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AIDS, Population and Health Integrated Assistance II (APHIA II)

Western Province

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Quarterly Project Report

January 1 – March 31, 2008
(Project Year 2, Quarter 2)

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APHIA II Western Consortium Partners

- **PATH:** As the prime partner, PATH leads the team through quality-driven implementation of APHIA II Western. In previous and ongoing projects, PATH has played a key role in building capacity of partner organizations, leading behavior change communication (BCC) interventions, supporting community agency, and advocating for healthy behaviors. PATH engages communities in Kenya through tailored BCC and community mobilization interventions with a particular focus on working with youth and at-risk populations while reducing stigma surrounding HIV/AIDS and TB.
- **JHPIEGO Corporation.** Provides leadership in strengthening service delivery, improving diagnostic counseling and testing, and building capacity of service delivery providers. JHPIEGO brings 27 years of experience in Kenya, during which it has established strong and mutually respectful relationships with the MOH and national NGOs and developed human capacity to improve and expand HIV/AIDS, RH/FP, and malaria services using evidence-based best practices that are regionally and globally recognized.
- **Elizabeth Glaser Pediatric AIDS Foundation (EGPAF).** Heads efforts to expand and improve availability of services and reinforce community-facility links. EGPAF's expertise includes initiating and managing pediatric and adult antiretroviral therapy (ART) sites, training providers, strengthening supply chain management, developing laboratory networks, and improving links between ART sites and the communities that they serve, through partnership with the ministry of health (MOH) National AIDS/STDs Control Programme and other nongovernmental organizations (NGOs) and associations.
- **Society for Women and AIDS in Kenya (SWAK).** Coordinates involvement in project design and implementation by people living with HIV/AIDS (PLWA) and reinforce community-facility links. SWAK's strong presence in Western Province connects the project team to an exceptionally powerful network of women which works to provide counseling and support to HIV-positive individuals and orphans and vulnerable children (OVC), reduce stigma and discrimination, support male involvement in reproductive health, and strengthen community and organizational capacity.
- **World Vision (WV).** Leads the scale-up of home-based care and other support services for PLWA and OVC as well as the capacity building of community and faith-based organizations in Western Province. WV has 15 years of experience working to provide innovative, sustainable, and proven methodologies for mobilizing communities and faith-based organizations in Africa with a focus on reducing stigma, increasing demand for services, and responding to the needs of OVC and PLWA.



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List of abbreviations

A2W	APHIA II Western
AAC	area advisory council
AIDS	acquired immune deficiency syndrome
AMPATH	Academic Model for the Prevention and Treatment of HIV/AIDS
AMTSL	active management of third stage of labour
ANC	antenatal care
AOP	annual operations planning
APR	annual program report
ART	antiretroviral therapy
AZT	azidothymidine
BCC	behavior change communication
BDH	busia district hospital
BTL	bilateral tubal ligation
CBO	community based organization
CCC	comprehensive care center
CD4	cluster of differential 4
CDF	constituency development fund
CHW	community health worker
CLUSA	cooperative league of the U.S.A
CMMB	Catholic Medical Mission Board
COH	Channels of Hope
COPE	client-oriented, provider efficient
CORPS	community own resource persons
CS	child survival
CT	counseling and testing
CTU	contraceptive technology update
Ctx	contrimoxazole
CWC	child welfare clinic
DASCO	district AIDS & STI coordinating officer
DBS	dry blood sample
DH	district hospital
DHMT	district health management team
DHRIO	district health records and information officers
DMLT	District Medical Lab Technicians
DMOH	District Medical Officer for Health
DNA	de-oxyridionucleac acid
DPHN	District Public Health Nurse
DTC	diagnostic testing and counseling
EDDC	Expanded Diarrhoea Disease Control
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EID	Early Infant Diagnosis
EOC	emergency obstetric contraceptive
FANS	focused antenatal care
FBO	faith based organisation
FBP	faith based organization

FP	family planning
FS	facilitative supervision
HBC	home-based care
HC	health center
HCM	health communications and marketing
HIV	human immunodeficiency virus
HMIS	health management information systems
IDPs	Internally Displaced Persons
IEC	information, education and communication
IGA	income generating activity
IMAI	intergrated management of adult illness
IMCI	integrated management of child illness
IPT	intermediate preservative therapy
IUCD	intra uterine contraceptive device
KATSO	Kenya AIDS Treatment and Support for Orphans
KBC	Kenya Broadcasting Cooperation
KDHS	Kenya Demographic and Health Survey
KEMSA	Kenya Medical Supplies Agency
KMA	Kenya Medical Association
KOGS	Kenya Obstetrician and Gynecologist Society
M&E	monitoring and evaluation
MCH	maternal and child health
MDR	multi drug resistant
MFI	microfinance institutions
MIP	male involvement program
MOE	Ministry of Education
MOH	Ministry of Health
MSH	Management for Science and Health
N	north
NACC	National AIDS Control Council
NASCOP	National AIDS and STIs Coordinating Program
NVP	Nevirapine
OJT	on-job-training
ORS	oral rehydration salt
OVC	orphans and vulnerable children
PAC	Post Abortion Care
PATH	Program for Appropriate Technology in Health
PCR	polymerearase chain reaction
PEPFAR	presidential emergency plan for AIDS relief
PEV	Post Election Violence
PGH	provincial general hospital
PHMT	provincial health management team
PHO	Public Health Officer
PITC	provider initiated testing and counseling
PLHA	people living with HIV/AIDS
PLWHA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission
PNC	post natal care

PSS	psychosocial support services
PTLC	Provincial TB and Leprosy Coordinator
RDHC	Rural Demonstration Health Centre
RH	reproductive health
RRI	rapid response initiative
S	south
SDH	sub-district hospital
SMS	short message service
SOPs	Standard Operation Procedures
SVD	spontaneous vertex delivery
SWAK	Society for Women and AIDS in Kenya
TB	tuberculosis
TBD	to be determined
TOT	trainer of trainees
USAID	United States Agency for International Development
VCO	voluntary children's officer
VCT	voluntary counseling and testing
VHC	village health committees
W	west
WESTCOBV	western community based volunteers



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 second quarter of Year 2 covering the period January to March, 2008.

Executive Summary and Highlights

Despite the implementation challenges faced in the period because of the post-election violence (PEV), the project made remarkable efforts in achieving its objectives. The project achieved the set targets in most of the service areas as outlined below:

- There was a 61 percent increased uptake of ART services because of decentralization to peripheral level facilities and expansion of laboratory networks.
- PMTCT infant prophylaxis increased from 62% to 73%.
- Direct primary support to OVC increased from 29% to 65%.
- Improved reporting rates by health facilities with about 90% of health facilities reporting on time.

Implementation Challenges and Constraints

The post- election violence (PEV) experience in Kenya in January/February slowed down program activities. Whereas all facilities remained open during the skirmishes, community activities were severely affected. Other challenges faced were as follows;

- Staff displacement, relocation and absenteeism due to insecurity and transport problems. This affected both project and health-facility staff.
- Drugs and commodity stock-outs due to transport problems during the same period.
- Creation of more districts. Nearly half of the DHMTs were new and needed to be orientated into the program.
- Inadequate human resource capacity and infrastructure at health facilities.

- Partnership concerns with one of sub-grantee organizations (CLUSA) which led to temporary suspension of their activities. This affected some community mobilization activities in March.

Program Development and Management

The reporting period saw the project consolidate and improve on the achievements of quarter 2 despite the harsh political environment. As in the previous quarters, 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; the field office in Kakamega for implementation and Nairobi for overall coordination. Various consultative meetings took place both in the field and Nairobi to evaluate program implementation progress in the face of the post-election violence.

Senior management staff also made several visits to the field especially to evaluate the effects of the PEV and the necessary support for IDPs.

The project technical team held a review meeting for Year 1, Quarter 1 report, presented it to USAID and shared with the PHMT/DHMTs in the Province.

During this period, BroadReach Health Care, a new sub-grantee to the project, started their activities with the aim to create and strengthen public-private partnership in HIV/AIDS through training of private practitioners and by improving referral between non-governmental and MOH health facilities.

New Interventions

Through A2W partners' other funding sources, two programs were initiated that will further contribute to the A2W objectives. These were;

Enhanced Diarrheal Disease Control Initiative by PATH

This is a project whose goal is to help in lowering diarrhea associated morbidity and mortality for children under five. It aims at helping strengthen established interventions and approaches towards diarrheal disease control, including breastfeeding, hygiene and sanitation practices. In addition, the initiative interventions like to introduce zinc supplementation and low osmolarity ORS. The project will be piloted in the four Bungoma districts but will feed into the national system to help establish, revise and implement a national EDDC strategy. It will involve both facility-based and community-based approaches.

Operations Research by EGPAF

EGPAF has embarked on operations research study entitled Provision of Services and Care for HIV-Exposed infants; a comparison of Maternal and Child Health (MCH) Clinic and Comprehensive Care Clinic (CCC) models. The objective is to determine the effectiveness of the MCH and CCC models of care to guide the MOH in decision making on how best to follow-up

and provide services to HIV- exposed infants. This observational, prospective cohort study is already in progress at three sites namely, BDH, Vihiga DH and Mbale RDHC. It specifically aims to compare the rates of uptake of services in the MCH and CCC models of care for:

- DBS-PCR testing and cotrimoxazole initiation by HIV-exposed infant at 6-8 weeks
- The follow up care of HIV-exposed infants with regard to third immunization visit, continuation of CTX prophylaxis at 6 months and the measles immunization at 9 months.
- The proportion of HIV exposed infants receiving the HIV antibody test at 12 months

Joint Planning, Collaboration and Networking with Stakeholders

Collaboration with the MOH and other stakeholders continued during the reporting period. Various consultative meetings were held while the advisory committees continued with their activities under the support of A2W. The main collaborators were Ministry of Health (PHMT, DHMTs, and Facilities), Ministries of Education, Youth affairs, Agriculture, Livestock, Culture and Social Services, and the Children's Department. Others were NASCOP, National Aids Control Council, FBOs and CBOs. The main areas of collaboration were:

- Capacity building
- Planning
- Support supervision

The following specific activities took place with the project support during the quarter;

- BCC Advisory Committee field monitoring visits
- BCC Advisory Committee review meeting
- Provincial Youth Advisory Committee meeting
- Quarterly review meeting between PHMT/DHMT and A2W
- District health stakeholders meetings for Lugari, Teso, Emuhaya, Hamisi, Bungoma West, and Mumias Districts
- AOP 4 training for PHMT held in Nairobi with A2W sending representation
- Preparations for training the DHMTs and levels 2, 3, 4 and 5 started and to be supported by A2W
- PHMT members and several DHMTs facilitated to conduct support supervision in the districts.

Key events

The following events took place during the reporting period with A2W support and participation:

- World TB Day: 27th March 2008
- Schools Drama Festival: March 2008

Technical meetings

The following technical meetings took place during the quarter with participation of A2W staff:

- HCM retreat for BCC managers: 27th-28th February 2008
- PMTCT Stakeholders meeting: 29th March, 2008
- M/E exchange visit to APHIA II Coast: 13th-15th March, 2008
- APR review meeting in Nairobi: 20th March, 2008



Result 1: Improved and expanded facility-based HIV/AIDS, TB, RH/FP, malaria, and MCH services

Sub-result 1.1: Expanded availability of HIV/AIDS prevention care and treatment services

1.1.1 Increase number of individuals newly initiating antiretroviral treatment (ART)

Planned activities

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

Accomplishments

Adult ART

1. **Trainings:** Thirty one (31) health providers from eighteen (18) A2W sites received training on adult ART using the NASCOP curriculum. Clinical and pharmacy mentorship was carried out through site attachment at Kakamega Provincial General Hospital, Vihiga DH and BDH. The mentorship is intended to provide the hands-on experience to health care workers and assist in consolidating their knowledge and skills acquired during the five (5) day didactic trainings. The

providers were drawn from the district hospital at Hamisi, Makunga, Ipali, Kongoni and Matete health centers.

2. HIV facility-based psychosocial support groups: Facility based support groups continued meeting monthly at 38 sites. The meetings served to enhance literacy programs and to strengthen community-facility linkages.

3. Laboratory network: During the reporting period, A2W continued supporting the existing laboratory networks at Kakamega Provincial General Hospital, Vihiga DH, Bungoma DH, Alupe SDH, Kimilili DH, Lumakanda DH and Butere DH. Buffer stocks of CD4 reagents were procured and distributed to these hospitals.

4. Supportive site supervision: Support supervisory visits were made to forty one (41) sites during the reporting period. The visits entailed the provision of adult ART mentorship, clinical updates on patient care, discussions on referrals and linkages across the care continuum plus orientation on the various data management tools.

5. Site specific HIV sensitization meetings: Site specific sensitization meetings were held at seven (7) HIV care and treatment sites namely Lumakanda DH, Chwele DH, Malava DH, Likuyani SDH, Manyala SDH, Ipali HC and Bushiri HC. The site sensitization meetings focused on HIV/RH/MCH linkages, integration and continuum of care and the challenges they are facing as a facility.

6. Site renovations and support: Work towards renovating the paediatric CCC at the PGH is at an advanced stage of completion. There remains only the final touches and furnishings. Renovation works are continuing albeit at varying levels of completion at Matete Health Centre, Matayos HC, Matungu HC, the maternity ward at Alupe SDH, the Bungoma DH CCC waiting bay, Bushiri Health Centre, Mabusi Health Centre and Malava DH. Fridges and assorted stationery were distributed to 16 care sites.

The electronic ARV (MSH) dispensing tools were installed at Kimilili DH and Alupe SDH. This brings the number of ARV dispensing tools in the province to nine (9).

The figures below show the different status of the old kitchen complex at the PGH that has been converted into a CCC for the hospital.



Figure 1: Proposed CCC at Provincial General Hospital, Kakamega before renovation



Figure 2: Proposed CCC at PGH after renovation

7. Staff support: Two registered clinical officers from (Bukaya HC and Butere DH), one registered nurse (Hamisi DH) and a data clerk (St Mary's Mission Hospital) were recruited during the reporting period. Two other registered clinical officers were recruited to replace two others who transitioned to other project responsibilities. This brings the number of clinical staff hired on short-term contracts to forty (40).

Pediatric HIV Care and Treatment Services

1. Sites: There are 41 supported sites offering pediatric HIV care and treatment of which twenty six (26) sites are offering pediatric ART services.

2. Trainings: Thirty (30) health care workers were trained in pediatric HIV management using the NASCOP curriculum.

3. Pediatric mentorship program: During the reporting period, A2W project continued to provide pediatric ART mentorship during the site visits. Fifteen (10) pediatric ART sites were mentored. Ten (10) registered clinical officers and five (5) nurses were mentored during the reporting period. This resulted in a slight increase of 6.4% in the number of children initiated on ART during the reporting period as compared to the previous quarter.

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

Analysis of indicators and targets

The program has surpassed its targets for most of the indicators in care and treatment.

