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

Western Province

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

Quarterly Project Report
July 1 – September 30, 2008
(Project Year 2, Quarter 4)

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	cotrimoxazole
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-oxyridionaucleac acid
DPHN	District Public Health Nurse
DTC	diagnostic testing and counseling
EDDC	Expanded Diarrhea Disease Control
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EID	Early Infant Diagnosis
EOC	emergency obstetric contraceptive
FANS	focused antenatal care
FBO	faith based organization

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	integrated 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 redehydration 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

I. Introduction

The AIDS, Population and Health Integrated Assistance Program in Western Province (APHIA II Western) is a four-year cooperative agreement between USAID and PATH. The term of the project is from December 19, 2006 to December 18, 2010. 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 fourth and last quarter for year II, covering the period July to September, 2008.

Executive Summary and Highlights

The project achieved and surpassed most of the year's targets in various service areas. Some key achievements were:

- The **Jua Afya Yako** radio program transmission started in the quarter and a total of 12 episodes broadcast by end of the reporting period
- Direct primary support of 3 and more benefits to OVC increased from 74 in Q3 to 83 %
- There was a 46% increase in pediatric ART enrolment. It rose from 109 in the previous quarter to 159 children this quarter.
- 1045 DBS samples were collected during the quarter compared to 790 last quarter.
- Over 90% of all health facilities in the Province reported on time.
- The project developed a comprehensive data-base for all the result areas
- The project developed and produced a map for western province using the GIS showing all health facilities in the province and the district and divisional boundaries

Implementation Challenges and Constraints

The following implementation challenges continued:

- Drugs for OIs and HIV testing commodities stock-outs during the later part of the quarter
- Inadequate human resource capacity at health facilities

II. Program Development and Management

During the quarter, emphasis was placed as before on:
• Expansion and scale-up
• Quality assurance and quality improvement
• Integration and linkages
• Advocacy, behavior change and demand creation

The management of the program continued at two levels; field office for implementation and Nairobi office for overall coordination.

- Various consultative meetings took place both in the field and Nairobi to evaluate program implementation progress
- Senior management and technical staff also made several visits to the field especially to provide technical assistance to the field staff
- The project technical and management teams held a review meeting for quarter 3 report, shared the report with the PHMT/DHMTs in the Province and later presented it to USAID team in Nairobi
- The project also developed the Y4 COP narrative (COP 09) and submitted to USAID.

III. Joint Planning, Collaboration and Networking with Stakeholders

During the quarter, 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, Ministry of Youth affairs, Agriculture, Livestock, Culture and Social Services, and the Children's Department. Others were NASCOP, National Aids Control Council, FBOs and CBOs.

Review meetings at different levels on performance were held in the province.

Specifically, the following collaborative activities were supported:

- DHMTs were supported to hold District Stakeholders forum meetings and Support Supervision
- DHMT district and facility review meetings
- Provincial Joint action Review (JAPR) meeting held with the participation of A2W.
- Launch of the Masinde Muliro University of Science and technology peer education program.
- Provincial OVC stakeholders meeting

Key events

Public Service Week- 18th-21st August 2008
Launch of the CCC at PGH, July 21, 2008 graced by the Minister for Medical services Prof Anyang Nyong'o and the USA Deputy Chief of Mission, Pamela Slutz.
Exchange visit to APHIA II Eastern by Health Ministries and Program staff, August 18-22, 2008. The focus was community based testing.
The world breastfeeding week- 4th-8th August 2008.
APHIA 2 Deputy Directors Exchange Meeting in Embu, 23rd-24th September 2008.

Technical meetings

HIV Prevention Summit September 16-17, 2008
PEPFAR partners meeting- 12th September 2008
Child survival USAID implementing partners meeting in Kapenguria August 25-27, 2008
HCM Website development workshop-25th September 2008
RH Communication Strategy meeting- 23rd September 2008
National HTC campaign planning meeting- 10th September 2008.

Visitors to the project

Hon. Prof. Anyang Nyong'o-Minister for Medical Services
Pamela Slutz- Deputy Chief of Mission, US Embassy
Lyn Adrian- USAID Nairobi
Maurice Maina- USAID, CTO A2W
Washington Omwomo- USAID M&E Specialist
Pamela Barnes, - EGPAF CEO
Maureen Kuyoh- FHI Nairobi
Sarah Hasbison- USAID Washington
Pamela Lynum - JHPIEGO
Mercy Wahome - SWAK

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

- Train 30 health care workers on pediatric ART, 30 on pediatric psychosocial counseling, 60 on Integrated Management of Adolescent and Adult Illness (IMAI) and 30 on ART commodity management.
- Establish 1 new adult ART site
- Establish 4 new pediatric ART sites
- Support 41 HIV/TB committee meetings
- Purchase and distribute 1 biochemistry analyzer, 1 hematology 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 meetings.
- Install the electronic ARV dispensing tool at 3 ART sites.
- Continue strengthening 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

Accomplishments:

Adult Care and treatment

1. Sites: By end of September 2008, the program was supporting 41 Adult HIV care and treatment sites from 40 in the previous quarter.

2. Trainings:

- Thirty three (33) health care workers and twenty five (25) expert patient trainers (EPTs) from A2W supported sites were trained in integrated management of adult/adolescent illnesses.

Facilitators were drawn from Nairobi, Eastern, Central and South Rift Provinces. The sixteen (16) local ToTs trained will then be supported to roll out IMAI training in the province.

- An ART commodity management training was conducted with thirty (31) health care workers trained.
- Training on ART Commodity mentorship skills was conducted and a total of fifteen (15) mentors trained using the NASCOP curriculum. The mentors are then expected to offer support to satellite sites on ART commodity management.
- Twelve (12) health care workers were trained in basic computer packages. They underwent five (5) day training on operating systems and the Microsoft Office Suite using the Kenya Institute of Management Curriculum. There was limited capacity by KIM to train the planned 20.
- Training on Quality Assurance/quality improvement was conducted for 7 health staff (2 from the PHMT, 5 from A2W).

3. ART technical exchange meetings

Two meetings were held during the month of September 2008. The focus was pediatric HIV care and TB diagnostics in both adults and pediatrics. A total of thirty nine (39) health care providers from all the treatment sites attended.

5. Laboratory network:

Laboratory networks were expanded to cover all the 41 treatment sites as well as the 15 PMTCT sites that are being capacity built to become care sites. These were linked to the existing central labs to ensure that all HIV-infected individuals including HIV positive pregnant women access pre-ART investigations.

Buffer stocks of reagents for CD4 testing were distributed to six central labs i.e. Kakamega Provincial General Hospital, Vihiga District Hospital, Kimilili DH, Alupe SDH, Lumakanda DH and Bungoma District Hospital. During the period under review, 35 calorimeters were procured and are now awaiting distribution. No biochemistry or Haematology analyzers were procured because this is to be done centrally by USAID.

6. Supportive site supervision:

Supportive technical supervisory visits were made to 41 sites and involved the provision of mentorship, clinical updates and orientation on data tools. All the 41 sites held HIV/TB committee meetings.

7. Site renovations and support

During the reporting period, renovations at Alupe and Bungoma DH were completed. The waiting bay at Bungoma DH was also completed while renovation works at Navakholo and Emuhaya Hospitals, Matayos, Matungu and Malava Health Centers were at an advanced stage. Renovation works were started at 13 other health facilities namely; Bushiri, Kambiri, Shikusa, Kilingili, Bukaya, Mabusi, Malakisi, and Matete HCs, Manyala, Sirisia, and Likuyani SDHs, Chwele DH and Kimilili DH.

Assorted stationery was ordered for the 41 CCC sites.

Electronic ARV dispensing tools were installed at Khwisero, Makunga and Bukura health centers bringing the total number in the province to fourteen (14)

8. Staff support

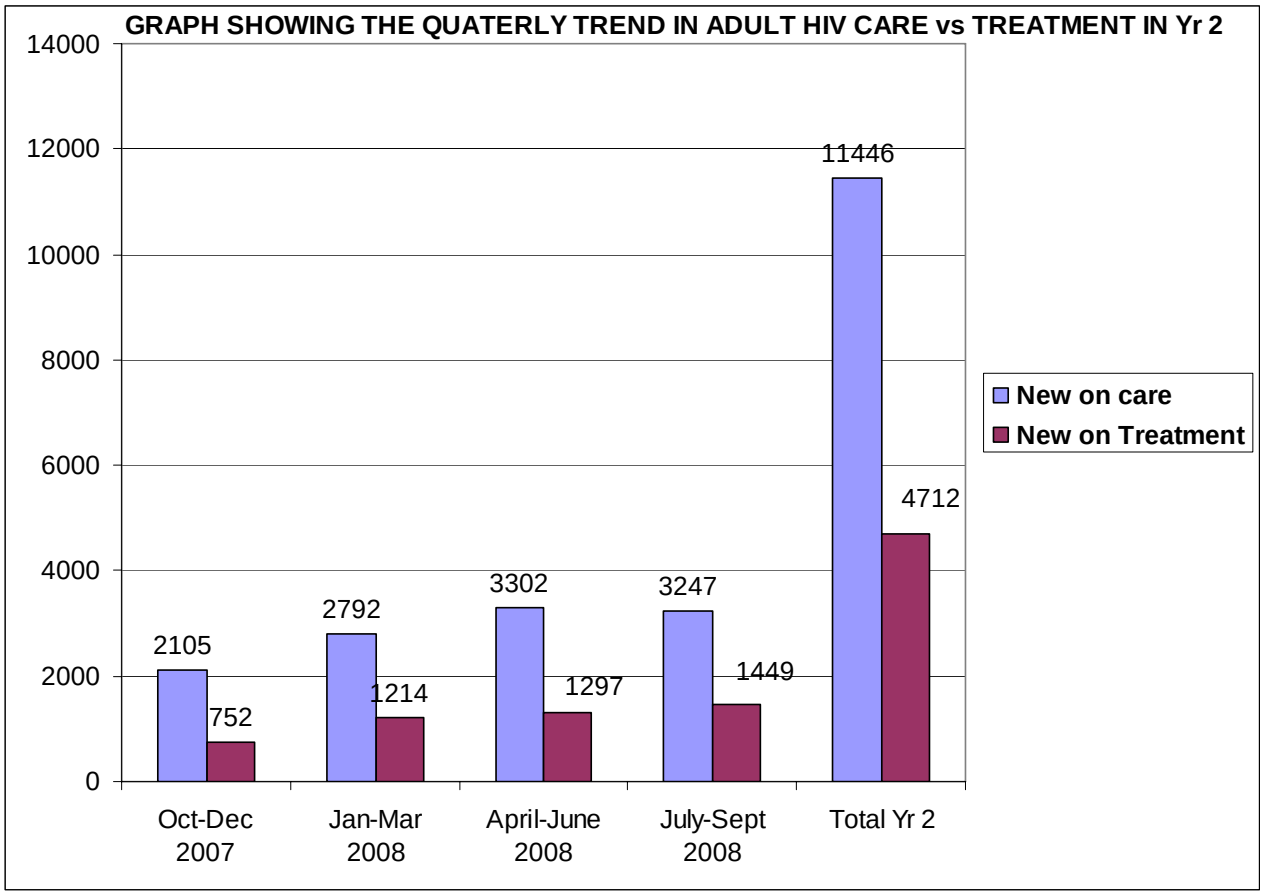
Due to staff turnover, it was necessary to make replacements of the 2 RCOs at Emuhaya DH and Kilingili HC. Fifty three (53) providers (41 RCOs, 10 nurses and 2 data clerks) continue to offer services at the various care and treatment sites.

HIV care and treatment: During the reporting period, a total of 1,608 new HIV infected patients were initiated on ART with 9.9 % (159/1608) of these representing children under 14 years of age.

The total number of patients actively receiving antiretroviral drugs was 8,644 by the end of the reporting period. 7.6% (656/8644) of these representing children.

A total of 20,505 adults are currently receiving basic HIV care in the forty one (41) HIV care and treatment sites. 39% (7988/20505) of those on HIV care are on ART.

Figure 1: Adult care and treatment comparative enrollment in Year 2



Enrollment onto care and treatment has been rising through the year as illustrated in the graph above. A total of 4,712 new adults were newly initiated on ART from 11,446 new enrolments on care.

Pediatric care and treatment

1. Sites: There are forty one (41) sites providing pediatric HIV care with thirty six (36) offering pediatric ART services. This is up from 32 in the third quarter.

2. Trainings: Twenty six (26) health care workers were trained in pediatric psychosocial counseling. Thirty one(31) health providers received training on Paediatric HIV care and ART. 31.

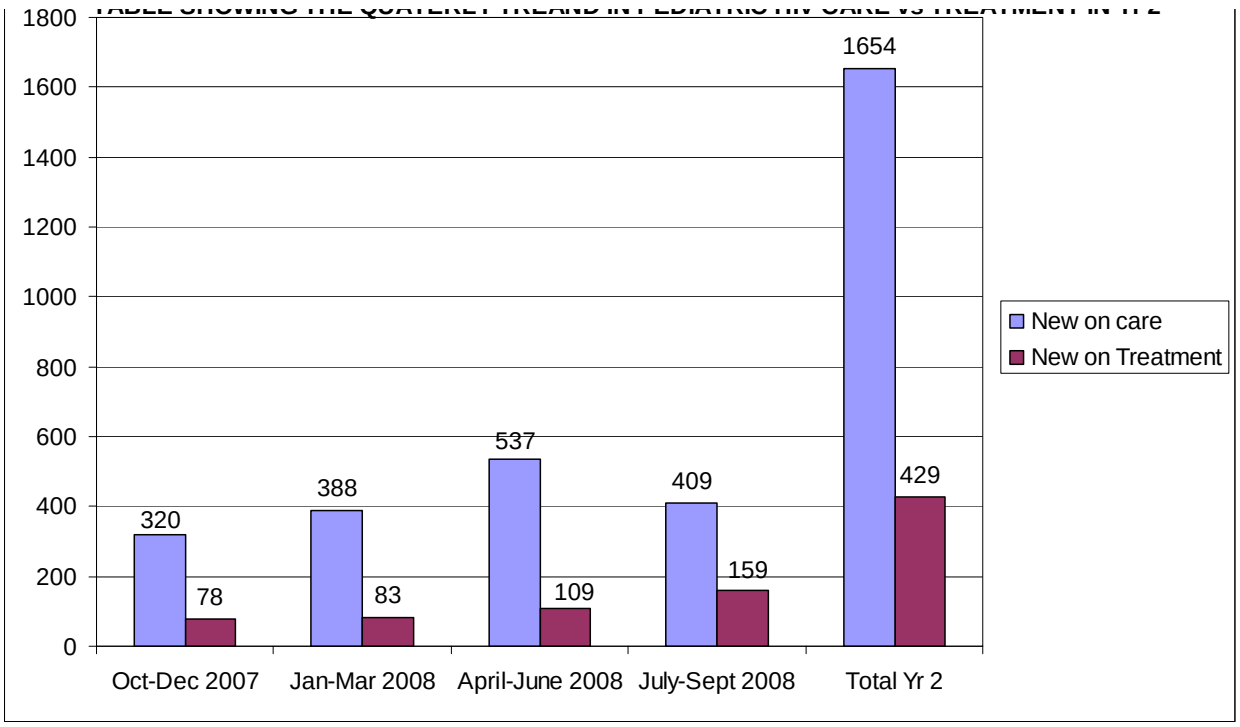
3. Pediatric mentorship program:
Pediatric ART mentorship continued during the routine site visits. Fifteen (15) pediatric ART sites were mentored. Ten (10) registered clinical officers and five (5) nurses were mentored during the reporting period. In addition pediatric mentorship in collaboration with AMPATH was initiated during the reporting period. Three pediatric mentors from AMPATH provide mentorship at Kakamega PGH, Butere DH and St Mary Mission Hospital on weekly basis. This

collaboration will cover an eight week period. Some of the preliminary recommendations towards increasing enrolment onto paediatric care and treatment include: aggressive recruitment from families affected, initiation of ART from WHO stage 3, enhancing PITC at MCH, aggressive follow up of DBS results and increased community involvement in referral and care.

4. Supportive supervision:
Supportive supervisory visits were done in all the thirty six (36) pediatric ART sites during the quarter. This involved technical updates on pediatric HIV care and treatment, identification of exposed infants, referrals, linkages and continuum of care amongst HIV exposed and infected children.

5. HIV care and treatment: 2,165 children are currently receiving HIV care in the forty one (41) HIV care and treatment sites. Children represent 12.9% (2,165/20,505) of total number of patients on HIV care and treatment and 9.9 % (159/1449) of those newly initiated on ART during the reporting period.
30.3% (656/2,165) of children currently on HIV care are receiving ART.

Figure 2: Graph showing the number of children enrolled on pediatric care and treatment in Year 2



The graph shows a slow but steady increase in enrollment onto treatment through the year. There is an increase of 45.9% in the number of new children (<14 years) initiated on ART from one hundred and nine (109) in the third quarter to one hundred and fifty nine (159) children in the fourth. A total of 429 children were newly initiated on treatment from 1654 new enrolments on care.

Analysis of indicators and targets

Table 1: ART Targets and Achievements

Indicator	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Yr 2 Q3 accomplished	Yr 2, Q4 Accomplished	Year-to-date accomplishment	Percentage accomplishment
Number of service outlets providing ART	31	24	32	40	41	41	132%
Number of individuals newly initiating ART	3000	830	1,297	1,406	1,608	5,141	171%
Number of individuals newly initiating ART (Ped)	600	78	83	109	159	429	72%
Number of clients who ever received ART (CUMULATIVE)	6,600	5266	6,728	8,290	9,844	9,844	149%
Number of clients receiving ART at the end of the reporting period(CURRENT CLIENTS)	6000	4647	5,949	7,092	8,644	8,644	144%
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	100	128	189	61	156	534	534%
No. of service outlets providing HIV-related palliative care (excluding TB/HIV)	31	31	41	41	41	41	132%
Total number of individuals provided with HIV-related palliative care (including TB/HIV)	24,520	10,992	15,093	23,098	26,784	26,784	109%
Total number of individuals trained to provide HIV palliative care (including HIV/AIDS)	200	128	189	61	156	534	267%

Challenges

- Acute staff shortages in some health facilities
- Inadequate physical infrastructure at some of the health facilities
- Slow uptake of pediatric ART
- Stock-outs of the OI drugs

Recommendations

- Continue engaging the ministry of health staff to redeploy staff in relevant service areas as per the trainings undertaken
- Continue with site renovation of the health facilities
- Increase identification of pediatric patients through linkages with PITC in all child health interfaces (out-patient clinic, in-patient ward, CWC)
- Continue strengthening the pediatric HIV care mentorship
- To provide ART commodity mentorship as per the NASCOP guidelines

Planned activities next quarter

- Conduct 10 site assessments
- Train 30 health care workers on pediatric ART, 30 on pediatric psychosocial counseling, 40 IMAI training and Train 30 health care workers on ART commodity training
- Establish 3 new adult ART sites
- Establish 2 new pediatric ART sites
- Support 44 HIV/TB committee meetings
- Distribute 35 calorimeters for pre-ART laboratory diagnostics.
- Continue strengthening 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

- Continue district/facility support supervision.
- Training of PMTCT peer counselors.
- Continue to support outreaches.
- Site technical support (mentorship) and assessment of new sites.
- Increase the number of sites offering DBS by 38 as well as continue to support old sites to address emerging challenges.
- Hiring and induction of new PMTCT field officers and counselors.
- Hold a one day meeting with health providers from facilities offering male clinic services to draw up a PMTCT male involvement strategy and develop a tool to monitor the service.
- Carry out PHT/PHO sensitization meeting for 80 providers to enhance community facility linkage as well as create service demand for PMTCT.
- Continue to support 5 facilities to collect blood sample for CD4 (and DBS) and submit to the nearest district hospital.
- PMTCT training for 60 health workers.
- Complete AZT sensitization in the high volume facilities by the provincial team.
- Provincial DHMTs meeting.
- Facility meetings at some districts.
- One training on Stigma reduction and couple counseling.
- Increase the number of facilities with peer counselors
- Church leader sensitization

Accomplishments

- PMTCT sites have increased from 207 in the last quarter to 216 that are supported and offer PMTCT services. There is improvement in data entry though few facilities still experience inconsistency while reporting in the MOH 726.

