sigalame Agenga Busijio Bujwanga Busembe Sisenya Dahiro	The church	2 -ACK/Catholic church 1 -Muramba catholic church 3 -Mungula ACK/Living gospel/Almasjid mosque 2 -Bujwanga catholic/Bujwanga harvest of fellowship 3 -Busembe catholic/Pentecostal Kenya/ Pefa church 4 -Sisenye catholic/End time harvest/End time delivery/Sisenye harvest 1-Dahiro catholic)	4 2 4 4 5 5 2
Bungoma West	Malakisi	Malakisi sub-district hospital	Tamlega	Community meeting	11 villages	30
Bungoma East	Webuye	Webuye district hospital		Worksite community meeting	13 estates around Webuye pan paper mils	30
	Nzoia	Bungoma district hospital	Nzoia	Community meeting	6 villages	16
Mumias	Mumias	St. Mary's Mumias hospital	Ekero Kamcon	Community meeting	9 villages 1 estate	34 2
5	**6**	**6**	**17**			**168**

Appendix 4: Change team committees by district

District	Sites	Members
Vihiga	Emuhaya health centre	12
Kakamega	Bukura health centre	12
	Bushiri health centre	12
	Malava district hospital	12
Bungoma	Bungoma district hospital	12
	Bumula health centre	12
Teso	Alupe district hospital	12
Mumias	St. Mary's hospital	12
Lugari	Likuyani health centre	12
	Lumakanda district hospital	12
	Mabusi health centre	12
Total	**12**	**144**