Table 1: ART Targets and achievements

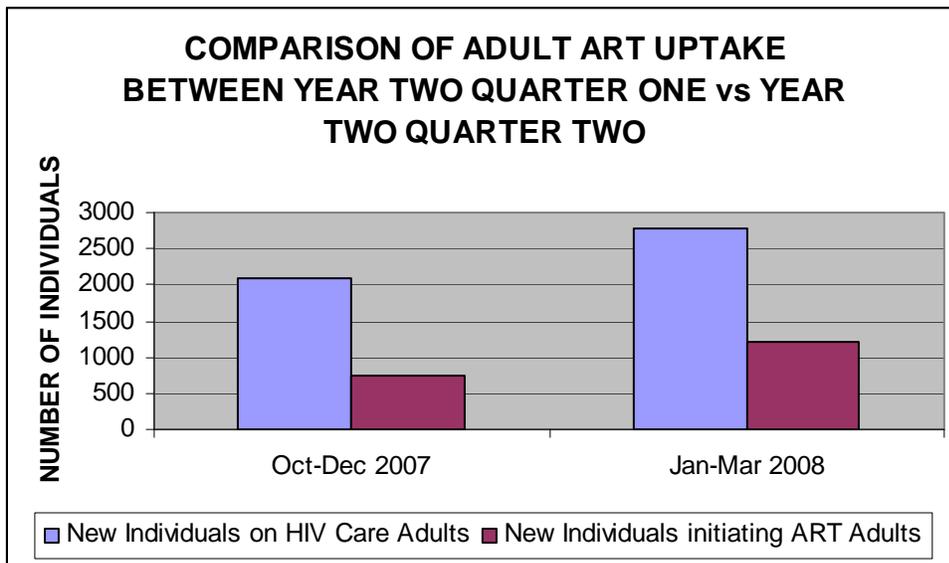
Indicator	Year 1 target	Year 1 accomplished	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Year-to-date accomplishment
Number of service outlets providing ART	17	17 (100%)	31	24	32	32 (103%)
Number of individuals newly initiating ART	1,150	1,820 (158%)	3,000	830	1,297	2,127 (71%)
Number of clients who ever received ART (CUMULATIVE)	4,176	4,492 (108%)	6,600	5,266	6,728	6,728 (102%)
Number of clients receiving ART at the end of the reporting period(CURRENT CLIENTS)	3,758	3,908 (104%)	6,000	4,764	5,949	5,949 (99%)
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	180	166 (92%)	100	128	61	189 (189%)
No. of service outlets providing HIV-related palliative care (excluding TB/HIV)	15	18 (120%)	40	31	33	33(82%)
Total number of individuals provided with HIV-related palliative care (including TB/HIV)	12,527	14,117 (113%)	24,520	10,992	15,093	15,093 (62%)
Total number of individuals trained to provide HIV palliative care (including HIV/AIDS)	210	268 (128%)	200	128	61	189 (95%)

Adult care and treatment

Over 12,000 adults are currently receiving basic HIV care in the thirty-three (33) HIV care and treatment sites. About 46.0% (5556/12068) of those on HIV care have been put on ART, (the national recommended percentage is 50% of those on care need treatment).

The figure below shows the enrollment of adults on ART between the 1st and 2nd quarters of Y2

Figure 3: Adult ART uptake Quarter 1 and 2

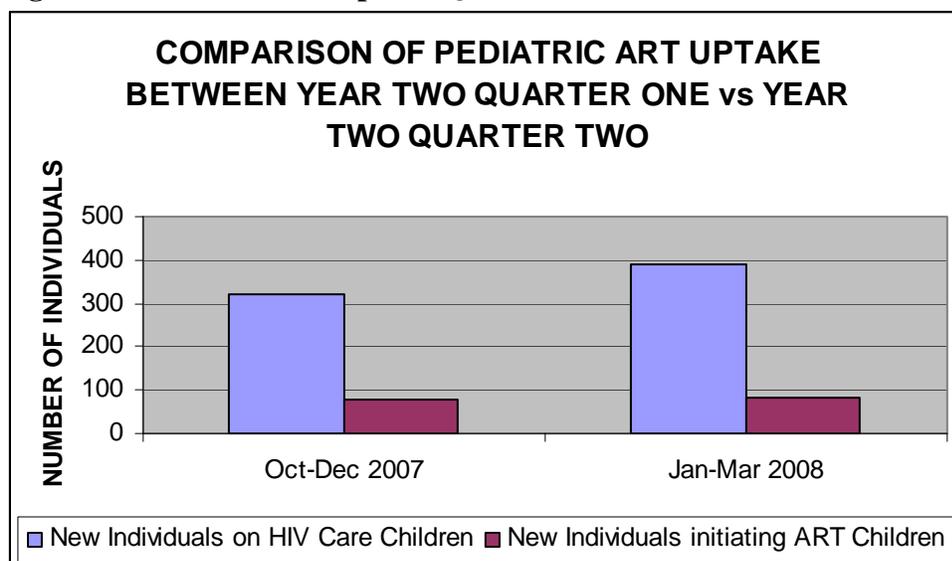


There was a 61% (489/752) increase in the number of patients initiated on adult ART from 752 in the previous quarter to 1,214 in the current quarter. This is largely attributable to the increase in the number of treatment sites.

Pediatric care and treatment

Over 1,500 children are currently receiving HIV care in the forty one (41) HIV care and treatment sites. Children represent 11.0% (1585/14,380) of total number of patients on HIV care and treatment and 6.8 % (83/1214) of those newly initiated on ART during the reporting period. 24.8% (393/1585) of children currently on HIV care are receiving ARTs (the national recommended percentage is 50%). The figure below compares the pediatric ART enrollment between the 1st and 2nd quarters of Y2.

Figure 4: Pediatric ART uptake Quarter 1 and 2



There has been an increase of 6.4% (5/78) in the number of new children (<14 years) initiated on ART from seventy eight (78) children the previous quarter to eighty three (83) children during the reporting period.

Challenges

- Inappropriate deployment of trained providers
- Inadequate physical infrastructure at health facilities
- Slow uptake of pediatric ART
- Frequent stock-outs in CD4 reagents

Recommendations

- Recruit more health care
- Engage the health supervisors to appropriately deploy staff with certain skills
- Continue with renovation of the health facilities
- Strengthen the pediatric HIV care mentorship
- Strengthen site supervision for all services (on-job- training, mentorship etc) emphasizing quality of care
- Procure and distribute buffer stocks of CD4 reagents
- Assist the MOH structures in prompt ordering for CD4 reagents through the KEMSA system

Planned activities next quarter

- Train 30 health care workers on pediatric ART, 30 on adult ART, 30 on pediatric psychosocial counseling, 50 on IMAI and 30 on commodity management for ART
- Establish 8 new ART sites
- Initiate 9 new pediatric ART sites

- Support 42 HIV/TB committee meetings
- Establish ART services in Busia GK Prison
- Purchase and distribute 1 biochemistry analyzer, 1 haematology analyzer and 35 calorimeters for pre-ART laboratory diagnostics
- Train 20 health care workers on computer skills for better CCC reporting
- Conduct ART technical exchange meeting
- Roll out of the ARV dispensing tool in 4 ART sites
- Procure and distribute furniture to Bungoma DH CCC, Kakamega Provincial General Hospital CCC and other renovated health facilities
- Strengthen facility-based support groups and enhance facility-community linkages
- Strengthen adult and pediatric psychosocial facility-based support groups and enhance facility-community linkages
- Hold sensitization meetings for pediatric and adult psychosocial groups

1.1.2 Increase the number of pregnant women receiving HIV testing and counseling in PMTCT

Planned activities

- Supportive supervision and assessments of sites recently trained
- New facilities as well as old facilities in dire need of support supported with basic furniture and equipments.
- DHMT quarterly review and planning meetings to review performance for the previous quarter as well as plan for the next quarter
- One PMTCT provider training and a workshop on Introduction to Couple Counseling Skills
- PMTCT outreaches will continue to be integrated into MCH, VCT, RH and community activity outreaches.
- Strengthen the EID using DBS for DNA PCR. The scale up of DBS will go beyond the facility and focus on children's homes as well as home/family testing
- Strengthen the 2nd PMTCT prong by offering routine C&T in family planning clinics
- Explore with DHMT on ways to strengthen use of AZT as a more efficacious regime
- Technical exchange visits to include data recording and setting up and managing PMTCT PSS groups. Learning facilities to be identified
- Peer supporters will identified for facilities with low uptake of interventions as a strategy to increase the uptake. These will participate in health talks and one-on-one counseling
- Print the mother/child card with support from the Clinton Foundation

Accomplishments

1. **Supportive supervision and assessments of sites:** Despite the challenges faced in January and February, more than 115 sites received supportive supervision from the PMTCT field officers, the PMTCT Coordinator, CMMB and the PMTCT Technical Advisor. Sites for supervision were prioritized based on below par uptake of interventions. In addition to supervision, 23 new sites were assessed post training and a facility work plan developed. Out of the 23 sites, 16 initiated services during the quarter. No supervision took place in Mt. Elgon and facilities bordering these districts.

2. **Basic furniture and equipments:** Although no procurement took place, a matrix for furniture and equipment request based on facility work plans was completed and procurement process will take place during the next quarter. 75 facilities are expected to benefit from this.
3. **DHMT quarterly review and planning meetings:** For the first time this meeting was held over two days in order to cater for the increase in the number of districts. DHMT representatives included the DPHN, DASCO and the DMLT with each making a presentation. The agenda consisted of each district reviewing their performance in the uptake of PMTCT interventions, citing and sharing lessons leading to achievements. They also set criteria to identify best and ‘poor’ performing sites; exchange visits were recommended as a way to enhance performance. The status of supportive PMTCT services such as PSS groups, peer counselors, male clinics and outreaches was highlighted by the DPHNs while the DMLTs presented the DBS performance and reported that at least all districts had initiated the DBS. The duration between transport of samples to the districts and delivery of results to the facility was reported as a challenge. Efforts are under way to link this process with the laboratory network.
4. **Trainings:** In February a one day Introduction to Couple Counseling Skills training was carried out in Busia for 27 participants drawn from five districts. In early March 30 participants mainly from Bungoma N, S, W and East, Butere and Mumias districts underwent a PMTCT provider training at Bishop Stam Pastoral Centre.
5. **Integrated PMTCT outreaches:** No outreaches were carried out in January due to political unrest. In February and first two weeks of March 53 outreaches were carried out in the district as an integrated effort with R2. 363 women received C&T services with 18 testing HIV positive.
6. **Strengthen the EID using DBS for DNA PCR.** The districts continued to receive support to carry out OJT for DBS. DBS data management is still wanting as there is gross differences between results received from CDC Kisumu and the MOH registers. In order to streamline this, the PMO’s office has seconded a very able laboratory technologist to A2W. Great improvements are expected in the next reporting period.
7. **Strengthen the 2nd PMTCT prong:** The number of women counseled and tested for HIV in family planning clinics increased from 361 to 419 with 11 of then being HIV positive.. Health providers continue to receive sensitization during supervision visits.
8. **Explore with DHMT on ways to strengthen use of AZT as a more efficacious regime:** Various strategies were explored to improve the uptake of AZT. In March the provincial pharmacist and the RH Coordinator begun conducting district based sensitization meetings. Apart from update in knowledge, the meeting also addressed issues pertaining to logistics such as when, where and how to order for drugs and record. The participants were PMTCT trained health care providers currently offering PMTCT services. Vihiga, Emuhaya Bungoma S and W, Kakamega N and S, Mumias and Butere districts have been sensitized.
9. **Technical exchange visits:** During the DHMT planning meeting held in February, the group deliberated on how to share best practices. It was agreed that facilities struggling in uptake of

PMTCT interventions would visit some well performing sites. Two exchange visits took place; facilities in Butere district visited Navakholo SDH while Kakamega South facilities visited Sabatia H C. The criteria used to select best performing site included clear SOPs in identifying exposed children, having a PSS group, C & T over 80%, above average quality data, male clinic and good linkages and a referral system. The visiting districts appreciated the visits. Butere district developed a plan of action to implement some lessons learnt during these visits

10. **Peer supporters to be identified:** Vihiga DH identified a peer counselor whose activities will be reported in the next quarter.
11. **Print the mother/child card:** This did not take place as the card is yet to be released officially. Clinton Foundation is still committed to printing the cards.
12. **Relationship with CMMB:** This begun with the CMMB team participating in the DHMT meeting. A meeting was held to review progress as well as plan for the quarter.
13. **Other activities:**
 - **PSS groups:** During the quarter, 74 PSSG meetings were held by 37 facilities. The development of guidelines on how to start and run PSS groups and the continued supportive supervision by the field officers has encouraged facilities to set up groups.
 - **Male involvement strategy:** 4 male clinics have remained focused and more spouses of ANC clients are accessing C & T. These male clients are invited through the ANC clients on a Saturday or weekday in the afternoon where they learn issues surrounding ANC, child birth and PMTCT. They also receive basic examination- weight and BP. Condom demonstration and distribution is carried out. Male health providers are encouraged to spearhead this process. C&T for HIV is also carried out. There are plans to introduce syndromic screening and treatment for STIs as well as recording the referral mode. Vihiga DH plans to set up couple counseling clinics on Sundays.
 - **Counselor Supervision meeting:** 14 districts were supported in February to carry out quarterly counselor supervision meetings which started late in the month.

Analysis of indicators and targets

Table 2 and figure 5 below depict the following:

1. There was mixed performance amongst the key indicators.
2. The number of new ANC clients increased from 23,915 to 28,451 due to an increase in the number of sites. However, the new ANC clients reduced dramatically in March from 9,785 in January to 8,858 in March. This was partially attributable to the increase of new (CDF) facilities so that women were able to access ANC services in sites closer to home; these were non PMTCT sites. Another plausible reason was that March was the month when cultivation begins and this was a priority. This subsequently contributed to the low numbers C&T in March.
3. The uptake of C&T decreased especially in January probably due to the shortage of test kits and staff directly attributable to PEV.
4. The proportion of women receiving prophylaxis remained constant. This was in contrast to the increase witnessed in the uptake of infant prophylaxis. 821 and 175 infants were issued

and administered with prophylaxis respectively. Increased supervision and provider sensitizations contributed to the increase in numbers.

Table 2: PMTCT targets and achievements

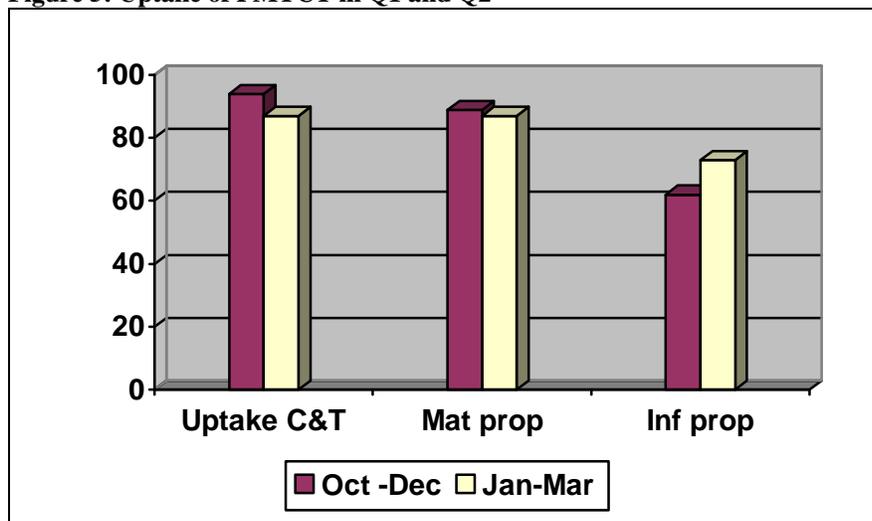
Indicator	Year 1 target	Year 1 accomplished	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Year-to-date accomplishment
1. Number of service outlets providing the minimum package of PMTCT services according to national or international standards.	128	131 (102%)	135	154	180	180 (133%)
2. Number of pregnant women provided with PMTCT services, including counseling and testing.	69,775	51,463 (74%)	116,944	23,071	25,959	49030 (42%)
3. Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting.	2,540	1,945 (77%)	9,362*	961	979	1940 (21%)
4. Number of health workers newly trained or retrained in the provision of PMTCT services according to national or international standards.	90	81 (90%)	150	30	30	60 (40%)
5. No. of infants accessing DBS for EID			4,680*	649	557	1206 (26%)

*Due to the reduction in the HIV prevalence to between 4-5%, this target is unlikely to be achieved

Challenges & recommendations

1. Some facilities halted PMTCT services due to insecurity and acute staff shortages. There has been a reshuffle to replace displaced staff. Mt. Elgon remains insecure.
2. The post-election violence paralyzed transport leading to stock out of test kits and NVP during the first two months.
3. The rapid scale up of PSS and DBS OJT is being hindered by the delay in submission of returns by the DPHN and the DMLT respectively. There is a meeting planned for which is expected to handle the issue.
4. Although the program is adequate test kits courtesy of the donation program, there is a policy that stipulates that all test kits and other supplies have to be channeled to through the district stores. This delays the onward transmission of the same to the facilities.