- 270 supervisory visits were carried in GOK and FBO facilities by field officers, the PMTCT program coordinator and CMMB. The quality of service provision continued to improve with notable declining incidences of missed opportunities. The field staffs have been equipped with knowledge and skills to provide on site mentorship. This includes OJT on skills enhancement on specific PMTCT service provision procedures, data entries, DBS sample collection, nutrition education and commodity forecasting to avoid unexpected stock outs. Meetings were held with staff in the facilities visited and action points jointly agreed upon.

- **Nutrition;** The importance of nutrition for HIV-infected persons was demonstrated in 8 PSS groups, in 8 facilities. Nutrition is steadily picking up and integrating in PMTCT activities within PSS group members. Women are counseled on feeding options including sustaining EBF for 6 months. Demonstration conducted included showing and teaching

hygienic preparation of nutritious foods with retention of essential vitamins for boosting maternal nutrition. The food samples used were locally available food types.

- **EID-DBS;** The number of sites able to offer DBS increased from 104 last quarter to 198. The consistent training and re-training on the job offered to health providers ensured steady increase in identification of exposed infants, timely linkages to CCC and expansion to more DBS sites. 1045 DBS samples were sent for PCR, an increase of 33% over the previous quarter's tally of 790. The total number testing positive were 76 who were all enrolled into care.
- **Decentralization:** 7 Field officers and 16 staff from PMTCT sites received training on IMAI in order to initiate care for pregnant women in MCH. A total of 15 facilities now have access to CD4 at the point of diagnosis, do staging and initiate clients into care. A functional network has been established to ensure that samples are taken to the nearest laboratory for analysis.

- **PMTCT psycho social groups.** 70 PSS groups were supported to hold their meetings in the province. Mothers are willing to be with peers and learn new ideas. It is encouraging that more PSS groups are coming up. This is a positive trend showing increasing willingness to disclose and share experiences. A total of 49 peer counselors from 49 facilities received two day training on peer counseling skills, PSS group formation, maternal and infant nutrition and family planning. During the trainings 20 CD4 samples from the eligible mothers and 18 DBS samples from the eligible babies were collected. Results were given to them through their respective facilities; 1 DBS was positive. On the last day of each training PMTCT coordinators from the facilities came to the training to witness graduation of the peer counselors and buy in there action plan as their supervisors. The training was facilitated by MoH, A2W and Zingatia Maisha staff.

- **Outreaches**. Total of 201 outreach visits conducted in 19 districts were supported. Integrated services were offered and women from hard to reach areas got opportunity to access PMTCT services. DBS screening was also part of the services. A total 1,112 ANC clients were seen with 896 receiving counseling and testing services.

- **Accelerated integrated PMTCT outreach.** During feedback provincial planning meeting held in July, data presented from Emuhaya district showed low ANC coverage especially Luanda division. The program piloted an accelerated integrated outreach which included door to door campaigns. The PHT/PHO coordinated mobilization in liaison with community stakeholders. The activity was conducted from 1st to 3rd September 08 with encouraging results; ANC counseled and tested 60, positive 4. Children also got immunized total 221. Some children got immunization for the first time. Other age groups up to 25 years accessed counseling and testing total males 21 females 36 out of which 4 females positive

  . .
- **Counselors' supervision meetings:** Counselor supervision meetings were held in September in each of the 19 Districts. They shared successes, challenges and addressed issues pertaining to burn out. Updates on new interventions were offered.

- **AZT sensitization; -** Two districts were covered, Teso district with 23 facilities and Lugari district 25 facilities. The districts expected to provide AZT as part of dual prophylaxis. The sensitization will continue to cover the remaining 5 districts in the subsequent quarter

- **Male Clinics:** One day meeting with health providers from 21 facilities offering male clinic services was conducted on 2nd July, 2008. From the meeting PMTCT male involvement strategy and a tool to monitor the service were developed. Support for this activity continued through the quarter in 25 facilities. The group members got the opportunity to access counseling and testing and share experiences. This approach has contributed to increased disclosure and support for women to accept counseling and testing.

- **Provincial/DHMT planning meeting for PMTCT;** One DHMT feedback planning meeting for 19 districts was conducted. Experiences were shared, challenges addressed and joint action plans developed. Each district presented their data based on the PMTCT indicators. The best performing-Vihiga district and most improved Mumias District received recognition awards.
- **Facility planning meetings:** One day facility planning meetings were conducted covering 19 districts. This was a follow up to the provincial feedback planning meeting. Facilities in each district presented their data, shared gains and challenges. Based on the PMTCT indicators, best performing facility in each district was awarded a present-Trophy. This is a model of recognizing and motivating health providers for competitive quality increased coverage in service provision. The facilities presented and owned their data. They took the challenges with a view to compete and perform best next quarter.

- **Exchange visit:** Seven health providers from Lugari District visited Mbale Health Centre to share experiences. Both groups had learnt lessons. The visiting team members were taken to MCH/FP, Maternity, laboratory and administrative offices. This was followed by joint meeting to share findings on areas of weaknesses and best practices. Finally the teams developed action plan to ensure implementation of best practices. It was an encouraging learning experience**.**

- **Training;** Three PMTCT trainings were carried out for 91 HCWs out of which CMMB trained 30 for the FBO facilities to fill in gaps occasioned by staff turnover. The training on stigma reduction was not done because the curriculum was yet to come from NASCOP.

- **Sensitization workshop for PHOs and PHT**; 80 PHO/PHT from the 19 districts sensitized and equipped with knowledge on PMTCT and mobilization approaches as a way to increase facility community linkages for service demand and promote EID

- **Church leaders;** This activity could not be done during the quarter, as the church leaders were committed to other church activities.

Program staff

- **Hiring of facility Nurses and field officers:** To respond to staff shortage, 17 facility Nurses and 4 Field officers were hired and posted.
- **Hiring of staff for locum:** One Nurse was hired for locum to Kanganga Dispensary – Mt. Elgon district from 11th August to 30th September 2008. This was in response to a special request from the DHMT to assist the facility which would otherwise have closed services.

Analysis of indicators and targets

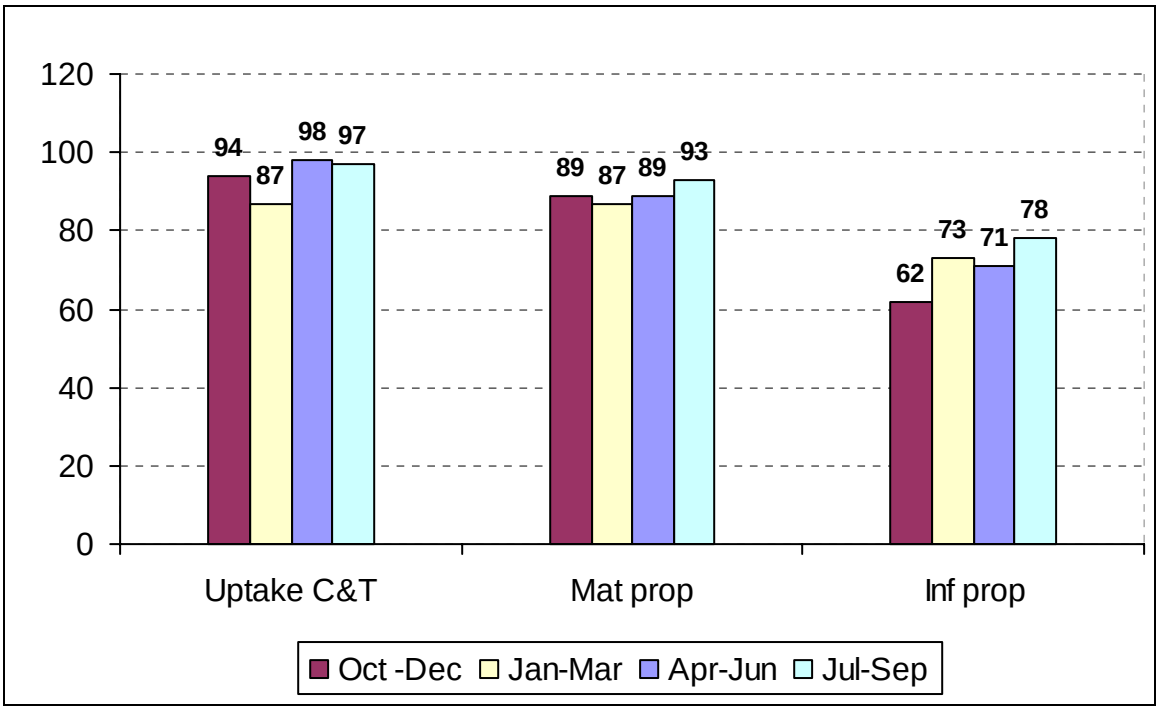
Table 2: PMTCT targets and achievements

Indicator	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Yr2, Q3 Accomplished	Y2, Q4 accomplishment	Year-to-date accomplishment	Percentage accomplishment
1. Number of service outlets providing the minimum package of PMTCT services according to national or international standards.	135	154	180	207	216	216	160%
2. Number of pregnant women provided with PMTCT services, including counseling and testing.	116,944	23,071	25,959	28,389	30,336	107,755	92%
3. Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting.	9,362[1]*	961	979	1125	1146	4,211	45%
4. Number of health workers newly trained or retrained in the provision of PMTCT services according to national or international standards.	150	30	30	85	91	236	157%
5. No. of infants accessing DBS for EID	4,680*	649	557	790	1,045	3,041	65%

* The targets are high based on a higher prevalence rate than is actual.

[1] Targets set based on higher prevalence rates.

Figure 3: Uptake of PMTCT



- There was improved performance during the quarter.
- The number of new ANC clients increased from 29,050 to 30,264. The C&T uptake appear to stabilize at about 30,000 clients.
- There was minimal change in the C&T uptake in ANC at 97% indicating a positive attitude towards the services offered. This was the only quarter during the project year that the quarterly targets for C&T were attained.
- Both Maternal and infant prophylaxis increased from 89% to 93% and 71% to 78% respectively.
- Data from laboratory registers indicate that the number of DBS samples collected during the quarter increased from 790 to 1,045.

Challenges & recommendations

- Staff shortage experienced in lower level facilities is creating gaps in terms of service delivery.
- DBS roll out continues to demand a lot of supportive supervision; there is continuous OJT to reach out to most dispensaries that are not doing DBS.
- There are still periods of commodity stock- out primarily due to lack of forecasting both at facility and District level.
- The uptake of AZT is picking up as nearly 2/3 of the districts have been sensitized.

- Charges for HB to HIV +ve women still a challenge to AZT administration. It should be waived.
- Infant prophylaxis especially in Busia remains very low (<50%) due to the different regimens advocated for by AMPATH and MSF.

Emerging issues

- There is need to have standard guide for health workers update to address emerging service provision skills and approaches.
- Facility-focused community mobilization is required to boost service coverage.

Success Stories

- The model of recognizing and awarding best performing facilities has instilled a sense of competitive quality increased coverage in service provision by facility owning their data.
- PSS model is attracting males' spouses. In Butere District Hospital PSS has a male member who has encouraged and recruited other males to join their spouses. This is encouraging. Women get support for sharing experiences and addressing stigma.

Planned activities next quarter

- Continue district/facility support supervision.
- Continue to support integrated 285 outreaches
- Support and strengthen male clinics
- Support MOH to implement national infant feeding strategy guidelines in 10 facilities through facility nutrition education and demonstration.
- Site technical support (mentorship) and assessment of new sites.
- Increase the number of sites offering DBS so that all PMTCT sites are able to offer the service as well as continue to support old sites to address emerging challenges.
- Support and strengthen existing PSS groups for PMTCT clients and partners and scale up by an additional 15 sites
- Review meeting for peer counselors to develop training protocol for peer counselors
- Continue to support 16 facilities to collect blood sample for CD4 (and DBS) and submit to the nearest central delivery site as well as scale up to an additional 20 sites.
- PMTCT training for 60 health workers.
- Complete AZT sensitization in the high volume facilities by the provincial team.
- One Provincial feedback planning DHMTs meeting.
- Facility meetings in the districts.
- One training on Stigma reduction.
- Counselor supervision meetings in each of the 19 districts
- Three facility exchange visit
- District based Facility update meetings to address issues of data recording and reporting and also forecasting on PMTCT commodities.

- Data enhancement at site levels with MCH, maternity and related staff

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

Planned activities

- Support Supervision – Kakamega Central and North, Bungoma West and East.
- Provider training on TB/HIV Management for 90 health providers
- AFB Refresher course for 30 lab providers
- Community Based DOTS training – Busia and Bungoma Districts
- School health sensitization on TB/HIV
- Support Provincial TB/HIV Committee meeting.
- Journalist Sensitization meeting
- Traditional Healer meeting – Bungoma south
- Purchase of Equipments and Furniture for Alupe TB/ART Site currently under renovation – GOK funds.
- Defaulter tracing for all districts
- Support 3 DTLC to facilitate in school health.
- Assessment of labs for supply of new microscopes.

Accomplishments

- Support supervision with the Provincial TB and Leprosy Coordinator and the Provincial Medical Lab Technologist with their district counterparts,
  - Bungoma West and North: 8 sites supervised
  - Kakamega North and Central – 9 sites supervised.
- 95 health providers trained on TB/HIV Management,
  - 33 from Kakamega Central and North including one participant from Teso District because of urgent need of services in the TB Clinic.
  - 32 providers from Bungoma West and North
  - 30 providers from Lugari and Bungoma East.
- 40 Traditional Healers from Bungoma South District were sensitized on TB/HIV.
- 25 Journalist sensitized on TB/HIV with the theme being the Role of Journalist in Health.
- School health sensitization on TB/HIV was conducted in 8 Districts and is to be rolled to other Districts/schools after report analyses.
- 17 PHMT Members, plus one representative each from FBO and CBO attended the one day provincial TB/HIV Committee meeting.
- The TB/OI Advisor participated in the 5 days DLTLD Biennial workplan meeting in Mombasa.

Activities Not Accomplished

- Purchase of Equipments and furniture for Alupe TB/HIV clinic
- Defaulter tracing – Provincial Public Health Proposal under review.

- AFB Refresher course for 30 Lab technicians was supported by the DLTLD

Analysis of indicators and targets

Table 3: Targets & indicators table

Indicator	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Yr 2 Q3 accomplished	Yr2, Q4 Accomplished	Year-to-date accomplishment	Percentage accomplishment
Number of service outlets providing treatment for TB to HIV-infected individuals	27	240	240	240	240	240	889%
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB	*8,400	874	894	912	1047	3727	44%
Number of individuals trained to provide treatment for TB to HIV-infected individuals	160	30	29	30	95	184	115%

* The 8,400 target is high. The total case detection for year 2 was 9120 of whom 7202(79%) received HIV testing with 3727 turning out HIV positive.

Challenge

- Staff deployment: On follow up of trained providers during support supervision some were posted to other service areas i.e. theatre where they offer little or no counseling and testing services to Patients.

Emerging issues/Case Studies/Success Stories

- Some facilities are now using MOH 711 specifically in Bungoma West
- DLTLD Quarterly report template only analyzes Male: Female for smear positive Pulmonary TB cases, the ratio is also not analyzed in MOH 711

Planned activities next quarter

- Provincial and District Support Supervision – Busia/Samia, Hamisi, Bunyala, Teso, Mt Elgon.

- Providers Training on TB/HIV Management – Teso, Vihiga/Hamisi/ Emuhaya – 60 H/providers to be trained
- Training Needs Assessment (TNA)
- Provincial TB/HIV Committee Meeting.
- Roll out the MOH 711 with M & E team
- HBC/CHW Training on Community based DOTS and defaulter tracing.
- Journalist sensitization meeting
- Traditional healers review and evaluation
- District and facility TB /HIV Committee meetings
- Pilot DLTLD M&E Tools
  - Defaulter tracking register
  - Defaulter tracing Form
  - Contact tracing card
  - Contact Tracing Quarterly Report form
  - Inter and Intra Province Patient Tracking Form of Transfers (TI / TO)
- Transportation of specimens to the Central Reference Labs. (from facility to courier service)
- Purchase of Gastric Lavage equipment for ped TB diagnosis at the PGH.
- Defaulter tracing activities – after Review and Approval of PPHO Proposal.
- Purchase of 10 microscopes
- Hire of ten lab staff for the new TB diagnostic centres.

1.1.4 Increase number of individuals receiving CT

Planned activities

- To purchase and distribute buffer stocks for Test kits and DBS filter papers.
- Support District Monthly Counselor's meetings
- Support HIV quarterly meetings at treatment sites
- Conduct facility based PITC trainings.
- Conduct provider training on couple counseling
- Renovate and equip VCT centres in the following facilities- Shikusa H/C, MMUST VCT centers, Ebusiratsi H/C and Shikunga H/C.
- Support outreach services
- Conduct Supportive supervision in conjunctions with the PHMT and the DHMT.
- To carry out exchange visit to Mbeere (Eastern) for home testing intervention
- Support home testing
- Support to discordant couple groups
- Hire 10 CT providers.

Accomplishments

- Buffer stocks of test kits were purchased to augment supply during stock outs. A total of 17,000 test strips were procured(Bio-line-5000, Determine 10,000 and Unigold-2000 test kits)

- Monthly counselor supervision meetings were conducted through out the quarter. A total number of 57 meetings were held. Various issues affecting the counselors were addressed.

- Facility-based PITC trainings have continued with seven (7) Districts conducting them (Hamisi, Lugari, Mumias, Butere, Kakamega North, Bungoma North and Bungoma South). A total of 200 health care providers were trained.

