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

## **Western Province**

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

**Quarterly Project Report  
October 1 – December 31, 2008  
(Project Year 3, Quarter 1)**

Submitted January 31, 2009

## 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

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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-oxyridionucleic 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

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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 rehydration salt
OVC	orphans and vulnerable children
PAC	Post Abortion Care
PATH	Program for Appropriate Technology in Health
PCR	polymerearase chain reaction
PEPFAR	presidential emergency plan for AIDS relief
PEV	Post Election Violence
PGH	provincial general hospital
PHMT	provincial health management team
PHO	Public Health Officer
PITC	provider initiated testing and counseling
PLHA	people living with HIV/AIDS

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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
WRCCS	Western Region Christian Community Services



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## I. Introduction

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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 first quarter of Year 3, covering the period October to December, 2008.

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## Executive Summary and Highlights

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Despite the implementation challenges faced in the period, the project made remarkable efforts in achieving its objectives. Some key achievements were:

- Number individuals counseled and tested for HIV increased from 42,000 previous quarter to 56,081 this quarter.
- Number of health facilities offering Early Infant Diagnosis increased from 104 previous quarter to 112 this quarter. Consequently, the number of DBS samples sent to the CDC laboratory in Kisumu increased from 947 previous quarter to 1012 this quarter
- 82% of OVC received direct primary support.
- Significant progress was made towards support for the MOH community strategy; 26 Village Health Committees were transformed into community units in line with the and over 200 project CHWs recruited by MOH to the community units.

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## Implementation Challenges and Constraints

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The project continues to face a few challenges during implementation as follows:

- Drugs for OIs and HIV testing commodities stock-outs during the later part of the quarter
- Inadequate human resource capacity at health facilities especially during the December festivities.
- Retention of staff hired on short term contracts at the facilities

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- Delay in DBS results from CDC; only 477 results received in Q1 out over 1000 samples sent.
  - The split of the Ministry of Health increased the number of administrative offices for support and coordination.



## II. Program Development and Management

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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 conducted a mid-term self assessment to determine program progress and appropriateness of implementation strategies.

### **Internal Mid-Term Review:**

In late October 2008 A2W initiated an internal mid term review to broadly assess the strengths, challenges and opportunities of the project. The review was carried out with assistance from PATH, Seattle, A2W staff, and representation from project partners, including the MOH. The review consisted of a rapid self-assessment and a semi-structured survey of many of A2W main target audiences including facility and community based providers, health workers, volunteers, CBOs and PLWHA support groups.

Assessment Objectives;

- Analyze appropriateness of selected strategies
- Identify and document the strengths and challenges
- Recommend areas for further investigation

. The six pre-determined topics and overarching questions included the following:

- *Networks and linkages* – How do we ensure that there is a network of organizations that are working together to supply services?
- *Training* – How do we build sustained internal capacity among our stakeholders?
- *Supervision* – How can we contribute to responsive DHMT leadership and management?
- *Identifying and Treating HIV+ Children* – How do we expand treatment to this hard to reach population?
- *Supporting OVC* – How do we ensure coverage and quality when providing services to this group?

- 
- *IEC/BCC Integration* – What are key opportunities to better inform and influence our target audiences across the result areas?

The main recommendations were:

- Formalize and test approaches that will improve quality across the result areas:
  - Identify and prioritize those systems that integrate key target groups from the facility and the community
    - Referrals and follow-up
    - Leadership and management
    - Training Quality
    - MCH, PMTCT, Pediatric CT, OVC, HBC
    - Stigma/Disclosure
- Leverage simple integration efforts across result area:
  - IEC materials, updates, reprints, laminating
  - Use of radio at health facilities
- Where possible measure outcomes linked to project outputs and conduct evaluations on priority areas:
  - Training
  - Facilitative work (change teams, DHMTs, stakeholder meetings)
  - Adherence
  - Knowledge, attitudes, and practices

\* *Refer to the assessment report.*

### III. Joint Planning, Collaboration and Networking with Stakeholders

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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 APHIA II HCM, 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
- Joint supervisory visits by Program and MOH staff
- DHMT district and facility review meetings
- Monthly integrated outreaches, including Work places and FBOs
- Training needs assessment for all health workers
- AAC's quarterly meetings in 3 districts
- OVC Provincial Stakeholders meeting

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- Review meeting for Teachers worksite programme
  - Support to MCG 1 meeting

## Key events

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- Reproductive Tract Cancers week- National celebration in Busia- 3<sup>rd</sup> -14<sup>th</sup> October 2008
- Community strategy Launch by Minister for Public Health and Sanitation in Bungoma West – 16<sup>th</sup> October 2008
- Malezi Bora week-3<sup>rd</sup>-14<sup>th</sup> November 2008
- National Counseling and Testing month- November 2008
- World Aids Day- 1<sup>st</sup> December 2008

## Technical meetings

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- HIV Prevention Summit – 16<sup>th</sup> -17<sup>th</sup> September, 2008
- Malaria Conference by KeNAAM - 17<sup>th</sup> -20<sup>th</sup> November 2008
- Nurses Annual Scientific conference – 7<sup>th</sup>-9<sup>th</sup> October 2008
- Medical Laboratory Scientific conference- Kisii 11<sup>th</sup> – 14<sup>th</sup> November 2008

## Visitors to the project

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- Jeff Bernson- Monitoring and Evaluation Officer, PATH Seattle
- Thomas Ruto – Programme director, World Vision Kenya
- APHIA II Eastern & APHIA II Rift M&E Advisors and Data Managers



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

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### 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

1. Conduct 10 site assessments
2. Establish 3 new ART sites
3. Initiate 2 new pediatric ART sites
4. 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.
5. Support 44 HIV/TB committee meetings
6. Distribute 35 calorimeters for pre-ART laboratory diagnostics.
7. Continue strengthening facility-based support groups and enhance facility-community linkages
8. Strengthen adult and pediatric psychosocial facility-based support groups and enhance facility-community linkages
9. Hold Sensitization meetings for pediatric and adult psychosocial groups

##### Accomplishments

1. **Site assessments:** Site assessments were carried out jointly with the DHMT in thirteen (13) health facilities
2. **Adult ART sites:** Four (4) new adult ART sites were initiated bringing the total of adult ART sites to 45.
3. **Pediatric ART Sites:** Four (4) new pediatric ART sites were initiated during the quarter and the total of sites now offering care and treatment to pediatrics is thirty seven (37)
4. **Training:** The trainings conducted during the quarter are as shown in the table;

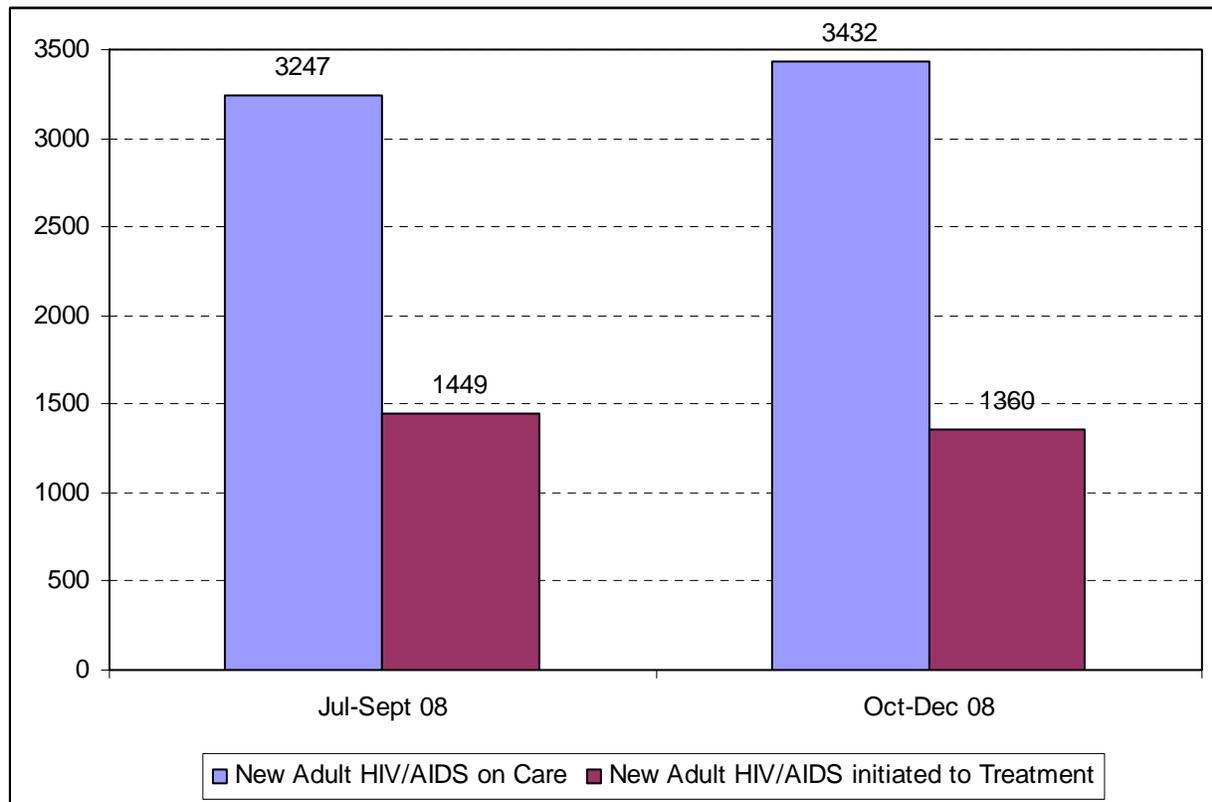
Table 1: ART Trainings

Training event	Number trained
IMAI training	35 health providers, 22 expert patient trainers(EPTs)
ART commodity management ToT	15 ToTs
ART commodity management training	31 health providers
Paediatric ART training	26 health providers
Paediatric psycho-social training	25 health providers
Laboratory Manuals Orientation	30 Health providers
ART laboratory monitoring	30 Health providers

5. **On-site mentorship** Adult and pediatric ART mentorship continued during the routine site visits. In addition, pediatric mentorship in collaboration with AMPATH continued in three namely; Kakamega PGH, Butere DH and St Mary Mission Hospital.
6. **Site attachment mentorship:** Staff from lower level facilities were attached to Kakamega Provincial General Hospital, Vihiga District Hospital and Bungoma District Hospital for mentorship.
7. **HIV/TB committee meetings:** Twenty (20) HIV committee meetings were held. Most of the lower health facilities were not in a position to hold the meetings due to the acute staff shortages.
8. **Laboratory network:** Laboratory networks were expanded to cover all the forty five (45) treatment sites as well as the 35 PMTCT care sites. Nine thousand and five hundred (9500) EDTA and plain vacutainers were procured and distributed. The total number of CD4 tests performed during the period was 7523. They included both baseline and follow up tests. Thirty five (35) calorimeters were also distributed to all the satellite sites to enhance their capacity to perform hematology and biochemistry investigations.
9. **Supportive site supervision:** Supportive supervisory visits were made to forty five (45) treatment sites. The current NASCOP pediatric treatment circular was disseminated and discussed in all the forty five (45) sites offering pediatric HIV care. Electronic ARV dispensing tools were installed at Khwisero and Namasoli ACK Health Centres bringing the total number in the supported sites to 16. In addition, IT support was provided to all the 16 health facilities and weekly back up on larger 160GB external hard drives was demonstrated and disseminated.
10. **Staff support:** APHIA II Western continued supporting fifty eight (58) health care workers on short-term contracts to assist in the provision of quality HIV care and treatment services.