Figure 5: Uptake of PMTCT in Q1 and Q2



Planned activities next quarter

1. Supportive supervision and assessments of sites recently trained will be a major activity during the next quarter
2. New facilities as well as old facilities in dire need of assistance will be supported with basic furniture and equipments
3. A meeting to be held with the DPHN and DASCOS to address discuss population coverage vs. outreach services, timely submission of reports and how best to handle the issue of supplies
4. Three PMTCT provider trainings will be carried out; one by CMMB for FBOs and two by A2W for the MOH sites. A workshop on Introduction to Couple Counseling Skills will be held during the quarter
5. The DBS Officer in conjunction with the DMLTs will continue to strengthen the EID using DBS for DNA PCR. Harmonization of data recording and reporting will be the main emphasis during the quarter
6. Complete the ongoing sensitization for AZT and plan for data collection on this indicator in major facilities
7. Carry out a one day PMTCT sensitization workshop for PHOs and PHT as a way to increase facility community linkages and promote EID
8. Church leaders will be sensitized on PMTCT in an effort to promote community involvement in PMTCT
9. Initiate peer counselors in one facility in 4 districts
10. Continue with PMTCT support activities such as PSS groups, male clinics, and counselor supervision meetings
11. Recruit additional field officers

1.1.3 Increase number of HIV infected individuals diagnosed and treated for TB

Planned activities

- Support supervision to Butere, Mumias, Bungoma and Lugari districts

- Provider training on TB/HIV management for both public and private facilities
- Quality assurance for Acid-Fast Bacilli (AFB) refresher training for lab staff
- Community-based DOTS and defaulter tracing training for HBC coordinators
- World TB Day festivities to be held on March the 24th 2008

Accomplishments

1. Sites

There are 241 TB service outlets in the whole province.

2. Supervision

The project facilitated the Provincial TB/Leprosy Coordinator (PTLC), the Provincial Medical Laboratory Technologist (PMLT) along with the district teams of Butere and Bungoma South who conducted support supervision and external quality assurance(EQA) for TB diagnostics and care to 17 health facilities, 8 in Butere and 9 in Bungoma South. A new service outlet was established at Mechimeru in Bungoma South. Most facilities now have focal persons in place and are making good use of the cough monitors. Case finding, however, remains low with a high defaulter rate.

The project supported the formation of Teso district TB/HIV committee which was attended by all the DHMT members under the chairmanship of the DMOH. During the meeting, it was emphasized that all DHMT members should get involved in TB/HIV activities as the district has a high burden of both diseases.

3. Training

To enhance the capacity of the labs in TB diagnostics, 30 lab staff attended three day update training on TB diagnostics. The roll out of management of multi-drugs resistant TB (MDR-TB) was also highlighted. All the District Medical Lab Technologists (DMLTs) from the 7 new districts participated in the training. The trainings of providers on TB/HIV co-infection management and community DOTS for HBC coordinators will be carried out in the coming quarter.

4. Piloting of ART provision in TB clinic

The Alupe TB clinic that is piloting ART provision enrolled 6 clients onto ART. Renovations are set to commence soon

5. World TB Day support

The World TB Day was commemorated in seven districts (Bungoma South, Kakamega North, Butere, Vihiga, Teso, Lugari, and Busia). They were supported to carry out mobilization and testing during the festivities in March. The PTLC hosted an educational programme and live call-in show at Radio Sahara on the 26th March 2008. Busia town was the venue of the provincial event that was attended by the Mayor, the Provincial Administration, the PHMT, DHMT, and partners including A2W. A total of 253 clients received free TB screening and testing with 2 patients turning out to be smear-positive.

Analysis of indicators and targets

The data for January to March with regard to TB services was unavailable at the time of preparing this report.

Table 3: **Targets & indicators table: 2007**

Indicator	Year 1 target	Year 1 accomplished	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Year-to-date accomplishment
Number of service outlets providing treatment for TB to HIV-infected individuals	17	17 (100%)	27	31	41	41 (152%)
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB	3,758	2,373 (63%)	8,400	874	-	874 (10%)
Number of individuals trained to provide treatment for TB to HIV-infected individuals	160	110 (69%)	160	30	30	60 (38%)

Challenges & recommendations

Apart from the post-election violence which slowed down some of the activities timeliness of data remained a challenge. A meeting is planned by the Monitoring and Evaluation team for the district teams (DASCO, DHRIO and the DTLCs) to address this.

Emerging issues

Cases of multi-drug resistant TB were reported towards the end of last year. Emphasis needs to be laid on preventing development of these resistant strains through active case finding and prompt treatment.

Planned activities next quarter

- Support supervision to Lugari, Kakamega and Bungoma West districts
- Provider training on TB/HIV management for both public and private facilities
- Community-based DOTS training for HBC coordinators/CHW- Busia district
- Print and disseminate TB job aids

- Sensitization of school children on TB and HIV
- Community Leader's sensitization on TB and HIV
- Journalist sensitization meeting
- Support the provincial TB/HIV Committee meeting

1.1.4 Increase number of individuals receiving CT

Planned activities

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

Accomplishments

There are 92 A2W-supported health facilities offering voluntary counseling and testing (VCT) and 120 offer provider-initiated testing and counseling (PITC)

1. Supervision

Support supervision was conducted at 26 sites in six districts jointly with MOH teams. A meeting was held bringing together all DASCOS and counselor supervisors. It provided a forum for planning towards strengthening counselor supervision at the district level. The districts also made schedules for district counselor meetings.

2. Site sensitization meetings

These were held at seven sites and covered all aspects of care including counseling and testing, ART, RH/FP and TB. The technical team from A2W worked with the respective facility management teams to reach 107 service providers of all cadres to sensitize them on the existing services and their key role in linkages across the care continuum.

3. Trainings

Sixteen (16) counselors completed the final phase of counselor supervision training and have now joined the district teams to enhance supervision at facility level. For the underserved facilities, a training workshop commenced for 15 new VCT counselors.

In order to increase the capacity to deliver PITC services at the districts, 120 providers from 6 districts (Bungoma East, Bungoma West, Vihiga, Emuhaya, Butere and Mumias) were trained on PITC. A further 25 health providers received training on the integration of family planning into HIV services.

4. Outreaches

Outreach services for counseling and testing were provided as part of the integrated community outreaches that were supported for 44 facilities. These were, however, only possible in February and March. Outreaches were not possible in January owing to PEV. In total, 1134 clients were tested.

5. Utilization of C&T services

There was a marginal increase in the number of clients that received counseling and testing to 30,008 compared to 29,032 in the preceding quarter. Attendance was however lower in January during the height of the political and humanitarian crisis though no facility was reported closed during that period. The clients tested through PITC were 9,823 as compared to 10,298 in the previous quarter. This represents a 5% drop in service uptake. Of these, 2,371 clients (24.1 %) tested positive.

The number of clients receiving VCT increased to 20,185 compared to 18,734 21,039 in the previous quarter, a 7% rise. A total of 1957 clients (9.6%) tested positive. Couple testing was almost comparable to the previous quarter with 1113 couples tested as compared to 1081. Sixty three (63) couples (5.6%) were concordant positive whilst 118(10.6%) were discordant.

Analysis of indicators and targets

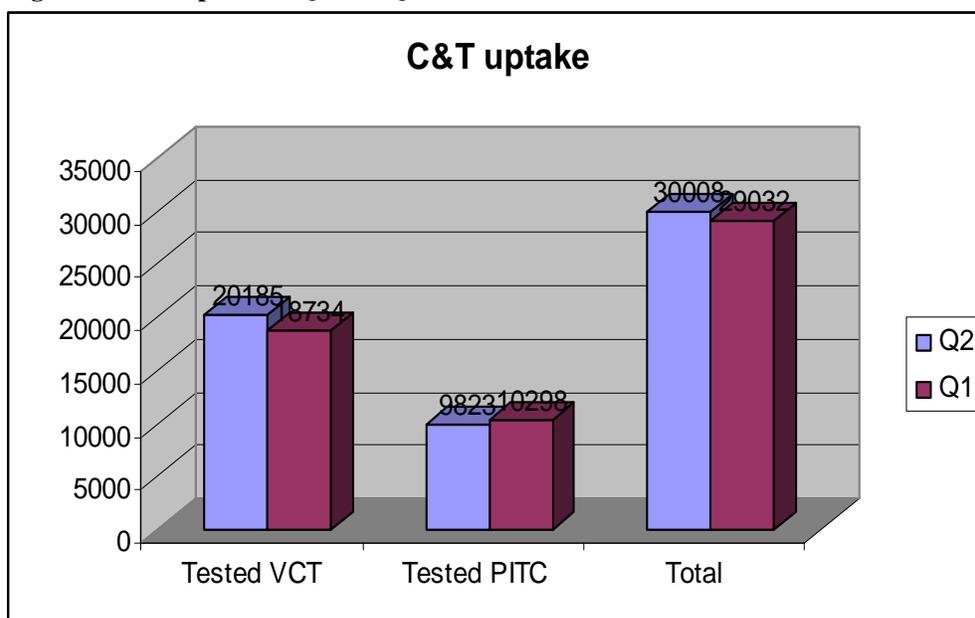
Table 4 below is a summary of the year one targets and achievements for C&T. Given the current trend, the set targets will all be surpassed in the next quarter.

Table 4: C&T targets and Achievements

Indicator	Year 1 target	Year 1 accomplished	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Year-to-date accomplishment
Number of service outlets providing counseling and testing according to national and international standards	55	78 (142%)	66	78	92	92 (139%)
Number of individuals who received counseling and testing for HIV and received their test results	55,000	54,768 (100%)	60,500	29,032	30,008	59,040 (98%)
Number of individuals trained in counseling and testing according to national and international standards	50	214 (428%)	100	16	120	136 (136%)

The chart below compares uptake of counseling and testing between Quarters 1 and 2 of Year 2. There was a slide decline in C&T between the two quarters but nearly the same number through the PITC service.

Figure 6: C&T uptake in Q1 and Q2.



Challenges & recommendations

- Insecurity in some areas e.g. Mt Elgon has made it impossible to monitor any CT activities.
- PEV affected service uptake in January. This was mainly due to difficulties in movement arising from the insecurity. There also were hitches in the supply chain for the same reasons.
- Increase in the number of districts has made joint supervision less frequent.

Planned activities next quarter

- To carry out PITC facility advocacy meetings at 20 facilities
- To support counselor supervisors to offer supportive supervision to all CT service providers in the province
- Train 20 ToTs for PITC
- Train 30 providers on couple counseling
- Train 90 providers on PITC
- Train 15 VCT counselors
- To establish one discordant couple post test club
- To support the districts offer supportive supervision including conducting monthly counselor meetings

Sub-result 1.2: Expanded availability of RH/FP and MCH services

1.2.1: Orientation, training, and the multiplication effect

Planned activities

- Training of trainers on active management of third stage of labour
- Facility based training for FANC/MIP/PMTCT/TB
- Facility based malaria case management training
- Training on cervical cancer screening

- Provider training on essential obstetric care(EOC)
- FP/HIV integration training

Accomplishments

- 75 clinical staffs were trained in malaria case management. They were drawn from the facilities close to Kakamega, Vihiga and Bungoma
- The IMCI case management training curriculum was revised in the year 2007. A few revisions were made on the modules. All the IMCI focal persons were updated at a one day seminar. The facility staff needs update on the new modules and supply of the same
- The IMCI pilot OJT model was implemented in Vihiga and Emuhaya Districts for 25 participants. The duration of the training is 4 weeks. The participants have an initial week of one on one instruction; followed by on site mentorship at their work places. Evaluation will be done to come up with the merits and demerits of the method of training. Cost analysis will need to be done to document if there is actual difference
- Twenty two (22) service providers were trained on Active Management of Third Stage of Labor (AMTSL) and Neonatal care
- 25 health providers received training on the integration of family planning into HIV services

Analysis of indicators and targets

Most training in reproductive health picked up in the latter half of the second quarter.

Table 5: Training Targets and Achievements for RH

Indicator	Year 1 target	Year 1 accomplished	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Year-to-date accomplishment
Number of health workers trained by training topic (e.g. CTU, IUCD, EOC,ANC PNC, IMCI, PAC etc)	395	154 (39%)	12 0	0	122	122 (102%)
Number of health workers trained in management and supervision(COPE, FS, youth friendly services, SBM-R)	60	16 (27%)	10 0	16	0	16 (16%)

Challenges & recommendations

- Delays in participant invitations due to dispatch difficulties. The PMOs office is working to improve the situation and will actively follow up invitations with phone calls and short-text messages(SMS)
- It was not possible to carry out training in the early half of the quarter owing to logistical difficulties and insecurity following PEV.

activities next quarter

- Decentralized training and supervision team visits at 6 districts
- Malaria case management training for 3 new districts
- Cervical cancer screening and treatment training for 25 providers
- Contraceptive Technology Update training
- Essential Obstetric Care training for providers from the new districts
- Training of site supervisors using the PQI model including development of performance standards
- FANC/MIP/PMTCT/TB training for 25 service providers

1.2.2: Increasing availability of family planning and MCH services

Planned activities

- Support supervision for RH/FP/MCH services including IMCI

Accomplishments

1. Site Sensitization for RH, HIV care and treatment

The following facilities were visited to enhance integration of care services: Malava, Lumakanda, Navakholo, Ipali, Bushiri, Chwele and Manyala

2. Support Supervision

- Joint support supervision was offered for MCH and FP services by the PHMT and respective DHMTs to 16 facilities in Kakamega North, Kakamega South and Bungoma North. There is still need to strengthen infection prevention and to assist the dispensaries carry out deliveries.
- IMCI supervision was carried out at 26 facilities in Bungoma East and West, Lugari and Mt Elgon districts. There is shortage of IMCI trained personnel in the facilities.

3. RH Coordinators meeting

This meeting drew reproductive health focal persons from the districts and they recommended that:

- The new districts form decentralized training and supervision teams
- The level of effort of community midwives is documented. 34 are still active and submitting reports regularly
- The new districts order cold chain equipment
- All the districts form or strengthen the Maternal Death Review committees

Analysis of indicators and targets

The program is on course for most of its targets. There may be need to revise the targets for PAC services higher. There were no targets for number of sites.

Table 6: Targets and Achievements for Integrated Services

Indicator	Year 1 target	Year 1 accomplished	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Year-to-date accomplishment
Number of outlets providing integrated FP/HIV services: HIV related palliative care(incl. TB/HIV)	17	17 (100%)	45	31	41	41 (91%)
Number of ANC clients receiving presumptive malaria medication at the health facility	23,000	13,186 (57%)	25,000	9,231	15,751	24,982 (100%)
Number of complicated deliveries successfully managed	4,000	1,058 (26%)	5,000	910	997	1,907 (38%)
Number of clients receiving PAC services	250	551 (220%)	350	704	1,053	1,757 (502%)
No. of sites reporting RH/FP		96			299	299

MCH service utilization

Over 50,000 children were served as new visits at the child welfare clinics (CWC). This represents a 3% rise from the preceding quarter. New attendants to ante-natal clinics rose by 19% from the previous quarter while the number of mothers receiving intermittent presumptive treatment (IPT) almost doubled in comparison to the period October to December, 2007.