- One training event on couple counseling was conducted where 24 participants were trained. This was aimed at equipping the health care providers with skills to address the key issues of couples in discordant relationships. During the quarter out of 1089 couples tested, 96 were discordant.
- The project carried out site assessment for the renovation for CT services. Contracts are to be awarded next quarter.
- The project has continued to support the MOH to provide integrated out-reach services. A total of 171 outreaches were conducted reaching a total of 2081clients of whom 389 tested positive. Also supported were the workplace CT outreaches at, GK Prison Kakamega, Nzoia Sugar, Busia Prison and Pan Paper Webuye. CT services were also offered during the launch of the MMUST peer education programme.
- The discordant couple support meeting was held with the objective of bringing together representatives from the 6 discordant couple groups in the province. 46 participants attended the meeting in which key issues discussed were coping with stigma, how to create awareness in the community, going public and the need for monthly meetings at the facilities.

- Joint supportive supervision and trainee follow up visits were conducted during the quarter at 6 districts. A total of 56 health facilities visited.
  The key issues identified during the follow up visits are that very few trainees were cascading PITC through on job training. There is also acute staff shortage in the facilities leading to compromised PITC service delivery. Although the number of health facilities offering PITC services has increased, there are still a lot of gaps in CT service provision.

- A joint review and planning meeting bringing together all the CT key stake holders was conducted. They were 46 participants comprising DASCOs, DPHNs, DMLTs and counselor supervisors. Key issues discussed were the facility performance in CT service provision, reporting rates, referrals and linkages, supervision and quality of CT service provision.

- An exchange visit to Mbeere District (Aphia II Eastern) was undertaken to learn about community based HIV testing (CBHCT). A team of 9 from the Health Ministries and the project visited for 4 days. Apart from the CBHCT, a visit was made to a model VCT and

youth friendly VCT centre in Embu and Chuka respectively. The CBHCT model can be replicated in Western but with slight modification and plans are underway to implement in Vihiga & Bungoma districts.

- In support to the upcoming HCT campaign, a planning meeting was held with 49 participants including the DASCOs, DPHNs and DMLTs in attendance. The key issues discussed were activity plans by the Districts, role of the NASCOP and NACC in the HCT campaign. There was no clear commitment from NASCOP and NACC for activity at the time.
- Twenty one candidates were interviewed for the CT provider positions. 12 were selected and await hire.

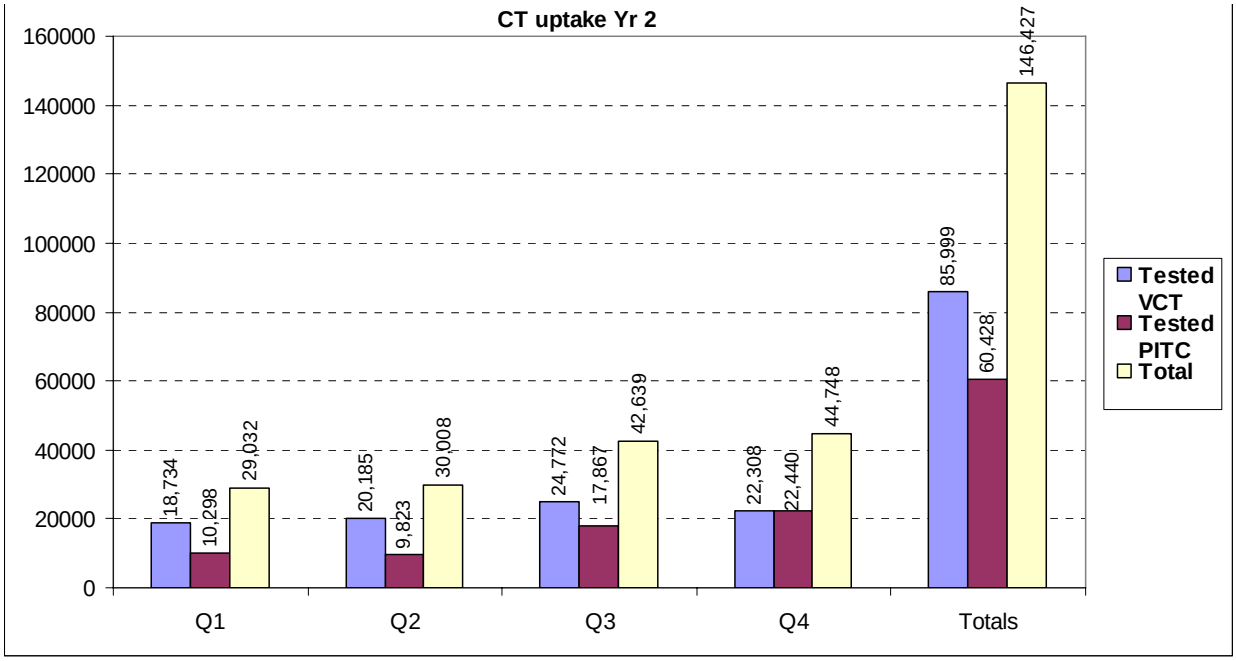
Analysis of indicators and targets

Table 4: C&T targets and Achievements

Indicator	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Yr 2 Q3 accomplished	Yr 2, Q4 accomplished	Year-to-date accomplishment	Percentage accomplishment
Number of service outlets providing counseling and testing according to national and international standards	66	146	171	176	191	191	289%
Number of individuals who received counseling and testing for HIV and received their test results	60,500	29,032	30,008	42,639	44,748	146,427	242%
Number of individuals trained in counseling and testing according to national and international standards	100	16	120	122	253	511	511%

The uptake of counseling and testing continued to increase through the quarters, with a total of 44, 748 clients counseled and tested as compared to 42,639 in the previous quarter. VCT accounted for 22, 308 clients while PITC accounted for 22,440 of whom 5, 234 were children under 14. 481 of them tested positive. The training figures have been surpassed mainly though the use of non-residential facility-based trainings.

Figure 4: C&T uptake in Yr 2



Lessons learnt

- Facility based PITC training is cost effective and efficient without compromising the quality of the training. This has led to provision of CT services even at the dispensary level.
- Integration of CT services into other out reach services has led to increased number of people accessing CT services.
- Training of TOT in PITC from every District has helped to cascade PITC trainings.
- PITC advocacy at facility levels and sensitization every staff trained in any CT to offer PITC has led to an increase number of providers offering PITC services.

Challenges

- Frequent stock out of test kits in most health facilities
- Staff shortage in some facilities remains a challenge in CT service provision.
- The Integrated Prevention Demonstration HCT campaign in Kakamega Central District adversely affected CT services as 300 VCT counselors were drawn from all over the province. This took place during three weeks in September

Planned activities next quarter

- Conduct FP/HIV service providers training
- Conduct dissemination meetings to roll out new HCT guidelines in 19 Districts.

- Conduct PITC trainings (150)
- Support monthly discordant couples support group meetings (6 groups)
- Train providers using new HCT guidelines
- Support quarterly DASCOs & DMLTS meetings
- Support DMLTs in 5 districts to carry out on-job training for QA in CT
- Support monthly facility HIV committee meetings.
- Conduct regular supervision with DHMT/PHMT for Q/A.
- Conduct home testing in 3 districts.
- Site sensitization for integration of HIV services
- Conduct CT as part of integrated outreaches

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

1.2.1: Orientation, training, and the multiplication effect

Planned activities

- Support to community Midwifes to increase skilled delivery
- Orientation to IMCI service providers on new revised IMCI guidelines
- Train health providers on various RH/FP/MCH skills

Accomplishments
Trainings

- 55 staff undertook CTU update covering IUCD and Jadelle insertion
- 25 staff trained on Active management of third stage of labor (AMTSL)- with objective of reducing maternal mortality due to hemorrhage
- 30 CHWS (Child Counselors) attended an orientation on RH/FP, HIV,Malaria, TB and Community IMCI
- FANC/MIP/TB training held with 25 service providers attending
- 150 staff of Teso, Kakamega, Lugari, Busia Districts were trained in Malaria case management
- 30 staff of greater Bungoma district trained in Integrated Logistics management in Health Service provision
- 19 community midwives received updates during the RH coordinators meeting.
- The RH Technical Advisor attended a fertility awareness method training (Standard Day Method) in Nairobi facilitated by FHI and George Washington University
- SBM-R orientation to 30 PMTCT providers of PGH Kakamega drawn from MCH, Maternity and OPD departments
- 29 supervisors were trained using the PQI model. These were district level managers of HIV and RH services.

Support supervision

- IMCI Supervision was conducted by focal persons in Busia, Mt Elgon and Bungoma North Districts – staffs were given orientation to the new changes in the IMCI case

management using the chart booklet. Other issues to be addresses are; irregular supply of drugs, few staff trained in the IMCI case management and some facilities do not have adequate space.

Analysis of indicators and targets

Table 5: Training Targets and Achievements for RH

Indicator	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	YR2,Q3	Y2 Q4 accomplished	Year-to-date accomplishment	Percentage accomplishment
Number of health workers trained by training topic (e.g. CTU, IUCD, EOC,ANC PNC, IMCI, PAC etc)	120	0	122	157	135	414	345%
Number of health workers trained in management and supervision(COPE, FS, youth friendly services, SBM-R)	100	16	0	0	59	75	75%

The number of staff trained on RH/FP/MCH skills surpassed the annual target. This was enabled by the existing training capacity at the districts and also the increased training demand from the new districts.

1.2.2: Increasing availability of family planning and MCH services

Planned activities

- Support supervision for RH/FP/MCH services including IMCI
- Comprehensive and integrated outreach service support to the DHMTs
- Renovation and furnishing of 5 select maternity units

Accomplishments

- **Support supervision:** Joint support supervision was conducted by PHMT and DHMT for Kakamega South district in which 9 facilities were visited. Issues addressed included improving medical, contraceptive and non surgical supplies management, improved data collection, improve infection prevention, laboratory services and target setting for RH services. The DHMTs in Butere, Kakamega East, Busia and Mt Elgon Districts were also supported to supervise their facilities.

- Supported DHMTs to carry out 171 comprehensive and integrated outreaches targeting hard to reach areas. There were 488 new FP clients served plus 777 ANC mothers. 488 mothers received IPT and a total of 1524 LLITNs were issued.
- **RH coordinators meeting:** All the 19 districts were represented and analyzed were neonatal deaths in the Province. It was found that the majority of the deaths occur at the major referral hospitals i.e. PGH Kakamega, Webuye, Busia and Bungoma. The major cause was Asphyxia neonatorum. Community midwives attended the meeting and were updated on the latest management of labor including avoiding invasive delivery procedures. Their role in correct diagnosis and early referral of clients was emphasized.

- Technical exchange meeting of partners implementing USAID Child survival activities in West Pokot.
- Supported activities for celebrating World Breast feeding day in PGH Kakamega and Bungoma West District
- Support activities to celebrate the Public Civil Service week for Kakamega South District. Preventive and curative services were offered.
- Family Health days were conducted in Butere and Lugulu mainly targeting long term methods of FP (BTLs, Jadelle insertion and IUCDs)
- Obtained quotations for renovations and furnishing of delivery rooms in Mabusi and Matete Health Centres plus Navakholo SD Hospital

Analysis of indicators and targets

Table 6: Targets and Achievements for Integrated Services

Indicator	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Yr2,Q3	Yr 2 Q4 accomplished	Year-to-date accomplishment	Percentage accomplishment
Number of outlets providing integrated FP/HIV services: HIV related palliative care(incl. TB/HIV)	45	154	180	207	216	216	480%
Number of ANC clients receiving presumptive malaria medication at the health facility	25,000	9,231	15,751	18,814	21,304	65,100	246%
Number of complicated deliveries successfully managed	5,000	910	997	1,007	1,136	4,050	81%
Number of clients receiving PAC services	350	704	1,053	834	1,139	3,730	1,065%
No. of sites reporting RH/FP			299	299	320		

The targets for the second year, which were quite low as compared to the service utilization, were surpassed in all areas except for the number of complicated deliveries successfully managed. The figure however is 10% of the total deliveries which is the expected proportion. The targets for the third year have been re-adjusted to conform to the above realities.

The tables below give detailed utilization data through the four quarters with notable increases in the IPT coverage and the 4th ante-natal visits comparing quarters 3 and 4. There was a general decrease in the number of maternal deaths from 37 in quarter 3 to 32 in quarter 4 compared to quarter 3

Family planning utilization improved in Quarter 4 with a CYP of 38, 962 as compared to 36,150 in the previous quarter. Notable is a 60% increase in the utilization of IUCD from 413 inserted in the third quarter to 662 in the fourth.

Table 7: MCH service utilization during Year 2

Type of Service	Level of Visit	Oct-Dec 07	Jan-Mar 08	April-June 08	Jul-Sept 08	Total Yr 2
CWC	New	49,350	50,835	56,882	58,522	215,589
	Rev	203,062	184,371	220,826	251,846	860,105
ANC	1	33,071	39,359	36,105	37,232	145,767
	2	20,276	23,243	22,798	24,327	90,644
	3	11,340	12,190	11,540	14,097	49,167
	4	7,893	7,075	6,725	8,343	30,036
IPT	1	13,874	23,248	28,859	31,439	97,420
	2	9,231	15,751	18,814	21,304	65,100

Table 8: Maternity Services

Type of Services	Oct-Dec 07	Jan-Mar 08	Apr-Jun 08	Jul-Sep 08	Total Yr 2
PAC	704	1,053	834	1,139	**3,730**
Total deliveries	10,119	9,730	10,032	10,691	**40,572**
SVD	8,954	8,535	8,858	9,413	**35,760**
C/S	696	760	786	842	**3,084**
Breech	214	237	221	294	**966**
Referrals	567	613	609	784	**2,573**
maternal deaths	31	28	37	32	**128**

Table 9: Family Planning service utilization

District	Family planning method mix Jul-Sep 2008							CYP
	Pill cycles	DEPO	IUCD	Condoms	BTL	Implants	Vasectomy	
Bungoma East	2447	4135	66	27620	137	50	0	**2930**
Bungoma South	3957	5497	66	48541	92	113	0	**3408**
Bungoma West	1231	3042	23	25597	51	35	0	**1667**
Bungoma North	1977	1998	13	19746	75	6	0	**1483**
Bunyala	425	1184	2	7409	20	10	0	**589**
Busia	2976	5348	221	20927	0	158	0	**3044**
Butere	2098	4105	7	33171	29	92	0	**2023**
Emuhaya	1277	2424	18	27308	70	39	0	**1678**
Hamisi	848	2051	2	81111	39	30	0	**1670**
Kakamega Central	1555	7216	96	73637	128	35	1	**4012**
Kakamega East	409	1713	1	25802	4	1	0	**710**
Kakamega North	2611	2812	40	34525	0	23	1	**1393**
Kakamega South	765	1549	4	30154	40	5	0	**1041**
Lugari	8555	5641	43	204	96	20	0	**2971**
Mt. Elgon	996	3337	2	44348	0	69	0	**1521**
Mumias	1528	4047	14	54178	97	52	0	**2574**
Samia	1013	1427	4	3113	34	43	0	**888**
Teso	879	3911	7	17763	45	34	0	**1689**
Vihiga	2215	4307	33	190169	48	100	1	**3672**
Total Jul – Sep 2008	**37762**	**65744**	**662**	**765323**	**1005**	**915**	**3**	**38962**
Total Apr-June 08	**33402**	**57220**	**413**	**641079**	**1116**	**1090**	**4**	**36150**
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**

In addition, there were 623 clients screened for cervical cancer (up from 205 in the third quarter). 23 were VIA positive with 29 VILI positive and 23 were found to have lesions suspicious for cancer.

Challenges

- Stock outs of pentavalent vaccine and polio still persist
- No cold chain equipment for the new districts
- Clinical staff shortage across the board

Emerging issues
SBMR-PMTCT
Standard Based Management and Recognition – Standards for PMTCT have been developed nationally. The standards are based on the following key areas IEC, FANC, labour and delivery, postnatal care, Infection Prevention, Human resources and general management. SBM-R team had an opportunity to benchmark at Embu PGH for a technical exchange to learn about hospital management as this was a key factor during the 1st internal assessment by the Embu team.

Planned activities next quarter

- Support to community midwifes to increase skilled delivery, referrals and updates in AMTSL,EOC ,Neonatal care
- Support 19 DHMTs each conduct comprehensive and integrated outreach services
- Facilitate PHMT and DHMTs to conduct support supervision
- Train 25 service providers in Clinical training Skills
- FANC/MIP/TB facility based training for 60 providers
- Community IMCI orientation to 30 CHWs
- Train 25 service providers in Contraceptive Technology update
- Provide stationery to the Decentralized Training Centre to support RH training
- Support 3 Long Term and Permanent Methods outreaches in the province
- Whole site orientation of staff at select facilities on Youth Friendly services
- Conduct Quarterly RH meetings
- Support Malezi bora activities in November
- Train 25 service providers in malaria case management
- Orient CHEWS and CHW on RH package and IMCI guidelines
- Support District focal persons to conduct IMCI supervision
- Support Facility Community linkage meetings
- SBM-R module III training
- Community mobilization for RH for LTPM and PAC services

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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

Establish Discordant Couples Support groups
Established one discordant couples support group adding up to 7. Result areas 1 & 3 were able to hold one day provincial discordant couples sensitization meeting in Kakamega where 46 participants, most of them couples in discordant relationships, attended. The going public questionnaire was administered whose results indicated that the couples are ready and willing to volunteer in the PLHA component.

Reinforced networking between levels of care and between clinical services and communities.

Counseling by PLHA was done at 29 CCCs to encourage ART adherence and support group referrals.

Ambassadors have been able to mentor members of Support groups based at ART sites to carry out drug adherence sessions. Through these educative sessions many support groups have been formed beyond the Imperative Sites. This in turn reflects the projects support being minimal to PLHA. The support group members have been able to assist the healthcare providers trace defaulters in most sites and now have developed daily adherence program. The program enables support group members to plan the roll out. They need monthly meetings between the support group and health care providers. A total number of 6,037 -2,845 Male, 3,192 Female were addressed. 17 Male, 25 Female were traced and brought back to the health facility Rosalinda Khasoha.

Client from Shibwe Health facility defaulted for 3months in denial of her status in comparison of all her children who are HIV negative. Follow up was done and Rosalinda was found bed ridden. After counseling sessions from a CHV, Rosalinda has been linked to Shibakala Support group and has picked up.

Success story

Lavinia Akinyi –Welcomed the Guests of Honors (Minister of Health & U.S Vice Ambassadors) during the official PGH CCC Launch.

Lavinia Akinyi is fourteen years old. She receives ART Services at St. Mary's Hospital – Mumias.

She was born from a single mother, who fell sick and died when Lavinia was 6years when she was in nursery Mwamba Academy in Coast Province.

She currently stays with her maternal aunt in Mumias District and attends school at St .Anne's primary School.

Lavinia is in class seven and has just finished the MOCK Exams.

She knew of her HIV status through regular attendance of clinic at St. Mary's Mission Hospital. Knowing how to read and write, Lavinia perused through her file during such clinic and confronted the health provider to substantiate on why she had to take Septrin on a daily basis. The nurse obliged to Lavinias curiosity counseled her before informing her status.