**Adult HIV care and treatment:** 24,442 adults are currently receiving basic HIV care in the forty five (45) HIV care and treatment sites. Forty one percent (10,047/24,442) of those on HIV care have been put on ART, (the expected national average is 50%)

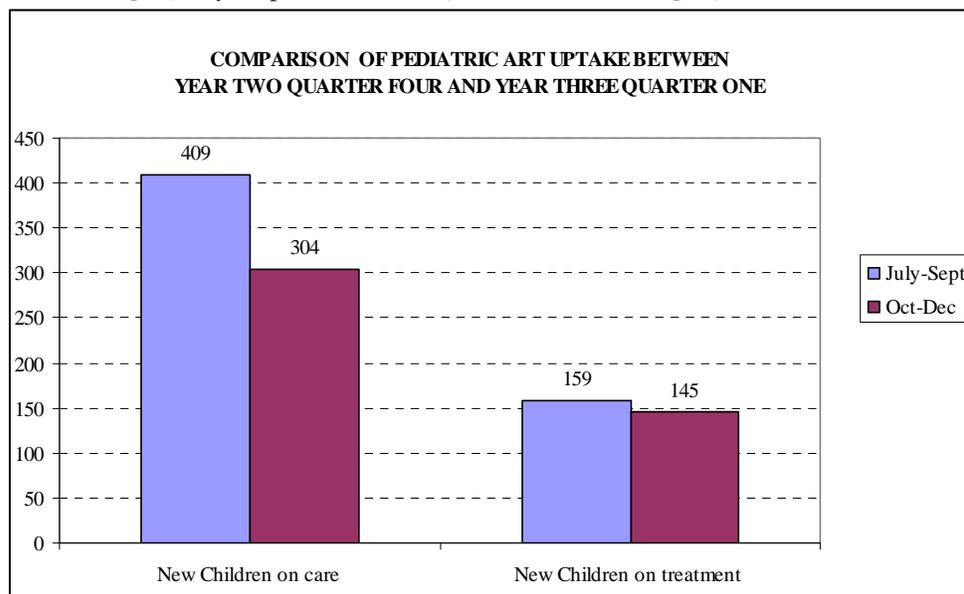
*Figure 1: Graph showing the number of adult enrolled on ART between Year two Q4 (July-September 2008) and Year three Q1 (October-December 2008)*



The above graph shows a slight drop of about 6% (89/1449) in the number of patients initiated on adult ART from the previous quarter of 1,449 patients to 1,360 patients in the current quarter. This could be attributed to the December festivities

**Pediatric HIV care and treatment:** 2,536 children are currently receiving HIV care in the forty five (45) HIV care and treatment sites. Children represent 10.4% (2,536/24,442) of total number of patients on HIV care and treatment and 10.6 % (145/1360) of those newly initiated on ART during the reporting period. About 31% (781/2,536) of children currently on HIV care are receiving ART (the national expected average is 50%)

Figure 2: Graph showing the number of children enrolled on pediatric ART between Year two Q4 (July-September 2008) and Year three Q1 (October-December 2008)



The graph shows a slight drop of 8.8% (8/159) in the number of new children (<14 years) initiated on ART from one hundred and fifty nine (159) children the previous quarter to one hundred and forty five (145) children during the reporting period. There was a decline in the number of HIV positive children identified and enrolled into care this quarter.

Table 2: HIV Care & Treatment Targets & indicators

Indicator	Yr-3 target	Yr3, Q1 Accomplished	Year-to-date accomplishment
Number of service outlets providing ART	51	45	45(88.2%)
Number of individuals newly initiating ART	4,000	1,505	1,505(38%)
Number of children newly initiating ART	800	145	145(18%)
Number of clients who ever received ART (CUMULATIVE)	12,000	11,299	11,299(94%)
Number of clients receiving ART at the end of the reporting period(CURRENT CLIENTS)	10,200	10,047	10,047(98.5%)
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	510	132	132(26%)
No. of service outlets providing HIV-related palliative care (excluding TB/HIV)	51	45	45(88.2%)
Total number of individuals provided with HIV-related palliative care (including TB/HIV)	24,520	30,537	30,537(124%)
Total number of individuals trained to provide HIV palliative care (including HIV/AIDS)	510	132	132(26%)

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### ***Emerging issues***

- 3 The program provides significant capacity development and skills building to clinical staff seconded to MoH ART sites. The exit of these highly trained staff to newer opportunities has resulted in a substantial staff turnover in the last 6 months.
- 4 Another emerging issue is the inadequate integration of ART services into mainstream service delivery. ART services are often seen as project services and suffer from lack of ownership by the sites.

### **Challenges & recommendations**

#### ***Challenges***

- Staff shortages in some health facilities.
- Inadequate physical infrastructure at some of the health facilities
- Frequent stock-outs of the OI drugs.

#### ***Recommendations***

- Continue engaging the ministries of health staff to deploy staff to service areas in relevant to the trainings undertaken.
- Continue with site renovation of the health facilities.

### **Planned activities next quarter**

1. Train 30 health care workers on pediatric ART, 40 IMAI training, Train 30 health care workers on ART commodity training, 12 on basic computer skills and 30 health care workers on adherence counseling.
2. Establish 3 new ART sites
3. Initiate 2 new pediatric ART sites
4. Support 44 HIV/TB committee meetings
5. Continue strengthening facility-based support groups and enhance facility-community linkages
6. Strengthen adult and pediatric psychosocial facility-based support groups and enhance facility-community linkages
7. 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**

1. Continue district/facility support supervision.
2. Support to integrated outreaches in the districts
3. Support to male clinics
4. Facility nutrition education and demonstration
5. Support to PSS group and peer counselors

- 
6. Scale up of EID- DBS for PCR
  7. Support to AZT roll out
  8. Training of 60 health workers on PMTCT and 30 on stigma reduction
  9. Follow up of PMTCT trainees by facilitators
  10. District based Facility update meeting
  11. DHMT Quarterly feedback and planning meeting
  12. Sensitization workshop for church leaders
  13. Scale up Pre-ART and basic HIV care sites in MCH settings.
  14. Inter facility exchange visits
  15. Site support: Supplies; Staff for hire for emergency shortage, IEC materials

### ***Accomplishments***

**Supervision:** There are 217 PMTCT sites currently supported and supervisory visits were carried out in 212 sites.

### **Outreaches**

Total of 205 outreaches were supported in 19 districts. Integrated services were offered and women in hard to reach areas got an opportunity to access PMTCT services. 2318 ANC clients attended of whom 1707 were counseled and tested with 110 testing positive.

### **Male Clinics**

The number of male clinics increased from 30 to 35 during which health education pertaining to information on HIV, PMTCT and reproductive health was given. The increase in male attendance is expected to culminate in an increase in disclosure rates, support for women and ultimately adherence to PMTCT interventions.

### **PMTCT psycho social support(PSS) groups.**

PSS groups have increased from 70 in the previous quarter to 100. The groups were supported to hold their monthly meetings in the facilities. The steady increase is a positive trend indicating willingness of positive mothers to open up, disclose and share experiences.

From the PSS groups a total of 56 trained peer counselors were supported to hold their district monthly meetings. In the meetings, updates on current interventions were provided In turn the peer counselors orient other support group members as well as ANC clients.

### **EID-DBS;**

The number of sites able to offer DBS increased from 104 to 112. There was consistent training during PMTCT workshops and re-training on the job offered to health providers. Meetings were held with the DMLTs from the 19 districts to reinforce scale up and quality. During the quarter, DBS samples collected and sent for PCR testing increased from 947 in the previous quarter to 1012. The results received were 477 out of which 46 tested positive. The data does not include returns from December.

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### **AZT sensitization and roll out**

Sensitization meetings for health workers were held in Busia, Bunyala and Samia districts. All districts are now sensitized and all district pharmacists are now being supported to visit at least four facilities per month to ensure that dual prophylaxis is offered according to national guidelines.

### **Training**

Three trainings were carried out as follows:

- 62 health workers trained on PMTCT of whom 30 were private practitioners.
- 30 health workers trained on stigma reduction
- Trainee follow-ups to reinforce confidence in staff newly trained on PMTCT were conducted by provincial PMTCT facilitators in 8 facilities.

### **Provincial/DHMT feedback and planning meeting for PMTCT**

Quarterly DHMT feedback and planning meeting for 19 districts was conducted. Each district presented their data based on the PMTCT indicators. The best performing district was Hamisi and most improved was Mt. Elgon, each received recognition award.

### **Exchange visits**

One exchange visit was made with providers from 10 health facilities in Teso district visiting Shibwe Health Centre in Kakamega South District to share experiences.

### **Sensitization of church leaders**

A sensitization meeting for 40 Church leaders from various denominations in Mumias and Butere Districts was held. The leaders received information on PMTCT and other aspects of HIV prevention and care. They developed action plans for reaching out to their congregations.

### **Site support**

- Male clinic guides were laminated and distributed to the facilities.
- 64,000 mother baby booklets distributed to the districts and in use in the facilities.
- Medical equipment ranging from weighing scales, delivery beds, oxygen apparatus to infant resuscitation machines were delivered to the PGH maternity.
- Facilities received Nevirapine tablets, syrup and test kits from our buffer stock, courtesy of the donation program.
- Other items sourced for the facilities included Hb meters (for the AZT roll out) and vacutainers for HIV care clinics
- 31 Nurses are employed on contract and are offering services in the facilities
- 12 Nurses were hired for locum to cover facilities of emergency shortage where staff went on leave or short time studies.
- Renovations; Alupe Hospital MCH completed, Emuhaya District MCH 80% complete. Works at Malava District Hospital MCH and lab, 75% complete.

### **Activities not accomplished**

- The exchange visit for providers from Mumias to Bungoma South district was not carried out.

*Table 3: PMTCT targets and achievements*

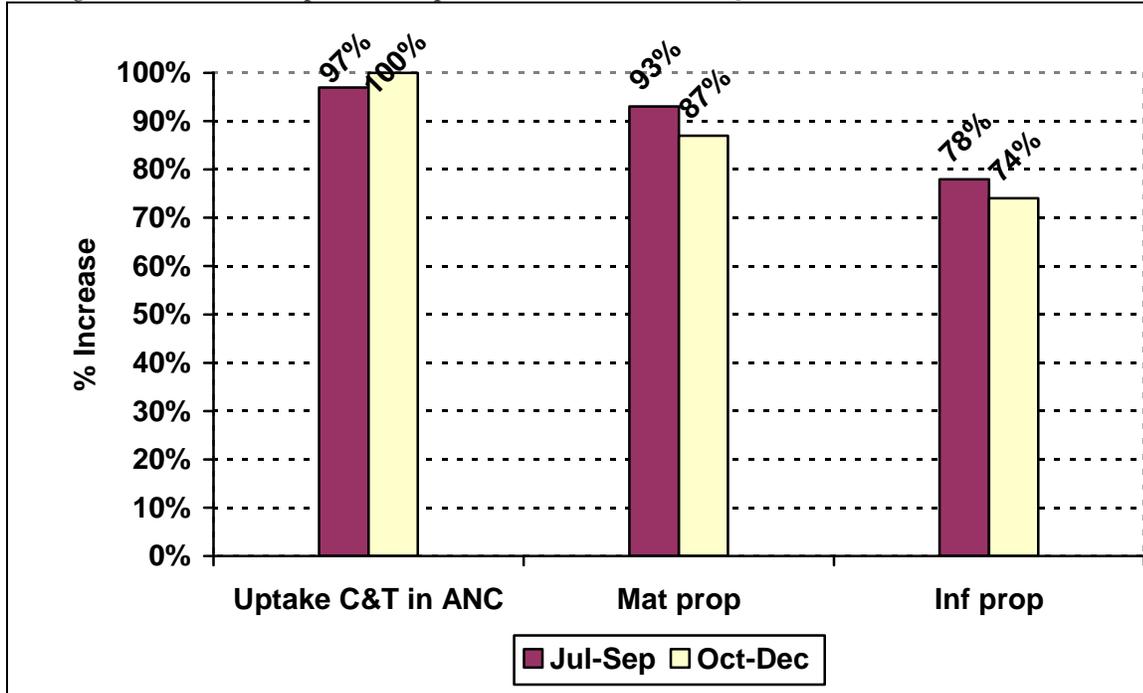
Indicator	Yr 3 target	Yr3, Q1 Accomplished	Year-to-date accomplishment
1. Number of service outlets providing the minimum package of PMTCT services according to national or international standards.	250	217	86.8%
2. Number of pregnant women provided with PMTCT services, including counseling and testing.	120,000	29,472	25%
3. Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting.	5,400	1,086	20 %
4. Number of health workers newly trained or retrained in the provision of PMTCT services according to national or international standards.	180	62	34%
5. No. of infants accessing DBS for EID	2,700	1,012	37%

*Table 4: PMTCT Program Performance Summary*

Indicator	No
First ANC visits	27,659
ANC clients tested	27,860
Maternity clients tested	573
Post natal tested	1,039
Total tested	29,472
ANC positive	1,186
Maternity positive	56
Postnatal positive	49
Total HIV Positive	1,291
Maternal NVP only	
Maternal AZT & NVP*	
Maternal HAART*	
Total Maternal Prophylaxis	1,086
Infant NVP issued ANC	827
Infant NVP issued Maternity	84
Infant issued in postnatal	9
Total Infant Prophylaxis issued	920
Infant prophylaxis administered Maternity	167
Total number of DBS sent	1,012
Total number of DBS received	477

\* Not captured in the reporting tools

Figure 3: PMTCT Uptake comparison with Previous Quarter



- There was improved scale up of PMTCT service outlets from 207 to 217. This increased access to services during the quarter.
- There is a slight decline in these indicators compared to the last quarter and these could be attributed to the December festivities.
- Data from laboratory registers indicates that DBS samples collected during the quarter increased from 947 to 1012. However, less than 50% of results were received by the sites.