The table below compares the performance between the January- March 2008 and the October-December 2007 quarters regard to utilization of MCH services.

Table 7: MCH service utilization during Year 2, Quarter 2

Type of Service	Level of Visit	Oct-Dec 07	Jan-Mar 08
CWC	New	49,350	50,835
	Rev	203,062	184,371
ANC	1	33,071	39,359
	2	20,276	23,243
	3	11,340	12,190
	4	7,893	7,075
IPT	1	13,874	23,248
	2	9,231	15,751

There were 9,730 deliveries conducted during the quarter with 997(10.24%) being complicated cases that were successfully managed. Of these, 760 were by caesarean section and 237 by breech delivery. Post-abortion care was offered to 1,053 clients within the quarter.

Table 7 below compares service delivery between the last and the current quarters

Table 7: Maternity Services

Type of Services	Oct-Dec 07	Jan-Mar 08
PAC	704	1,053
Total deliveries	10,119	9,730
SVD	8,954	8,535
C/S	696	760
Breech	214	237
Referrals	567	613
maternal deaths	31	28

Table 8 below summarizes the utilization by districts from January to March 2008.

Table 8: Family Planning service utilization

District	Family planning method mix Jan-Mar 2008							CYP
	Pill cycles	DEPO	IUCD	Condoms	BTL	Implants	Vasectomy	
Bungoma East	2,350	3,209	19	12,807	31	32	1	1,500
Bungoma North	2,192	2,263	66	4,059	48	3	-	1,371
Bungoma South	7,109	5,036	30	33,302	61	215	-	3,356
Bungoma West	1,484	2,383	34	32,041	49	14	-	1,522
Busia	5,304	7,538	24	38,905	20	206	-	3,527
Butere	1,833	3,351	14	25,399	28	100	-	1,795
Emuhaya	1,841	1,977	21	26,388	35	56	-	1,353
Kakamega North	1,938	2,554	7	11,497	6	18	-	999
Kakamega South	3,083	9,488	107	88,237	90	63	-	4,628
Lugari	5,936	4,627	73	5,837	19	50	-	2,184
Mt. Elgon	958	2,991	8	33,030	-	23	-	1,195
Mumias	2,362	2,950	14	36,979	66	49	-	1,952
Teso	939	4,177	13	14,330	35	38	-	1,685
Vihiga	3,180	5,446	48	143,258	43	84	1	3,578
Total Jan-Mar 2008	40,009	57,990	478	506,069	531	950	2	30,644
Oct-Dec 2007	22,588	48,093	560	451,437	915	1,060	3	29,459

Challenges & recommendations

- Inadequate staff capacity for FP provision
- Stock-outs of pentavalent vaccine persisted

Emerging issues

Two issues were highlighted at the annual conference of the Kenya Obstetricians and Gynecologists Society (KOGS) 2008.

- A fertility centre had been set up in Eldoret to serve the Western region. The chances of success in artificial insemination human are about 30%.
- A vaccine to prevent Cancer of Cervix- Cervirax has been developed and is on the market

Planned activities next quarter

- Continue supporting integrated outreach activities
- Sensitization of PHO/PHT on HIV /Malaria and Reproductive Health services
- Support youth-friendly clinics at Chwele DH and Mbale HC
- Quarterly IMCI supervision for Busia, Vihiga, Emuhaya and Kakamega South districts

Sub-result 1.3: Reinforced networking between levels of care and between clinical services and communities

1.3.1: Build a network model

Planned activities & accomplishments current quarter

1. Conduct support group meetings for enhancement of positive living (ART adherence, nutrition, hygiene).
2. Hold one quarterly monitoring meeting with Ambassadors of Hope: Eleven (11) support groups were formed this quarter making a total of 205 in the province. A male support group with 15 members was formed in Alupe. The other male support group in Kakamega is engaged in IGA and nutritional support activities. Discordant couple support group has been formed in Kakamega PGH and meets every first Thursday of the month and currently consists of eight (8) couples. Health talks were carried out to 163 support group leaders who in turn reached 1,141 male, 3,586 female of their members. Two hundred and four (77male, 127female) ambassadors were monitored in the quarter. Stigma reduction outreaches reached 3,219 male and 5,182 female. Drug adherence sessions at 40 ART sites have been successfully held and clients are happy that the service points have been moved nearer to their community. The Ambassadors of Hope encourage clients to seek individual counseling after they are through with the doctor by referring them to the existing support groups. All the support groups and contacts have been pinned at the CCC with copies to all the health workers at these sites.

Challenges & recommendations

Health talk sessions have become overwhelming as CCC sites have increased from 6 to 40. For example, Kakamega and Vihiga have 10 sites each and the community volunteers are unable to cope. To address this, the project is strengthening more support groups at those sites.

Planned activities next quarter

- Stigma reduction outreaches by Ambassadors of Hope
- Quarterly support group meeting enhancement of positive living
- Monthly monitoring meetings with the Ambassadors of Hope

1.3.2: Manage public private partnerships

Planned activities & accomplishments current quarter

1. Finalized work plan for FY 2008.
2. A draft Program Performance Monitoring and Evaluation Plan draft has been shared with A2W M& E. The plan will be finalized once the project targets are set.
3. Finalized assessment and mapping of private health providers. The team visited 119 facilities in the Province and conducted facility needs assessment of 106 facilities. The assessment report has been finalized and is being reviewed for the next step. 119 facilities have been mapped. The program will continue mapping to enable it build a data base for all private health providers in the province.
4. Finalize referral gaps assessment. This was done as part of the overall facility assessment. The report is under review.
5. The adoption of some of the existing curriculum and its related teaching material: The process has been initiated. To date, some of the course materials to be adopted have been identified and assembled and meetings have been held with some of MOH provincial staff (Provincial AIDS Coordinator, gynecologist and quality assurance officer) regarding the adoption and support and participation in the adoption process.
6. Map out key stakeholders MOH, individual companies, PATH and Partners: The stakeholders have been identified and the team has held meetings with most of the stakeholders including introducing the program to the PHMT.

Challenges & recommendations

The PEV experienced around the country slowed down the project start up. However, things have started cooling down and the program is now picking up to full strength.

Planned activities next quarter

- Private health providers identified and mapped and participate effectively in program development.
- Finalize teaching model (continue to identify existing curriculum for adoption and new opportunities, explore feasibility of preceptors and other technical services, discuss methods used by A2W team).
- Develop a training program: Adapt approved MOH training materials into appropriate formats, produce any additional or missing materials, coordinate revised curricula with GOK and KMA and get approval for accreditation, create partnerships with public providers, create partnerships with private providers, develop SOP and implementation toolkit for training rollout
- Implement at least two training programs for the private health providers
- Conduct key stakeholder meeting (needs assessment/ focus group meetings) and involve the in the development of stakeholder plan.



Result 2: Improved and expanded civil society activities to increase healthy behaviors

The civil society activities aims at catalyzing different structures within the community to address HIV and AIDS reproductive health, malaria, MCH and TB challenges. The project partners with the village and health centre coordinating committees, community based organizations and formal and informal worksites to be able to reach different individuals within their settings with messages aimed at adopting positive health seeking behaviors and demanding for health services wherever necessary. While the project promotes abstinence and being faithful in schools, it expands its messages towards other modes of prevention to the general community including youth out of school. Other factors conducive towards developing a supportive environment depend on coordination with different policy makers at different levels. These are made possible through engagement with the different steering committees and involvement with relevant stakeholders. In the quarter the project was able to continue facilitating the Provincial BCC steering committee to monitor activities that are implemented by the communities in their settings and visits were made to the commercial sex workers groups and Mumias factory peer education activities and Shikusa prisons. One debriefing meeting was held that resolved that the BCC committee develops a BCC monitoring tool for assessing activities on the ground and this tool should be shared with other partners in the province.

At the end of the quarter the project was able to facilitate 3 BCC meetings. However, the scheduled orientation with the District Health Education and the public health officers did not take place because the Ministry of Health staff were engaged in the AOP planning activities. The activity has been scheduled for the subsequent quarter of April –June, 2008.

Sub-result 2.1: Expanded and strengthened community and workplace interventions

The project is currently strengthening the local structures within the community to stimulate its response towards HIV/AIDS, Reproductive health, malaria, MCH and TB using dialogue discussion group techniques. The technique empowers local community to take control of their health and demand for services by participating actively in identifying their problems, health needs and coming up with a plan in addressing them. This approach is essential due to the disruptions that have been caused by HIV and enhances social cohesion. Through these activities a total of 193,367 people were reached in the quarter. The VHC distributed 790 nets from PSI at Ksh 80 and sold at Ksh100. A total of 106,367 condoms were distributed through the CHWs.

2.1.1: Improving and expanding community-based prevention and outreach activities

Community based outreaches focus on civil society organizations and the focus is to enable the community members to participate to be active in taking control of their health other than passive receptors. Mainstreaming the activities of the civil society organizations involves efforts to permeate all the players in the community through participatory process. The strategy is a chain of activity from mobilization of the community to the community identification and recruitment of community health workers.

Planned activities

- Conduct orientation meetings in 11 divisions, 11 locations and 25 sub-locations
- Select 50 volunteers for the CHW program to recruit sub-location CHWs
- Select 50 volunteers for the CHW program to recruit sub-location CHWs
- Conduct 25 feedback meetings with volunteers on recruitment of the sub-location CHWs
Conduct 88 VHC conference
- Conduct 378 Community health feedback meetings with CHW
- 3 feedback meetings by field facilitators
- 8 groups selected for Magnet Theatre
- 10 day training for 64 Magnet Theatre groups
- Magnet theatre performance in 3 locations
- Host Radio workshop for annual planning for 30
- Contract Radio station/develop jingles
- Train 50 TOTs for peer families
- Develop content for health newsletters
- Identify and reprint IEC materials

Accomplishments

1. Orientation and feedback meetings at division, location and sub-location: The concept of community health workers strategy moves from one level to the other and builds on each other. For example it is not possible to identify the community health volunteers without orienting the Divisions and locations and having them identify the volunteers who would further facilitate the identification of community health workers at the sub-location and village level. While the project had planned to conduct orientation meetings in 25 sub locations meeting of 11 locations within 11 divisions it was unfortunate that this did not take place because the activities of the key partner in community agency activities were temporarily suspended. Other activities that were not done are selection of 50 volunteers, feedback meetings with volunteers. However the project managed to support 50 VHC conferences. The VHC conferences are instrumental in sharing successes and learning by different villages from each other. The VHC assumes leadership on health of the community members at the grassroots level.

2. Magnet Theatre groups recruitment and training

This training was held between 13th and 23rd March 2008, at the Farm View Hotel-Busia District. The training was preceded by rigorous vetting of various theatre groups in the entire province to come up with the suitable troupes to be brought on board. Eight groups of eight

members were selected, one from each the larger balancing their geographical distance from the older groups. In addition, age and ability to perform was given priority where only performing artists aged 24 and below were recruited. This exercise was done with the help of theatre leaders from older groups, social services officers, partners and public health officers in some districts. Seventy-one youths were trained on Magnet Theatre, TB, FP, Malaria and RH. Among the participants, seven were district volunteer coordinators in charge of the CHW activities. Bungoma district was not represented by the district coordinator since the A2W is yet to establish an anchor organization there.

3. Magnet theater performances

Despite the political tension and unrest in the region during the month of January and some parts of February, the target numbers of outreaches were accomplished. The troupes who did not carryout outreaches in January conducted the double number of outreaches in March. Some of the troupes like the Stage Media from Bungoma District and Armature Theater group from Busia conducted additional one outreach each over and above the expected three per month. In total 73 Magnet Theatre outreaches were conducted

4. Listenership survey

Successful radio programmes can only be developed by understanding the radio listening habits of the community. Tapping on its large audience, A2W conducted a radio listenership survey in February to determine the most popular radio station to partner with in broadcasting of its radio programmes. The survey was also to determine some of the features that should be incorporated in the radio programmes to make them more exciting. The survey was conducted in 1,525 households in western province. The research findings showed that citizen radio was listened to most in the province followed by KBC Kiswahili service.

The survey recommended that in order to reach all its clientele and the people of Western Province, A2W should:

- Use multiple radio stations to air their programmes
- Reach a high number of listeners by airing the programmes either on Saturday or Sunday
- Cut costs by focusing on the most listened to station
- Devise strategies like the community radio listeners clubs and provide these groups with radio which do not depend on dry cells and electricity
- Create entertaining health programmes and incorporate the issuance of prizes and call in sessions
- The use of inserts is also a good way of informing the locals on health and development issues
- Emphasis should be on programmes targeting the youth and address issues on HIV/AIDS sexuality drugs and substance abuse

5. Host radio workshop

This was followed by the radio planning workshop with was co-jointly hosted by A2W and Nyanza at Action Aid training centre in Kiboswa. The main objective of the workshop was to

develop design and content for the first 52 episodes of the program. The draft report outlining the content, promotional plans and timeline for the radio programmes has been designed.

6. Contract radio station/develop jingles

The scope of work for the development of the theme song for the radio programmes together with the jingles has also been drafted and circulated and six proposals received. A scope of work for the radio stations has also been circulated through email to four most popular radio stations in Western Province as identified in the radio listenership survey.

As part of build up activities for the World TB day in Western Province, the A2W program was hosted to a live radio interview at Radio Sahara in Kiboswa which has a listenership base of more than 5 million people. The call in sessions was utilized during the interview with many listeners calling in wanting to get more facts and information regarding TB. Radio Sahara broadcasts in Kiswahili and covers Nyanza, Western and Rift Valley provinces. We have also set up a database of all the radio stations broadcasting in Western Province, with reference to the frequency they broadcast in, the languages used for broadcast the socio-economic values they promote and a summary of the specific health programmes broadcasted in the stations.

Staff training in recording

Due to the delay in conducting the radio listenership survey because of post election violence, training and recording in segment of the community delayed hence there were no shows produced. The activities have been pushed to the quarter 3 of April-June

Peer family facilitators training

50 peer family facilitators from 10 sites were trained for six days using the peer family manual, CHW manual and Tuko Pamoja curriculum. The purpose of this training was to equip them with the skills and knowledge needed to conduct the family health discussions, selection criterion for families to participate in the program and share with them the reporting tools for the program.

Newsletters

The first draft of the A2W newsletter has been circulated to the team members for comments. This Newsletter was initially not planned for but the APHIA team members felt it was necessary for project visibility and information sharing. The content for the newsletter is currently being reviewed. The final submissions of articles have been done and the first edition should be ready by the end of May.

IEC Materials

A2W plans to reprint the already existing IEC materials in partnership with the MOH. We are currently looking for quotations for the purchase of 1000 penile models and for the printing of banners for the various peer education components. NASCOP will send various IEC material templates for adaptation and printing.

Figure 7: Women in Butere passing HIV and RH messages through song



Challenges & recommendations

Various challenges come up in working with the community in a participatory way. The relevant coordinating bodies at the district level are not ready to decentralize decision making to the sub-location and village level and demand to be involved in all social mobilization activities. The community agency approach demands involvement of the stakeholders at all levels and that means legitimate involvement of the local groups and local government. Roles must crystallize among different stakeholders and there must be readiness to delegate authority and decision-making powers to the grass root for purpose of ownership and sustainability. Every agency should be examine if they are providing the services to the people as required by the policy, create a supportive and enabling environment for change and have flexible working arrangement.