Lavinia's auntie (a bussiness lady) has been supportive and sought help from Tumaini Support group. She joined the support group for the sake of learning more information about HIV/AIDS. This has enabled her take care of Lavinia alongside her 3 children. To date her commitment is the bottleneck behind our dear Lavinia healthy living. She has received commensurable support and encouragement from health workers and the support group.

However, Lavinia is challenged with a fee balance of over Ksh 30,000.00 and Stigma remains an impediment to her resolve to live positively. She at times engages her peers at school and in the community on HIV/AIDS discussions.
Through A2W Child Counselor's support Lavinia has been able to disclose her status to her teachers. She aspires to be a pilot.

Training on going public for Discordant Couples.
13 Discordant Couples from Kakamega, Butere and Mumias were trained on Public Speaking for Stigma reduction at Friends Hotel in Kakamega Central for 5 days from 29th September to 3rd October 2008. 6 Male, 7 Female were HIV Positive and were drawn from their district Health Facility based Discordant Support groups. The couple's relationship was strengthened in which as they shared communicating as a couple and healing from blame of origin of HIV in the family. A couple that was challenged in Communication and could not relate completely in anything shared their agony was counseled and saw the need to give each other another chance to start relating better like the other couples. There was emphasis on couple relationship to enable participants carry out counseling services as well as stigma reduction outreaches to other couples and the community. The couples through sharing have stayed together for over 8 years and about 2-4 after knowing their HIV Status. Most of their children are HIV negative. Couples learnt through sharing how they themselves contribute towards family Stigma. They are ready to share as a couple to encourage other discordant couples on their communities to reduce stigma and promote positive prevention.

Community Mobilization for RH and PAC
From data and community reports generated from all result areas, Bungoma South District was chosen to pioneer COMMPAC (Community mobilization on Post Abortion Care).A stakeholders meeting on Reproductive Health and Post Abortion Care was held to sensitize the gatekeepers to embrace the activities that will lead to increase in uptake of FP and reduce abortion cases due to delays and complications arising in pregnancy within the first 5 months. The leaders were able to identify their role through their various positions as community members of Bungoma south District. Identification of 30 active Core group leaders was done through Social Development Office in which 6 leaders from these categories of male, youth, women, PLHA and Self help groups were invited for a one day sensitization meeting. Through community PAC questionnaire 25 groups qualified as willing to take lead in RH and PAC activities voluntarily. 23 Core Group Leaders turned up for the 4 day RH and PAC Training in the month of September. The Core group leaders went through Community action cycle. The leaders will train their groups to carry out the community action cycle.

1.3.2: Manage public private partnerships

Overview

The Private Public Partnership has quickly taken off the ground since its active project start up seven months ago. The program has visited over 110 facilities and conducted a facility based needs assessment that has guided the initiation of program activities. Because of the unique set up of private facilities and the urgent need to integrate these facilities in offering HIV/AIDS

services, the program made a deliberate decisions to update/introduce private health providers to HIV/AIDS testing and Counseling skills.

Planned activities

- PITC Trainings for the greater Busia and Bungoma districts
- Follow up visits to graduates of past training programs to ensure that they are accessing commodities and also providing testing and counseling services to their clients.
- Conduct program expansion meeting with private health providers' professional networks in the districts.
- Conduct two stakeholder meeting to address referral issues identified during the facility assessment exercise
- Develop one referral tool for private health providers

Accomplished

- Implemented two training events for the private health providers. Fifty three(53) providers were trained in PITC for the broader Busia and Bungoma districts
- Conducted joint follow up/supervision visits to the graduates of PITC training with District AIDS Coordinators to ensure that graduates are accessing HIV AIDS test kits from the districts, applying the skills learned and submitting reports to the districts as stipulated. It was noted that most of the visited graduate have already started providing counseling and testing.
- Participated in 4 technical meetings to sensitize the MOH providers on the importance of working together with private health providers especially in the area of strengthening partnerships with existing government healthcare providers to foster and improve relationships – especially around trainings and health services delivery. This meetings were held in lieu of the stakeholder forums
- The referral tool was not developed as the Ministry of Public Health and Sanitation launched the one it has developed. This will be used once rolled out.

Challenges & solutions

- The trained private practitioners are still finding it difficult to provide the PITC services due to shortage of essential testing kits. This is being handled by the program through provision of buffer stocks to the districts.

Planned activities next quarter

- The program will participate in the health facility/provider training needs assessment. The participation will be focused mainly in integrating private health providers' trainings

with the rest of R1 training activities. This will result into a consolidated R1 master training plan. The program just conducted its needs assessment which included training needs in April 2008 and it would be too early to go back again.

- Plan and conduct one Provider-initiated Testing and Counseling training for Private Health Providers in one District.
- Plan and conduct one PMTCT training program for Private Health providers.
- Initiate the establishment of one ART site and ART site committee in a selected Private Health facility.
- Support two outreach activities within the workplace and other non government health facilities.
- Arrange at least 4 joint follow up visit with the officials from the Ministry of Health to graduates of past training programs to ensure that they are accessing commodities and also providing testing and counseling services per MOH guidelines to their clients.
- Continue with attendance of private health providers' professional networks' meetings in the districts to discuss program growth opportunities.
- Conduct two stakeholders meeting to address issues affecting private health delivery such as sharing of HIV test kits, referral system including the development of the agreed referral tool.
- Develop one referral tool for private health providers

Other initiatives

Expanded Diarrheal Disease Control Initiative.

Planned:

1. Pre test developed EDDC curriculum.
2. Train National and provincial TOT for EDDC.
3. Conduct baseline survey in the four Bungoma districts on Diarrhea in children
4. Conducting Inaugural EDDC technical working group of the Child ICC.
5. Develop IEC materials for EDDC project.

Achieved:

1. Curriculum pre tested in Machakos with the Division of child and adolescent health.
2. EDDC technical working group formed.
3. IEC materials (messages development workshop) conducted. Materials forwarded to artist. Due for pretesting before production.

Note: National TOT training postponed to October.

- Survey postponed to November due to logistical issues

Planned next quarter.

1. Conduct the baseline survey.
2. Train TOTs and health workers.
3. Produce IEC materials.
4. Roll out trainings to Health workers, at least one training.

5. Finalize community health worker materials.

Zingatia Maisha

During this quarter, Zingatia Maisha focused on consolidating the model in the 12 project sites namely Vihiga district Hospital, Sabatia Health centre, Vihiga Health Centre, Lianaginga Health Centre, Hamisi District Hospital , Kakamega PGH, Iguhu Health centre, Navakholo Health Centre , Bungoma South District Hospital , Bumula Health Centre, Emuhaya District Hospital in Western while enhancing community / Health facilities engagement activities at the new sites. The project also focused on defaulter prevention strategies to minimize number of defaulters and improve retention in car and treatment.

Key Activities Undertaken;

The following key activities were undertaken;

- Training of health workers in stress and trauma management: 4 workshops were held for 112 health workers drawn from CCC, MCH, OPD and other departments in Kakamega Provincial General Hospital, Bungoma South District and Vihiga District Hospitals.
- Training of psychosocial support group leaders in ART adherence and support: 7 training sessions targeting 184 community support group leaders from 147 support groups in ART adherence and support were conducted. The leaders were drawn from groups mapped within the catchments of Hamisi, Bumula, Bungoma south, Iguhu, Navakholo, Kakamega PGH , Sabatia, Emuhaya and Vihiga.
- Training of PMTCT peer counselors: Zingatia Maisha in collaboration with A2W and MOH conducted 2 trainings for 46 PMTCT peer counselors.
- Strengthening of internal & external referral systems: 300 MOH Referral tools were distributed to health facilities where health workers, together with the Community support group leaders were given tips on good referrals. The 24 referral sensitization sessions were held in the facilities including other referral strategies such as using the referral directory, client escorts through support group involvement in making appropriate referrals. 18 PLHA volunteers continued to strengthen referral in 9 health facilities
- Support group supervision and mentorship: 109 groups received supportive supervision from both the program staff and the volunteers
- Strengthening the capacity of support groups in documentation:
- Expansion in new sites: 28 adult and 8 pediatric new groups serving 843 adults and 93 children were established in the community and were strengthened in psychosocial group therapy skills
- Launching of Health Centre Linkage Committees in the new sites: 4 community facility linkage committee charters were finalized in Bungoma South, Kakamega PGH, Emuhaya and Hamisi district hospitals and stakeholders sensitized to mainstream support group activities in line with psychosocial support service delivery priorities such as psychosocial focused activities in the groups to enhance active participation in community facility linkages and improved continuum of care.
- Supervision of Health Education activities both at the facility and the community: 378 health talk sessions were conducted by the empowered PLHA group leaders in 10 health facilities reaching 17169 people to improve treatment literacy using role models.

- Strengthening of defaulter tracing mechanisms: Defaulter tracing strategy involving MOH staff, support groups and trained support group leaders was strengthened where132 defaulters were returned to treatment.67 treatment buddies were mentored to buddy newly enrolled clients in psychosocial and emotional support, treatment literacy and encourage retention in treatment
- Project advocacy – both provincial and district JAPR: The project model was acknowledged by key stake holders both at provincial and district JAPR as a best practice in meaningful involvement of PLHA in HIV/AIDS interventions and provided lead in KNASP priority area 4 during the meeting.

Lessons learnt;

- Training of CCC clients in ART adherence support enable them to appreciate their role in treatment and offer adequate support to one another both at the facility and the community. This has been seen through their active participation and ownership of treatment literacy sessions at the facility.
- It is possible to influence positive health worker attitudes through training such as stress management and maintained through regular supervision sessions similar to counselor supervision sessions.
- Meaningful involvement of PLHA in care treatment programs contribute to good treatment outcomes

Challenges;

- Active community roles played by the support groups have contributed to reduced stigma in the community and increased numbers turning up at the facilities for testing services that health workers are unable to cope with. This can be alleviated by preparing the community groups /or PLHA in task shifting to assist in non clinical duties
- Reporting of reliable data in referral and linkages activities has been hampered by low literacy levels of community groups' members and lack of specific MOH tools to capture community facility linkage, psychosocial and ART adherence support activities. The project will be pilot participatory approaches which will be reported in the next quarter.

Plans for the next Quarter;

- Train Health worker and Mentors in Stress and trauma management and body mapping
- Strengthen psychosocial support groups in community based ART adherence support data collection and utilization.
- Finalize and disseminate community- facility linkage activities protocol and guidelines
- Finalize and disseminate Guidelines and job aids for psychosocial support group establishment and development
- Conduct Health education sessions at the health facilities

- Support psychosocial support group meetings
- Strengthen community based pediatric and male support groups
- Support World AIDS Day 2008 activities
- Strengthen PSS model defaulter tracing strategy
- Develop and support site specific stigma reduction facility and community based activities and strategies
- Conduct stigma reduction training for health workers , support group and opinion leaders

INFANT & Young Child Feeding Project

ACTIVITIES JULY - SEPTEMBER 2008

Facility Level Training

By the end of July 93 health workers were trained on the Integrated Infant and Young Child Feeding (IYCF) and Baby Friendly Hospital Initiative (BFHI). Altogether participants were trained from 19 facilities in 16 districts and were service providers who are working in the MCH/PMTCT sites, maternity and nutrition departments. A few were drawn from APHIA II and partner organization, AMREF.

Department	No. of Officers
Maternity	31
Nutrition	7
MCH	48
PMTCT sites	4
AMREF	1
APHIA II	2
TOTAL	**93**

Stakeholder's Meeting on the Implementation of Baby Friendly Hospital Initiative in Western Province

On the 31st of August, a meeting was held in Kakamega to supplement the BFHI component of the facility level trainings. The meeting was an opportunity to discuss the process of implementation, conduct a collective walk through the provincial hospital to see how to do a self – assessment of a hospital and to meet with administrative staff such as the medical superintendent and the nursing in- charge. Facilitated by UNICEF representatives, PATH representative and the Provincial Nutritionist, participants were divided into groups and sent to various departments such as delivery, maternity ward, MCH, PMTCT clinics to interview staff and mothers. Participants invited included one representative each from the 16 districts that were trained in each province; people who had undergone the recent IYCF training and in a position to report back to the district teams; representatives from the Provincial District Hospital; members of the PMO's office which included the PASCO, Provincial Nursing Officer, Provincial Nutritionist and Provincial Clinical Officer; representatives from APHIA II which included the PMTCT coordinator.

During the meeting, participants went through Section 4 Hospital Self Appraisal and Monitoring, and it was explained to them in detail how the tool could be used by managers and staff to determine whether their facilities are ready to apply for external assessment and once their facilities are designated Baby- Friendly, to monitor continued adherence to the Ten Steps. Participants were taken through 4.1 The Hospital Self- Appraisal Tool and 4.2 Guidelines and tools for monitoring Baby- Friendly Hospitals.

Participants reported on the progress of their work plans and many of them mentioned that they had given feedback to their DHMTs and that a few CMEs had already been conducted. However, none of them had conducted a self assessment of their facilities. During the practical section, participants visited the provincial hospitals and carried out a mock assessment of the facilities. Later, participants met to de-brief and map the way forward in implementation, reviewing work plans that had been developed by the districts and discussing how pending activities would be carried out.

A key feedback made by participants during the meetings was that it was important that DHMTs be sensitized on the Baby Friendly Hospital Initiative in a half day session so that they could support facilities in implementing their work plans. In some facilities where very few staff had been trained and this was particularly critical so that there would be no obstacle for the staff to implement their work plans.

As a way forward, the districts agreed to carry out their BFHI self assessments during the first weeks of September utilizing the reporting tools promised to be sent by UNICEF. The Provincial Nutritionists later on received copies of the reporting tools from UNICEf for distribution to the district hospitals.

Collection of BFHI Self Assessments

During the first and second weeks of September the Provincial Nutritionist collected site assessments that were ready. 16 reports have so far been collected in Western Province.

Way Forward

1. Community Level Trainings.

In both Western Province CHW trainings are planned for October. The trained facility level staff from the district hospitals will conduct the trainings while the APHIA II Nyanza and Western will mobilize the CHWs to be trained, facilitate the process and monitor CHW activities. Altogether it is expected that 450 CHWs from all the 16 districts will be trained. Through their dialogue groups, these CHWs will share messages on infant and young child feeding. An FGD is expected to be carried out with about 10 sample groups before they begin their dialogue activities and later on at the end of the year to monitor the knowledge levels of mothers in the communities reached.

2. Baby Friendly Hospital Initiative Monitoring and Supervision

Between October and December, PATH through A2W and the PMO's office will monitor and supervise all provincial and district facilities trained to ensure that work plans are being

followed. Towards the end of the year, a list of the facilities that are ready for external review will be shared with UNICEF for auditing and certification as Baby Friendly in January 2009.

3. Stakeholder Meetings

In response to feedback during the trainings and initial stakeholder meeting, half day DHMT sensitization meetings are scheduled for October and November in both the provinces. This will ensure support to the implementing district hospital teams in their progress towards becoming baby-friendly.

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

Planned activities:

- Support 17 District stakeholders meetings
- Support 3 BCC advisory meetings

Accomplished

- 10 district stakeholders meetings were supported through the MOH and District Commissioner. The activity was not factored in the original project work plan but was included at a very low cost after request from the MOH. However due to the high cost of the activity we were only able to support 10 meetings other than 17.
- 2 BCC Advisory committee activities were held and field visits made to REEP and Kakoyi friends church to oversee implementation of HBC and OVC activities and integration of Behaviour change within the program area. The committee noted that the PLWHA and the OVCs within are provided with life skills. Among the items provided to the PLWHAs are condoms and prompt treatment for opportunistic infections which are very essential in preventing re-infection. It was also observed that ethically the HBC and OVC programmes adhered to confidentiality and respect of clients. A meeting was not held in the quarter because most of the members were involved in the JAPR activities at the District level and nationally. The meeting was rescheduled for October

Challenges:

- To determine how the district stakeholders meetings contributes towards linkages with all the key ministries and other implementing partners carrying out HIV activities within the districts

Emerging issues:

- The budget for stakeholders meetings was prepared on the assumption that different stakeholders would contribute towards the stakeholders meetings.

Recommendations:

- Since stakeholder's meetings aims at coordination, it would be important that the Districts develop an inventory of stakeholders and have each of them contribute towards these meetings every quarter.

Planned activities:

- Support 2 BCC Advisory committee meetings.
- Support 1 BCC supervisory visit to the field

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

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

Planned activities

- VHC conferences for 795 villages
- Refresher training for CHV on reporting, technical content and resource mobilization for 4 days
- Monthly outreaches
- Train 100 peer family facilitators
- 100 peer family facilitators identify families i.e. 12 families each.
- Peer family discussions continue at community level.
- Conduct 30 peer family facilitators' feedback meetings
- Sensitize teachers in the HIV workplace policy

Accomplishments

VHC Conferences: A total of 38 VHC conferences were held with 795 villages and were attended by a total 4005 people. Safe circumcision was mainly discussed in the greater Bungoma District, safe deliveries, and utilization of VCT, proper use of ITN Nets and benefits of ARVs.

Training of peer family facilitators: A total of 100 peer family facilitators were trained on conducting dialogue discussions with the families to enhance family communication.

Peer family feedback meetings: The peer family feedback meetings were held at the community level to collect reports, discuss challenges, lessons learnt and define way forward.

Magnet theatre outreaches: A total of 288 Magnet theatre outreaches were conducted in 19 districts in Western province. All the 16 MT troupes conducted 6 outreaches each in their respective districts in the month of July, August and September and additional 3 outreaches each in the Month of September reaching 56,530 individuals.

Dialogue Discussions with Community Health Volunteers: The community Health volunteers conducted Dialogue Discussions using the community health volunteers' manual. There was an increment on number of people reached from 345,766 to 352,891. The community health volunteers also sold 1,599 ITN at a subsidized price to households and 259,491 condoms were sourced from the health centers and distributed. The project also reached 7,069 people through Barazas, funerals and Public Service week out of which 5,220 were females and 1,849 were male

Magnet theatre leaders meeting

Magnet theater leaders meeting were held three times in the quarter July-September with the involvement of 16 Troupe members. In each meeting the leaders shared their accomplishments, successes and challenges.

Recruitment for Magnet theatre troupes: The third batch of Magnet theatre groups were recruited from eight groups. The training will be held in October.

Magnet theatre evaluation
Magnet theatre evaluation that was scheduled in the last quarter has not been done due to delay caused by the approval process by ethical committees

Produce and Broadcast 12 radio episodes: Produced and broadcasted 12 radio episodes on pediatric ART, PMTCT and gender based violence through WEST FM a local radio station. The radio episodes produced were categorized as Shown in the table in appendix. Approximately 2.5 million people were reached.

Figure 5: Jua Afya Yako radio program presenter with a guest at one of the live shows at West FM radio station

Produce community health newsletter, community health volunteers update and change team update: The publications have been reviewed by APHIA II Western team members and after the pretest to be carried out in October the final editions should be ready at the end of October.