### Challenges & recommendations

- Staff shortage remains a key challenge in the scale-up.
- There are still periods of commodity stock-outs primarily due to lack of forecasting both at facility and District level. District Pharmacists are now supported to visit facilities and update service providers on forecasting.
- Lack of Hb testing equipment still poses a challenge to AZT roll out in the dispensaries.

### Success Stories

Thirty six (36) sites received training on pre-ART basic HIV care in order to offer care for pregnant women in MCH setting. The facilities were able to offer CD4 testing 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. Samples totaling 228 were collected and submitted to central sites for baseline CD4 testing. Eligible cases for HAART were referred to facilities with CCCs while those who were not continued with care. The CD4 lab network is available to other clients in the facility including partners.

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Recognizing and awarding best performing facilities has instilled a sense of competitiveness in service delivery. The model needs to be expanded to other areas.

### **Planned activities next quarter**

1. Continue district/facility support supervision.
2. Continue to support integrated 285 outreaches
3. Support and strengthen male clinics
4. Site technical support (mentorship) and assessment of new sites.
5. 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.
6. Support and strengthen existing PSS groups for PMTCT clients and partners and scale up by an additional 15 sites
7. Training of peer counselors
8. PMTCT training for 60 health workers, stigma reduction training for 30 health workers and couple counseling training for 30 health workers.
9. AZT roll out.
10. One Provincial feedback planning DHMTs meeting.
11. Facility meetings in the districts.
12. Monthly counselor supervision meetings in each of the 19 districts
13. Two facility exchange visits
14. 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**

- Provincial and District Support Supervision.
- Providers Training on TB/HIV Management – Teso, Vihiga/Hamisi/ Emuhaya – 60 Health providers to be trained
- Training Needs Assessment (TNA)
- Provincial TB/HIV Committee Meeting. (Quarterly)
- Roll out the MOH 711
- HBC/CHW Training
- Journalist sensitization meeting
- Traditional healers review and evaluation meeting – Bungoma South.
- Provincial and District Committee meeting – Quarterly.
- Pilot DLTLTD – M&E Tools
  - Defaulter tracking register
  - Defaulter tracing Form
  - Contact tracing card
  - Contact Tracing Quarterly Report form
  - INTA and INTRA Province Patient Tracking Form of Transfers (TI / TO)
- Transportation of sputum to smears to CRL. ( from facility to courier service)
- Enhance Pediatric TB Diagnosis – Purchase of Gastric lavage equipment.
- Defaulter tracing – after Review and Approval of PPHO Proposal

## Accomplishments

- Support supervision with the Provincial TB Coordinator, the Provincial Medical Lab Technologist and their district counterparts,
  - Busia/Samia – 7 facilities supervised.
  - Bungoma East/South - 6 sites supervised
- Site supervision with ART Officer in Vihiga, Iguhu and Kilingili health facilities
- 89 health providers trained on TB/HIV Management:
  - 30 Health Providers from Teso District.
  - 30 H/providers (20 from Vihiga and 10 from Emuhaya districts)
  - 29 H/providers (15 from Private facilities and 14 from Hamisi District)
- Provincial TB/HIV meeting held.
- Sponsored the Provincial General Hospital Laboratory In charge to attend a 3 days Medical Lab Scientific Conference in Kisii.
- During the quarter the TB/OI Advisor participated in :-
  - 5 days DLTLD Advocacy Communication and Social Mobilization Tools Review meeting in Nakuru.
  - MOPHS/MOMS AOP5 Planning workshop – Nairobi.
  - 5 days Clinical training skills (CTS) – Busia.

## Activities Not Accomplished

- Defaulter tracing – Provincial Public Health Proposal under review.
- Pilot of DLTLD M &E Tools – postponed by the Ministry team.
- Pediatric diagnostic set (Gastric Lavage) – planned that one officer from the Provincial Gen Hosp. Laboratory Visit Tenwek Hospital for orientation.
- Journalist sensitization meeting and Traditional Healers meeting was planned for 2<sup>nd</sup> Quarter because of ongoing assessment by the DTLC in Bungoma.

## Analysis of indicators and targets

Table 5: Targets & indicators table for TB

Indicator	Yr3 target	Yr3, Q1 Accomplished	Year-to-date accomplishment
Number of service outlets providing treatment for TB to HIV-infected individuals	51	241	241(472%)
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB	5,000	1426	1426(28.5%)
Number of individuals trained to provide treatment for TB to HIV-infected individuals	300	89	89(30%)

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### *Challenges & recommendations*

Quarterly reports by DLTLD are still an issue and therefore a meeting between the DTLCs and DHRIOs is necessary in regard to MOH 711.

### *Planned activities next quarter*

- Facilitate Support supervision to facilities with PTLC/PMLT/PASCO and district counterparts – Mt Elgon, Emuhaya/ Hamisi, Teso.
- Provider Training on TB/HIV for both Public and Private facilities – 90 H/providers to be trained
- Visit 9 ART sites with the ART officers.
- AFB Refresher course for 30 Lab Techs.
- Support Provincial and District World TB Day Commemorations
- School Health Sensitization meetings on TB/HIV.
- Support Provincial TB/HIV committee Meeting
- Journalist Sensitization meeting
- Defaulter Tracing – based on DLTLD programme format
- Pilot Selected DLTLD Tools.
- Purchase of 10 microscopes and Gastric Lavage equipment.

#### **1.1.4 Increase number of individuals receiving CT**

##### **Planned activities and accomplishments**

**Conduct dissemination meetings to roll out new HCT guidelines (19 Districts):** The guidelines have yet to be disseminated officially by NASCOP, hence activity not accomplished.

**Train 90 health providers on PITC:** Three districts, namely Bungoma East, Emuhaya and Bungoma West conducted the training workshops. A total of 87 providers were trained. In addition, 17 health workers completed their VCT training that commenced in the previous quarter.

**Support monthly Discordant couples group meetings:** Seven (7) discordant couple groups meetings were supported. A total of 120 participants attended. The meetings aimed at strengthening facility based discordant couple support groups in the following facilities: Bukaya H/C, Lumakanda DH, Vihiga DH, Bungoma DH, Kakamega PGH and Butere DH.

**Support Quarterly DASCOS/ DMLTs Meetings:** The meeting was not held during the quarter due to competing tasks and was deferred to the next quarter.

**Train TOT and provides using new HCT curriculum:** This is pegged to the release of guidelines and curriculum by NASCOP and hence did not take place.

**Support monthly counselors meetings at all Districts:** The counselors meetings were held in all the 19 Districts.

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**Support DMLTs to carry out OJT on DBS for CT providers:** The modalities were to be discussed at the quarterly meeting that was deferred.

**Carry out minor renovations and furnishing for 10 CT sites:** Assessments for renovations have been carried out. Works will commence next quarter.

**Purchase of buffer stocks for HIV Test kits and filter paper:** The distribution of test kits purchased during the previous quarter has continued.

**Conduct regular supervision with DHMTs/PHMT:** Supportive supervision was carried out in the whole province combined with trainee follow up. A total of 109 health facilities were visited.

**Short term technical assistance to 10 CT providers:** The 10 providers were interviewed and they will be given contracts in the next quarter.

**Conduct integrated outreaches:** Counseling and testing was offered as part of integrated outreaches. A total of 205 outreaches were conducted with a total of 5539 clients tested (Male 2171, Female 3369). Those testing positive were 393.

### **CT Targets & indicators**

- The number of people who accessed counseling and testing increased from 42,000 in the previous quarter to 56,091 in the current.
- This was partly attributable to the National HCT campaign plus outreaches and the increased number of testing centres. Those who tested HIV positive were 5880 which is 10.5 %. There was an increase in the number of couples accessing testing from 1,110 in the previous quarter to 1417 in the current. Concordant positive couples were 85 and 116 were discordant.
- The number of children accessing HIV testing services has increased from 4,723 in the previous quarter to 7918 in the current. The number of children under 14 years who tested HIV positive was 393 which is 6.6 % of all the children tested.

*Table 6: CT Targets & Indicators*

	Indicator	Year 3 target	Q1 accomplished	Percentage performance
	Number of service outlets providing counseling and testing according to national and international standards	200	222	222 (>100%)
	Number of individuals who received counseling and testing for HIV and received their test results.	120,000	56,091	56,091 (46%)
	Number of individuals trained in counseling in counseling and testing according to national and international standards.	450	107	107 (24%)

### ***Challenges & recommendations***

- HIV Testing in the out-patient departments has remained a challenge almost in all the facilities except where they have deliberately allocated somebody to carry out PITC.
- Stock outs of test kits also affected the CT service provision.
- Staff shortage was still a challenge in some facilities

### **Planned activities next quarter**

1. Conduct dissemination meetings to roll out new HCT guidelines (19 Districts)
2. Train 90 providers on PITC training
3. Support monthly Discordant couples group meetings(6 groups)
4. Support Quarterly DASCOS/ DMLTs Meetings
5. Train CT providers on couple counseling
6. Support monthly counselors meetings at all Districts
7. Support DMLTs to carry out OJT on DBS for CT providers.
8. Carry out minor renovations and furnishing for 3 CT sites
9. Support DBS transportation to validation sites, monthly.
10. Purchase TVs, DVD player for 20 CT sites
11. Facility exchange visits
12. Site Sensitization meetings for integration of HIV/RH & TB services
13. Print and disseminate IEC materials for CT
14. CT advocacy meetings at 10 sites
15. Conduct integrated outreaches
16. Conduct regular supervision with DHMTs /PHMT

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

### 1.2.1: Orientation, training, and the multiplication effect

#### *Planned activities and accomplishments*

- **Update community Midwives to increase skilled delivery and referrals:** 50 community midwives from Bungoma South and Butere updated in Active Management of Third Stage of Labor (AMTSL).
- **Train 25 service providers in Clinical Training Skills:** 22 service providers underwent the Clinical Training Skills (CTS) course to enable them train and supervise clinical services. They included the A2W RH and TB/OI technical advisors.
- **FANC/MIP/TB facility based training for 60 providers:** 63 service providers from Kakamega PGH and Vihiga District Hospital were trained in FANC/MIP/TB.
- **Community IMCI orientation to 30 CHWs:** 30 Community Health Workers from Busia District received orientation on IMCI
- **Train 25 service providers in Contraceptive Technology Update:** 30 providers underwent Contraceptive Technology Update training. The training included updates on implant and IUCD insertions.
- **Provide stationery to the Decentralized Training Centre (DTC) to support RH training:** Assorted stationery was procured for the Kakamega DTC.
- **Whole site orientation of staff at select facilities on Youth Friendly services:** Whole site orientation on Youth Friendly services was conducted at 10 health facilities. 150 health workers were reached.
- **Train 25 service providers in malaria case management:** 25 health workers from Butere district received training on malaria case management using the updated guidelines.
- **Orientate CHEWS and CHVs on RH:** Orientation of 148 CHVs on RH package including Post-Abortal Care (PAC) was conducted. The participants included married adolescents, mentors and PLHA support group members and were drawn from the larger Busia and Vihiga districts.
- **SBM-R module III training:** This was completed at Lake Baringo for 6 participants from the PGH (5) and A2W (1).