Appendix 5: OVC benefit data summary by number of benefits

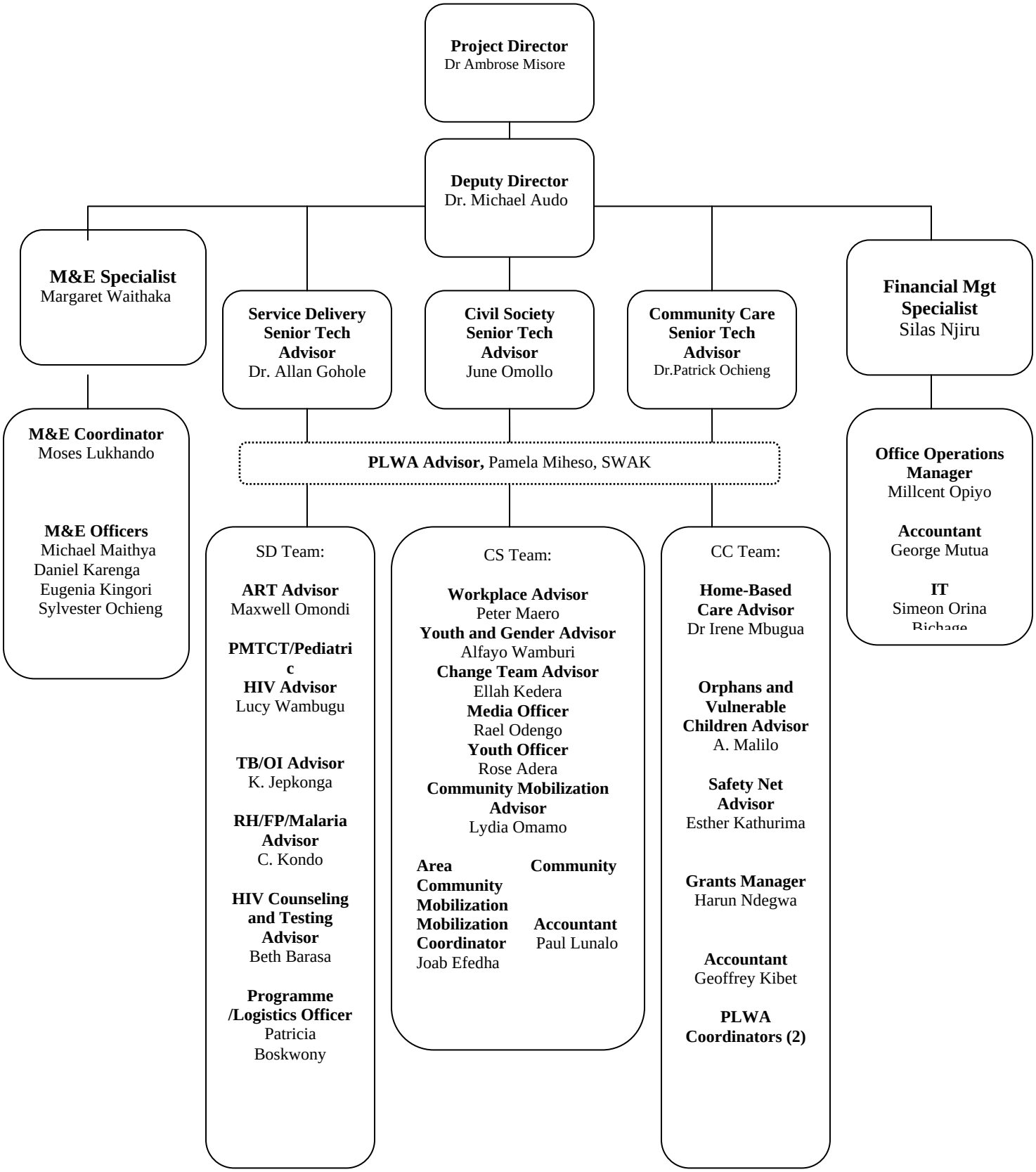
district	Gender	1 or 2 benefits	3 or more benefits	Total
Bungoma	Female	2,394	318	2,712
	Male	3,053	471	3,524
	Total	5,447	787	6,236
Teso	Female	1,404	507	1,911
	Male	2,057	660	2,717
	Total	3,461	1,167	4,628
Busia	Female	2,673	76	2,749
	Male	3,077	123	3,200
	Total	5,750	199	5,949
Butere Mumias	Female	1,681	132	1,813
	Male	2,031	76	2,107
	Total	3,848	208	3,920
Emuhaya	Female	930	71	1,001
	Male	1,173	53	1,226
	Total	2,415	124	2,227
Vihiga	Female	937	293	1,230
	Male	958	308	1,268
	Total	1,895	601	2,498
Mt Elgon	Female	667	263	930
	Male	980	195	1,175
	Total	1,962	458	2,105
Lugari	Female	1,486	27	1,513
	Male	1,256	49	1,305
	Total	2,742	76	2,818
Kakamega	Female	1,735	24	1,759
	Male	2,047	25	2,072
	Total	3,782	49	3,831
Grand total	Female	13,907	1,711	15,618
	Male	16,632	1,960	18,594
	Total	**31,302**	**3,669**	**34,212**

Appendix 6: APHIA II WESTERN: ART SITE SUPPORT OCTOBER TO DECEMBER, 2007

No.	Facility Name	Assessments	Support Supervsion	Locable cabinets	Lab Networks	Computers	Other equipment	Staff hired	Training	Renovations
1.	Kakamega PGH		✓		✓			1 Reg Clinical officer	1 Adult ART 1 ART CM 1 Ped Pyschosocial counselling	Pharmacy Pediatric CCC inititated
2.	Malava SDH		✓		✓			1 Data clerk, 1 PMTCT Nurse	1 ART CM 2 Ped ART 1 Ped Pyschosocial counselling	Contract documents being processed.
3.	Vihiga DH		✓		✓			1 Nutritionist	1 ART CM 2 Ped ART 2 Ped Pyschosocial counselling	
4.	Bungoma DH		✓		✓				1 Adult ART 1 ART CM 2 Ped ART 1 Ped Pyschosocial counselling	
5.	Kimilili SDH		✓		✓				1 Ped ART 1 Ped Pyschosocial counselling	
6.	Butere DH		✓		✓			1 PMTCT Nurse	1 Adult ART 2 Ped ART 1 Ped Pyschosocial counselling	Waiting bays on going.
7.	St. Mary's Mumias Mission Hosp		✓		✓			1 Data clerk	1 ART CM 2 Ped ART	On going.
8.	Lumakanda - Lugari DH		✓		✓				1 ART CM 1 Ped Pyschosocial counselling	At last stages of completion
9.	Likuyani SDH		✓		✓			1 Enrolled Com Nurse 1 Reg Clinical officer	1 ART CM 1 Ped ART 1 Ped Pyschosocial counselling	
10.	Alupe SDH		✓		✓			1 Enrolled Com Nurse 1 Reg Clinical officer	1 Adult ART 2 Ped ART 1 Ped Pyschosocial counselling	BQS received
11.	Mabusi HC		✓		✓			1 Reg Clinical officer	1 ART CM 1 Ped ART 1 Ped	BQs received