Planned activities next quarter

- Contract New partner to work with 1000 Community Health Volunteers
- Conduct Refresher training for CHVs
- Support HCDC and SLHCC meetings in sites where the New partner will work in
- Conduct team building exercise for field facilitators and Sublocational community health volunteers in old sites

- VHC conferences for 795 villages (+500 villages depending on the approval of the sub agreement with the new partner)
- Conduct outreaches around 17 health facilities every month (+27 for new partner)
- Conduct monthly group discussions
- Conduct monthly feedback meetings from the village, sub-location, location and district level
- Produce and broadcast 12 radio episodes.
- Finalize health Newsletters.

2.1.2: Establishing and strengthening formal and informal workplace programs

Planned activities

- Continue with dialogue discussions at various sites as conducted by the motivators
- Continue with feedback meetings at both Worksite Motivators and Site Coordinators feedback meetings.
- Finalize recruitment of 200 formal site drawn from 5 sites
- Conduct one Health Outreach encompassed with a sporting activity along the beaches in Busia.
- Conduct 5 Health Outreaches in the five formal sites as routine practice

Accomplished:

Dialogue Discussions: A total of 16,748 contacts were made through 814 sessions in the current quarter for the worksites

Feedback meetings: There were 3 feedback meetings both at Worksite Motivators and Site Coordinator level

Recruitment of 200 formal worksite motivators: Worksite motivators have been recruited from MOCO Mumias, Posta, KARI Kakamega branch, Vihiga Municipal, Mumias Municipal, Provincial Administration, PGH, Kakamega Central District Health Staff, Mt. Elgon Ginneries and West Kenya sugar factory.

Health outreach along the beach in Bunyala District along Bumbe Beach: The activity was attended with over 3000 people receiving health information on Malaria and PMTCT. Other health services offered on the day included, VCT, Child immunization, and curative services. .

Conduct health outreaches within 5 formal worksites: There were 5 Health Action days were carried out in Kakamega Prison, Nzoia Sugar, Pan Paper, Mumias Sugar and Busia Prison. The activity reached 5,550 persons with information on HIV/RH/FP and MCH

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PICTORIALS OF OUTREACHES CONDUCTED BY R2

Figure 6: Health outreach at Bumbe Beach

Figure 7: Prisoners sharing a play on "Being faithful"

Figure 8: Health service Desk

Figure 9: Clients at a VCT corner in Pan Paper

Challenges & recommendations

1. High turn over of prison officers in the region have interfered with the smooth running of the dialogue discussions in the institutions. Some of the officers have gone out of the Western Province, or joined other forces .
2. Attrition in Nzoia and Pan Paper Mills has made it difficult to have two dialogue discussions with fellow staff given more time is utilized for production work, given the mandate of each worker has increased.
3. In some workplaces Red tape and bureaucracy hinder the flow of Activities planned;
4. The Companies in the program area have changed their priorities focusing more on their core business.

Emerging issues/Case Studies/Success Stories

1. Most employees feel privileged in accessing medical services, especially VCT from an outside counselor than the ones at specific sites. Members cited situations where institution service providers do not keep the confidentiality of their clients. There is need for a monthly health outreaches. There is more demand from Nzoia Sugar Company and the Prison Institution..
2. Sporting activities within informal settings during outreaches contribute to high levels of male involvement in the program and trigger demand for services and support to their spouses for MCH services.

Planned activities next quarter

- Continue with dialogue discussions at various sites by motivators
- Continue with feedback meetings at both Worksite Motivators and Site Coordinators feedback meetings
- Train 200 worksite motivators
- Finalize the recruitment drive of the next 200 motivators formal site drawn from 5 sites for possible trainings during Yr3 Q1
- Conduct one Health Outreach encompassed with a sporting activity along the beaches in Bunyala around Bumbe Beach.
- Conduct 5 Health Outreaches in the five formal sites as routine practice

Sub-result 2.2: Expanded prevention programs targeting the most at Risk

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 youth out of school.

Planned activities

- Support program at music festival
- Train 400 teachers
- Support Teachers HIV in the workplace sensitization program
- Teacher peer education in school
- Support DEO quarterly meeting
- Support 1 Youth advisory committee meeting
- Training of 50 students from Masinde Muliro University as peer educators

Accomplishments

Provincial Music festival:
The project supported the music festivals from zonal through the provincial level for the best HIV and AIDS and Reproductive health messages. It is estimated that 150,000 young people were reached during the festivals.

Training of teachers: A total of 389 teachers were trained in the quarter. Some of the teachers did not turn up as a result of communication breakdown on the dates**.**

Sensitization of Teachers on HIV in the workplace program: This was done through different activities at the provincial, District and the schools.

a) Education Sector HIV policy dissemination meetings
With the consent and support from the Provincial commissioner, who is also the chair person of the Provincial Education Board, the PDE's office and USAID-APHIA II Western organized the provincial stakeholders meeting in Kakamega. The meeting was aimed at

- To enable the participants understand the contents of the Education HIV policy document
- To help the stakeholders describe and support the Education Sector Policy on HIV and AIDS in Western Province
- To make the stakeholders explain how this policy applies to themselves, their colleagues and their institutions.
- To enable the participants from both the province and the districts plan and facilitate sensitization meetings for district level stakeholders.
- To equip the participants with adequate information that will help them respond to issues pertaining to the Education HIV policy document.

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The participants in this meeting were the Provincial Education Board members were represented by five people and the provincial departmental heads. I n attendance were medical officers, provincial director of social services, provincial children officers etc, District Education officers and the District Social Services, USAID representative Dr. Francis Gitonga and APHIA Western staff. In the meeting was attended by seventy (70) participants.

b) District dissemination meetings

The district dissemination meetings began on 17th July 2008. These meetings were done concurrently throughout the month with the last one ending on 1st August 2008 in Kakamega North. The meetings were facilitated by the DEOs and the DMOHs in each of the 19 districts in Western province.

The meetings were attended by:

- Schools principals and head teachers
- District Education board members
- Area Education officers
- Quality Assurance and Standards Officers
- District officers
- Chiefs
- Religious leaders and
- Members of KENOPOTE

The table below highlights on the schedules and response for each district-appendix

The total number of people reached and were given copies of the Education Sector HIV policy were 1689. The facilitators used the dissemination manual developed by PATH to guide discussions. At the end of the meetings all the QASOs, AEOs and TAC Tutors developed work plans on Policy dissemination in schools.

c) School HIV in the workplace sensitization meetings: The QASOs, AEOs and TAC Tutors sensitized 1615 schools on the HIV workplace policy where 10900 copies of policy booklets were issued. A total of 22,000 teachers were sensitized while 9230 benefitted from copies of the manual.

Teacher peer education in school: A total of 58,924 students were reached through peer education in schools. However, in the month of July and August, the schools reported low activities due to the end of term exams and vacations respectively

DEO quarterly meeting: The DEO quarterly meeting was held in September and was presided over by the Deputy PDE. The DEO of Samia and Busia missed with apology. Progress of the school program was discussed and the need for prompt submission of school data was echoed.

Youth advisory committee meeting

The meeting was attended by all the members from MOH, MOYA, MOE, MOGCSS and A2W where they reviewed the activities of the previous quarter and the planned activities for this quarter and gave their recommendations. In this meeting, the members proposed to begin

conducting joint supervisory visits to the field, to enable them familiarize with each others activities as far as the youth programs are concerned and also to boost the morale of the field officers implementing the program. The members also proposed that the team arbitrates in the disagreement between the MOGSCSS and the MOYA field staff who on the activities pertaining to youth in the field. A joint meeting between the youth officers and the DGSDOs was proposed to be hosted by the PDGSCSS and all the members to attend.

Training of students from Masinde Muliro University as peer educators

A total of 54 students were trained on how to conduct Peer to Peer discussion on HIV and AIDS, RH, TB and Malaria. The training methodologies used were absolutely participatory in nature where a blend of Tuko Pamoja and CHV manuals were used. The training was done with technical support of Reproductive Health trainers from the Ministry of Health and the University AIDS control unit.

Refresher training for Youth CHV: A total of 7 DYC, 28 Sub-location YCHVs and 478 village youth from the province were trained on CHV reporting, resource mobilization and technical content by the CHEWs using MOH community health strategy and Community Health volunteers manual

Youth CHV health promotion activities: A total of 56,372 youth were reached with dialogue group discussions among them 27,384 were new youth.

Youth sports and tournaments: Conducted educational sports tournament/talent show per district. A total of 20 sports tournaments and talent show events integrating BCC messages on Malaria, TB, FP and general RH and counseling and Testing services were held.

Youth CHW monthly feedback meetings: Village YCHVs attended monthly feedback meeting with Lead YCHV at the sub-locations. Monthly meetings were held in all the sub-locations. The Sublocational YCHV attended monthly feedback meeting with District Youth coordinator where DYC gave technical updates and addressed emerging issues

Quarterly review with Youth organizations: A review meeting was held with the youth organizations. They requested if the funding would be increased in year three to help reach more youth with activities and consideration in allocating funds for administrative cost.

Disbursement of grants: Second and third disbursement of funds to 7 anchor organizations and 6 youth groups were disbursed. (Anchor organization- Ksh. 854940, youth grant –Ksh 189,900)

2.2.2: Reaching married adolescents

Planned activities

- Mentors finalize MA Girls mobilization and dialogue group formation in Budalangi
- Support dialogue group discussions (2 MA girls groups of 12 pax / mentor twice a month) for mentors
- Conduct routine weekly/monthly monitoring and supervision visits to mentors activities

- Support 3 mentors feedback meeting at district levels
- Hold 3 MA District Team leaders/ Coordinators feedback to facilitate collection of reports, review challenges facing the mentors in various designate districts
- Support district church leaders meetings in 18 districts
- Hold one provincial Church leaders meeting in August to review the district progress.

Accomplishments

Mobilization of MA Girls and dialogue group formation:

Formation of Dialogue groups with the trained mentors in the Bungoma South, Kakamega East, South, Central and North have been done. Budalangi mobilization of Married adolescent girls is still in process.

Dialogue group discussions: The mentors have been able to reach a total of 59,412 persons through discussions and outreach forums. A total 15,694 persons were referred to health facilities for services while a total of 3,920 condoms were distributed amongst the dialogue group members on demand.

MA District Team leaders/ Coordinators feedback*:* All the Married Adolescent Feedback meetings were held as planned. In some areas the turn up was not impressive as some mentors had high expectations

District church leaders meetings: A total of 1,038 Church/ FBO Leaders drawn from the districts attended the meeting to review the progress of married adolescent programs within their areas of operations

Provincial Church leaders meeting: A Provincial level FBO leaders meetings was held to review the MA programme progress at the decentralized levels. The meeting reached out to 55 persons drawn from all the 19 districts

MA District Team leaders/ Coordinators feedback: The District MA Mentors feedback meeting was held where progress of MA activity was discussed. At the end of the meeting district reports were submitted

Table 10: Targets and achievements on Abstinence and Be Faithful

Indicator	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Y2, Q3 Accomplished	Y2, Q4 Accomplished	Year-to-date accomplishment	Percentage accomplishment
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	0	0	52,877	150,000	202,877	1352%
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	0	0	7,900	7,380	15,280	7640%

The project supported the integration of HIV and AIDS and RH messages during the music festival which was attended by 150,000 young people. The data Source is Ministry of Education register of participants at music festival. The 395 teachers trained in the last quarter recruited and trained 7,380 peer educators in the current reporting.

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

2.3.1: Strengthening community group networks

Planned activities

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

Accomplishments

Trainings

A total of 38 trainings were conducted at the Sublocational level for women groups where 1,140 women were trained on health education and Resource Mobilization. In turn they sensitized their members who in total were 22, 800 members. At the locational level a total 360 women were trained on the same.

Planned activities next quarter

- Monitor health education activities of the locational and Sublocational level

2.3.2: Establishing sustainable links between communities and facilities

Planned activities

Conduct 132 comprehensive outreaches.

Accomplishments

Community Outreaches:

The community Health volunteers mobilized for 201 Community Outreaches where PMCT, VCT, Immunization and Curatives services were offered

Challenges and Recommendations

- Punctuality for outreaches is an issue in a number of outreach sites.
- Limited number of VCT counselors for out reaches

Planned activities next quarter

- 201 community outreaches

2.3.3: Creating and supporting Change Teams

Planned activity

- Conduct 30 quarterly change team meetings

Accomplishments

- In the quarter 30 change team meetings were held where issues emerging from service provision and activities were discussed.

Emerging issues:

- Five members of change team ,visited Bunyangu primary & secondary schools to discuss with guidance and counseling department on reported cases of early pregnancy in the schools

Planned activities next quarter

- Support 30 facility change meetings.
- Support establishment of 10 new change teams to reinforce community facility linkage

Mainstreaming gender

Planned activities

- Support one PWD group to conduct dialogue discussion groups
- Support women groups with grants
- Develop male discussion curriculum
- Train male groups

Support one PWD to conduct dialogue discussions:

The proposals submitted are still under review for support of activity within the quarter

Support women groups with grants:

The women grants proposals preliminary review was completed and the short listing of the proposals is in progress

Develop male discussion curriculum:

The male discussion curriculum was not developed but the project adapted the FHOK men as equal partners and Engender health male involvement curriculum.

Train male groups: The project conducted 5 day training for Male support group attached to Elwesero Health facility. This training was conducted by the trainers from Family Health Option of Kenya (FHOK) due to their experience and skills in Male as equal partners' project. A total of 28 men and female area councilors were trained as TOTs.

Planned activities next quarter

- Support women groups with grants
- Develop/consolidate male discussion curriculum
- Male Group conduct discussions
- Mainstream gender across result areas

Other prevention Indicators

Table 11: Targets and achievements for Other Prevention activities

Indicator	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Yr2, Q3 Accomplished	Yr2, Q4 Accomplished	Year-to-date accomplishment	Percentage accomplishments
No of service outlet	60	200	2336	2936	2980	2980	4967%
Number of individuals reached through community outreaches that promotes HIV /AIDS prevention through other behaviour change beyond abstinence and or/being faithful by gender	400,000	150,000	41,933 (18368 m, 23565 f)	62,591 (38,741 f 23,850m)	349,820	604,344[2]	151%
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2000	771	-	1415	23,966	25,292	1265%
Number of local organizations provided with technical assistance for HIV related institutional capacity building (Through grants and Networks)	3044	850	136	1501	1545	4032	51%
Number of individuals trained in HIV related capacity building	2000	850	771	2233	2202	6063	110%

[2] The indicators and numbers have been derived from numbers reached through different programmes. The different programme combined contributes to specific indicators. All the numbers captured in the table are new number except for the condom service outlets. In the quarter the targets for activities focusing on positive prevention has been captured within the matrix. This includes AOH activities on stigma reduction and positive prevention, health talks at the community and facility sessions. AOH for stigma reduction and positive prevention: male:-15,141 and Female:-23,522,Health talks community sessions male: 189 and Female: 561,Health talks at facility sessions Male: 2,845 and Female: 3192,#service outlets-All peer educators, CHVs distribute condoms.# of individuals reached through community outreaches:-MA-48,357,MT-17,753,PF-2285,CA-22,847, WKS-26,078, Youth-27,384, 7069-community events, 4005 –VHC, 189 District sensitization, 22,000 techers and 389 teachers,#trained-PF-100,70 provincial heads,1140 women, 54 students, workplace policy 22,000 teachers, 513 Youth CHW ,Institutional capacity building: MMUST, 795 VHC, 389 schools, and 360 women groups, #Individual trained in HIV related capacity building, 7DYC, 1689 QASO, TAC, AEOs, 506 Youth CHVs from Youth groups

Health Communications and Marketing (HCM)

Health Communication and Marketing APHIA II Project (HCM APHIA II) focuses on promoting preventative behavior of Kenyans related to HIV and AIDS, Maternal and Child Health. The project employs both mass media and inter-personal communication activities to promote abstinence among young people, increase consistent condom, ITNs and safe water use, promote demand for Counseling and Testing, TB and RH/FP services. HCM APHIA II works closely with APHIA II to maximize resources and avoid overlap of activities and messages.

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

Sub-result 3.1: Expanded home and community support programs

3.1.1: Strengthening and building CBO/FBO HBC programs

Planned activities & accomplishments

1. **Sub Grant 19 CBO/FBOs last half FY08 grant:** 19 CBOs received last half sub grant after submitting all the necessary reports. KICIP CBO was helped to revise their budget to convert foods worth Ksh 110,000 to shelter support for 5 OVC house holds. Year 2 funded CBOs received additional funding for September 08 amounting to Ksh 10,443,815.00. This was done through modification of YR 2 sub-agreement and enabled CBOs to provide a local chicken to all their registered OVCs and train all CHWs on HBC, OVC and monitoring tools
2. **Budgeting Workshop for CBO:** 25 CBOs in the target areas submitted Y3 proposals for review and 24 of them qualified for Y3 funding. Cheptais retirees were dropped from 09 funding due to failure to comply with grant agreement terms.
3. **Print and distribute HBC registration, referral, monitoring and reporting tools:** 15,000 Monitoring and reporting tools were printed and distributed. Plans are underway to harmonize the reporting tools used by other partners to streamline the reporting systems.
4. **Hold monthly review meeting between HF based HBC coordinator and CHW:** The project supported linkages between the 122 trained health workers and CHVs for supervision and building the capacity of the CHVs to continue supporting the OVCs and PLWHA.
5. **Train CHW on HBC care and support activities:** 1,972 (1,496 Females, 493 males) were trained. 625 of them completed the 11 days training from the previous quarter. The training will continue for all the CHV who have not completed the full curriculum
6. **Support PHMT & DHMT to organize quarterly HBC coordinators meeting:** To strengthen HBC structures in the province, the project supported district HBC stakeholders meetings in 16 districts. This was to bring the players together and leverage their efforts to enhance care and support for PLWHA. This also enhanced the health facility community linkage and support PLWHA and their households. The activity was made local rather than provincial at the request of the HBC coordinators, since it was the grass root structures that were weak.
7. **Support DHMT monitor and supervise HBC activities:** Support supervision for 14 districts was done by DHMT/ PHMT to ensure that the correct care for PLWHA is given by the health workers at the operation level.
8. **Support supervision and monitoring visits to CBO/FBO:** All the 25 CBOs were visited once during the quarter making 25 visits with 8 getting a second visit for mentoring purposes. A guided handing over of two locations by REEP to Busianda Tusonge Mbele (BTM) was done. This saw OVCs for BTM grow to 1000 after receiving 325 OVCs for Bujuba Location. BTM is now responsible for Marachi Central and Bujuba of Butula Division while REEP retain remaining 4 locations.