#### Analysis of indicators and targets

*Table 7: Training Targets and Achievements for RH*

Indicator	Yr 3 target	Yr3, Q1 Accomplished	Year-to-date accomplishment
Number of health workers trained by training topic ( e.g. CTU, IUCD, EOC,ANC PNC, IMCI, PAC etc)	215	110	110(51%)
Number of health workers trained in management and supervision(COPE, FS, youth friendly services, SBM-R)	50	6	6(12%)

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## 1.2.2: Increasing availability of family planning and MCH services

### Planned activities and accomplishments

- **Support supervision for RH/FP/MCH services including IMCI:** PHMT conducted support supervision for RH services in Lugari, Mt.Elgon, Vihiga and Emuhaya Districts while the DHMTs of Kakamega South, Butere and Emuhaya Districts were facilitated to conduct support supervision on the same. For IMCI supervision, the PHMT visited facilities in Vihiga and Bungoma East while the DHMTs of Bungoma North, Lugari and Hamisi were facilitated to conduct supervisory visits to their facilities
- **Integrated outreach service support to the DHMTs:** 205 integrated outreach services were conducted by the 19 districts. There were 8,450 children immunized, 704 mothers receiving IPT2, 805 new FP clients, 1,846 LLITNs sold and 67,735 condoms distributed.
- **Support 3 Long Term and Permanent Methods outreaches:** Six outreach activities were conducted in Butere and Lugulu. 56 bilateral tubal ligations were performed.
- **Conduct Quarterly RH coordinators' meeting:** The meeting analyzed Neonatal deaths in the Province and found that the majority of the deaths occur at the major referral hospitals of PGH Kakamega, Webuye, Busia, Bungoma, Teso and Vihiga due to Asphyxia neonatorum. It was recommended that facilities improve on referral and the management of the newborns. Health workers will require on the job skills updates on management of the newborns. There were 78 neonatal deaths in the quarter from over 10,000 deliveries.
- **Support to Malezi Bora activities:** Supported PHMT supervise Malezi Bora activities from the 3<sup>rd</sup> to the 14<sup>th</sup> of November 2008
- **Community mobilization for RH for LTPM and PAC services:** *See network activities.*

### Others activities

- ❖ AMTSL update training by the Division of Reproductive Health
- ❖ Malaria conference organized by KeNAAM , emphasized the Integrated Malaria Management approach ( Environment management, LLITNs, Combination therapy, Training of Health workers and use of window and door screens)
- ❖ SBM-R module 3 training (Verification and recognition of performance and reward. Community involvement and scaling up and sustainability)
- ❖ Commenced maternity delivery room renovations– Mabusi, Matete Health Centers and Navakholo SD Hospital
- ❖ Supported Nurse annual scientific conference in Kakamega. A paper on Standard Based Management and Recognition (SBM-R) was presented by SBM-R team member from the PGH.
- ❖ Distribution Community Health Worker Referral booklets to the District to support referral system

## Analysis of indicators and targets

*Table 8: Targets and Achievements for Integrated Services*

Indicator	Yr 3 target	Yr3, Q1 Accomplished	Year-to-date accomplishment
Number of outlets providing integrated FP/HIV services: HIV related palliative care(incl. TB/HIV)	250	217	217(87%)
Number of ANC clients receiving presumptive malaria medication at the health facility	45000	18,220	18,220(40.5%)
Number of complicated deliveries successfully managed	6,000	982	982(16.4%)
Number of clients receiving PAC services	3,000	640	640(21.3%)
No. of sites reporting RH/FP	300	325	325(108%)

## MCH service utilization

*Table 9: MCH service utilization: Comparison between Y3 Q1 and Y2 Q4*

Type of Service	Level of Visit	Oct-Dec 08	Jul-Sep 08
CWC	New	52,282	58,522
	Rev	221,443	251,846
ANC	1	33,986	37,232
	2	20,308	24,327
	3	12,680	14,097
	4	8,293	8,343
IPT	1	28,184	31,439
	2	18,220	21,304

*Table 10: Maternity Services*

Type of Services	Oct-Dec 08	Jul-Sep '08
PAC	640	1,139
Total deliveries	10,142	10,691
SVD	8,949	9,413
C/S	799	842
Breech	183	294
Referrals	662	784
maternal deaths	29	32

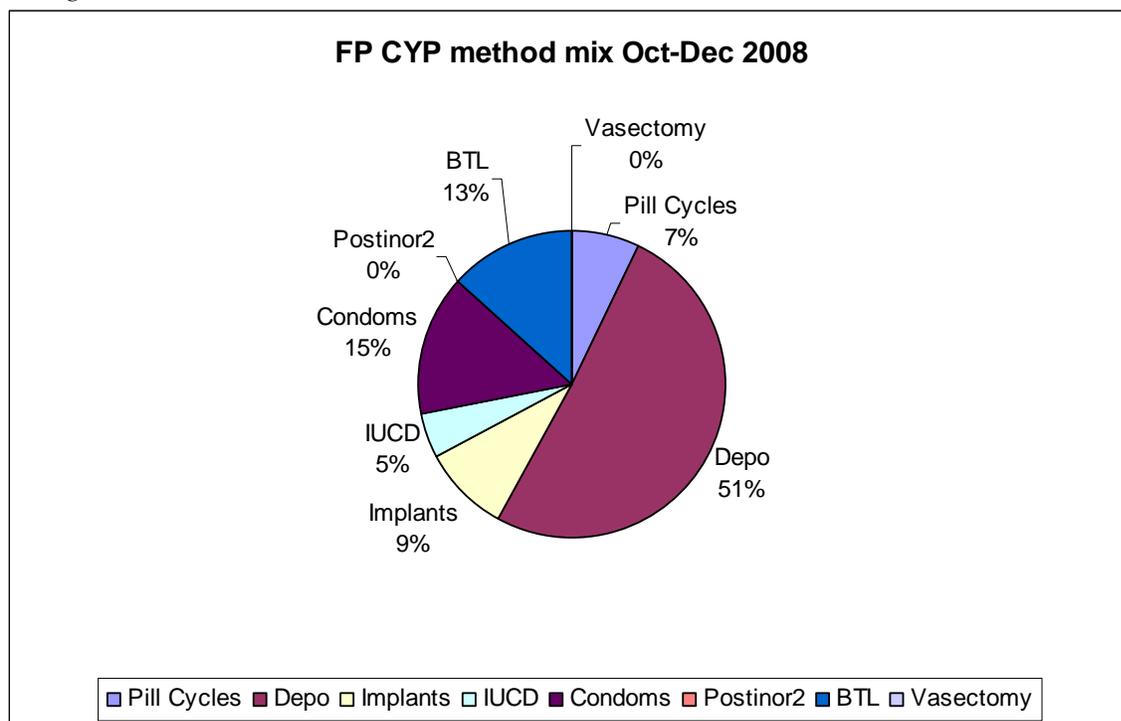
The table below summarizes the utilization of FP services and method mix by districts from October to December 2008.

Table 11: Family Planning service utilization

District	Family planning method mix Oct-Dec 2008							CYP
	Pill cycles	DEPO	IUCD	Condoms	BTL	Implants	Vasectomy	
Bungoma East	2143	4385	46	23268	61	49	0	<b>2254</b>
Bungoma North	2016	2794	17	618	0	46	0	<b>1061</b>
Bungoma South	5785	6690	42	63776	12	148	0	<b>3355</b>
Bungoma West	1127	2829	14	23006	17	52	0	<b>1342</b>
Bunyala	424	1345	3	17555	0	11	0	<b>560</b>
Busia	2716	5640	29	21477	0	206	0	<b>2600</b>
Butere	2110	4539	10	34696	33	85	0	<b>2166</b>
Emuhaya	889	2569	28	37383	10	18	0	<b>1254</b>
Hamisi	634	2073	3	38177	58	30	0	<b>1459</b>
Kakamega Central	1860	6992	104	9998	31	11	0	<b>2614</b>
Kakamega East	1004	2842	4	32223	0	0	0	<b>1062</b>
Kakamega North	1322	3361	26	500	0	2	0	<b>1031</b>
Kakamega South	736	1587	3	31162	62	11	0	<b>1251</b>
Lugari	8643	6022	39	53031	53	5	0	<b>3102</b>
Mt. Elgon	865	3712	4	43671	0	44	0	<b>1521</b>
Mumias	1267	4372	29	49280	141	54	0	<b>3011</b>
Samia	849	1351	3	13540	74	14	0	<b>759</b>
Teso	753	3978	10	19442	25	30	0	<b>1549</b>
Vihiga	3196	4238	52	107509	54	115	0	<b>3197</b>
<b>Total Oct-Dec 08</b>	<b>38335</b>	<b>71319</b>	<b>466</b>	<b>620362</b>	<b>581</b>	<b>931</b>	<b>0</b>	<b>35143</b>
<b>Total Jul-Sep 08</b>	<b>37762</b>	<b>65744</b>	<b>662</b>	<b>765323</b>	<b>1005</b>	<b>915</b>	<b>3</b>	<b>38962</b>

There is a general decline in service uptake for FP, MCH and maternity services comparing with the previous quarter. This is mainly attributable to the festive period..

Figure 4: CYP Method Mix



The graph shows that injectables constitutes over half (51%). Long lasting methods BTL(13%), Implants (9%) and IUCD(5%) is close to above a quarter at 28%.

### Challenges & recommendations

- Lack of support to EPI activities in the province- hence most of facilities are not able to set targets
- Sporadic supply of vaccines , especially pentavalent, BCG and Polio

### Emerging issues

From the supervisory visits, areas requiring strengthening by the PHMT and DHMTs include:

- Acute staff shortage especially those trained in providing LTPM.
- Improving medical, contraceptive and non surgical supplies
- Improve infection prevention

### Success stories

#### Reproductive tract cancer week

The National celebration for the cancer week was held from 13th to 17<sup>th</sup> October 2008 at Busia District Hospital. The theme was “ **How Pink Can You Go- Early Detection Of Cancer Saves Lives**”

The activities accomplishments were:

- Health education and Magnet theater performances at the facilities and community level on prevention

- 
- Radio spots on West FM on the need for prevention and seeking services at the nearest Health facility
  - Breast Cancer screening- 100
  - Mammography done – 25
  - Ca cervix screened- 114
  - Ca. Prostate screened - 30

### **Planned activities next quarter**

1. Trainings:
  - Essential Obstetric Care,
  - AMSTL and Newborn care,
  - Contraceptive Technology Update,
  - PAC, Post Natal Care / Family Planning,
  - CTS for Infection Prevention,
  - Malaria case management,
  - Cervical cancer screening,
  - FANC/MIP/TB.
2. Enhance delivery by skilled attendant by strengthening CHW/ TBA referrals
3. Support
  - RH training by providing Stationery(Kakamega DTC)
  - 3 Long term & permanent FP outreaches
  - Supervision 1 per quarter per district PHMT and DHMTs ( 19 Visits)
  - Comprehensive and Integrated outreach services (incl. Malezi Bora),5 per district per month
  - Celebrations for International days -Malaria, Population, Mothers days
  - Facility/community linkage meetings to enhance referral 10 meetings
  - Support and strengthen postnatal care at 12 sites
  - IMCI supervision 12 districts supervisory 5 days each
4. Complete Maternity and MCH renovations/equipping and upgrades , 3 sites
5. Orientation
  - Standard Based Management and Recognition orientation.
  - Logistics management: whole site orientation 20 sites
  - Whole site orientation for CHEWs and HWs on new IMCI guidelines- 60 px
  - CHVs/CHEWS to community RH package 25 px one day
  - Community IMCI orientation for CHWs 1 day 30 px
  -
6. Conduct Quarterly RH coordinators meeting
7. Local conferences support for PHMT and DHMTs
8. Inter-facility exchange visits - (St Mary's Mumias ,Mbale Rural Health Centre, Bungoma DH)
9. Community mobilization for RH & PAC monthly meetings and evaluation- 5 meetings

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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**

These activities are geared towards strengthening linkages between the facilities and the communities through establishing networks between health providers and community agents.