Planned activities next quarter

The temporary suspension of CLUSA'S activities has had a minor impact on the range of community health workers activities in the work plan but has affected the target. The project has contracted WESTCOBV to continue with activities of 1520 community health workers for the next quarter. The following activities are scheduled for the next quarter:

- A total of 10944 people to be reached through dialogue group
- Refresher training of 1564 CHWs, S/L CHWs and FFs
- 13,200 people reached through community outreaches
- Implement Magnet Theater in 3 locations
- Train 6 staff on radio recording
- Begin recording in the community for radio show
- Train 100 peer family facilitators
- Conduct 12 peer family facilitators feedback meetings
- Make 12,500 contacts through peer family discussions
- Print one health newsletter.

2.1.2: Establishing and strengthening formal and informal workplace programs

Planned activities

- Hold 3 monthly feedback meetings
- Make 30,000 contacts by worksite motivators
- Print and distribute IEC.

Accomplishments

1. Monthly feedback meetings

Site Coordinator feedback meetings have been held each month, three times as scheduled in the quarter (January, February, and March 2008). These meetings have been very instrumental in providing a forum for review of program implementation, challenges, and problems encountered and review of technical information. The Site Coordinators also get an opportunity to share and collect reports so compiled by the Worksite Motivators and discuss any issue arising from implementation activities.

2. Contacts by worksite motivators

Worksite motivators have continued with dialogue group discussions. Over 30,000 contacts by worksite motivators were made. Most worksite motivators have two groups each and spend time mobilizing for dialogue group discussions. During the quarter, many activities were hampered since most gatherings were confused for political rallies. In the quarter 8,227 new people were reached.

3. Print and distribute worksite IEC Materials

IEC material related to the worksite were developed and distributed to all the trained worksite motivators. The head of institutions were also provided with the manuals to be informed on the content of discussions. The worksites included 5 formal ones, 4 beaches around port Victoria, 5 boda boda groups and 2 commercial sex workers groups

Challenges & recommendations

- A long period of negotiation with companies and departments is required before they buy into the programme. Mudete Tea Factory, Cereals and Produce Board, Kenya Prisons have to liaise with their Human Resource managers at their head office in Nairobi before getting into agreements with the project
- Motivators from formal institutions, for instance Mumias Sugar Co. Ltd, Mudete Tea Factory and Webuye pan African Paper Mills prefer one to one discussions other than dialogue group discussions.
- Punctuality on the part of dialogue group members during sessions is a major challenge due to competing tasks.
- There is limited commitment by some managers in implementing worksite peer education
- The Port Victoria beach management unit is weak therefore the motivators have difficulty in mobilizing the Discussion groups

Planned activities next quarter

- Conduct 5 monthly feedback meetings
- Conduct 30,000 contacts with worksites
- Approach 5 new worksites for buy in

Sub-result 2.2: Expanded prevention programs targeting most-at-risk populations

2.2.1: Developing life skills and healthy behaviors among youth

This sub result focuses on abstinence and being faithful. The target group is mainly the youth in schools and to an extent youth out of school.

Planned activities

- Identify 400 schools with input from MOE
- Print 4500 teachers curriculum to include gender
- Orient 400 headmasters

Accomplishments

1. Schools peer educators program

A majority of the schools managed to continue with their peer education activities and forwarded their reports on time. There was improvement of the quality of data coming from schools, with Busia and Lugari recording the highest number of reports while Mt Elgon reporting no activities. The total number of people reached was 19,989 male and 23,227 female. In total 43,216 people were reached.

2. Districts education officers' quarterly review meeting

The DEOs quarterly review and planning meeting was held on February 5th 2008 at the PDE's office Kakamega. All the districts were represented in the meeting except Mt Elgon. The objective of the second quarter meeting was to review the accomplished schools activities in the previous year, share challenges especially those that were caused by the political tension. They also discussed and planned for the quarter's activities including the recruitment, sensitizations and training of schools, principals and teachers. It was resolved that recruitment of the teachers for training would be done in proportion to the numbers of schools per district.

3. Principals'/Headmasters' orientation

The principals' orientation meeting was held between 25th and 27th March 2008. The agenda for the sensitization meeting included introduction and overview of A2W program, planning for teachers training in April and sensitization on the importance of RH education in schools. 398 principals were sensitized on A2W concept and were given tips on their roles as well as the schools community roles in the A2W project implementation. During the meetings the field officers who are also responsible for the program coordination and supervision at the division and zonal levels participated. Therefore the total number of persons who participated in the sensitization meetings was 424. The principals were assigned the responsibility of recruiting and

sending the appropriate teachers to be trained in the schools health programs. The teachers' trainings are scheduled for April 2008.

4. Schools drama festival

APHIA II donated two trophies for the best RH and HIV messages in the just concluded provincial drama festival which were held in Ekoyonzo secondary school and Bulimbo schools. The trophies were awarded to Mukumu Girls and Malava secondary schools. There was registered improvement on the quality of messages on health as observed by the Y&GA and reported by the assistant Provincial director of education for Western Province, Mr. Thomas Mukabi. The number of items presented during the festival was 240 in the primary category and 160 in the secondary category. The festival attracted 120,000 people from the zonal to provincial competitions.

Figure 8: Drama Gala supported by A2W



5. Youth grants

Six (6) youth groups were provided with grants to scale up their existing prevention activities in February 2008. The total amount granted was Ksh 261,600. Ksh 558,000 was committed for the whole year.

Challenges & recommendations

There were several transfers of field officers from the partner ministries due to the increased number of districts that have been created. The need to orient new officers frequently slows down coordination activities.

Planned activities next quarter

- Orient the new A2W youth officer on the school health program
- Conduct peer education sessions with 8000 peer educators
- Reach 90,000 school children with peer education
- Support music festival

2.2.2: Reaching married adolescents and discordant couples

Planned activities

- Revise and update the Married Adolescent curriculum
- Training of 800 Married Adolescents Mentors

1. District meetings with church leaders and FBO congregations

Meetings were held in Mt. Elgon, Vihiga, Butere, Mumias, Bungoma West, Bungoma East and Teso to sensitize the church leaders on issues concerning married adolescents and to get their involvement in recruitment of the mentors. A total of 159 individuals from the following churches participated: Catholic Church; Anglican Church of Kenya; New Apostolic Church; Kenya Outreach and Tiding Church; Salvation Army Church; Full Gospel Church; Jesus Worship Centre; Pentecostal Assemblies of God; Kenya Assemblies of God,; Maranatha Church; Calvary Reformation /Temple Church; Faith Church; PEFA; Presbyterian Church of East Africa; Abundant Life Fellowship Church; and Zion Church.

2. Identification of mentors

The mentor selection was completed in Teso, Mt. Elgon, Vihiga, and Mumias districts. Follow up will be made in other districts to ascertain the stage at which the process has reached.

3. Pre-testing married adolescent manual

The married adolescent manual was pre-tested in Teso District with 62 mentors. The finalized manual is now available.

Challenges & recommendations

- Turn up of church leaders was due to transport not being refunded.
- Political atmosphere interrupted some of the scheduled meetings that were to take place.
- Most church leaders would like to be directly involved in the training and recruited as church mentors, not giving congregation members a chance to participate.

Planned activities next quarter

- Train 738 mentors
- Make 57,600 contacts through dialogue discussions

Discordant Couples

Activities for discordant couples will be initiated in Year 3.

Table 9: Targets and achievements on Abstinence and Be Faithful

Indicator	Year 1 target	Year 1 accomplished	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Year-to-date accomplishment
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	47,000 (157%)	15,000	0	0	0
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	7077 (3539%)	200	0	0	0

The table above shows the number of new individuals reached with abstinence and be faithful messages in primary and secondary schools. There were on-going activities in schools but these were continuous contacts hence they were not counted in the above indicators. The new activities will be captured in April and June after training of new teachers from 400 new schools.

Sub-result 2.3: Reinforced networking between community and clinic services

2.3.1: Strengthening community group networks

Youth anchor organizations

A total of 7 grants were awarded to 7 district youth anchor organizations in February. A total of Ksh 574,040 was disbursed to the groups in the form of grants to implement community health workers strategy focusing on the youth. During the period most activities for the organizations were preparatory. The total funds committed to the anchor organizations for the year was Ksh: 1,770,960

Planned activities next quarter

- Train 10 women groups at sub-location level.
- Train 1,140 women at sub-location level.

2.3.2: Establishing sustainable links between communities and facilities

Planned activities & accomplishments

Community health outreaches

A total of 88 community outreaches were conducted in 44 sites. Among services offered were Curatives, immunization, PMCT, VCT, condom distribution, FP and health talks. The outreaches were attended by 12,947 females and 11,028 males.

Analysis of indicators and targets

The project had planned to conduct 132 comprehensive outreaches but due to disruptions caused by PEV only 88 were conducted

Challenges and Recommendations

The role of DHMT in the outreaches varies. In most cases the outreaches are planned at the community level between the community health workers and the health centre staff. It is emerging that the DHMT feel that they are not involved. The challenge is whether to have a top down approach to the outreaches or the bottom up.

Planned activities next quarter

Conduct 132 comprehensive outreaches.

2.3.3: Creating and supporting Change Teams

Planned activities & accomplishments

Quarterly change team meetings

Quarterly change team meetings were held around 30 health facilities in 10 districts. The purpose of these meetings was to review progress made to identify gaps in implementation, identify issues affecting utilization of services and plan for other activities. The quarterly change team meetings have increasingly given feedback to the programme on areas that require strengthening

Challenges & recommendations

The change teams were supposed to conduct 52 meetings in the quarter but this was not possible due to time constraints, thin staffing and the over ambitious target that we had set. It is realistic to have 30 meetings in every quarter. We have proposed to develop a change team coordination structure at the district level.

Planned activities next quarter

Conduct 30 quarterly change team meetings

2.3.4. Mainstreaming gender

Planned activities & accomplishments

Access to health care including reproductive health is basic right under the Convention on the Elimination of All Forms of Discrimination Against Women. Women with disabilities are more vulnerable than other women because they are often abused in silence. The women grant is one type of the support given to the women in the community to enhance their participation on health communication. In the second quarter, an organization for women with disability in Western Province was considered under the grant for a capacity-building workshop. A total of 27 organizations from different districts in Western Province represented people with different challenges were trained.



Figure 9: Workshop for PWDs Groups

The workshop was held on 17- 21 March 2008 at Ambwere Alliance Hotel, Chavakali in Vihiga district. This was an initiative of Disability and Women Development Strategies (DWDS), a regional NGO that seeks to improve status and quality of life of women and girls with disabilities in African communities.

The theme of the workshop was HIV/AIDS and RH and the purpose was to engage participants in discussions identify areas of need and come up with possible solutions that would ensure inclusion and active participation of women and girls with disabilities in health programmes both at the grassroots and the provincial levels.

During workshop deliberations it clearly came out that women and girls with disabilities are faced with a number of challenges that continue to make them vulnerable to HIV infection. These include:

- Negative attitudes toward their disabilities
- Inaccessibility to HIV/AIDS services, the physical environment, information, knowledge and skills.
- Poverty
- Inadequate government policies that protect and include women and girls with disabilities
- Low self esteem making it difficult to negotiate for safe sex
- Exploitation
- Rape, violence and abuse

Figure 10: Sign Language interpreter giving explanation to PWDs

The workshop therefore felt that there was a great need for women and girls with disabilities to be empowered to seek services, to understand, policy/human rights in order for them to successfully address challenges in HIV/AIDS that they face on daily basis.



Planned activities next quarter

- Support one PWD group to conduct dialogue discussion groups

Other prevention Indicators

Table 10: Targets and achievements on Other Prevention activities

Indicator	Year 1 target	Year 1 accomplished	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Year-to-date accomplishment
No of service outlet	60	3020 (5033%)	60	200		200 (333%)
Number of individuals reached through community outreaches that promotes HIV /AIDS prevention through other behaviour change beyond abstinence and or/being faithful by gender	30,000	195,305 (651%)	400,000	150,000	41,933 (18368 m, 23565 f)	191,933 (48%)
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6000	32,225 (537%)	2000	771	-	771 (39%)
Number of local organizations provided with technical assistance for HIV related institutional capacity building (Through grants and Networks)	2542	2036 (80%)	3044	850	136	986 (32%)
Number of individuals trained in HIV related capacity building	2000	3520 (176%)	2000	850	771	1,621 (81%)

The indicators on the number of individuals reached include a range of activities, are basically a collection of activities namely the community discussion groups, worksite dialogue groups, outreaches married adolescents, peer families and Magnet Theatre. By quarter 2, most of the indicators were surpassed.

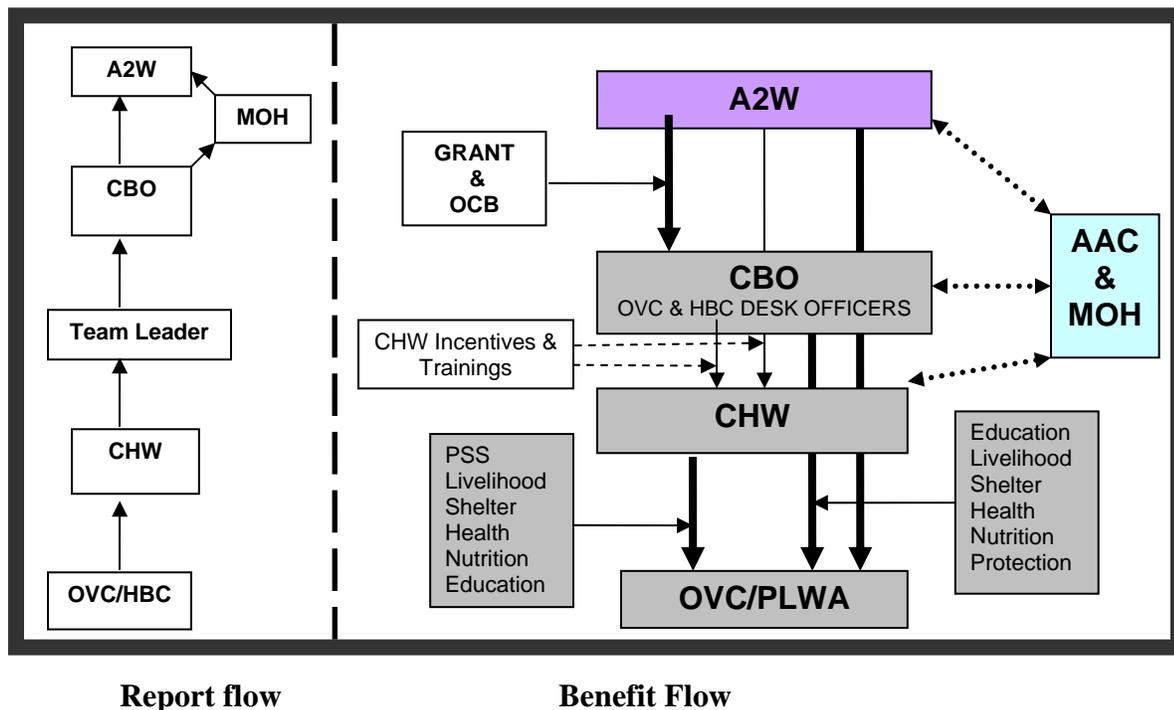


Result 3: Improved and expanded care and support for people and families affected by HIV/AIDS

To effectively reach and provide care and support to OVC and PLWHA, A2W has partnered with 22 CBO/FBOs in 19 divisions of 16 districts. These CBO/FBOs are taking care of over 35,000 OVC and 5,000 PLWHAs.