Analysis of indicators and targets

Table 12: Palliative Care Targets and accomplishments

Indicator	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Yr2, Q3 Accomplished	Yr 2 Q4 Accomplished	Year-to-date Accomplishment	Percentage accomplishment
Total number of CBO/FBOs providing HIV related palliative care	16	16	22	22	22	22	138%
Total number of individuals trained to provide home-based HIV palliative care (CHV)	400	146	0	1,546	1,972	3,664	916%
Number of primary care-givers mentored to provide HBC services	1,000	0	0	8,670	9,481	9,481	948%
Number of supported PLWH receiving HBC services (through nursing care, spiritual (Channels of Hope), counselling (IPT-G)	5,040	12,944	12,944	21,235	30,301	30,301	601%
Number of PLWH referred from HBC to clinical	786	3,242	4,586	1,324	1,350	10,502	1336%

Table 13: HBC Activities during Quarter 3

	Q1	Q2	Q3	Q4		
				Females	Males	Total
No. of CHW providing HBC	2,080	1,583	3,193	2,711	1,256	3,967
No. of CHW reporting	1,064	954	1,822	1,496	1,053	2,549
No. of clients	12,944	11,311	21,235	19,257	11,044	30,301
No. of clients < 15 yrs	1,134	1,929	2,439	2,042	1,349	3,391
No. of clients 15yrs and Over	7,402	7,100	18,631	18,720	10,295	29,015
No. of patients on ARV	6,521	5,430	10,840	9,903	6,112	16,015
No. of patients on TB treatment	1,756	961	1,470	1,390	956	2,346
No. of PLWHA receiving nutritional support	1,638	780	2,138	2,314	1,087	3,401
No. of HIV+ TB patients receiving ART and TB treatment	1,112	849	597	864	444	1,308
No. of Deaths	76	84	151	99	86	185
No. of HBC kits Supplied						1,000
No. of HBC kits Used						1,000

CHALLENGES

- Leadership issues rose up in some of CBOs due to leaders allowances budgeted for in Y3
- Cheptais retirees CBO of Mt Elgon mismanaged OVC benefits which lead to discontinuation of partnership for Y3.

Planned activities next quarter

- 48 monitoring visits to CBO/FBO
- Grant 24 CBO/FBOs 1st quarter based on work plan
- Print and distribute HBC registration, referral, monitoring and reporting tools
- procure and distribute HBC kits in consultation with PHMT
- Hold monthly review meeting between HF based HBC coordinator and CHW
- Train CHW on HBC care and support activities
- Support HBC/OVC CHW with job tools (rain gear, t-shirts, bicycles, stationery)
- Support PHMT & DHMT to organize quarterly HBC coordinators meeting
- Support DHMT monitor and supervise HBC activities

3.1.2: Expanding support services for PLWA

Planned activities & accomplishments

1. *Stigma Reduction Outreaches by Ambassadors of Hope Monthly support group meeting enhancement of positive living:* A total of 15,141 Males, 23,522, Females 3,155 Boys and 4,025 girls were addressed and encouraged with various messages during these sessions. 200 Male and 350 female were referred for counseling and testing services for HIV and TB of whom 50 males and 120 Female tested positive for HIV while 3 males and 27 females tested positive for TB and have been enrolled in the TB and CCC Clinics in their respective districts.3 Ambassadors in Kakamega South District have been able to link up with the ministry of Agro forestry in Forest department to support 108 OVC (50 Boys, 58 Girls) identified through support groups with tree seedlings. Demonstration of planting process has been done in 7 Schools from 3 divisions in which the children attend. Each child gets 20 tree seedlings to plant at their homes for future livelihood support. 10Boys, 30 Girls OVC through the ambassadors received 40 goats in the month of July from Senior Women citizen for change (NGO). A young ambassador of Hope in Kakamega South accompanied by older Ambassadors to Bukusi Primary School and Shamusinjili Secondary School share her story with other children (photos below)

Figure 10: Young Ambassador of Hope sharing her experiences in Secondary School

Figure 11: Young Ambassador of Hope now meets the older Ambassadors

2. *Quarterly support group meeting enhancement of positive living & Monthly monitoring meetings with the Ambassadors of Hope*: A total of 77 Male and 160 Female Ambassadors of Hope were monitored in the month of September. Number of public disclosure sessions was 1,440 of which 45 were held at service delivery outreach sites. Support group database has been established to enable the team focus on different components when implementing. The following table is a summary of Support group Data

Table 14: Summary Table for Support Groups

Total number of Discordant support groups in the province	7
Total number of youth support groups in the province	4
Total number of women support groups in the province	20
Total number of male support groups in the province	11
Total number of mixed support groups in the province	350
Total number of the support groups in the province	391
Total number of male in the support groups in the province	2622
Total number of female in the support groups in the province	7689
Total number of support groups linked to CBO in the province	187
Total number of support groups linked to MFI in the province	38

Seven (7) new men support groups have been formed in Kakamega North, Kakamega south, Vihiga, Lugari and Mt. Elgon District and1new youth in Lugari District by result area 2 & 3. There has been some success with the Prisons Support groups. Members are able to join or form community support groups and continue with clinics from their homes once released from jail/custody.

Support groups that had not registered were encouraged to register with Social Services. About 20 support groups supported in year one are able to solicit for funds from different organizations where 10 are receiving grants for second or third time for HIV related activities. The project is

now able to use some of the group members to strengthen new and or weaker support groups. Support group success has attracted national electronic media both on Radio and TV scripts.

INTERPERSONAL PSYCHOTHERAPY FOR GROUPS

A total of 66 new groups were formed in quarter 4 (54F, 12M) with a total of 884 members (710F, 174M). Previous 56 groups (42F, 14M) with 596 members (475F, 121M) completed their 16 weeks sessions and terminated successfully. Of these 243 were able to access HIV and AIDS services including C&T and therapy in the nearest health facilities. A total of 462 of the group members that have been terminated have already started various IGA activities that are transforming their lives as they get income to meet their day to day basic house hold needs. They have used the generated income to for example buy uniform for their children, and buy more domestic animals.

Three group leaders exited this quarter. One was absorbed by the Matete CBO as OVC coordinator. The other 2 were from Shinyalu; one got employed in Nairobi and his 2 groups taken over by another group leader, and one was dropped by the coordinator due to inefficiency.
Eight supervisions of IPT-G leaders have been carried out by the psychosocial coordinator for each team of IPT-Group leaders in Shinyalu, Vihiga and Lugari. One quarterly debriefing was carried out for one week in September and 63 group leaders were in attendance. They under went through several sessions of debriefing, were taken through the IPT-G facts and process, counselling skills, Basic HIV facts, by the psychosocial coordinator
Key achievements so far reported by group members include:

- 462 group members have started IGA in brick making, businesses (selling-tomatoes, grains, *omena* (dagger fish), vegetables, selling homemade *jikos* (charcoal stoves), weaving baskets, merry go round ,buying chicken for each other, group pigs keeping, hiring group farms to plant common crops for sale and carpentry
- In 231cases cited, marriages are getting healed.
- 23 alcoholics are reforming
- Some 7 children who were not going to school due to the level of stress from parents are back in school.
- A few PLWHAs who were bed ridden due to sickness have started visiting the ART clinics
- One IDP from Kericho who had watched her husband killed, was totally depressed and hopeless but currently is active feeding herself and children in Vihiga

Figure 12: Muhonja in her shamba after undergoing IPT-G sessions

Muhanja hails from Vihiga. She has 8 children and is a widow. After death of her husband, she lost hope in life was suicidal and was depressed, and used to sleep hungry most of the times because she experienced low energy syndrome due to depression. The community branded her as a lazy person. When the group leader recruited her she did not see how she can be helped. But after the sessions, she was challenged to make use of the piece of the land her husband left her with. Now she plants vegetables for use and sale. "I am happy" she says. One neighbor said "if the group leader had not visited this one she would be dead by now".

Figure 13: John and the wife in their Home after undergoing IPT-G sessions

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John suffered from a depression related sexual dysfunction that was threatening to break his marriage after he lost his job with the railways. The wife had decided to leave. But after undergoing the IPTG sessions, he regained his functionality. The marriage was healed, and he resumed his carpentry trade that he had not done for 8 years. Now he takes care of his family comfortably. The wife thanks the APHIA 2 for bringing the IPTG program and the group leader into her household that saved her marriage

Analysis of indicators and targets

Table 15: Targets and accomplishments of PLHAS

Indicator	Yr 2 Target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Yr2, Q3 Accomplished	Yr2, Q4 Accomplished	Year-to-date accomplishment	
Number of PLWH and caretakers of OVCs belonging to support groups	280	1,155	4,727	398	10,311	10,311	3682%
Number of PLWH who share their status with others in the community	200	238	235	236	237	237	119%

Challenges

- Unregistered Support groups could not be linked to Microfinance institutions.
- Ever increasing number of support group members and other support groups including Discordant couples Support groups.
- Defaulter tracing by support groups due to long distances.
- Most men are still not very comfortable with joining IPT-Groups this explains the proportion of male to female groups.
- The seasons (harvesting, planting, weeding) occasionally interfere with IPT-G activities.

Planned activities next quarter

- AOH and Discordant Couples Outreaches
- Health talks to Community and Facility Support groups.

Sub-result 3.2: Expanded support for OVC

3.2.1: Comprehensive support for OVC

Planned activities & accomplishments

1. *OVC care and support activities in core service areas (health care, nutrition, protection, psychosocial, shelter and care, education & livelihood support):* The project scaled up support services to registered OVC in core intervention areas. Out of 35,918 OVC 81% received 3 or more benefits through direct primary and leveraged benefits from other partners non PEFAR funded organizations working in OVC programming. This was a significant improvement as compared to last quarter where only 65% of registered were reached with similar package.

Table 16: OVC support/benefits during the quarter.

Gender	1 or 2 Benefits		3 or more Benefits		Total	
	Q3	Q4	Q3	Q4	Q3	Q4
MALES	4,623	3,921	14,477	15,400	19,700	19,464
FEMALES	3,369	2,629	12,072	13,626	15,941	16,454
TOTAL	**7,992**	**6,550**	**26,549**	**29,026**	**35,641**	**35,918**
Proportion of Children receiving 3 or more benefits for Q3 and Q4					**74%**	**81%**

Nutrition

This support service was largely met through leveraged support reaching 34,461; 19,053 OVC were able to access nutritious vegetable through kitchen gardens which were replicated in various OVC households, 6,781 children benefited from livestock products which promoted their nutritional status. The project distributed 31,256 poultry to same number of children while 15,428 OVC were reached with food relief and donations from other partners such as WFP in Bunyala and Busia districts, ACE –Africa, in Bungoma and Red cross Kenya in Mt-Elgon.

Figure 14: Kongoni CHW and OVC in their garden

Education

A total of 27,724 Children were supported, mainly with school uniforms for primary school going children (17,885) and school fees and other levies for secondary school (and some in primary schools). 8,499 children were reached with scholastic materials such pens, rulers, books and pencils. 15,004 girls were supported with sanitary towels, which enabled them stay in school during menstruation. School feeding programmes supported 7,938 children mainly in Bunyala and Mt-Elgon (WFP, Red Cross Kenya and Action AID International and community/parent contributions)

Shelter and care

Basic care was one of the most requisite needs with most of registered OVC sleeping on rags and sacks due to lack of beddings. The project responded to this need and 22,608 children received beddings (blankets, bed sheets and/or mattresses) .15,462 Children were supported with kitchen sets and 10,677 were supported with home clothing. In total 27,248 Children were supported in this core service area.

Health care and annual medical check up

The project worked closely with MOH to ensure that all registered children have access to health services when needed. 11,589 OVC received medical check up, 16,759 were de-wormed, 12,387 Children were treated for various ailments. Over the year and including quarter 4, 22,833 children have received long lasting mosquito nets, 8,723 OVC were reached with vitamins and mineral supplements. 11,776 Children have so far been tested for HIV. Through provision of water treatment and purification, 24,803 were able to access clean and safe water. In total 31,918 Children were able to access services in this support area.

Protection

The Children were effectively monitored by CHWs through home visits. A total 20,192 OVC were reached through protection through paralegals and advocacy. 14,469 children have registered their births and processed death certificates for their parents/guardians as applicable. This was achieved through networking and linking with civil registrars in all Districts. 4,202 Children were able to access parental properties through advocacy and legal action while 151 OVC have been were reached with memory book writing to promote child protection.

Psycho-social support

This support area is paramount and mandatory for all registered OVC. 35,576 OVC were reached with PSS by CHWs through home visits, during which the CHWs talk to the children, caregivers and guardians in assessment of current needs. The CHWs engage the Child, caregivers /guardians in identifying and prioritizing needs. This information is very crucial in planning and setting realistic interventions in place. Most OVC live under difficult circumstances and more often find themselves in traumatic situation all the times, PSS help them to cope with the situation and live normal life to achieve their dreams.

Livelihood support

A total of 527 children are on vocational skills training at various institutions in the province. During the quarter, 86 OVC/PLWHA were trained on business skills trainings. 3 Ambassadors in Kakamega South District have been able to link up with the ministry of Agro forestry in Forest department to support 108 OVC 50 Boys, 58 Girls identified through support groups with provision of tree seedlings. Demonstration of planting process has been done in 7 Schools from 3 divisions in which the children attend. Each child gets 20 tree seedlings to plant at their homes for future livelihood support

The table below summarizes the information on number of OVC reached during the quarter in the six core service areas

Table 2: OVC Benefits Targets and Accomplishments

BENEFIT		MALE	FEMALE	TOTAL
HEALTH CARE	Medical check	6,201	5,382	11,589
	Deworming	9,151	7,608	16,759
	Treatment for any ailment	5,332	6,855	12,387
	Long lasting insecticide treated nets	11,837	10,996	22,833
	Routine and missed immunisations received	4,539	4,184	8,723
	Vitamins and mineral supplements	4,616	4,484	9,100
	Medical outreaches	2,943	2,940	5,883
	HIV counselling and/or Testing	6,110	5,666	11,776
	HIV prevention and life-skills activities	8,995	8,135	11,130
	Access to clean water	12,946	11,857	24,803
TOTAL NUMBER OF OVC WHO RECEIVED A HEALTH BENEFIT		**16,361**	**15,557**	**31,918**
EDUCATION	Uniform in the last one year	9,770	8,115	17,885
	School fees/ levies	1,952	1,316	3,268
	Schooling items	4,338	4,161	8,499
	Sanitary towels	0	15004	15004
	School feeding programmes	4,137	3,801	7,938
	Child now in school	1,100	1,355	2,455
TOTAL NUMBER OF OVC WHO RECEIVED EDUCATION BENEFIT		**14,314**	**13,410**	**27,724**
NUTRITION	Kitchen garden	10,145	8,908	19,053
	Livestock	3,407	3,374	6,781
	Poultry	16,161	15,095	31,256
	Food relief and donations	7,824	7,604	15,428
TOTAL NUMBER WHO RECEIVED NUTRITION BENEFIT		**17,945**	**16,516**	**34,461**
SHELTER AND CARE	Beddings	11,839	10,769	22,608
	Kitchen set	8,178	7,284	15,462
(Basic Needs Support)	Home clothing	4,219	6,458	10,677
TOTAL NUMBER OF OVC WHO RECEIVED SHELTER AND CARE		**14,098**	**13,150**	**27,248**
PROTECTION	Registrations of births and deaths	8,048	6,421	14,469
	Protection and access to parents property	2,076	2,126	4,202
	Referral & linkages for legal services	267	239	506
	Memory book writing			9,777
TOTAL NUMBER OF OVC WHO RECEIVED PROTECTION		**10,567**	**12564**	**23,131**
PSYCHO-SOCIAL SUPPORT	Home visit by CHW	18,506	17,070	35,576
	Spiritual counselling	834	989	1,823
	Child, community & bereavement counselling	372	698	1,070
TOTAL NUMBER OF OVC WHO RECEIVED PSYCHOSOCIAL SUPPORT		**18,506**	**17,070**	**35,576**
LIVELIHOOD & ECONOMIC SUPPORT	Vocational training	291	236	527
	Business skills training	44	42	86
	Business start up kitty	10	5	15
	Linkages and support from MFI	5	6	11
TOTAL NUMBER OF OVC WHO RECEIVED ECONOMIC SUPPORT		**317**	**256**	**575**
CAREGIVER TRAINING		2,628	3,850	6,478
TOTAL NUMBER WHO RECEIVED NO BENEFIIT (NOT VISITED)		143	199	342
TOTAL NUMBER RECEIVING 1 OR 2 BENEFITS (MAIN COMPONENTS)		3,921	2629	6,550
TOTAL NUMBER RECEIVING 3 OR MORE BENEFITS (MAIN COMPONENTS)		15,400	13,626	29,026
Total number of OVC				**35,918**

Care-givers training

Capacity building of OVC care-givers by CHWs took place during the quarter. 6,478 care-givers/guardians were trained on child monitoring, care and support. This was to equip the givers with relevant skills and knowledge needed for child care and support. Family involvement is very important support in promoting social security, growth and development

of OVC. The CHWs progressively trained care-givers using OVC care and support training curriculum during home visits, taking care-givers through relevant topics day by day to help them understand their children and be able support them holistically.

2. *Support AAC activities:* The project also supported the training of Area Advisory Councils across in 19 districts across the province. AACs were formed and trained at district, divisional and locational levels. All 22 CBOs were linked to these structures. Some AACs went ahead and formed thematic working groups charged with different responsibilities ranging from child monitoring care and support and resource mobilization, especially in the greater Kakamega districts. These structures played crucial role in spearheading, vetting, and tracking OVC benefits.
3. *Provincial OVC stakeholders meeting:* 56 players in OVC care and support came together and reviewed each others programs. It was agreed that the meetings be held annually with more regular report sharing sessions at district and provincial levels coordinated by the children department.

Analysis of indicators and targets

Table 3: OVC Targets and Accomplishment

Indicator	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Yr2, Q3 Accomplished	Yr2, Q4 Accomplished	Year-to-date accomplishment	Percentage accomplishment
Number of OVC served by OVC programs	30,000	34,739	35,918	35,918	35,918	35,918	120%
Number of OVC served in 3 or more care areas by gender	16,667	9,843 (5,836m /4,007f)	23,433 (13,078m/ 10,355f)	27,649 (15,077m/ 12,572f)	29,026 (15,4007m/ 13,626f)	29,026	174%
Number of OVCs served in one or two care areas by gender	13,333	23,497 (13,321m/ 10,076f)	11,615 (5,079m/6 ,536f)	7,992 (4,623m/ 3,369f)	6,550 (3,921m/2,6 29f)	6,550	49%
Number of OVC care-givers trained in caring for OVCs	236	-	3,277	2,725	6,478	12,480	5288%

Train CHWs as TOTs in organic farming

180 CHWs trained as TOTs on organic farming have continued to train other CHWs within their CBOs. Each CHW has trained at least 3 other CHWs reaching to 530 other CHW. More than 20 demonstration gardens were established by the TOTs during the quarter and served as learning point, source of seed, vegetables and income for the members. To boost the knowledge on organic farming and enhance the technologies, 10 more TOTs were trained for 2 weeks at Kenya Institute of Organic Farming (KIOF) in Juja Nairobi.