#### **Planned activities**

1. Drug adherence counseling sessions at the CCCs
2. Community mobilization for Post Abortion Care Training
3. CHV & HW RH meeting
4. RH & PAC Sensitization meeting in Vihiga District.

#### **Accomplishments**

##### **Counseling by PLWHA at CCC for drug adherence session.**

ART drug adherence sessions were carried out in 29 sites by facility based support groups. 1094 Male and 2,225 Female were addressed. Integration of RH issues that included PMTCT and Gender based violence has encouraged men to accompany their spouses during ANC visits. Healthcare providers were able to share defaulting clients traced back by support group members. Matayo's CCC records indicate improvement in male attendance from tens to hundreds. Two (2) facility based support groups have been allocated demonstration plots at Bukura health centre and Matayos. The support group members have planted indigenous vegetables.

##### **Challenge**

Many clients whose health has greatly improved as a result of good drug adherence are pregnant, a situation which stirs stigma once again from any surrounding community they visit.

##### **Community mobilization for Post Abortion care Training**

Five support groups were mobilized and trained in community post abortion care in Bungoma district. They drew their action plans to be implemented between January and June 2009.

##### **CHV & HW RH MEETING**

A joint meeting between the community health volunteers and healthcare providers trained in PAC was held in Bungoma South.

##### **RH & PAC SENSITIZATION MEETING IN VIHIGA DISTRICT**

The meeting was held with 25 participants in attendance.

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## Zingatia Maisha

The project covers the following health facilities;

Kakamega PGH , Navakholo SDH , Iguhu SDH , Sabatia HC , Vihiga DH, Emuhaya DH , Hamisi DH , Bumula SDH , Chwele SDH , Bungoma South District Hospital and Chwele SDH . 12 ART sites where 241 support groups exist have been actively involved reaching 7,117 clients

The following activities took place during the quarter

- **Training of health workers and facilitators in stress and trauma management.**  
51 health workers were trained in Kakamega PGH and Vihiga DH on stress and trauma management.
- **Strengthen psychosocial support groups skills in community based ART adherence support data collection**  
196 support groups received mentorship on data collection and utilization of the same information in planning for group ART adherence support activities , prioritizing members needs and for group development so as to reduce dependence on project support. 198 support groups meetings received technical support where the leaders were given more skills on both individual and group conflict resolution in order to enable the groups to perform better.
- **Health education sessions at the health facilities**  
693 health education sessions at the health facilities were conducted during this period by support group leaders reaching 73% of the CCC clients.
- **Support World AIDS Day activities**  
World AIDS day celebrations and the HTC week were supported in 4 districts.
- **One stigma reduction training workshop was conducted** for 18 Health facility community linkages committee members in Vihiga as an entry point to community opinion leaders and health care workers.

## Lessons Learnt

Active community engagement activities have enabled the communities to participate more in care and treatment and also own the PLWHAs which has contributed to an ART adherence enabling environment. Focusing on emotional support has enabled support group members to appreciate their groups more because they rediscover a purpose for their life hence they are able to adhere better. Stress and trauma management for health- workers has been useful in improving the health workers attitude as they are now able to cope with stress related burnout.

### 1.3.2: Manage public private partnerships

#### Planned activities for the quarter

1. Conduct one TB/HIV Diagnostic Testing and Counseling training for Private Health Providers in one District.
2. Conduct one PMTCT training program for Private Health providers.

- 
3. Initiate the establishment of one ART site and ART site committee in a selected Private Health facility.
  4. Support two outreach activities within the workplace and other non government health facilities.
  5. Arrange at least 4 joint follow up visits to providers trained on PITC.
  6. Continue with attendance of private health providers' professional networks' meetings in the districts to discuss program growth opportunities.
  7. 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.
  8. Develop one referral tool for private health providers

### **Accomplishments**

1. The TB/HIV training was conducted in Kakamega with twenty nine (29) participants attending.
2. The PMTCT training for private health providers took place in Kakamega and 32 health care workers attended.
3. Nzoia Sugar Company (NSC) has been identified as a potential site and plans are underway to sign an MoU.
4. The program supported two FBO facilities: Friends' Lugulu Hospital and St. Martha's Chimoi to conduct outreach activities during the quarter. The outreaches provided integrated health services. During these outreaches, 295 adults and 67 Children were tested for HIV out of which 58 adults and 12 children were positive
5. Twenty two (22) private facilities were supplied with test kits and provided with support supervision and have started providing PITC services. Joint supervisory visits were made to facilities where staffs were trained.
6. Meetings were held with several private practitioners associations in three districts
7. An MOH referral forms have been adopted and introduced to the Private Health Providers.

### **Challenges & recommendations**

- a. The trained private practitioners are finding it difficult to provide PITC services due to inaccessibility of testing kits. Efforts to bring all the District Health management teams on board will be intensified to make sure they distribute supplies to private health providers.

### **Planned activities next quarter**

1. Finalize the signing of an MOU with Nzoia Sugar Company for the establishment on an ART site.
2. Work with the relevant MOH staff to have Nzoia Sugar Company designated as an ART site.
3. Continue with joint follow up/supervision visit to trained providers.
4. Support two outreaches at workplaces and other private facilities
5. Conduct Commodity Management training

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6. Conduct PITC training to reach the providers that have not been reached by the program
  7. Support two stakeholder meeting to strengthen the private public partnership

## **OTHER INITIATIVES:**

### **IYCF ACTIVITIES OCTOBER TO DECEMBER 2008:**

#### **1. COMMUNITY LEVEL TRAININGS**

Community level trainings for Community Health Workers (CHWs) were conducted both in Western Province during the last week of September and the first two weeks of October. The CHWs were to be selected from the areas surrounding the district health facilities in the districts where health staff had been trained in the Integrated Course on Infant and Young Child Feeding Counseling so that they would be the link between the facilities and the community, where mothers would be referred to them for support in breastfeeding and other infant and young child feeding issues. Altogether 479 CHWs from 16 districts: Kakamega Central, Kakamega East, Emuhaya District, Chwele District, Busia District, Kimilili District, Malava District, Webuye District, Butere District, Teso District, Mumias District, Port Victoria District, Vihiga District, Mt. Elgon District, Bungoma District and Lugari District.

#### **2. BABY FRIENDLY HOSPITAL INITIATIVE MONITORING AND SUPERVISION**

The Baby Friendly Hospital Initiative monitoring and supervision was conducted in the month of November by members of the PHMT, some district level staff and a representative from the Division of Nutrition in the national office. They assessed 17 facilities from the 16 districts mentioned above, which included one private hospital. All facilities developed some recommendations together with the assessors and the reports were sent back to the facilities for implementation of these recommendations ahead of an external review scheduled for February 2009.

#### **3. MONITORING CHW ACTIVITIES**

During the BFHI assessments, the assessors were also able to meet with the trained CHWs and interview five from each district. The monitoring teams also collected monitoring forms from the CHWs. A summary of the results indicated that many of the CHWs had already enthusiastically begun health education sessions on IYCF within their groups, during home visits, in churches and in barazas. In several districts, the CHWs were referring clients to the health facilities. On the other hand, in some districts the link between the CHWs and the district facilities was poor and needed to be activated. In particular when the CHWs trained were selected from far off divisions, this brought some challenges (e.g., the question of the cost of transport to visit the facilities). In the future, it is recommended that the staff from the health facilities be involved in the selection of the CHWs to be trained so that the linkages begin even before the training.



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

This involves building the capacity of existing and new civil society to develop and strengthen links with health facilities and to promote preventative and health-seeking behaviors in their communities.

### **Planned activities:**

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

### ***Accomplished***

- 1 BCC Advisory committee meeting was held where a BCC monitoring tool was developed to be used during the supervisory visit. One other BCC meeting and a supervisory visit was not done because the members had competing tasks

### **Challenges:**

- The major challenge was competing tasks among the BCC team members. Most partners were involved in the pre WAD activities and the HIV testing campaigns. The MOE representative was involved in coordination of exams
- Inventory of BCC materials in the province was cited as a challenge

### **Recommendation:**

- Data base of all existing materials need to be developed to assist in identifying Gaps in the existing materials in relation to the availability and relevance

### **Emerging issues:**

- The existing materials available in the community mostly focus on awareness creation other than Behaviour Change

### **Planned activities for next quarter:**

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

## **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**

1. Contract New partner to work with 1000 Community Health Volunteers
2. Conduct Refresher training for CHVs

3. Support HCDC and SLHCC meetings in sites where the New partner will work
4. Conduct team building exercise for field facilitators and Sub-location community health volunteers in old sites
5. VHC conferences for 795 villages (+500 villages depending on the approval of the sub agreement with the new partner)
6. Conduct outreaches around 17 health facilities every month (+27 for new partner)
7. Conduct monthly group discussions
8. Conduct monthly feedback meetings from the village, sub-location, location and district level
9. Produce and broadcast 12 radio episodes.
10. Finalize health Newsletters.
11. Produce best practice newsletter and gender based violence newsletter

### *Accomplishments*

**Contract new partner in community agency:** WRCC the development arm of the Anglican Church was officially contracted as a new partner to work with 1000 community health workers. The process took an unexpectedly longer period to complete hence activities 2, 3, 4 and 5 could not be carried out during the quarter.

**Community Outreaches; Please refer to 2.3.2 for community outreaches with health facilities**

### **Magnet theatre outreaches**

*Figure 5: A Magnet Theatre Outreach*



A total of 35,215 people were reached by Magnet theatre. The troupes received twenty-four sets of public address systems in the quarter which will enhance their reach.

In Butere, one of the troupe members, who is living with HIV, has been championing the advocacy in the community on how to

live positively. Magdalene (not real name) was motivated by the MT activities and shared her experience on ill health with the facilitators. She found that MT troupe members were very accommodative due to the fact that the facilitator could listen keenly to the discussants during the MT outreach. It's in this moment that she approached the facilitator, who explained to her the importance of seeking VCT service. Magdalene tested positive but opted to confront the reality with optimism. She finally decided to disclose her status to troupe members who by then had

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accepted her to join them. The Butere troupe has indeed provided a safety net to Magdalene. She is very active in the group and often takes centre stage in all the group's activities. Magdalene was then referred for further support. She is currently among the youngest advocates in the province. *Magdalene is in black skirt with civilian blouse in the picture above.*

### **Monthly Dialogue group Discussions:**

#### **CHV discussions:**

A total of 14,558 community dialogue discussions were conducted by 1,595 community health volunteers and were attended by 138,909 male and 124,309 Female. Out of the discussions, referrals were made for different services at the respective service delivery points. During the Dialogue Discussion groups 241,663 condoms were distributed.

#### **Peer family discussions:**

Peer family discussions continued at community level with 25,136 contacts being made in the quarter, of which 11,929 were males and 13207 females. The expected number of contacts every quarter is 36,000, however in the quarter, only 29,996 contacts were made. A total of 10713 pieces of condoms were distributed by the peer family facilitators to both family groups and other community members

### **Monthly Feedback meetings**

**Peer family:** The peer family leaders conducted 30 peer family facilitators monthly feedback meetings i.e. 10 meetings per month. For purposes of reporting and review of activities, 3 monthly peer family leaders meetings were held.

#### **Magnet theatre feedback meetings:**

In the quarter, 2 (two) MT group leaders meetings were held and one was postponed to January 2009 due to the December festivities.

#### **CHV feedback meetings:**

Feedback meetings were held at different levels. At sub-location level, 1580 people attended the meeting while 80 persons attended at district level and 9 field facilitators at provincial level. The PHOs from Khwisero, Manyala, Kilingili, Malava and Bukaya attended the meetings

### **Trainings**

#### **Magnet theatre training**

The third batch of 8 MT troupes were trained. This brings a total of 24 troupes consisting of 192 youths.