This quarter realized the maturation of CBOs in terms of structural set up and OVC/HBC monitoring activities. In each CBO there is an OVC desk officer who coordinates OVC activities in conjunction with the local children’s officer and AAC. CHWs attached to the CBO report to him/her through their appointed leaders. For HBC there is a desk officer who liaises with the HBC contact persons or coordinators at the local health facilities. Apart from the Children Department and Ministry of Health, the CBO partners with other key line ministries touching on the different aspects of implementation. These include Ministries of Culture & Social Services, Agriculture & Livestock, Education and Provincial Administration. The diagram below illustrates the OVC/HBC implementation structure showing information and benefit flow, and the coordinating role of Ministry of Home Affairs and Ministry of Health:

Figure 11: A2W OVC/PLWA Care and Support structure



Sub-result 3.1: Expanded home and community support programs

3.1.1: Strengthening and building CBO/FBO HBC programs

Planned activities & accomplishments

1. *Issue sub grant to 16 CBO/FBO:* 22 CBOs sub-granted with first half of grant
2. *Conduct monthly supervision and monitoring visits of CBO/FBO activities:* As part of capacity building and mentoring, all the CBOs were visited in the three months. Some emerging managerial issues were ironed out including election for those who were due, change of status for officials who were involved in civic elections and opening of additional operations accounts to accommodate pass through.
3. *Hold quarterly meetings with CBO/FBO:* One meeting was held with 100% attendance by all CBO leaders. They shared experiences on achievements and challenges. Though the CBOs are at different level of capacity, they were all able to accomplish what they had planned for in their grants. They also handled OVC/PLWA pass-through benefits well.
4. *Support 2,440 CHW with rain gear, t-shirts, bicycles and stationery as per need:* 2,500 T-shirts, 1000 umbrellas and 1000 bicycles were procured and distributed to the CHWs. All requisite stationery for OVC home visits and HBC activities were provided.
5. *Monthly review meetings between HBC coordinators and CHWs:* Monthly review meetings between health facility-based HBC coordinator and CHWs did not take place as the districts were still mapping out HBC programmes in the respective catchment areas of the health facilities. Busia District held its review meeting for all facility HBC coordinators to strengthen HBC activities in the district.
6. *Support PHMT/DHMT hold quarterly review meetings HBC coordinators:* There was one HBC review meeting that was attended by 12 MOH HBC coordinators and 53 CBO leaders to discuss coordination and understanding of each other's role. It was noted during that the HBC tools in use need revision. A team composed of MOH and CBO staff will sit early next quarter for this purpose.
7. *Train 60 additional district and facility based HBC coordinators:* One training of 37 participants was possible due to delay in opening of Kisumu KMTC as a result of PEV. The other group will be trained in June. These and the 75 previously trained are providing guidance on HBC activities to the CBO and other implementing partners.
8. *Procure and distribute 1000 HBC kits:* The kits were procured and distributed late in the quarter. Their usage will be reported in the next quarter
9. *Train CHW on usage of HBC/OVC monitoring tools:* 2,304 CHW were trained on usage of HBC and OVC information gathering tools during home visits and generation of monthly and quarterly summaries.
10. *Support PHMT/DHMT supervise HBC activities:* PHMT conducted supervision to Vihiga, Butere, Emuhaya, Busia, Mumias, Kakamega South & North and Lugari districts.

Analysis of indicators and targets

The project is on course to meeting its targets under this sub result area. In some cases, especially for CBO/CHW activities the targets were enhanced to meet the implementation realities. Thus instead of granting 16 CBOs and recruiting 800 CHWs for HBC activities, we had to work with more to adequately cover combined OVC/HBC activities.

Table 11: Palliative Care Targets and accomplishments

Indicator	Year 1 target	Year 1 Accomplished	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Year-to-date Accomplishment
Total number CBO/FBOs providing HIV related palliative care	8	16 (200%)	16	16	22	22 (138%)
Total number of individuals trained to provide home-based HIV palliative care (CHW)	200	0 (0%)	400	146	0	146 (37%)
Number of primary care-givers mentored to provide HBC services	800	0 (0%)	1,000	0	0	0 (0%)
Number of supported PLWHAs receiving HBC services (through nursing care, spiritual (Channels of Hope), counselling (IPT-G))	3,700	0 (0%)	5,040	12,944	12,944	12,944 (257%)
Number of PLWHAs referred from HBC to clinical (15% of total PLWHAs receiving HBC)	750	2,909 (388%)	786	3,242	4,586	4,586 (1%)

Table 12 below summarises HBC activities during the quarter under review. There was a general reduction in activities. This can be explained by the lower number of CHWs who reported their HBC activities compared to quarter 1. The other factor is incomplete and inconsistent reporting by the health facilities. In one quarter, a given set of facilities will report and in the next, another set will report. There is often frustration on the part of the CHW when it comes to where and to whom they should take their reports. To address this issue, the DASCOS and HBC coordinators have been requested to appoint contact persons in each health facility who will coordinate HBC and receive report for subsequent submission to DASCO.

Table 12: HBC Activities during quarter 2.

	Females	Males	TOTAL Q2	Q1
No. of CHW providing HBC	1,112	471	1,583	2,080
No. of CHW reporting	691	263	954	1,064
No. of clients	7,394	3,917	11,311	12,944
No. of clients < 15 yrs	1,150	779	1,929	1,134
No. of clients 15yrs and Over	4,662	2,438	7,100	7,402
No. of patients on ARV	3,295	2,135	5,430	6,521
No. of patients on TB treatment	558	403	961	1,756
No. of PLWHA receiving nutritional support	526	254	780	1,638
No. of HIV+ TB patients receiving ART and TB treatment	616	233	849	1,112
No. of Deaths	46	38	84	76
No. of HBC kits Supplied			279	897
No. of HBC kits Used			217	897

Planned activities next quarter

1. Sub grant the 22 CBOs with final cycle of funds for year 2
2. Conduct refresher training for CBO capacity building
3. Support PHMT/DHMT in supervising and coordinating HBC activities
4. Train 30 health facility-based HBC coordinators
5. Revise and distribute HBC tools

3.1.2: Expanding support services for PLWA***Planned activities & accomplishments***

1. *Train 30 Inter-Personal Therapy for Groups (IPT-G) group leaders:* It was not possible to mobilize community and facilitators for the training planned due to PEV; it will be done in May (next quarter). The group leaders trained last quarter have started implementing IPT-G. Using the adopted John Hopkins Questionnaire for depression assessment data, forty nine (49) groups were formed with 560 members (329 females and 231 males). The therapy was in its 3rd week by close of the quarter. Two supervisory and debriefing visits were made by the project psychosocial expert.
2. *Conduct support group meetings for enhancement of positive living (ART adherence, nutrition, hygiene), and hold one quarterly monitoring meeting with Ambassadors of Hope:* Eleven (11) support groups were formed this quarter making 205 in the province. A male support group with 15 members was formed in Alupe. The other male support group in Kakamega is engaged in IGA and nutritional support activities. Discordant couple support group has been formed in Kakamega PGH and meets every first Thursday of the month and currently consists of eight (8) couples. Health talks were carried out to

163 support group leaders who in turn reached 1,141 male and 3,586 female members. Two hundred and four (77 male, 127 female) Ambassadors of Hope were monitored in the quarter. Stigma reduction outreaches reached 3,219 male and 5,182 female individuals. Drug adherence sessions at 40 ART sites have been successfully held and clients are happy that the service points have been moved nearer to their community. The Ambassadors of Hope encourage clients to seek individual counseling after they are through with the doctor by referring them to the existing support groups. All the support groups and contacts have been posted at the CCC with copies to all the health workers at these sites.

Analysis of indicators and targets

Table 13: Targets and accomplishments of PLHAS

Indicator	Year 1 target	Year 1 accomplished	Yr 2 Target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Year-to-date accomplishment
Number of PLWHAs and caretakers of OVCs belonging to support groups (by end of year)	200	2,312 (1156%)	280	1,155	4,727	4,727 (1688%)
Number of PLWHAs who share their status with others in the community (during the year)	200	240 (120%)	200	238	235	235 (118%)

The photo below captures a faith response outreach in Teso District. Here the church leader who is an ambassador shares her status to the congregation.



Figure 12: An outreach by the church in Teso

Challenges & recommendations

Health talk sessions have become overwhelming, as CCC sites have increased from 6 to 40. For example Kakamega and Vihiga have 10 sites each and the community volunteers are unable to cope. To address this,

the project is strengthening more support groups at those sites.

Planned activities next quarter

- Stigma reduction outreaches by Ambassadors of Hope
- Quarterly support group meeting enhancement of positive living
- Monthly monitoring meetings with the Ambassadors of Hope

Sub-result 3.2: Expanded support for OVC

There are 35,918 children registered and their welfare monitored every quarter through home visits made by CHWs. Most of these were reached with at least 3 different support benefits. An additional 7,165 received support through other A2W project intervention areas though they are not on the project roster. These were child counseling, community counseling, bereavement counseling, educational and nutritional support through PLWA support groups' activities.

3.2.1: Comprehensive support for OVC

Planned activities & accomplishments

1. *Hold a provincial OVC stakeholder forum to be lead by the Children Department so that the role of AAC is made clear/conduct location 16 AAC trainings and support them conduct quarterly meetings/support 14 district and divisional AAC to hold quarterly meetings and supervision activities:* Provincial OVC stakeholder forum, AAC trainings and TOT training on OVC care and support targeting 24 CHW/VCO were not held due to challenges of mobilization as a consequence of PEV. It was not possible to arrange for a meeting as the line ministry officers were involved in Cash Transfer roll out and trainings. This will be planned in subsequent quarter.
2. *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:* 66 CHW were trained as TOT. These trained 2,304 CHW who in turn passed the knowledge to 3,277 caregivers living with the OVCs.
3. *Pay school fees to 500 total orphans in secondary school/Support 12,000 primary school OVC with uniform and school supplies.* The different components defining a benefit are outlined in the next table. In it we see the total number of children who received a benefit in each of the seven support areas of health, nutrition, education, psychosocial support, shelter and care, livelihood support and protection.

Education: 17,690 children received education support, a majority (12,084) in the form of school uniform for primary school. The project also disbursed over Ksh 6 million to 780 children as secondary school fees. It was noted that many children attended school irregularly because of various reasons including taking care of ailing relatives, lack of encouragement and motivation, and lack of scholastic material and uniform. These issues will be addressed specifically so that all children in school do not interrupt their education.

Nutrition: Harvesting of kitchen gardens provided food and income supplementation to the households. Some of the children do keep and consume poultry products (1,377) and many have productive kitchen garden (7,833). It is of concern that almost all the children have one

or two meals per day. More attention will be focused on these low resource/labour inputs to try and fortify food security and increase number and quality of meals per day. This component was also met through leveraged support from Kenya Red Cross (Mt Elgon), World Food Programme in Busia and ACE Africa in Bungoma.

Health: the children have been linked to local health facilities to access health care services whenever they need it. These include annual medical examination, immunization for those under five years of age, de-worming, treatment and referral for all ailments and counseling and testing. Where there are charges the project meets the cost. Other support under health include long lasting insecticide treated bed nets (3,672 distributed or in use), vitamin and mineral supplementation (2,193) and HIV prevention and life-skills activities (4,805). This quarter 23,778 accessed health benefits.

Shelter and care: During the quarter 862 OVC houses were renovated by community members. The children also received clothing, beddings and utensils (8,130). In total 8,372 OVC were reached with this benefit. More need to be done in this area, especially on housing and provision of beddings and kitchen utensils. During home and field visits it is becoming clear that many of the OVC live in appalling housing conditions as these photos of two households show.

Protection: 10,442 children received legal, registration rights and counseling services. Some of cases handled included 22 rape, 8 suicidal attempts, 20 school dropouts, 14 domestic violence, 5 abortion cases, and 32 inheritance issues. 20 land cases and 19 Child non-sexual abuses. In all cases of abuse, the parent(s)/guardian and other family members are also counseled and referrals to relevant authorities (medical, legal or spiritual) are done.

Psychosocial support: majority of the children received counseling during home visits (35,048). Through systemic child counseling, 1,867 boys and 3,644 girls were reached through individual and group counseling. Psychosocial counseling and support forms a very essential component of child growth and development. Social and mental well-being ensures the child participates in and accesses other benefits.

Analysis of indicators and targets

This quarter 35,048 OVC were visited and 23,433 (65% of total registered) received 3 or more benefits. This is an improvement from last quarter in which only 29% received this level of benefits.

Table 14: OVC Targets and Accomplishment

Indicator	Year 1 target	Year 1 accomplished	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Year-to-date accomplishment
Number of OVC served by OVC programs	29,973	30,701 (102%)	30,000	34,739	35,918	35,918 (120%)
Number of OVC served in 3 or more care areas by gender	15,000	3,142 (21%)	16,667	9,843 (5,836m/4,007f)	23,433 (13,078m/10,355f)	23,433 (141%)
Number of OVCs served in one or two care areas by gender	14,973	26,559 (177%) (14,193m/12,366f)	13,333	23,497 (13,321m/10,076f)	11,615 (5,079m/6,536f)	11,615 (87%)
Number of OVC care-givers trained in caring for OVCs	1,200	-	236	-	3,277	3,277 (1389%)

Table 15: OVC Benefits Targets and Accomplishments

BENEFIT			Yr 2 target	MALE	FEMALE	TOTAL	Year to date accomplishment
HEALTH	Benefits received	Medical check	35,000	2,019	1,506	3525	10%
		Deworming	22,500	5,690	4,266	9956	44%
		Treatment for any ailment	3,500	2,186	2,291	4477	128%
		Long lasting insecticide treated nets	35,000	1,949	1,723	3672	10%
		Routine and missed immunisations received	350	1,463	1,432	2895	827%
		Vitamins and mineral supplements	-	1,077	1,116	2193	
		Medical outreaches	3,500	786	578	1364	39%
		HIV counselling and/or Testing	-	110	103	213	
		HIV prevention and life-skills activities	3,500	2,608	2,197	4805	137%
		Access to clean water	3,500	4,664	4,859	9523	272%
TOTAL NUMBER OF OVC WHO RECEIVED A HEALTH BENEFIT			35,000	12,983	10,830	23,813	68%
EDUCATION	Benefits received	Uniform in the last one year	28,000	6,421	5,673	12094	43%
		School fees/ levies	1,750	442	338	780	45%
		Schooling items	28,000	1,025	920	1945	7%
		Sanitary towels	12,250	-	1,486	1486	12%
		School feeding programmes	-	450	461	911	
TOTAL NUMBER OF OVC WHO RECEIVED EDUCATION BENEFIT			28,000	9,376	8,314	17690	63%
NUTRITION	Nutritional support	Kitchen garden	5,250	4,356	3,477	7833	149%
		Livestock	3,500	1,318	1,137	2455	70%
		Poultry	28,000	863	514	1377	5%
		Food relief and donations	3,500	4,459	4,024	8483	242%
TOTAL NUMBER WHO RECEIVED NUTRITION BENEFIT			35,000	8,246	7,659	15905	45%
SHELTER AND CARE	Housing	Child properly housed	-	15,275	13,216	28491	
		Child's home renovated	-	511	351	862	
	Basic needs support	Beddings	8,750	1,201	943	2144	25%
		Kitchen set	15,500	1,358	1,224	2582	17%
		Home clothing	3,504	1,743	2,113	3856	110%
TOTAL NUMBER OF OVC WHO RECEIVED SHELTER AND CARE			22,000	4,332	4,041	8373	38%
PROTECTION	Abuse	Children abused or neglected	n/a	95	110	205	
		Parent/guardian counselled	-	1,341	1,280	2621	
		Number referred	-	381	508	889	
	Support received	Registration of births and deaths	17,500	3,539	3,352	6891	39%
		Protection and access to parents property	3,500	1,233	1,329	2562	73%
		Referral & linkages for legal services	3,500	307	319	626	18%
		Memory book writing	4,250	1,449	2,304	3753	88%
TOTAL NUMBER OF OVC WHO RECEIVED PROTECTION			17,500	5,351	5,091	10442	60%
PSYCHO-SOCIAL SUPPORT		Home visit by CHW	35000	19,031	16,017	35048	100%
		Spiritual counselling	3,150	1,351	1,521	2872	91%
		Child, community & bereavement counselling	0	2,487	4,678	7165	
TOTAL NUMBER OF OVC WHO RECEIVED PSYCHOSOCIAL SUPPORT			35,000	19,031	16,017	35048	100%
LIVELIHOOD & ECONOMIC SUPPORT		Vocational training	820	253	192	445	54%
		Business skills training	320	44	42	86	27%
		Business start up kitty	320	4	5	9	3%
		Linkages and support from MFI	320	9	4	13	4%
TOTAL NUMBER OF OVC WHO RECEIVED ECONOMIC SUPPORT			820	280	215	495	60%
CAREGIVER TRAINING			6,000	1,404	1,873	3277	55%

These children's parents have died and now they live with their grandparents in a dilapidated house. The grandparents provide for everything and are unable to renovate the house. Four of the children suffer jigger infestation, a parasite that thrives in the squalid condition of the house.