Analysis of indicators and targets

Table 19: CHWs as TOTs in Organic Farming

Indicator	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q3 Accomplished	Yr2, Q4 Accomplished	Year-to-date accomplishment	Percentage accomplishment
Train CHW as TOT in organic farming	480	180	180	190	530	110%
Support OVC establish Kitchen gardens	2000			2000	19,053	952%

Challenges & recommendations

- Dependency on A2W is developing and may deny the child the parental/guardian care they deserve
- Large number of CBOs making effective follow up of TOTs difficult.
- Some of the earlier trained TOTs did not carry out training for other CHWs as expected
- Limited source of inputs for demonstration

Planned activities next quarter

- Provincial OVC stake holders
- Procurement of monitoring and reporting tools
- Support quarterly AAC meeting at all levels (District, Divisional and Locational)
- Training of care-givers on child monitoring care and support
- Support OVC to access 3 or more benefits in six core service area(health, shelter and care, education, nutrition, PSS , protection and livelihood)
- Support OVC out to access vocational training skills
- Follow up TOTs in organic farming for documentation, support and linkage

- Identify and contract Organic farming institution to train care givers/ OVC households on entrepreneurship skills and supervise implementation of organic farming in 3 districts

3.2.2: Strengthening child protection for OVC

Planned activities & accomplishments

1. **Train CHV in Systemic child counselling:** 9 male, 21 female community members working with children were trained.
2. **Psychosocial Support through children clubs:** Support was done to 6 Children's Club in KICIP - Vihiga, Akudep - Teso, Alpha - Butere, Matunda Jua Kazi - Lugari and Kabras Jua Kali – Kakamega North. 433 OVC (204 boys & 229 Girls) were counseled through play therapy sessions as well as one on one.
3. **Monthly monitoring meeting for child counselors and memory book CHV**: Systemic Child counselors were monitored as they carried out their planned activities. Memory book writers are at advanced stages and 9,777 memory books are in process in which 50 were initiated in the quarter. The Memory book writers visit support groups sharing the disclosure process and family tree significance among other topics.

Analysis of indicators and targets

Table 20: Targets and achievements on OVC/PLWA

Indicator	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Yr2, Q3 Accomplished	Yr2, Q4 Accomplished	Year-to-date accomplishment	Percentage accomplishment
Number of OVC referred to legal services, food and credit programs not funded by Global HIV/AIDS initiative funds	20	142	38	30	-	210	1050%
Number of PLWA referred to legal services, food and credit programs not funded by Global HIV/AIDS initiative funds	850	1,481	1,866	1,798	-	5,145	605%
Number of positive parents trained on the memory book	40	0	25	25	-	50	125%

Livestock support

80 more goats were given to 80 PLWHAs through sub-grants to 4 CBOs. This puts the annual figure at 280. 34170 OVC were each given one poultry with the concept of building their capacity for income generation. The idea is to make them responsible for meeting their needs through poultry farming. Most of the poultry was vaccinated before distribution in collaboration with Ministry of Agriculture and livestock.

Table 21: Targets and achievements on Nutritional support to OVC /PLWA Households

Indicator	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Yr2, Q4 Accomplished	Year-to-date accomplishment	Percentage accomplishment
Livestock (Goats)	200	200		80	280	140%
Livestock (Poultry)	35000			34170	34170	97%

Challenges:

- Large number of PLWHAS as compared to the available goats given out. Western province has a total of 10,130 PLWHAS.
- Sourcing for poultry centrally was a challenge making the strategy change to purchase the poultry through the CBOs.

Planned activities next quarter

- Quarterly CHV events Monitoring
- Follow up to OVC Households that received goats & poultry
- Identify OVC households and support group for support to start IGAs
- Follow up on supported Households & support groups.
- Preparation for CBO tour to be held in Quarter 2 2009.

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

1. *Community counselling training*: 10 male, 20 female from Kakamega District were trained in Community counseling. The counselors will visit families in their communities in relation to Health referrals.
2. *Monthly monitoring meetings for community counsellors and Bereavement Counsellors:* 52 male and 106 female Community Counselors and 24 male and 125 female bereavement counselors have counseled individuals and the best practice has come from Bungoma where the CHVs take part in funeral functions in which they share health information as well as general responsibilities of the bereaved family

Channel of Hope (COH)

Five Pastors Sensitization workshops were held in Mt. Elgon, Bungoma, Vihiga, Butere and Mt. Elgon. In total 200 pastors were sensitized. During the meetings, most of them acknowledged that they have been mistreating PLWHAs due to the ignorance that people infected had sinned. They made a vow to go back to the people they had stigmatized and discriminated and call them back to church. They also committed themselves to serve the PLWH and OVC. They were to form CHATTs and follow-up meetings will be organized to ensure formation and strengthening of the CHATTs. Training of CHATT took place for Mumias through CAMP CBO. A total of 41congregation representatives were trained. This group comprised of the Christians and Muslims and the Muslims appreciated the CoH approach. Two monitoring review meetings were held for Mumias District and Bungoma District.

Analysis of indicators and targets

Table 22: Targets and accomplishments on people trained in counseling

Indicator	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Yr2, Q3 Accomplished	Yr2, Q4 Accomplished	Year-to-date accomplishment	Percentage accomplishment
Number of community members trained on bereavement counselling	20	0	0	50	-	50	250%
Number of community members trained in community counselling	20	0	0	24	30	54	270%

Planned activities next quarter

- Training of the Catholic church facilitators (TfT) in CoH
- Organize 2 CHATTs Trainings
- Organize 4 Quarterly review meetings for CHATTs and mentorship initiatives
- Hold 2 Pastors CoH sensitization workshops
- Collaborate with Result 2 to facilitate prevention programs in the churches.
- Collaborate with safety net to facilitate CHATTs representatives training on Business skills and organic farming.
- Complete Development of CoH monitoring tools and test their efficiency and effectiveness towards data collection and usage.

3.3.2 Providing livelihood activities for PLWHA

Planned activities & accomplishments

- *Business Skills Training:* 146 out of planned 150 PLWHAs trained for 3 days on Business skills and entrepreneurship at Manor House Agriculture Centre Kit ale with the aim of building their capacity to be self reliant through small enterprises/ businesses. The PLWHAs are also expected to pass the knowledge to members of their support groups.
- *Linkage to and access to credit*: 8 support groups were supported with start up kitty inform of materials and farm inputs worth Ksh. 80,000/-. All the support groups had one of their group members trained on business skills training. 10 support groups from ALPHA CBO identified for support (Kolping) to initiate a revolving fund at group level. Once done this will boost their income greatly.

  An inventory of the existing MFI/ Credit organizations and Organizations offering grants in the program area was carried out. The following table gives details on the organizations:

Table 23: Organizations that offered grants in the program

Organization	Category/ Service	Location
KADET	MFI	Kakamega, Funyula
K-REP – FAHIDI project	MFI	Kakamega, Vihiga, Bungoma, Busia
KWFT	MFI	Kakamega, Vihiga, Busia, Bungoma
KAPP	Grants	Kakamega, Busia & Mumias
HEIFER INTERNATIONAL	Grants	All Districts
MOA- Njaa Marufuku & NALEP	Grants	All Districts
AMREF – Maanisha	Grants	All Districts

Support PLHA to start IGAs: several support groups received materials to support income generation as well as meet their nutritional needs. A simple MOU was developed to guide the group's partnership with A2W and by which

- Tumaini Support group in Mumias District with 4 male and 26 female members received clothing materials, bobbin cases and threads to enable them revive tailoring after thieves broke into their offices and stole materials.
- Romaka Support Group in Teso District (4 Male, 16 female) were supported with dry cereals and pesticides to preserve and sell for the group.
- Andeka men Support group has 25 men who are PLWHAs or discordant, were provided with 10 rolls of napier grass reeds, 2 plastic binders, 5 brushes,10 knives, dye and 4lts paint to enable them scale up their basketry weaving project.
- Kubali Support group in Lugari has been supported by MOA through *njaa marufuku* and by TOWA funds. Support group members who travelled to AMPATH farm last quarter for the learning visit have implemented the skills acquired during the visit.
  Some of the groups that had the farming activities farm inputs were provided as in annex…:

Strengthen and support of 6 Paralegal Networks:: The paralegals networks were strengthened through mobilization of key partners in child protection. The networks meet quarterly to share progress on reported cases. 57 male and 95 female paralegals were monitored and reported issues handled included:

- 5 drug abuse
- 1 child tracking
- 2 Separation
- 8 family conflicts
- 2 land disputes
- 1 property inheritance and
- 6 petty theft

Challenges:

- Large number of PLWHAs and OVC caregivers requiring training
- Business skills trainees expected a start up kitty
- Some of the PLWHA are so needy and would need grants to improve their living standard before they can be able to manage loans.
- Some PLWA still have an attitude of dependency looking at themselves as incapable of acquiring loans to start or build up their businesses.

Planned Activities for next quarter:

- Follow up activities to trainees of the Business skills training & support groups given start up kitties
- Complete inventorization of support groups and MFI institutions within the program area
- Identify, Assess, Strengthen, Support and link 50 Support groups to MFI
- Carry out feedback meeting to groups/ CBOs

- Document Group/ MFI activities
- Facilitate Quarterly Paralegal network meetings.

Monitoring & Evaluation

Planned activities

- Provincial M&E meetings
- Data collection and data audit
- Capacity building in M&E for CBOs
- Support supervision by DASCOs and DHRIOs to facilities
- OJT for MOH staff at facilities
- M&E meetings
- Performance Review Charts

Accomplishments

Provincial M&E meetings

These meetings were planned for every month during the quarter. However, only two meetings were held in the quarter. The members of the meeting were the PHRIO, PASCO, DASCOs, DHRIOs and the District Coordinators of Reproductive Health. This is a core team for data management in the province. The first meeting focused on: Reporting deadlines; delegation and team work; Support to districts to facilitate flow of information. The second meeting focused on: Data collection issues; district and facility monthly meetings; implementation of Data Quality Audits; supply and distribution of registers to facilities.

The districts made a presentation based on the AOP 4 and from the presentations, the discussions evolved. It was noted that while districts have endeavored to collect data from the facilities in time, there are few facilities that still do not report on time. These facilities need support and the meeting resolved to facilitate the support. Data quality also featured and it was resolved that districts be guided on data quality issues. Some districts had been supported or visited during the DQA in the province and the exercise was participatory. The districts were requested to plan for a series of DQAs.

Shortage of registers in facilities has become acute. The project at some stage was being requested to support the printing of some of the registers. It was however, reported that the printing has already been done in Nairobi and registers would be delivered to the province within the month of October 2008. Other data tools would be printed locally as a printer and stationery are already at the PMO's office.

It was resolved that the monthly meetings from next quarter will be held at the district level while the province level will be a quarterly meeting. The monthly meetings would involve the DASCOs, DHRIOs and the RH coordinators. These meetings would be supported by the

project. The province monthly meetings have been instrumental in shaping HMIS system in the province.

Data utilization in decision making at the district and facility levels is still not considered as a priority. As members of the Provincial Monitoring and Evaluation team, the thinking is to strengthen that aspect. With the shift of meetings to the district level, it will be possible to facilitate the use of data collected and synthesized to make informed decisions. Some districts have for instance been using the outreach data to plan for subsequent outreaches in their districts.

Some districts had received computers and motorbikes to ease communication. A list of the districts would be availed so that the project can support the shortfall.

One of the meetings was not held due to the competing tasks by the team members.

Data collection and Audit

The collaborative effort in ensuring that the project team gets the relevant data from the facilities was realized during the quarter. Mobile phones were in use to facility in-charges who had not delivered the data to the districts. The DHRIOs were in constant touch with the project M&E team and the facility in-charge. This sense of commitment displayed teamwork at all levels.

Community data is handled at three different levels: at the community level by representatives; at the CBO level and the Project level. During the quarter, the flow of data was smooth. The community representatives referred to as the volunteers submitted the raw data to the project team. The CBOs through their field teams also submitted their data to the project teams in time. As a result of the timeliness of submission the following data was compiled for both the quarterly and the PEPFAR reports: the OVCs support in 3 or more benefits; Other Behaviour Change (Magnet Theatre, Peer family, Workplace; community mobilization; Abstinence only (Schools <14years) and Abstinence and Being faithful (Schools > 14 years). These groups of supporters of the project at the community and school level have become quite conversant with the tools used to gather the data that minimal supervision is required.

Visit to facilities during the data verification and validation brought out key issues of concern for project activity implementers: Most dispensaries during the quarter did not have enough stock of the test kits especially in Kakamega central; lab results from PGH are normally not received on time; start of PMTCT services in dispensaries is delayed even after training and; OJT is still an important approach at the facility level with regard to filling of the registers and the summaries that are submitted to the districts.

Data Quality audits in facilities of Emuhaya and Bungoma South during the quarter did indicate good data records and storage. Generally, the health facilities have improved with time on reporting. The community data though enormous is managed well at all levels.

Visit to some of the CBOs during the quarter was quite timely.

Reporting

The reporting rates were computed by considering the facilities that report by district and service area for each month. All the facilities for ART service area reported 100% for each month. The tables below show the reporting rates for each of the district by the other two service areas.

Table 24: Reporting rates For PMTCT Service area

	District	July	Aug	Sept	Average reporting rate for the quarter
1	Bungoma East	100.0%	91.7%	100.0%	97.2%
2	Bungoma North	100.0%	100.0%	100.0%	100.0%
3	Bungoma South	100.0%	100.0%	100.0%	100.0%
4	Bungoma West	100.0%	86.7%	100.0%	95.6%
5	Bunyala	100.0%	100.0%	100.0%	100.0%
6	Busia	100.0%	100.0%	100.0%	100.0%
7	Busia	100.0%	85.7%	71.4%	85.7%
8	Butere	100.0%	100.0%	100.0%	100.0%
9	Emuhaya	100.0%	100.0%	100.0%	100.0%
10	Hamisi	100.0%	100.0%	100.0%	100.0%
11	Kakamega North	100%	100%	100%	100.0%
12	Kakamega Central	60.0%	90.0%	90.0%	80.0%
13	Kakamega East	87.5%	100.0%	87.5%	91.7%
14	Kakamega South	85.7%	85.7%	85.7%	85.7%
15	Lugari	95.2%	100.0%	100.0%	98.4%
16	Mt. Elgon	92.3%	92.3%	92.3%	92.3%
17	Mumias	100.0%	100.0%	100.0%	100.0%
18	Teso	100.0%	100.0%	100.0%	100.0%
19	Vihiga	100.0%	100.0%	100.0%	100.0%
	Overall	**95.8%**	**96.4%**	**96.2%**	**96.1%**

A total of 216 health facilities were supported during the quarter to offer PMTCT services. Of these, 95.8% reported in July, 96.4% in August and 96.2% in September leading to an average of 96.1% for the quarter. This general reporting is attributed to the low level facilities that have trained staff but because of competing tasks are not providing the service hence not reporting. Kakamega South appears to fall within this category.

Below is a table showing the reporting rates for RH during the report period.

Table 25: Q4 districts RHP reporting rate.

District	July	August	September	Average Rate for the quarter
Bungoma East	100.0%	92.3%	100.0%	97.4%
Bungoma North	100.0%	100.0%	100.0%	100.0%
Bungoma South	94.7%	94.7%	89.5%	93.0%
Bungoma West	94.1%	100.0%	94.1%	96.1%
Bunyala	100.0%	100.0%	100.0%	100.0%
Busia	95.7%	87.0%	82.6%	88.4%
Samia	88.9%	88.9%	100.0%	92.6%
Butere	94.7%	89.5%	84.2%	89.5%
Emuhaya	89.5%	89.5%	94.7%	91.2%
Kakamega East	76.9%	76.9%	76.9%	76.9%
Kakamega North	66.7%	83.3%	83.3%	77.8%
Kakamega Central	95.7%	87.0%	78.3%	87.0%
kakamega south	100.0%	100.0%	100.0%	100.0%
Lugari	85.0%	92.5%	97.5%	91.7%
Mt. Elgon	94.1%	94.1%	94.1%	94.1%
Mumias	95.7%	78.3%	87.0%	87.0%
Teso	78.9%	84.2%	84.2%	82.5%
Hamisi	84.6%	76.9%	100.0%	87.2%
Vihiga	95.0%	95.0%	95.0%	95.0%
Western Province	91.1%	90.0%	91.7%	90.9%

Kakamega North and East appear to be in serious problems that have to be addressed. Busia this time has fallen in bracket of under reporting.

Capacity building in M &E for CBOs

The concerted effort of the project team has enabled the CBOs to master the use of the data tools supplied to them. Despite the fact that the tools are quite detailed, the CBOs are able to use with minimal guidance.

It was planned during this quarter that the CBO staff would be oriented on the use of the data base that has been developed by the project. However, this was not possible as the database was still being refined by the end of the quarter. The excel spreadsheet was thus still in use.

Capacity Building for Data Management Staff

The M&E project staff were exposed to a number of trainings to sharpen their skills in dealing with data management. Two of the staffs had further training in PEPFAR data management, one had specialized training in spatial mapping.

The project supported HMIS in the planned roll out of MOH 711 in all the 19 districts in the province. Refresher training was held for all 19 districts for DASCOs, RH Coordinators,

DHRIOs and District nutritionists. The purpose of having this team was for them to facilitate the roll out to facilities. The 3 day training covered all the registers and tools used in the facilities in collecting data.

During the same quarter, the project data base was finalized and a map for western province showing project implementation areas developed.

Support supervision to facilities

The DHRIOs, DASCOs and RH Coordinators in every district were engaged in providing support to the health facility staffs. The purpose of this was mainly to improve on the timely reporting and the quality of data generated. During the visits to some of the facilities it was noted that arithmetic errors are normally made when finalizing the entries in registers or summaries for the districts. The in-charges of facilities were therefore supplied with electronic calculators. A total of 299 facilities were each supplied with a calculator.

The newly created districts (Hamisi, Samia, Bunyala, Kakamega South and Kakamega East) were assisted to start using the tools for reporting. They have worked closely with the M&E on the newly created File Transfer Protocol (FTP) to AFYA House.

Support was extended to Bungoma south district to carry out DQA on RH/FP with the participation one of the M&E project staff. The purpose of the DQA was to:

- To check and authenticate facility reports over the past 8 months
- To support staff on new tools and address challenges faced in data management
- To provide feedback to health facilities on their performance in terms of reporting timeliness and completeness
- To collect pending/ missing reports from health facilities, and
- To distribute tools and equipment to all health facilities and

The activity covered 18 health facilities (8 days spread within that month). The findings and general comments were as follows:

Strengths/ success of the DQA

- Trained personnel on various skills (PMTCT, PITC/DTC, etc)
- Availability and usage of data collection tools
- All the health facilities visited reported on the audited data (reports up to date)
- Though few, there was indication of hard work/ team effort in facilities with few staff e.g. Kabula Dispensary, etc
- Significant use of data/ information in planning, M & E, etc in a number of health facilities

Challenges/ constraints of the DQA:

- There were no counseling and testing for clients in the Post natal clinics, FP clinics in most health facilities
- Though most facilities had acquired the recommended new tools, there was need for them to be orientated/ updated on the same, owing to variation in usage/ care at various levels

- CBD agents were issued with commodities (FP) but clients not accounted for in the FP Register either at the clinic or by the agents themselves
- There were variations in sources of data e.g. ANC 1st visit would vary for PMTCT as compared with that in RH report
- Some facilities like Elgon view allocate staff with technical skills on night duties hence creation of missed opportunities for clients wishing to be tested during the day.
- There was great variation on data reported to the districts compared to the data at the facility registers
- Facility in charges delegate preparation of facility data to various officers under them but fail to authenticate/ verify/ audit for ownership of the said data/ report.
- In some instances, officers provide services without any evidence of documentation as was alleged by some staff in Elgon view Medical Centre.