#### **Produce and broadcast 12 radio episodes**

By the end of the quarter 13 radio episodes were produced and broadcasted on gender, HIV counseling and Testing, Stigma reduction and Adolescent reproductive health topics. During the radio shows, listeners are given opportunity to share their opinion, ask questions related to the topic of discussion through call-ins and short text messages (SMS) which are aired live and guests who are experts from the Ministry of Public health and sanitation or community members who are engaged in various community initiatives that focus on prevention, care and support.

The live phone in programs have also been an avenue through which the callers seek more information on where to access particular health services within the province

**Finalize Health Newsletters:** Jua Afya Yako newsletter lay out has been done, however it is yet to be printed. The CHV update was produced and distributed in the quarter to provide them with update on topical issues based on frequently asked questions in the community. Below is a picture of a CHV reading Community Health Volunteer Newsletter



Figure 6: A CHV reading a CHV update

***Emerging issues/Case Studies/Success Stories (Please refer to the annex for more details)***

1. Community dialogue discussion has significantly contributed toward positive health seeking behaviour
2. There is change of attitudes towards condoms in some sites and this has increased its uptake from 1681 at the onset of the project in WESTCOBV sites to 241,663 currently
- 4: Peer family role in reduction of Gender Based violence and family communication demonstrated in the case of a girl who was sent away by the parents due to be pregnancy but later on after peer family intervention she was accepted back and now is back to school after delivery

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### **Planned activities next quarter**

1. FF and PHO I day orientation
2. Introduction and induction into A2W
3. Identification and recruitment of Community Health volunteers
4. Train new community health volunteers for 10 days
5. Support community health outreaches
6. Monthly feedback meetings
7. Magnet theatre evaluation
8. Magnet theater Refresher training
9. Magnet theatre performances
10. Feedback meetings for CHV, peer families and MT
11. Magnet theatre TOT training
12. Conduct refresher training for 50 peer family facilitators
13. The 250 trained Peer family facilitators to continue with the peer family discussions at community level.
14. Peer family leaders to conduct monthly peer family facilitators' feedback meetings.
15. Hold 3 peer family leaders monthly feedback meetings
16. Radio planning workshop for 30 persons
17. Produce 12 episodes of Radio programme
18. Survey on the radio Jua Afya Yako programme
19. IEC material development workshop
20. Jua Afya Yako newsletter
21. Community Health Volunteers update
22. Produce comic book
23. Dub already recorded programmes on CDS and tapes for distribution in the community
24. Develop radio spots
25. Establish an E-newsletter for APHIA II Western staff members

### **2.1.2: Establishing and strengthening formal and informal workplace programs**

#### **Planned activities**

1. Continue with dialogue discussions at various sites as conducted by the motivators
2. Continue with feedback meetings at both Worksite Motivators and Site Coordinators feedback meetings across board
3. Finalize the recruitment drive of the next 200 motivators formal site drawn from 5 sites for possible trainings during Yr3 Q1
4. Conduct 5 Health Outreaches in the five formal sites as routine practice

#### **Accomplishments**

**Dialogue Discussions:** The 260 motivators trained have been able to reach out to 42,535 persons through 791 sessions composed of 20,605 men and 21,930 Female.

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**Feedback meetings:** In the quarter we have had three feedback meetings both at Worksite Motivators and Site Coordinator level

**Finalize Recruitment of 200 formal worksite motivators and training:** 200 worksite motivators were recruited and 191 attended the training.

**Health outreach at Bumbe Beach, Busia:** This was an integrated outreach that was held in collaboration with MOH and was attended by close to 3,000 people. The outreach included sporting activities organized by the beach management unit.

**Conduct five health outreaches within 5 formal worksites:** Through integrated outreaches in partnership with the worksites comprehensive information and education was provided to over 5500 individuals in Kakamega Prison, Nzoia Sugar, Pan Paper, Mumias Sugar and Busia Prison. Those who accessed Health Services were 86 ANC, FP 10, Curatives 278 and VCT 727



*Figure 7: Clients waiting to be attended to at the Child Welfare clinic in Health outreach in Mudete tea Factory*

### **Challenges & recommendations**

1. Transfers and Retirement among employees in Pan Paper, Nzoia and Mumias Sugar has led to a lower number of Motivators so trained in these companies, hence the low number of persons reached through dialogue discussions.

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2. December being a festive season, Mudete and Nzoia Sugar registered a low rate of motivators turning up for dialogue discussions.

### ***Emerging issues/Case Studies/Success Stories***

1. There are several small self groups initiated by commercial sex workers. However in engaging them one has to snow ball to be able to identify the power holders. In Busia the project is working with 22 groups through Survivors women group while in Mumias Wadada coordinates 18 groups. During their discussion emphasis is put on safe sex and use of condoms is a rule among the members. In addition they are encouraged to go for VCT every 6 months to know their status
2. There are other women engaged in sex work to improve their livelihood but are not streamline sex workers. This has been noted in Mumias where the Wadada self help group have made an initiative to reach out to such widows who may become more vulnerable
3. On two occasions, Nzoia Sugar took their motivators to Kitale Seed Company for an exchange visit on Workplace activities.
4. During the Public Sector Exhibition Week, trained motivators in Kakamega Prison, Busia Prison and the Provincial Administration exhibited their skills in peer education
5. Five Prisons wardens trained Motivators have been trained in HIV Counseling and testing, and do assist in provision of VCT Services during outreaches

### **Planned activities next quarter**

1. Continue with dialogue discussions at various sites as conducted by the motivators
2. Continue with feedback meetings at both Worksite Motivators and Site Coordinators feedback meetings across board
3. Conduct one Health Outreach encompassed with a sporting activity along the beaches in Busia around Bumbe Beach.
4. Conduct 10 Health Outreaches in the 10 formal sites as routine practice as a way of reaching out to many more VCT Clients

## **Sub-result 2.2: Expanded prevention programs targeting the Youth**

### **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.

#### **Implementation of Teacher-Students programs in schools**

There were very few activities during the previous quarter in schools because of the exams and December holidays. However a total of 35,985 students mainly 23421 male and 12564 female were reached.

Most of the schools have set up the question boxes and the students are able to write questions which are reviewed by the APHIA trained teachers and provoking questions and key concerns are used to further interpersonal discussion at the health club level or at the assembly



*Figure 8 : An information and education activity*

Some schools have reported identifying the Peers with referral need. There are cases of girls being diagnosed with STI and pregnancy. A peer from a school shared during the group session that she was sexually harassed by the uncle whom she suspects infected her with STIs and she was referred to Bukura health centre for examination and treatment.

### **Peer education activities in Masinde Muliro University**

After the training of the 54 peer educators in MMUST, there has been discussions and peer educations around RH and HIV, TB and Malaria issues. As a result within the quarter the number of students going for VCT increased from 20 to 50 per week .During the quarter, the Peer Educators had an outreach to the Indangalasia Nuru club where they held discussion with the youth affiliated to the club

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## Youth Outreaches

### Youth Pre-World AIDS Day extravaganza

The youth out of school organized an extravaganza to Mark last year WAD on 29<sup>th</sup> November 2008. This meeting acted as a curtain raiser for WAD. All the MT troupes from all over the province participated in the event which was held in the Mumias district Nabongo ground. The extravaganza activities included procession within the municipality, demonstration of



various talents among the youth i.e. poems, short drama, narratives, dance, songs etc.

The event attracted 1700 youth excluding the people reached during the procession.

This event offered good opportunity to the youth around the province to interact with each other, learn together and share the experience with each other. Indeed, some groups felt that this opportunity enabled them to identify their weaknesses in performance and were able to learn from the other troupes

*Figure 9: Youth participating in Pre-World AIDS Day*

## Youth grants

### Disburse last funding to youth grant groups and anchor organizations

The Last disbursement of funds (year 2) to 6 anchor organizations and 5 youth groups was done (Anchor organization- 250480/=, Youth grant -88500/=).

## Meetings

**Youth advisory committee quarterly meeting:** This meeting was postponed to the next quarter due to December festivities.

**Youth organization Quarterly meeting:** Youth organizations' quarter review meeting was not held within the quarter due to early closer of office for x-mass break. The meeting was scheduled in early January 2009.

**Monthly feedback meetings:** Village YCHVs attended the 3 monthly feedback meetings with Lead YCHV at the sub-location. Lead YCHV feedback meetings with the DYC were held. December meeting was not held due to early closure of office for x-mass break.

**Youth CHW Discussion groups:** The youth CHWs reached 46,272 male and 50232 Female through the DIALOGUE Group discussions

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### **Challenges and Recommendations:**

- The HIV workplace program is still in the infant stage and is yet to bring all the departments under one coordinating unit.

### **Emerging issues:**

1. There is increased number of youth seeking VCT services in the university due to peer education program supported by the project.
2. Youth are turning out in large numbers for CT during outreaches and other youth events. This could be due to increased access to the service and peer pressure/positive influence among the youth. Most health facilities lack youth friendly VCT services thus the outreaches tend to bridge this gap

### **Planned activities**

1. PYAC meeting
2. DEO quarterly review and planning meeting
3. Peer education training for 74 students in MMUST
4. Teachers TOT training
5. Eregi TTC peer education training
6. Training of 100 teachers as peer educators
7. Disburse funds to youth grant groups and anchor organizations for year 3
8. Youth Conduct Dialogue groups
9. Youth conduct outreaches, tournaments, talent shows etc continues
10. Monthly feedback meetings continues
11. Finalize youth granting process
12. Quarter meeting for anchor organizations

### **2.2.2: Reaching married adolescents**

#### **Planned activities**

1. Mentors finalize MA Girls mobilization and dialogue group formation in Budalangi
2. Support dialogue group discussions (2 MA girls groups of 12 pax / mentor twice a month) for those mentors through with recruitment of the girls
3. Give routine weekly/monthly monitoring and supervision visits to mentors activities
4. Support 3 mentors feedback meeting at district levels
5. Hold 3 MA District Team leaders/ Coordinators feedback to facilitate collection of reports, review challenges facing the mentors in various designate districts
6. Support district church leaders meetings 18 districts
7. Hold one provincial Church leaders meeting in to review the district progress.

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## **Accomplishments**

### **MA Girls mobilization and dialogue group formation in Budalangi**

The MA girls were mobilized in Budalangi and will be trained in quarter 2 for dialogue discussion group

### **Dialogue group discussions**

The MA Mentors reached 96,508 (46,272 Male and 50,236 female) between the ages 14 to 24. Referrals were made to 17,837 persons for various Health Services and 14,195 condoms were distributed.

### **Feedback meetings**

All the District Married Adolescent Feedback meetings were held as planned at the A2W office premises and were attended by 19 coordinators

### **Provincial church leaders and District Church leaders meetings**

These activities did not take place due to logistical arrangement

### **Planned activities next quarter**

1. Train 60 mentors in Budalangi
2. Monthly Feedback meetings in 14 districts
3. District MA coordinators Monthly meetings

Figure 10: Pictorials of Married Adolescents Activities



1



2



3



4



5



6

1. A section of married adolescents girls
2. Married adolescents sorghum garden in Bungoma East
3. Tomato Garden for IGA for Married adolescent in BGM North
4. Watermelon plantation for Busia MAs
5. Vegetable garden for mentees in Busia
6. Amaranth packaging by mentees

*Table 12: Targets and achievements on Abstinence and Be Faithful*

Indicator	Yr 3 target	Yr3 Q1 Accomplished	Year-to-date accomplishment
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	400,000	0	0 (0%)
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	40,000	0	0 (0%)

In October and December there were new individuals trained on Abstinence and being Faithful. Normal peer education sessions took place in the schools where regular contacts were reached. The set targets in year 2 were superseded. In the quarter no new teachers were trained however the targets have been superseded.

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

### **2.3.1: Strengthening community group networks**

#### **Planned activities**

- Monitor health education activities of the locational and Sublocational level

#### **Accomplishments**

The project continues to monitor health education in the community at both locational and Sublocational levels and partners with other organizations and projects outside project to enhance optimum delivery of service to the community.

During the quarter the Ministry of Public Health and sanitation in collaboration with the CHVs through the PHT did treat the mosquito Net in the Malaria campaign week in Kakamega North, Central and East where a total of 2710 Nets were retreated and 278 replaced for those that were torn. In Butere and Mumias districts 934 ITN were distributed through the CHVs.