Figure 13: OVC Housing Kakamega Municipality



The father of these children abandoned them after their mother (in the picture, left) tested HIV positive. She is also blind. Since then the housing condition has deteriorated to this level; a third of the wall has fallen, the roof is porous and there is little in terms of property (stolen). They initially moved to a stepson's house who is employed elsewhere but were beaten and chased back to their quarters.

School reports show that the children are bright and can do much better if their general living condition is improved. The mother is on follow-up with AMPATH though not on ARV.

Figure 14: OVC household Chakol in Teso district

PS: The house collapsed during the onset of long rains at the time of compiling this report. (2 weeks after taking the photo).

Challenges & recommendations

- The scale of OVC burden and needs is large. There is ever increasing demands for more OVC to be supported as well as providing more benefits to the OVC already in the programme. The project will continue to mobilise governmental and strengthen community support structures and networks within the community to respond to these needs.
- Understanding of and good use of the home visit tools by the CHWs. More training targeting quality care and support will continue, and for the few (very active and respected) who cannot write, we shall adapt simpler pictorial tools for their use.

Emerging issues

Though most of the children are in decent housing, those without proper care live in very squalid conditions. Some of the houses are falling down (as the photos attest) and there appear to be very little community concern. One reason for the community apparent aloofness relates to cultural practices including issues of widow inheritance, and outright stigmatization of HIV affected households. The project will use CBOs to mobilize the community address the issue of OVC/PLWA housing.

For the project to be appreciated better it must bring dignity to the children and PLWA affected; there is urgent need to augment community mobilization efforts with materials for putting up shelter for these households.

Of concern also is the general low level of food security in OVC households, often calling for immediate intervention in food relief and supplementation, an area that is not permissible with PEPFAR funds. The home visits become challenging to the CHW (and programme staff on field visits) when they come across such households as they have to first respond to the food situation before proceeding with other activities.

Planned activities next quarter

- Train 5 district AAC
- Mobilize and train 19 divisional AAC
- Mobilize and train 38 locational AAC
- Train 80 CHW as TOT on child care and support
- Continue monthly/quarterly child welfare monitoring

3.2.2: Strengthening child protection for OVC

Planned activities & accomplishments

- *Place 820 out of school OVC in vocational training sites including apprenticeship:* The processes of identifying the beneficiaries and training institutions took longer than expected. The training institutions also opened late due to PEV. Already 435 OVC are undergoing various vocational courses in different training institutions
- *Support 320 out of school OVC with business skill training:* This will await the placements for vocational trainings
- *Train 480 CHW as TOTS in organic farming and support 1000 OVC establish backyard kitchen gardens:* 104 CHW were trained on organic farming and are currently training the beneficiaries as well as setting up kitchen gardens for them. Seeds have been distributed for this purpose. Ministry of Agriculture gave helpful advice on appropriate vegetable seeds for the season and area
- *One training each for systemic child counseling and memory book:* These were postponed to next quarter are to mobilization challenges because of PEV.
- *Support to 400 children in children clubs for counseling session:* This was also postponed for the same reasons

- *Quarterly monitoring meeting with 200 child counselors and memory book CHW:* 22 male and 79 female child counselors were monitored. They counseled 1,867 boys and 3,644 girls through individual and group counseling sessions in Bungoma, Kakamega, Busia and Lugari districts

Analysis of indicators and targets

Table 16: Targets and achievements on OVC/PLWA

Indicator	Year 1 target	Year 1 accomplished	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Year-to-date accomplishment
Number of OVC referred to legal services, food and credit programs not funded by Global HIV/AIDS initiative funds	12	0 (0%/)	20	142	38	180 (900%)
Number of PLWA referred to legal services, food and credit programs not funded by Global HIV/AIDS initiative funds	850	298 (35%)	850	1481	1,866	3,347 (394%)
Number of positive parents trained on the memory book	110	101 (92%)	40	0	25	126 (315%)

Sub-result 3.3: Reduced stigma and establishment of safety nets for PLWA and families

3.3.1 Reducing stigma and strengthening community safety nets

Planned activities & accomplishments

- *Conduct sensitization workshop for 100 religious leaders:* COH TOTs reached 1,623 people with HIV and AIDS knowledge; 1,022 female and 601 male (in form of HIV pulpit messages, youth activities meetings, 1-day workshop).
- *Conduct training of Congregational HIV and AIDS Task Teams (CHATT):* This could not be successfully arranged (mobilized) because of PEV.
- *Conduct trainings for 20 community counselors, 20 bereavement counselors and 40 paralegals:* Mobilization was delayed because of PEV and is scheduled for early April.
- *Bereavement counseling monitoring meeting:* Eighty-nine (18 male 71 female) Bereavement counselors were monitored in Kakamega, Butere/Mumias, Bungoma and Vihiga districts. They counseled 488 widowers 734 widows, 106 boys and 254 girls. There are now 11 widow/er groups in these districts, 7 having been formed this quarter.
- *Community counseling monitoring meeting:* One hundred and one (32 male 69 female) community counselors were monitored. They reached 973 male and 1,479 female and 514 boys and 783 girls in Vihiga, Butere/Mumias, Busia and Bungoma districts in the month of

January. In February and March, monitoring was not done due to cash flow difficulties. Sensitization forums held in January through support groups, women groups, chiefs' barazas, institutions and funerals reached 1,816 male 2,613 female, 820 boys and 932 girls.

- *Memory book writing monitoring meeting:* twenty-five (25) PLHA and CHW in Vihiga district were trained on memory books. Thirty four (34) wills have been written and 46 memory books are in progress.

Analysis of indicators and targets

Table 17: Targets and accomplishments on people trained in counseling

Indicator	Year 1 target	Year 1 accomplished	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Year-to-date accomplishment
Number of community members trained on bereavement counselling	80	99 (124%)	20	0	0	0%
Number of community members trained in community counselling (legal protection and stigma reduction)	100	104 (104%)	20	0	0	0%

3.3.2 Providing livelihood activities for PLWHA

Planned activities & accomplishments current quarter

- *Livelihood support for 200 PLWHA households with livestock:* PLWHA livelihood support: Among the 200 goats supplied last quarter, four have calved and 40 are in calf. Most people who planted vegetables have used the produce from the kitchen garden to meet their various HH and OVC needs such as consumption, buying chicken and school items (uniform, stationary). Monitoring tools for kitchen garden and dairy livestock activities has been developed to assist in capturing data on effectiveness of these interventions on nutritional/food security
- Several support groups that are registered, have a bank account and are actively involved in various IGA activities have been identified through the CBOs and SWAK and formal discussions with MFI initiated. So far K-Rep, KWFT and Heifer International have indicated willingness to support these groups develop their business skills.
- *Train and establish one district paralegal network:* Paralegal trainings with the objective of empowering the trainees to understand paralegal concept and be able to reach out to their community members in legal issues took place in Bungoma (9 male, 18 female) and Lugari (12 male, 18 female). The trained persons will reach out to support their community members by educating them on their basic rights and make referrals to different service points. They formed district paralegal network for Bungoma. Sensitization forums held in

January through support groups, women groups, chiefs' baraza, institutions and funerals reached 1,816 male 2,613 female, 820 boys and 932 girls.

Table 18: Targets and Accomplishments in training of communities in legal protection.

Indicator	Year 1 target	Year 1 accomplished	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Year-to-date accomplishment
Number of community members trained in legal protection	0	0	80	100	50	150 (188%)

Challenges & recommendations

Support groups linkage to MFIs with stringent terms and conditions is challenging. They are being trained in business to answer their concerns while some of the MFI provide credits that have an insurance rider to cover for chronic illnesses.



Monitoring & Evaluation

Planned activities

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. Hold a 2 day M&E Planning meeting
9. On the job training of HMIS
10. Identify consultant to finalize mapping of facilities, services and community sites

1. The Health Facility Profiles

According to information from the facility mapping and inventory, there are over 299 facilities that the project is working with in different program areas. ART services are established in 41 of the facilities ranging from level 2 Health Centre, to level five, the provincial General Hospital. PMTCT services supported by the project are in 183 facilities in the whole province. The VCT services have been introduced in 92 facilities while for PITC the number is 138. The total number of GOK facilities in the Province is 223 excluding the non-GOK. The table below shows the number of facilities support by the project by service type in each district.

2. Provincial M&E and Review Meetings

- Two provincial meetings were held in the quarter with the DHRIOS and DASCOS to review the district reports from them. Even though the months of January and February the political situation was volatile, the teams were able to share their data from the facilities. In attendance were the PASCO and PHRIO. The district data for the month of December was analyzed and where gaps were identified, the concerned DHRIO and DASCOS were requested to work with the facilities affected to correct the situation. It was observed and agreed that the project support data verification at the facility level.
- An internal review meeting was held to finalize the quarter 1 report. The review focused on the key areas of the report-management, result areas (facility services, community activity and the OVC and HBC).
- PHMT/DHMT/A2W review meeting was held for quarter1 report. Discussions focused on project support and challenges. TB data was noted as a major challenge in the province and it was agreed that the province team and TB team work on ways of addressing the issues. On DBS specimens to Kisumu, only 30 facilities were reported to be meeting the conditions, the AZT roll out almost difficult and the referral system appears weak.

At the above meeting, it was agreed to increase the PMTCT service outlets; improve coordination on logistics for pharmacists; increased monitoring of the commodities staff support at facilities; transportation of specimens; strengthening of structures for improved linkages; strengthening of the district stakeholder forums and mapping of areas and facilities where the project operates.

- The Annual PEPFAR meeting took place in Nairobi. The highlights of the meeting were: Increased PEPFAR funding resulted in very modest increase in results and in some cases, there were decreases in APR 07; there is need for programmes to show evidence that the increased funding levels are generating results; effects of post-election violence on results need to be documented by all affected programs especially for OVC, care & treatment programs; projects should routinely do further analysis of the data collected to inform and guide implementation.

Table 19: Number of facilities per district by type of services

District	No. Of facilities Excluding private	PMTCT		VCT		ART		PITC		
		Actual 1	%	Actual	%	Actual	%	Actual	%	
Bungoma West	15	11	73	4	27	3	20	11		73
Bungoma South	13	13	100	8	62	2	15	7		54
Bungoma East	9	9	100	4	44	0	0	7		78
Bungoma North	10	10	100	4	40	1	10	7		70
Kakamega North	10	7	70	4	40	1	10	3		30
Kakamega South	28	18	64	11	39	9	32	15		54
Vihiga	20	19	95	12	60	6	30	11		55
Emuhaya	9	7	78	6	67	3	33	8		89
Teso	15	11	73	5	33	1	7	11		73
Lugari	24	20	83	7	29	5	21	15		63
Busia	25	19	76	13	52	1	4	16		64
Butere	15	14	93	4	27	4	27	10		67
Mt. Elgon	15	11	73	1	7	0	0	4		27
Mumias	15	14	93	9	60	5	33	13		87
Total	223	183	82	92	41	41	18	138		62

Charts based on performance using the year 1 data were produced. The folders will be shared at the facilities and districts during the feedback meetings.

3. Data collection

The DHRIOS and the DASCOS were very useful in data collection in the months of January and February. They were facilitated to move to facilities even in areas most affected by the post election violence like Lugari and Mt. Elgon. At the verification stage, some reports were found to have errors. Through the DHRIOS corrections were made.

The community data was collected from the field through the CHWS and the Field Facilitators. They were able to weather the storm to visit the communities at the time.

Data entry was done for the MOH 726 for the month of February. There were some areas however that portrayed data that was questionable and hence the need to do a validation and verification from the various facilities. This was mainly noted in ART sites and some PMTCT sites. Some of them had not reported and hence we had to go and have the reports compiled as we wait.

Update of the KePMS in the database was started during the report period covering October 2007 to March 2008. The process is still on going. The list of health facilities that have recently started receiving support from the project into the database has also been done.

4. Data quality assessment

During the period, Routine Data Quality Assessment was started. Two districts out of 16 were randomly picked and from the two a facility with ART and PMTCT services was selected. Bungoma South district, Bungoma DH and Emuhaya DH and Ipali HC were selected. The areas that were covered included the CCC, PMTCT service area and the DASCOS office for Bungoma and ART, PMTCT at Ipali. Data checks were then carried by the team. The MOH was represented by the DASCO and DHRIO in both districts.

There were anomalies in the recording of the data. In Ipali HC the data for ART was not properly reported and there was need to reconstruct the entire data. The staff at these service areas were very cooperative and appreciated the exercise. Minimal quality problems were identified and addressed. The DASCO and team were encouraged to move the exercise further to other facilities within the district.

The other aspect of data quality is the timely reporting. The project has embarked on facilitating the districts to report on rates of reporting by individual facilities. During the period a method of ascertaining the completeness of the data was formulated to ensure total FP clients are equal to all clients distributed by various FP methods. This was shared with all DHRIOs and DPHNs and now it is in use.

5. Timeliness of Reports by month

The figure below shows the district reporting rates by month during the quarter for form MOH 726 that provides information on PMTCT, VCT, ART and DTC. Mumias and Bungoma East the new districts have continuously experienced problems in the submission of the reports.

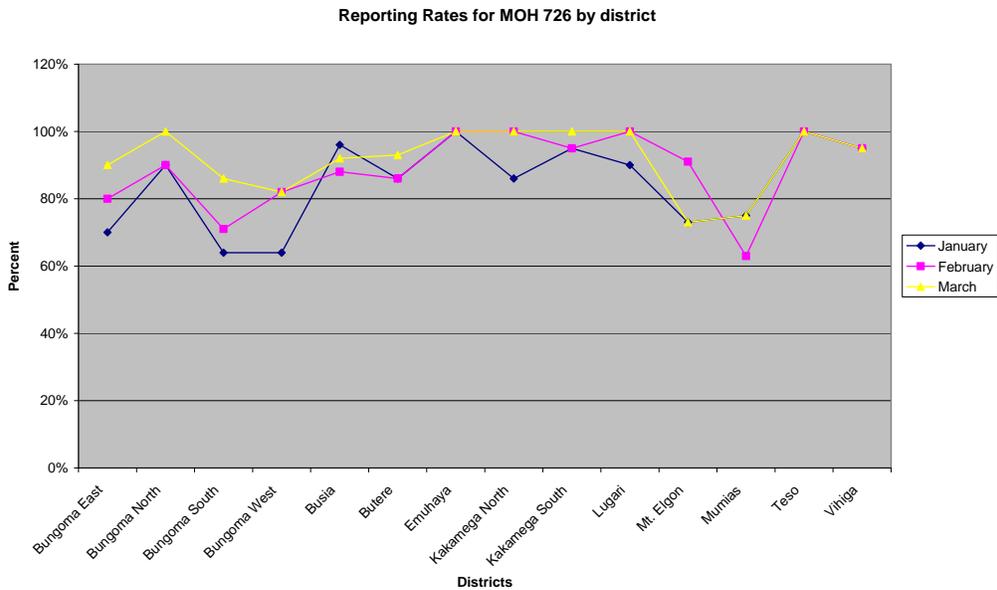


Figure 14: Reporting rates for MOH 726 by District

Most districts have strived to be over 80%. There are the newly created districts like Bungoma south, Bungoma West and Mumias that had some problems related to reporting. There was marked improvement however, in the month of March. January was lower and this is associated with the PEV situation that almost paralyzed the services.