									Pyschosocial counselling	
12.	Malakisi HC		✓		✓			1 Enrolled Com Nurse 1 Reg Clinical officer	1 Adult ART 1 ART CM 21Ped ART 1 Ped Pyschosocial counseling	BQs received
13.	Bumula Hc		✓		✓			1 PMTCT Nurse	1 Adult ART 1 ART CM 1 Ped ART 1 Ped Pyschosocial counselling	BQs received
14.	Emuhaya DH		✓		✓				1 ART CM 1 Ped ART 1 Ped Pyschosocial counselling	BQs received
15.	Khwisero HC		✓		✓			1 Reg Clinical officer	1 Adult ART 1 ART CM 1 Ped ART 1 Ped Pyschosocial counselling	BQs received
16.	Navakholo DH		✓		✓			1 Enrolled Com Nurse 1 Reg Clinical officer	1 ART CM 2 Ped ART 1 Ped Pyschosocial counselling	BQs received

APHIA II Western Province Year 2 Activity Tracking

Act Ref No	Ind Ref No(s)	Activity description	Responsible Pa TA partner(s)	Oct 2007 - Sep 2008 Oct-Dec 07	Status	Forward Plan
Management						
1		Project office identified, renovated, furnished and equipped	PATH	X	Done	
2		Recruit key and support personnel	All partners	X		
3		Partners Meetings	PATH	X	X	
4		Establish Technical Working Groups	All partners	X	Done	
5		Technical Working Groups meet	All partners	X	on going	
6		Develop Operational Guidelines/Manual	All partners	X	Done	
7		Management Committee Meetings	All partners	X	X	
8		Formal Meetings with DMS, PMO, PHMT	All partners	X	on going	
9		Provincial Stakeholders Meeting	PATH	X	on going	
Monitoring and Evaluation						
1		Inventory of M&E sytems and tools		X		
2		Profile of facilities		x	ongoing	
3		Mapping of facilities and other service providers		x	ongoing	
4		Provincial M&E meetings	All partners	x	ongoing	
5		Formative assessment of monitoring systems	PATH			
6		Develop sytems and databases	PATH		ongoing	
7		Data collection	PATH	X	done	
8		Analysis	All partners	X	done	
9		Report writing	All partners	X	done	
10	13.2	Capacity building for stakeholders on M&E	PATH	X	ongoing	
11		Quarterly M&E meetings to assess and report on progress for each result area	All partners	X	ongoing	
12		Annual review meeting to determine health outcomes	All partners	X	not done	postponed to Q2
13		Re print & distribute MOH registers		X	not done	
14		Internal evaluation				
15		Performance review charts for facilities		X	ongoing	
16		Training M&E team on MOH tools		X	done	
17		On the job training of HMIS staff		X	done	
18		Trainee follow-up		X	ongoing	
19		Initiate 44 model M&E facilities by District;				
20		Bungoma (12 facilities); PGH, Vihiga (20 facilities), Butere-Mumias (12 facilities)		13	not done	
21		Data audit- facilities		20 imperative sites	ongoing	
22		Audit R2 data/activities				
23		Audit R3 data/activities		x		
24		Develop Supervision system & tools		X		
25		Events calendar		X		
26		Keep close touch with national level studies -KSPA, DHS, AIDS indicator survey		X		
27		Meet with Provincial NACC co-ordinator		X		
28		Assess needs of NACC				
29		Assistance to NACC				
30		supportive supervisory visits by DASCOS/Drecords officers		X		
31		Initiate recognition and award sytem for best practice in M&E		X		
32		Develop and Distribute Newsletter in collaboration with MOH		X		

Appendix 8: Organogram