The Community Health Volunteers in the name of KECOCAST CBO of Bungoma West received a grant of 407,000 shillings that is being used in mobilizing for VCT outreaches a part

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from what the project is financing. They are also providing health education to 20 groups of Jua Kali artisans, 20 commercial sex workers, 20 Boda boda groups, and 20 PLWHAs. Due to their good work the Ministry of State for Planning National Development and vision 2030 awarded the CBO an appreciation letter and is attached.

Through the Resource Mobilization training provided by the project, the community health volunteers of Bungoma West mainly around Chwele District hospital have linked with GTZ – Ecosan project on improving sanitation where **13 improved units urine devoted dehydrated toilet** have been built, to fight diarrheal diseases. The intervention was informed by the community action plan based on the health need. **ECOSAN** have had a training on primary health care indenting to **build toilets to improve sanitation**. They are now doing a survey to identify the needful homes so as to start building next month of February.

In Mwalie Sub location near Malakisi health centre the community health volunteers in the name of Mwalie Health CBO have linked with GTZ. In building their financial base the group in collaboration with Ecosan project have started free Nursery of 200 seedlings. They are making also energy saving jikos and selling them at 250 shillings so far 58 PCS have been made and sold. The Ministry social services and Gender gave the group also 230,000 shillings for the proposal to fight malaria by buying ITN Nets from the PSI and selling to the community. So far 150 Pcs have been sold to the community. Through the profit of 7500 shillings they have able to facilitate discussion with the youth on HIV/AIDS in the division.

In Kakamega North Kamadep (Kazi Mashambani Development Programme), Save the Child Fund (Finland) is partnering with 22 CHVs in protecting water points, where **24 water points** have been protected. The community through the VHCs contributed food, unskilled labour, sand, bricks and stones while Kamadep in collaboration with the PHTs provided cement, skilled labour. For purposes of maintaining the water points, committees were formed to around the water points. Through the same process **42 VIP toilets and 14 classrooms** in primary school have been constructed. 20 VIP toilet slabs have been given to the members of the community with low source of income for building their toilets.

In conjunction with the PHTs and PHOs CHVs are mobilizing men for male clinics at Kilingili, Kambiri and Malava health facilities. In addition a total of 198 community Health Volunteers participated on immunization activities and 669 on Malaria day activities.

In Butere District, Eshirembe Sublocation 10 Women dialogue discussion groups received a total 500,000 shillings. The skill in resource mobilization was acquired by the women groups through the CHVs. These funds are being used by these groups to do **table banking as a loaning scheme**. Other groups are buying and selling cereals and poultry keeping which has helped to improve the financial base for women. Some men have also been able to borrow funds from the women groups.

## **COMMUNITY STRATEGY**

Through linkage with the PHT and DPHO, the community health volunteers of Kilingili and Kaluni sublocation have been identified for community strategy implementation. They are

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commencing their training from the third week of January. Those of Ingotse have also been identified though their training dates are yet to be set.

**Transition of VHC into Community Units:** Currently there are 26 VHCs that have been changed into CUs as follows: Chwele-2, Sirisia-2, Kabuchai-2, Khasoko-2, Kalum-2, Shibuli-2, Shibikwa-2, ingotse-1, Kibegei-2, Sikhendu-2, Mihu-2, Mayale-2, Khisero-2.

### **WORLD AIDS DAY**

In Bungoma West 208 people were mobilized and attended the occasion where the community health volunteers gave health talks and PLWHAs shared the experiences to help fight stigma and advocated for the importance of taking the ARVs VCT services were given to people where 45 people were counseled and tested.

### **Planned activities for next quarter**

1. Train 1000 new community health workers
2. Monitoring of women groups health education activities
3. Continues partnership with the Community based organization
4. Facilitate transition of VHC into CUs in partnership with MOPHS

### **2.3.2: Establishing sustainable links between communities and facilities**

#### **Planned activities**

Conduct 132 comprehensive outreaches. (Need to confirm figures from R1)

#### **Accomplishments**

#### **Community Outreaches:**

Mobilization of community for 17 outreaches were done by the community for 205 outreaches

#### **Challenges and Recommendations**

- Late reporting to the outreach sites by the service providers and at times the number of clients out numbers them

#### **Planned activities next quarter**

- Work closely with the MOH to support outreaches within sites of R2 operations

### **2.3.3: Creating and supporting Change Teams**

#### **Planned activities**

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

#### **Accomplishments**

- 26 change team meetings were held instead of 30

#### **Challenges & recommendations**

- In some change teams there were power indifferences.

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### **Emerging issues:**

- The change team activities begin with consultative processes where information is gathered. The information is gathered to allow the team to acquire lessons learned. The teams analyze their own internal problems and come up with action point. The change team was able to make a follow up on reported cases of teenage pregnancies and hold discussions with the headteachers. In Mabusi the change team members reported high cases of drug abuse hence made plans to visit the District commissioner's office in the subsequent quarter to ban the *Busaa* (Local alcohol) dens.
- The change team is responsive and promotes learning in the planning circle and lessons learnt from previous activities that form basis of new priorities. This circumstance has an implication on realizing immediate results from the change team.
- The change team concept has been evolving and the parameters were not clearly set from the beginning. The internal assessment finding emphasized the need of developing of clear terms of reference for the change team with clear workplans and reporting formats

### ***Planned activities next quarter***

1. Support 30 facility change meetings.
2. Based on the midterm review the project will revise the change team strategy

### **Mainstreaming gender**

#### **Planned activities and accomplishments**

**Support one PWD to conduct dialogue discussions:** The proposals submitted are still under review.

#### **Support women groups with grants:**

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

1. Mainstream gender in all activities
2. Provide grants to 19 women groups

3. Subgrant MUMCOP a Muslim peer group to conduct Dialogue discussions

**Other prevention Indicators**

*Table 13: Targets and achievements for Other Prevention activities*

Indicator	Yr 3 target	Yr3, Q1 Accomplished	Year-to-date accomplishment
No of service outlet	500	3,464 (all CHWs)	3464 (692.8%)
Number of individuals reached through community outreaches that promotes HIV /AIDS prevention through other behaviour change beyond abstinence and or/being faithful by gender	118,875	56,910 (20,061 men, 36309 f)	56,910 (47.9%)
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4200	255	255 (6.1%)
Number of local organizations provided with technical assistance for HIV related institutional capacity building (Through grants and Networks)	873	92	92 (10.5%)
Number of individuals trained in HIV related capacity building	6000	0	0 (0%)

Community Health Volunteers distribute condoms in the community as outlets. The number reached includes individuals reached with stigma reduction messages. For continuous dialogue discussions kindly refer to the narrative: KECOCAST a network formed by the community health volunteers is currently working with 60 groups: 10 women groups received funds through established networks: Most trainings for New individuals will be done in quarter 2 and 3. 22 VHC were turned in CU in partnership with the MOPHs.



## 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. *48 monitoring visits to CBO/FBO:* All the 24 CBO were visited twice during the quarter making 48 visits. Beyond visits, the eight field facilitators spent more time with each of the CBO in their respective districts for mentoring and supervision.
2. *Grant 24 CBO/FBOs 1<sup>st</sup> quarter based on work plan:* 24 CBOs signed revised 09 agreements and 22 were granted. 2 CBO were undergoing leadership reorganization and could not be granted during the transition. The grant tripled for all CBO compared to COP07 agreements and amounted to h
3. *Quarterly CBO review meeting:* All CBO were represented. They opined that A2W conditionality for grants are too strict compared to other donors, but also committed to adhere to them and reporting their activities to CACC through COPBAR.
4. *Procure and distribute HBC kits in consultation with PHMT:* One thousands kits were distributed to all CBO and reached the HBC clients.
5. *Hold monthly review meeting between HF based HBC coordinator and CHW:* This was in the form of HBC stakeholders meetings in various health facilities. It is noted that after the first meetings there was no clear plan for follow-up activities and that monthly is too frequent. The proposed schedule is quarterly.

Table 14: MOH 726 HBC Activities during Quarter 1 yr III

	Females	Males	total
No. of CHW providing HBC	2,476	1,129	3,529
No. of CHW reporting	1,742	738	2,468
No. of clients	17,863	8,980	26,685
No. of clients < 15 yrs	1,957	1,193	3,148
No. of clients 15yrs and Over	16,049	7,773	23,733
No. of patients on ARV	7,951	4,478	12,398
No. of patients on TB treatment	1,251	791	2,035
No. of PLWHA receiving nutritional support	2,249	1,199	3,446
No. of HIV+ TB patients receiving ART and TB treatment	1,056	564	1,584
No. of Deaths	98	75	168
No. of HBC kits Supplied	618		
No. of HBC kits Used	617		

6. *Train CHV on HBC care and support activities*: The CBOs managed to train 1,625 CHV. About half were receiving refresher training while the rest were completing the 11 day HBC curriculum.
7. *Support HBC/OVC CHV with job tools (rain gear, t-shirts, bicycles, stationery)*: All 2670 CHV were supported with monthly stipend of Ksh 700. This together with continuous capacity building to equip them with adequate skills to serve has enhanced their delivery of quality of services in serving the PLHA and their families.
8. *Support PHMT & DHMT to organize quarterly HBC coordinators meeting*: This activity did not take place as anticipated because the ministry of health was restructuring and appropriate opportunity to conduct meeting did not present itself.
9. *Support DHMT monitor and supervise HBC activities*: Kakamega Central support supervision was done to ensure that the correct care for PLWHA is given by the health workers at the operation level

### Analysis of indicators and targets

*Table 15: Palliative Care Targets and accomplishments*

Indicator	Yr 3 target	Yr3, Q1 Accomplished	Year-to-date Accomplishment
Total number of CBO/FBOs providing HIV related palliative care	27	24	24 (88.9%)
Total number of individuals trained to provide home-based HIV palliative care (CHV)	400	1,625	1,625 (406.3%)
Number of primary care-givers mentored to provide HBC services	1,000	14,044	14,044 (1,404.4%)
Number of supported PLWH receiving HBC services (through nursing care, spiritual (Channels of Hope), counselling (IPT-G))	5,040	26,685	26,685 (529.5%)
Number of PLWH referred from HBC to clinical	786	2,157	2,157 (274.4%)

### Challenges & Recommendation

- MOH Restructuring slowed down coordination of HBC activities. A consultative meeting with HBC coordinators and the provincial leaders of the two ministries will be held in next quarter to streamline HBC activities.

### Planned activities next quarter

- Identify and assess 2 CBO/FBO to partner with in 2 new districts
- Support supervision and monitoring visits of CBO/FBO activities
- Quarterly CBO/FBO meetings
- Support CHW with incentives
- Support PHMT & DHMT monitor and supervise HBC activities

- Community mobilisers quarterly review and capacity building meeting

### 3.1.2: Expanding support services for PLWA

#### Planned activities & accomplishments

- 1 *Stigma Reduction Outreaches by Ambassadors of Hope and discordant couples support groups:* The discordant couple support groups received 20 Radios to enable them to listen to health related programs. Benefits of lessons aired from the programs are captured by the discordant families and shared during monthly meetings. The 52 trained family ambassadors and 238 Ambassadors of Hope also received 290 T-Shirts and Bags which they wear during outreaches. The family ambassadors were supported to hold meetings in six districts.
- 2 *Support group activities and meetings in enhancement of positive living:* The Community mobilizers meeting was held in Bungoma East in which 10 CHV field monitoring tools were modified and report writing skills were shared and a Support group Level monitoring tool which captures formation, strengthening, integration and involvement in different forums to enable the team plan for quarterly enhancement for positive living was developed. The table below summarizes the ambassadors of hope activities (including discordant couples):

Table 16: Support Group Activities

		M	F
No. of ambassadors		77	59
Discordant ambassadors		26	
No. of Outreaches		2,565	
No. of people reached	Adults	20,260	35,615
	children	1,220	1,622
Referrals	VCT	397	675
	PMTCT	31	88
	TB	34	26
	HBC	86	116
	ART	81	67
	Support Group	168	279
	CCC	26	76
	STI Clinic	3	4

Involvement of the AoH with faith based organizations through Channel of Hope (CoH) has improved knowledge in condoms use for prevention and enabled easier handling of stigma related issues. There is a total of 13 male support groups at the moment. Out of the 13, only 3 are registered with the social services. This makes linkage for funding very hard.