Visits and Meetings

The project CTO and M&E specialist visited the project for 3 days during the quarter. The visit was quite useful to the project as discussions held were encouraging. It was noted at the facility level that data consistency is fairly stable; roll out of registers need to be spearheaded by the MOH; the support to M&E team be extended further to DHRIOs and DASCOs to do more supervision and at the community level: evidence of OVC support is noteworthy.

Performance review charts

Charts based on year 1 data have been created for all the facilities working with the project. The charts are based on data for ART, PMTCT, VCT and RH/FP.

Charts on RH/FP were done and this was shared with all the DHRIOS during one of the review meetings. The same charts were also shared with various health facilities i.e. Bungoma East 11 facilities, Bungoma West 16 facilities, Bunyala 6, Busia 8, Samia 7

Table 26: Targets & indicators Strategic Information

Indicator	Yr 2 target	Yr2, Q1 Accomplished	Yr2, Q2 Accomplished	Yr2, Q3 Accomplished	Yr2, Q4 Accomplished	Year-to-date accomplishment	Percentage accomplishment
13.1: Number of local organizations provided with technical assistance for strategic information activities	25				22	22	88%
13.2: Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS).	75	39	41	66	57	203	271%

Analysis of indicators and targets

The table above highlights the progress in achieving the targeted strategic information during year 2. The individual level training surpassed the target for the year and this is mainly because of the creation of new districts and setting up new offices for HMIS. The support to local organizations during the year was hampered with the non availability of the data base and computers to facilitate the training. However, support in SI to 22 CBOs and other organizations through result areas 2 and 3 was realized during the year. The CBOs were taken through the reporting tools and are quite conversant with them.

Challenges & recommendations

- Storage of records at the CBO level is posing some difficulties. They have loose files. With the introduction of computers some of the records can be kept as soft copies
- The roll out MOH 711 has been on and off because of reasons beyond the project.
-

Planned Activities Next Quarter

- Roll out of new HMIS registers
- Computerization of HMIS
- Roll out of COBPAR
- Capacity building of CBOs and M&E team
- Data collection and Audit
- M&E meetings at District level
- Quarterly Review meetings
- M&E support supervision
- M&E exchange visits
- Mid term review of the project
- Strengthen support for non-HIV/AIDS reporting

Operations & Finance

Office/ Space

- Second container already procured, base already constructed
- BQ prepared, to be sent out for filling in
- Two offices were acquired temporarily from the Kenafya management

Furniture/Equipment

- Additional furniture purchased and distributed to staff
- 4 Laptops were purchased and issued to the M& E team
- A colored printer purchased and issued to M&E
- New digital camera purchased

Will support the HMIS with 20 new computers in the next quarter

Branding

- Branding exercise is ongoing**.**
- 4 reusable banners were made and used during the launch.

Transport

- Plans to procure four additional vehicles are at an advanced stage.
- 36 motorcycles will be purchased next quarter. Of these, 19 are for lab network and 19 for the DHRIOs.

Communication

- 7 Broadband equipment procured (2 to be taken to the facilities)
- Check point upgrade (within server) done. Server now able to cater for unlimited number of users up from 32 users

Servicing of Computers

- 2 computers for Sabatia and Vihiga hospitals were brought to Kakamega, serviced by the IS officer and returned to the facilities

Donation from LDS Humanitarian services

- Donations were received through the KUSLO office. Some of the items have already been distributed in Mt Elgon. A distribution list has been worked on and the exercise to continue. Items received include Medical kits, school kits, infant kits, Hygiene kits and clothing. These will be distributed to health facilities, OVCs and PLWHAs

Generator Repair

- The standby generator has been repaired and is now able to supply power whenever KPLC system fails. It is expected to relocate to the newly constructed generator house in the coming quarter.

Financial report

During this quarter, there was accelerated spending by the project. Total reported actual expenditure for the quarter was US$3,658,667 up from US$2,114,423 reported in the previous quarter. The cumulative actual expenditure as at September 30, 2008 was US$10,754,364. Total cumulative reported cost share was US$988,059 as at September 30, 2008, which was close to 10% of actual reported expenditure.

Accrued expenditure as at September 30 2008 was US$1,826,453 representing unpaid partner invoices received after the reporting date as well as estimated expenses.

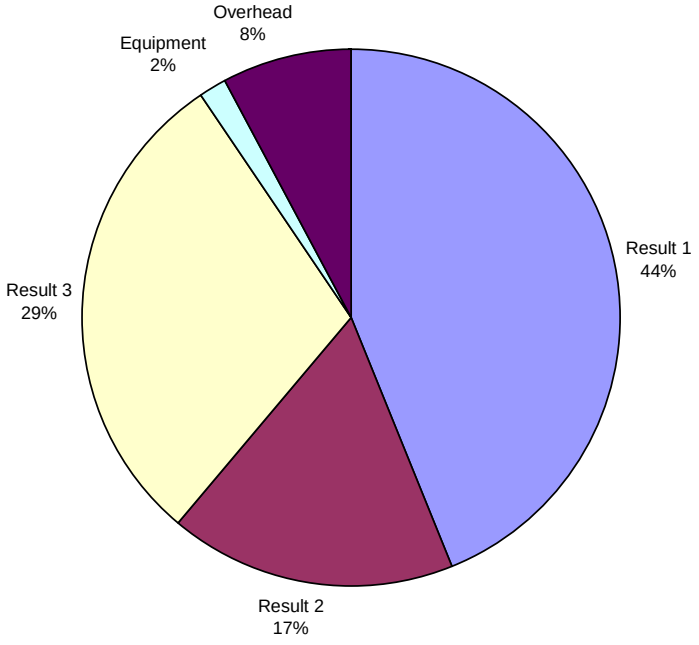
As at September 30 2008, the total obligated amount was US$13,860,000, $13,160,000 being PEPFAR funding and the remaining $700,000 POP funds. The available obligation balance was US$579,183 which is not enough to cover estimated expenses for the next quarter.

The project urgently requires an additional obligation to cover planned activities for the period beginning October 1, 2008.

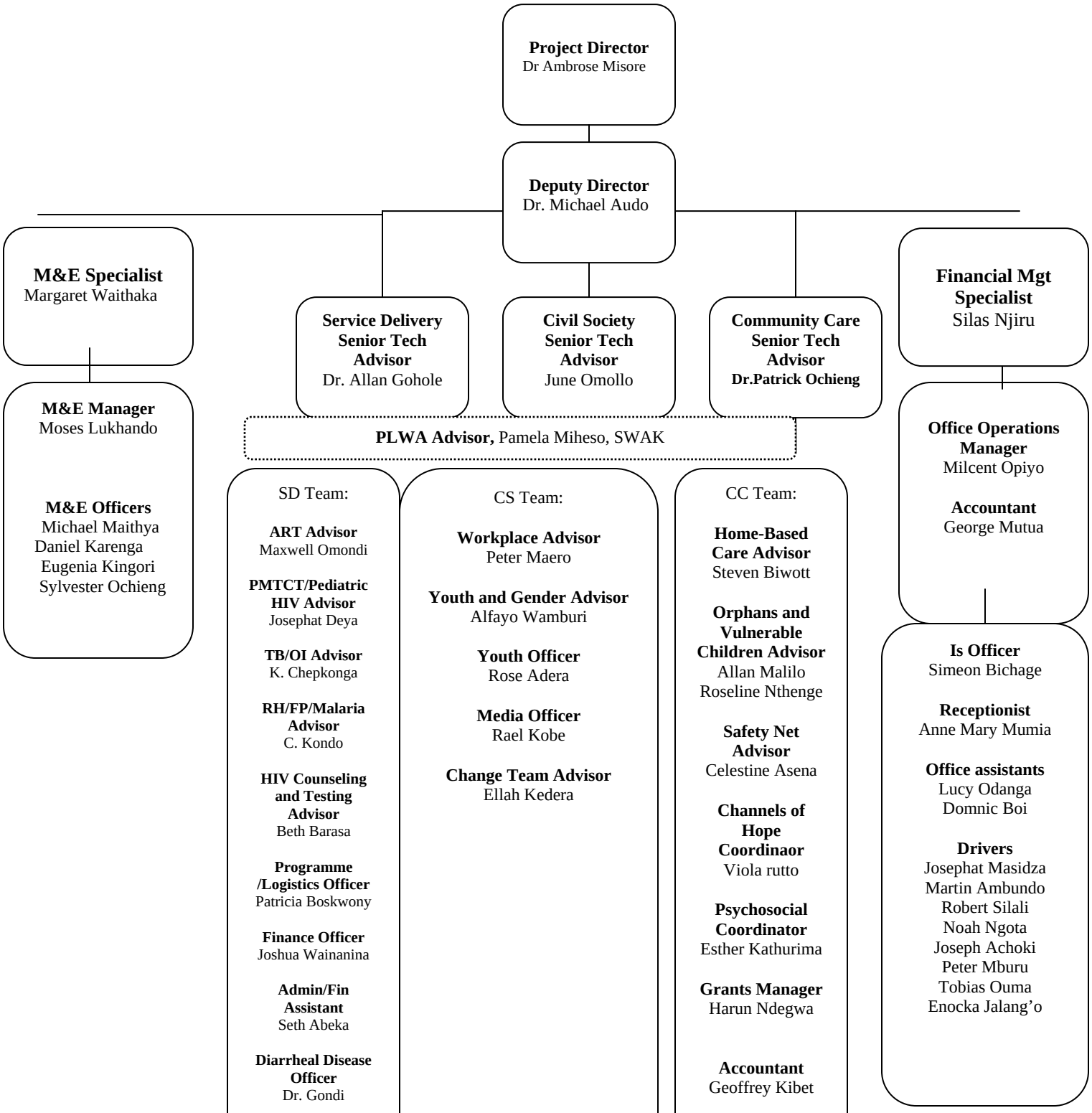
Budget & Expenditure by Result Area

The table and chart below show budget vs. actual and accrued expenditure as at September 30 2008 by result area.

	Total 5 year Budget	Cumulative Expenditure 30 Sep 2008	% Spent (Burn Rate)
Result 1: Improved and Expanded Facility-Based HIV/AIDS, TB, RH/FP, Malaria, and MCH Services	15,691,496	5,521,203	35.19%
Result 2: Improved and Expanded Civil Society Activities to Increase Healthy Behaviors	7,828,861	2,181,072	27.86%
Result 3: Improved and Expanded Care and Support for People and Families Affected by HIV AIDS	9,133,206	3,691,704	40.42%
Equipment	218,001	207,562	95.21%
Indirect Costs	2,100,899	979,401	46.62%
Total Program Costs	34,972,463	12,580,942	**35.97%**
		Target	**35.83%**



- ## Organogram


Project Director
Dr Ambrose Misore
Deputy Director
Dr. Michael Audo
M&E Specialist
Margaret Waithaka
Service Delivery Senior Tech Advisor
Dr. Allan Gohole
Civil Society Senior Tech Advisor
June Omollo
Community Care Senior Tech Advisor
Dr.Patrick Ochieng
Financial Mgt Specialist
Silas Njiru
M&E Manager
Moses Lukhando
M&E Officers
Michael Maithya
Daniel Karenga
Eugenia Kingori
Sylvester Ochieng
PLWA Advisor, Pamela Miheso, SWAK
Office Operations Manager
Milcent Opiyo
Accountant
George Mutua
SD Team:
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Maxwell Omondi
PMTCT/Pediatric HIV Advisor
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TB/OI Advisor
K. Chepkonga
RH/FP/Malaria Advisor
C. Kondo
HIV Counseling and Testing Advisor
Beth Barasa
Programme /Logistics Officer
Patricia Boskwony
Finance Officer
Joshua Wainanina
Admin/Fin Assistant
Seth Abeka
Diarrheal Disease Officer
Dr. Gondi
Private-Public Partnership
Steve Ragama
PMTCT field officers
Jane Kiliswa
Beatrice Misoga
Regina Muhanji
Doris Ashino
Clement were
CS Team:
Workplace Advisor
Peter Maero
Youth and Gender Advisor
Alfayo Wamburi
Youth Officer
Rose Adera
Media Officer
Rael Kobe
Change Team Advisor
Ellah Kedera
CC Team:
Home-Based Care Advisor
Steven Biwott
Orphans and Vulnerable Children Advisor
Allan Malilo
Roseline Nthenge
Safety Net Advisor
Celestine Asena
Channels of Hope Coordinaor
Viola rutto
Psychosocial Coordinator
Esther Kathurima
Grants Manager
Harun Ndegwa
Accountant
Geoffrey Kibet
Assistant Accountant
Samuel Omondi
PLWA
Coordinators
Robert Amakobe
Eveline Buhenza
Office assistant
Sylvia Obare
Is Officer
Simeon Bichage
Receptionist
Anne Mary Mumia
Office assistants
Lucy Odanga
Domnic Boi
Drivers
Josephat Masidza
Martin Ambundo
Robert Silali
Noah Ngota
Joseph Achoki
Peter Mburu
Tobias Ouma
Enocka Jalang'o

Appendices

Appendix I: Radio program for program area R2

TOPIC	EPISODE TITLE	DATE OF TRANSMISSION	DURATION
Low enrolment of children below 14 years for ART services	1. Importance of early testing of HIV exposed children.	14th July 2008	30 minutes
	3. Stigma and HIV and AIDS.	21st July 2008	30 minutes
	3. Emotional support and counseling.	28th July 2008	1 hour
	4. Benefits of pediatric antiretroviral therapy	4th August 2008	1 hour
Low Uptake /Enrollment of PMTCT services by HIV positive women	5. Understanding antenatal care (ANC).	11th August 2008	30 minutes
	6. Importance of prevention of mother to child	18th August 2008	30 minutes
	7. Care and support of mother and child after delivery -	25th August 2008	30 minutes
	8. Male involvement and support towards PMTCT	1st September 2008	1 hour
	9. Myths and misconception affecting PMTCT uptake.	8th September 2008	1 hour
Beliefs in masculinity prevent men from engaging in positive gender attitudes and practices causing them to treat women	10. Understanding gender and norms.	15th September 2008	30 minutes
	11. Masculinity.	22nd September 2008	30 minutes
	12. Gender equity.	29th September 2008	1 hour

Appendix II: List showing the response to the districts meetings

District	Date	Venue	No of participants
a. Bungoma East	17th-18th July	Webuye AC primary	93
b. Bungoma North	17th-18th July	Kimilili boys	90
c. Bunyala	24th -25th July	St Benedict Secondary	99
d. Mt.Elgon	17th-18thjuly	Kibyk girls	96
e. Lugari	17th-18th July	Soy hotel and Lumakanda	98
f. Teso	22nd-23rd July	Teso DIDC hall	97
g. Vihiga	22nd23rd July	Mbale High school	75
h. Hamisi	22nd-23rd July		73
i. Samia	22nd-23rd July	Moody Awori Primary school	81
j. Emuhaya	22nd-23rd July	Bunyore girls	85
k. Bungoma South	23rd-24th July	Namachanja secondary school	90
l. Busia	28th -29th July	Teachers resource center	99
m. Mumias	24th-25th July	St Peter Boys secondary school	87
n. Kakamega Central	24th-25th July	Kakamega High School	81
o. Kakamega North	31st July-1st Aug	Malava church of God	90
p. Kakamega East	29th – 30th July	Mukumu girls	93
q. Kakamega South	28th – 29th July	Musingu boys secondary school	78
r. Butere	28th-29th July	Butere girls	88
s. Bungoma West	28th-29th July	Busakala secondary school	96
Total participants			**1689**

Appendix III: Summary of Outreaches

July- September 2008 Outreaches summary						
			Total July 2008	Total August 2008	Total September	Total Summary
No. of outreaches			62	33	57	152
Children			3975	1669	2602	8246
Adults			2921	1781	2554	7256
Total			6613	1412	5156	13181
Measles			900	170	874	1944
Others			2383	1012	2022	5417
Total			3279	123	2896	6298
Total Population served			9892	1535	8052	19479
SP1			338	66	305	709
SP2			229	78	181	488
PMCT	Counseled only		387	93	280	760
	Counseled&Tested for HIV		535	176	335	1046
	HIV +ve		143	26	135	304
	Total PMCT clients		630	188	369	1187
Total ANC clients			667	281	441	1389
Counseled and Tested	Males	0-14 years	61	25	71	157
		15-24 years	210	285	165	660
		25+ years	347	473	171	991
		Total Male	376	634	407	1417
	Females	0-14 years	216	192	148	556
		15-24 years	331	519	173	1023
		25+ years	160	365	50	575
		Total Female	637	901	371	1909
		Total tested	866	808	407	2081
HIV + ve	Males	0-14 years	17	7	14	38
		15-24 years	15	6	7	28
		25+ years	10	19	122	151
		Total Male	66	23	143	232
	Females	0-14 years	41	185	20	246
		15-24 years	20	11	0	31
		25+ years	10	12	15	37
		Total Female	73	46	35	154
		Total HIV +ve	142	69	178	389
New clients			243	94	151	488
Return clients			288	88	210	586
Total clients			570	287	361	1218
Child welfare clinic			631	114	245	990
ANC clients			664	45	68	777
Total LLITN			1295	159	70	1524
Condom distributed on demand			17626	22900	9190	49716

Appendix IX: Screening of Cancer of the Cervix

Cancer of Cervix screening Centres					
July- October 2008					
		Screened	**VIA +**	**VILL +**	**Suspicious of Cancer**
1	Alupe SDH	0	0	0	0
2	Bungoma DH	19	1	0	1
3	Busia DH	23	2	0	2
4	Butere DH	10	0	0	2
5	Chwele DH	14	0	0	0
6	Friends Lugulu	199	10	19	3
7	Kakamega PGH	45	3	3	2
8	Kimilili DH	42	2	0	2
9	Likuyani SDH	16	0	0	0
10	Lumakanda DH	18	0	0	0
11	Malalava DH	65	0	6	6
12	Mt. Elgon DH	3	0	0	0
13	Mukumu Mission	2	0	0	0
14	Mumias DH(Matungu)	9	0	1	1
15	Port Victoria DH	71	0	0	0
16	St. Marys	32	2	0	1
17	Teso DH	18	0	0	1
18	Vihiga DH	16	0	0	1
19	Webuye DH	21	3		1
	Total	**623**	**23**	**29**	**23**

Other appendices (attached)

- Work plan tracking
- PMP