Table 20: RH/FP reporting rates by month

<i>District</i>	<i>January</i>	<i>February</i>	<i>March</i>
Bungoma East	100%	100%	100%
Bungoma North	91%	100%	100%
Bungoma South	100%	100%	94%
Bungoma West	94%	100%	88%
Busia	97%	92%	82%
Butere	88%	94%	100%
Emuhaya	89%	94%	100%
Kakamega North	92%	100%	83%
Kakamega South	90%	90%	90%
Lugari	76%	91%	88%
Mt. Elgon	87%	87%	87%
Mumias	86%	95%	82%
Teso	94%	94%	56%
Vihiga	100%	97%	97%
Overall Province	91%	94%	89%
Total Facilities	299	299	299
Number reported	273	282	265

The reporting rate for RH in the districts is expected to be at least 100%. However, as can be noted in the table above, most districts have not hit the 100% mark. This can be associated with the many tools that are available at the facilities where the providers have to compile all at the end of the month.

Table 21: January- March 2008 HBC reporting by district

District	January	February	March
Bungoma West	✓	✓	✓
Bungoma south	✓	✓	✓
Bungoma East	✓	✓	✓
Bungoma North	✓	✓	✓
Kakamega North	0	0	0
Kakamega South	✓	✓	✓
Vihiga	✓	✓	✓
Emuhaya	✓	✓	✓
Teso	0	0	0
Lugari	✓	✓	✓
Busia	0	✓	✓
Butere	✓	✓	✓
Mt.Elgon	0	0	0
Mumias	✓	✓	✓

There is a general improvement in number of districts providing data on HBC as shown in Table 21. However, HBC reporting is still wanting in terms of completeness and quality and A2W will be focusing on this in the coming quarters.

4. Map for project areas and facility location

A draft of the province map showing the facilities supported by the project was produced. The areas where different result areas operate was included. The

maps will be very important for the MOH to know the location of the activities and be able to identify the gaps.

5. On the job training

The project in the quarter under review has carried out OJT in a number of facilities that had problems with reporting and data quality issues. Over 40 staff in different facilities supported by the project under went the OJT support to improve on the data quality.

Analysis of indicators and targets

OJT provided an opportunity to address glaring data issues at facilities that had problems. In year 2 we set to assist organizations and individuals in strategic information. During the quarter only individuals were assisted as the PEV took its toll. It was not possible to organize training for organizations. However, the individuals were assisted and it has contributed to improved reporting of facilities. The table below shows the project achievements in support under strategic information to date.

Table 22: Targets & indicators Strategic Information

Indicator	Year 1 target	Year 1 accomplished	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Year-to-date accomplishment
13.1: Number of local organizations provided with technical assistance for strategic information activities			25			
13.2: Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS).		31	75	39	41	

Challenges & recommendations

- At some facilities, only certain staff can deal with issues related to data. At times when such staff is away the quality or availability of data is compromised. OJT at the facility level will reduce the magnitude of the problem.
- HBC data is still a problem in a number of facilities and districts. In Teso, some CBOs have not been submitting reports to the district office. The project team will work with the HBC coordinators in the province to address the issues.

Planned Activities

- Develop a comprehensive project database
- M&E planning/review workshop
- Data quality assessments
- Capacity building in M &E for CBOs
- Finalize mapping of project areas
- Data collection and analysis
- Provincial M&E meetings
- Initiate 3 model facilities
- Create and distribute performance review charts



Operations & Finance

During this quarter, implementation of activities slowed down due to post election violence. However, there was accelerated reporting by partners resulting in an increase in reported actual expenditure and reduction in accrued expenditure.

Reported total expenditure for the quarter was US\$1,372,363 up from US\$750,602 reported in the previous quarter. The cumulative actual expenditure as at March 31, 2008 was US\$4,981,274.

Accrued expenditure as at March 31 2008 was US\$991,272 representing unpaid partner invoices received after the reporting date. Reduction in accrued expenditure was achieved through partner monthly invoicing instead of quarterly invoicing.

A modification to APHIA II Western agreement number 623-A-00-07-00007-00 was received from USAID. The purpose of this modification was to increase the obligated amount from US\$12,460,000 to US\$13,860,000. Of the total obligated funds, \$13,160,000 is PEPFAR funding and the remaining \$700,000 is POP funds.

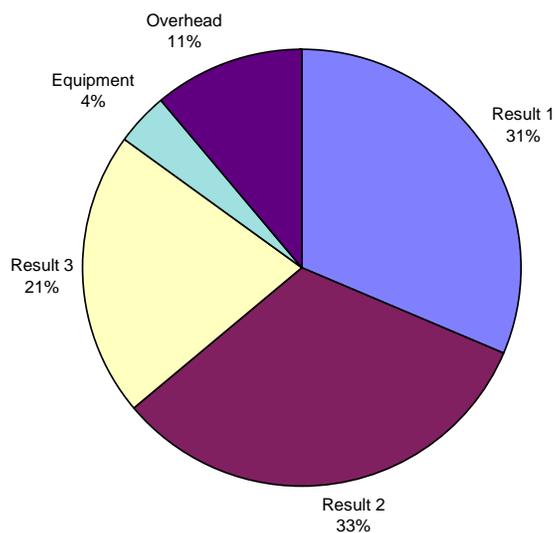
The obligated funds are sufficient to cover planned activities for the next quarter.

Expenditure by Result Area

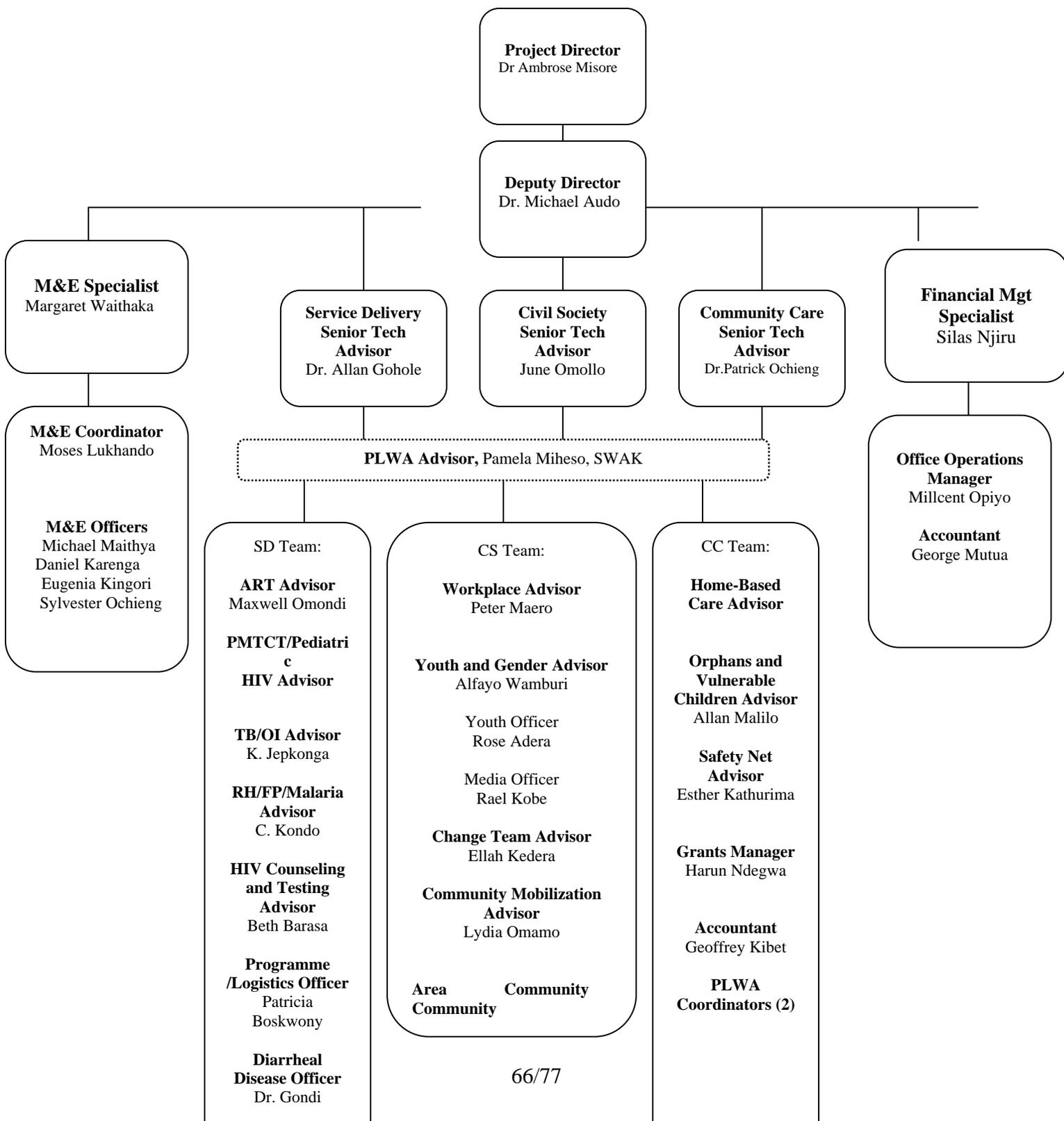
The table and chart below show actual and accrued expenditure as at March 31 2008 by result area.

Result 1: Improved and Expanded Facility-Based HIV/AIDS, TB, RH/FP, Malaria, and MCH Services	1,561,742.9
Result 2: Improved and Expanded Civil Society Activities to Increase Healthy Behaviors	1,617,923.9
Result 3: Improved and Expanded Care and Support for People and Families Affected by HIV AIDS	1,047,913.1
Equipment	203,504.6
Indirect Costs	550,189.7
Total Program Costs	4,981,274.16

**Expenditure by Result Area
31 March 2008**



Organogram





Appendix 1: Performance Monitoring Plan

Appendix 2: Work plan Tracking

Patients on Antiretroviral Treatment (ART)

	Facility Name	NEW individuals initiating ART January-March 2008		CURRENT individuals receiving ART by March 31, 2008		TOTAL by end March 31, 2008
		Adults	Children	Adults	Children	Total
1	Kimilili DH	65	0	230	17	247
2	Bumula HC	10	0	16	0	16
3	Bungoma DH	134	10	648	41	689
4	Chwele DH	39	4	59	7	66
5	Malakisi HC	25	6	34	3	37
6	Sirisia SDH	5	0	12	0	12
7	Matayos HC	37	5	97	8	105
8	Butere DH	30	2	257	13	270
9	Kwhisero HC	22	1	40	3	43
10	Manyala SDH	9	0	20	0	20
11	Namasoli ACK Mission	17	1	28	0	28
12	Emuhaya DH	28	1	64	2	66
13	Esiarambatsi HC	0	0	0	0	0
14	Ipali HC	30	0	26	0	26
15	Tigoi HC	0	0	0	0	0
16	Kaimosi Mission Hospital	0	0	0	0	0
17	Hamisi DH	13	2	13	2	15
18	Malava DH	23	3	137	25	162
19	Bukura HC	48	0	58	0	58
20	Bushiri HC	0	0	0	0	0
21	Iguhu HC	51	5	73	6	79
22	Kakamega PGH	100	10	1,030	59	1,089
23	Kambiri HC	1	0	1	0	1
24	Kilingili HC	11	1	16	1	17
25	Shikusa GK Prison	9	0	6	1	7

	Facility Name	NEW individuals initiating ART January-March 2008		CURRENT individuals receiving ART by March 31, 2008		TOTAL by end March 31, 2008
		Adults	Children	Adults	Children	Total
26	Shibwe HC	0	0	0	0	0
27	Navakholo DH	30	2	60	9	69
28	Kongoni HC	0	0	0	0	0
29	Likuyani SDH	7	0	57	4	61
30	Lumakanda DH	17	1	76	14	90
31	Mabusi HC	19	0	52	0	52
32	Matete HC	16	1	14	0	14
33	Makunga HC	22	3	22	3	25
34	Bungasi HC	0	0	0	0	0
35	Bukaya HC	0	0	0	0	0
36	Matungu DH	26	1	27	1	28
37	St Mary's Mumias	91	4	840	29	869
38	Alupe SDH	33	0	280	7	287
39	Sabatia HC	64	5	121	9	130
40	Vihiga HC	0	0	0	0	0
41	Vihiga DH	182	15	1,142	129	1,271
	TOTAL	1,214	83	5,556	393	5,949

Table 2: Current Patients enrolled on HIV care and treatment as at March 31, 2008

	Facility	Children		Adults		Total
		Male	Female	Male	Female	
1	Kimilili DH	51	66	201	533	851
2	Bumula HC	38	22	246	407	713
3	Bungoma DH	55	61	539	1122	1777
4	Chwele DH	4	6	25	118	153
5	Malakisi HC	14	18	42	81	155
6	Sirisia SDH	4	1	15	31	51
7	Matayos HC	20	31	128	413	592
8	Butere DH	37	49	237	663	986
9	Kwhisero HC	17	17	80	271	385
10	Manyala SDH	1	1	17	73	92
11	Namasoli ACK Mission	5	4	32	120	161
12	Emuhaya DH	9	2	38	90	139
13	Esiarambatsi HC	0	0	0	0	0
14	Ipali HC	8	9	28	92	137
15	Tigoi HC	0	0	0	0	0

	Facility	Children		Adults		Total
		Male	Female	Male	Female	
16	Kaimosi Mission Hospital	0	0	0	0	0
17	Hamisi DH	9	4	32	77	122
18	Malava DH	36	47	102	258	443
19	Bukura HC	10	4	50	124	188
20	Bushiri HC	0	1	2	22	25
21	Iguhu HC	12	12	60	179	263
22	Kakamega PGH	88	144	430	785	1447
23	Kambiri HC	1	4	14	37	56
24	Kilingili HC	4	6	5	32	47
25	Shikusa GK Prison	3	9	14	28	54
26	Shibwe HC	0	0	0	0	0
27	Navakholo DH	15	9	34	138	196
28	Kongoni HC	0	0	0	0	0
29	Likuyani SDH	12	12	36	110	170
30	Lumakanda DH	19	18	66	174	217
31	Mabusi HC	26	12	10	101	149
32	Matete HC	3	7	27	74	111
33	Makunga HC	9	11	29	82	131
34	Bungasi HC	0	0	0	0	0
35	Bukaya HC	0	0	0	0	0
36	Matungu DH	1	4	22	102	129
37	St Mary's Mumias	37	60	366	962	1425
38	Alupe SDH	38	22	246	407	713
39	Sabatia HC	12	15	54	177	258
40	Vihiga HC	0	0	0	0	0
41	Vihiga DH	154	154	788	1661	2757
	TOTAL	714	871	2,109	9,959	14,380