Provincial WAD 2008 commemoration for western province was held in Mumias district. The groups that entertained were positive women from REEP, 4 youth's groups in which one group was youth living HIV and one HBC group. Forty support groups including discordant couples were supported in WAD at district levels. Sharing done by discordant couples moved

many people. The discordant couples challenged the crowds to go for testing in order to open dialogue and improve their marriage relationship.

### *Analysis of indicators and targets*

*Table17: Targets and accomplishments of PLHAS*

Indicator	Yr 3 Target	Yr 3, Q1 Accomplished	Year-to-date accomplishment
Number of PLWH and caretakers of OVCs belonging to support groups	1,200	2,321	2,321 (193.4%)
Number of PLWH who share their status with others in the community	288	288	288 (100%)

### **Challenges & Recommendation**

- Some herbalists influence PLHA to stop using ARV. There is need to create a forum to address them
- Lack of food to some PLHA households make adherence to ARV difficult.

### **Planned activities next quarter**

- Train leaders in Inter-personal therapy for groups in Butere district & carry out ethnographic survey in new district
- Biweekly support supervision session for IPT-G group leaders
- Quarterly debriefing session with IPT-G group leaders
- Public disclosure sessions and quarterly meetings for stigma reduction by Ambassadors of Hope & discordant couples
- Formation of 10 Male Only support groups at CCC
- Support group meetings for enhancement of positive living ( ART adherence, nutrition, hygiene, IGA)

## Sub-result 3.2: Expanded support for OVC

### 3.2.1: Comprehensive support for OVC

#### Planned activities & accomplishments

- 1 *Provincial OVC stake holders:* The project supported Ministry of gender and Children Affairs to conduct provincial OVC stakeholders meeting which created a good forum for all partners and stakeholders to discuss children issues affecting Children in Western province. The meeting was very successful where key GOK departments were well represented and other partners, total 65 people attended and forged way forward for child monitoring, care and protection in the province.
- 2 *Support quarterly AAC meeting at all levels (District, Divisional and Locational):* The project also supported the AACs quarterly meetings in Kakamega central, Emuhaya and Teso districts. All the CBO in OVC care are linked to these structures.
- 3 *Training of care-givers on child monitoring care and support:* The project largely trained CHWs on care and support, 2,670 CHWs were trained who reached out to 6,827 through mentorship and trainings to improve quality of services to OVCs.
- 4 *Support OVC to access 3 or more benefits in six core service area (health, shelter and care, education, nutrition, PSS, protection and livelihood):* The project scaled up services to three new CBOs making a total of 24 CBOs/FBOs which increased the number of OVC under care and support from 35,918 to 37, 653. By end of quarter 82% of the children had received 3 or more benefits.

Table 18: OVC support /benefits during the quarter for Q4 (YR2) VS Q1 OF YR 3

Gender	1or2Benefits		3ormoreBenefits		Total	
	Q4(YR2)	Q1(YR3)	Q4(YR2)	Q1(YR3)	Q4(YR2)	Q1(YR3)
MALES	3,921	<b>3,359</b>	15,400	<b>16,065</b>	19,464	<b>19,789</b>
FEMALES	2,629	<b>2,872</b>	13,626	<b>14,678</b>	16,454	<b>17,864</b>
TOTAL	<b>6,550</b>	<b>6,231</b>	<b>29,026</b>	<b>30,743</b>	<b>35,918</b>	<b>37,653</b>
Proportion of Children receiving 3 or more benefits					81%	<b>82%</b>
Proportion of Children receiving 1 or 2 benefits					18%	<b>17%</b>
Proportion of Children who did not receive any benefits					0.9%	<b>1%</b>

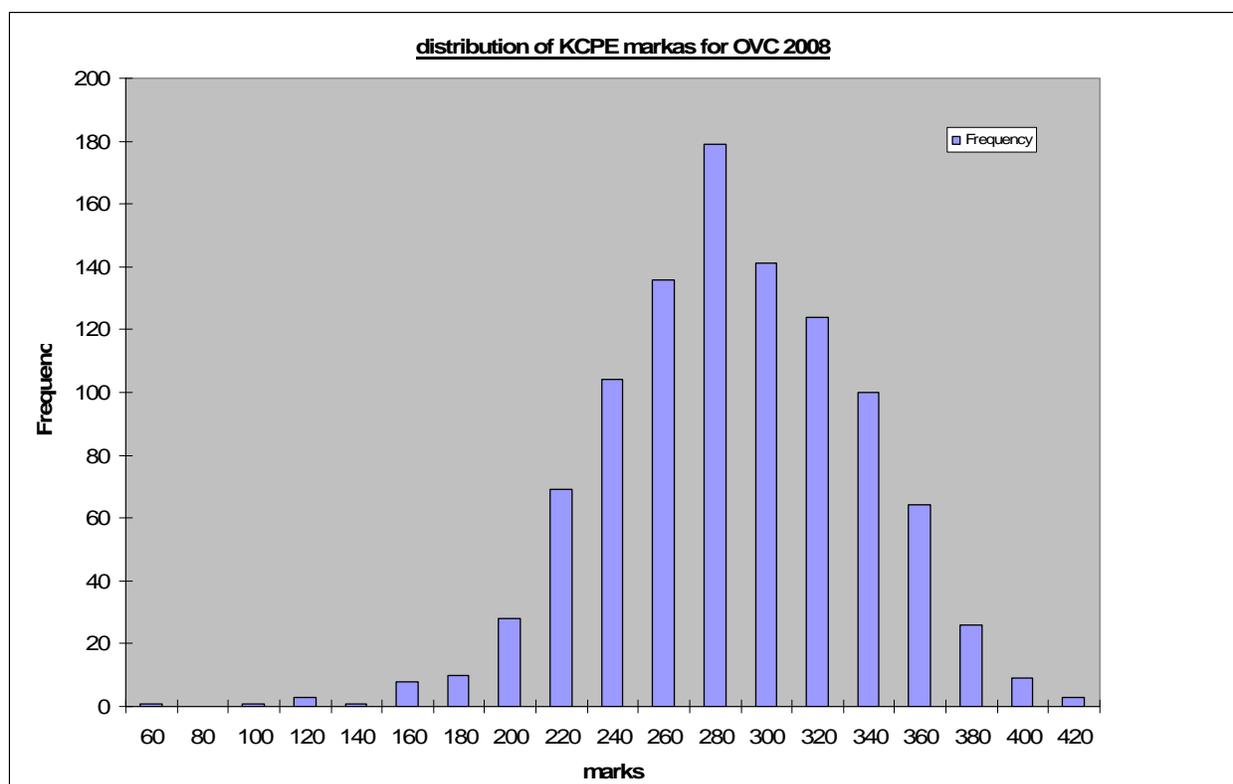
#### Education

A total of 28,531 Children were reached in this support area largely with school uniforms and scholastic materials (pens, rulers, books and pencils). 2,620 Children who were not previously in school were counseled and helped by CHWs to be enrolled in Schools. Last year a total of 1007 children took KCPE. The results are encouraging as more than 73% got more than 250 marks with a mean of 277. Boys performed better than girls as the statistics below show:

Table 19: KCPE 2008 results analysis for 1,007 OVC

Marks	Number			Cumulative % frequency		
	Male	Female	Total	Male	Female	Total
>400	3	0	3	1%	0%	0%
350-400	49	17	66	9%	4%	7%
300-350	177	91	268	39%	26%	33%
250-300	223	173	396	78%	66%	73%
200-250	113	111	224	97%	93%	95%
150-200	13	28	41	99%	99%	99%
100-150	4	3	7	100%	100%	100%
<100	1	0	1	100%	100%	100%
<b>OVC Status</b>				Single Orphan	Total Orphan	Vulnerable
<b>Mean</b>	285	267	277	278	276	273
<b>count</b>	583	423	1,006	345	236	81
<b>Range (min., max.)</b>	281 (105,386)	337 (74,411)	337 (74,411)	337 (74,411)	238 (146,384)	242 (149,391)

Figure 11: Frequency distribution of KCPE 2008 results for 1,007 OVC



## Nutrition

Children were able to access nutritious vegetables through kitchen gardening which was replicated in various OVC households. The project distributed 35,183 poultry (local birds) to registered OVC.

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Food relief operations supported 16,907 OVC especially by WFP in Bunyala, Kenya Red Cross in Mt Elgon, ACE-Africa in the large Bungoma district and Catholic Church in Mumias.

### **Health care**

The project worked very closely with the Ministry of MOH to ensure that registered OVC access and receive medical services when needed. A total of 16,822 were de-wormed, 7,625 were treated for various ailments, 24,572 OVC received long lasting mosquito nets while 26,061 accessed clean and safe drinking water through supply and usage of Waterguards™.

### **Shelter and care**

A total of 22,976 OVC have so far been supported with beddings (blankets, bed sheets and mattresses), 16,091 got kitchen sets. This quarter 15,910 OVC received home clothing. Home renovations continued with beneficiaries showing genuine appreciation of this support.



*Figure 12: PLHA/OVC Household in new house (Teso)*

### **Protection**

Civil registration officers continue to support registration of births and deaths for those children who had not done so. By close of quarter 13,944 had been registered. Other children were referred for legal services in areas of property protection, child abuse and neglect.

### **Psychosocial support**

This support area targets all the OVC and it is a one to one session with the home visitor through which deeper concerns for the child are addressed during home visits. In addition spiritual counseling where required was done through referral to pastors and CHATT. For the quarter 1,506 got spiritual counseling and 2,643 OVC were reached through child,

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community and bereavement counseling. A total of 36,507 OVC were reached with psychosocial support

- 5 *Support OVC out to access vocational training skills: 522 older children were in vocational training in various institutions in the province.*
- 6 *Follow up TOTs in organic farming for documentation, support and linkage* The trainees all indicated having started implementing the technologies they learnt from KIOF.



*Figure 13: Multistory garden in ALPHA Demo farm*

- 7 *Identify and contract Organic farming institution to train care givers/ OVC households on entrepreneurship skills and supervise implementation of organic farming in 3 districts:* Terms of Reference were developed and sent to the following identified institutions: Kenya Institute of Organic Farming (KIOF), Farm Concern International, Animal Draft Power (ADP), Manor House Agricultural Center (MHAC), and Agricultural Training Consultants (ATC). Emuhaya district, Teso and Bungoma West districts were identified for the implementation. Contracts with the training institution will be signed next quarter.

## Analysis of indicators and targets

Table 20: OVC Targets and Accomplishment

Indicator	Yr 3 target	Yr3, Q1 Accomplished	Year-to-date accomplishment
Number of OVC served by OVC programs	40,000	37,653	37,653 (94.1%)
Number of OVC served in 3 or more care areas by gender	35,000	30,743 (16,065m/14678f )	30,743 (87.8%)
Number of OVC served in one or two care areas by gender	5,000	6,231 (3,359m/2,872f )	6,231 (124.6%)
Number of OVC care-givers trained in caring for OVCs	1,200	6,827 (2,801m/4036f)	6,827 (568.9%)

### Activities for Next Quarter

- Support AAC meetings
- train caregivers on child care and support
- Support and care for OVC to access 3 or more benefits in health, education, nutrition, protection, shelter & psychosocial support
- conduct operational research to monitor quality assurance of CHW OVC monitoring and assessment of OVC care and support system

### 3.2.2: Strengthening child protection for OVC

#### Planned activities & accomplishments

1. *Quarterly Child club events and monitoring meeting for child counselors and memory book CHV Systemic child counselling:* Children Club activities took place in Kakamega Central, Kakamega North, Bungoma South, Angurai, Khwisero, Butula, Likuyani, Mumias and Emuhaya coordinated by the CBOs in these areas. During the activity, the children were accompanied by their parents for counseling and testing. The testing session attracted even the children who were not invited for the activity as well as adults. From the invited children, the following results were obtained:

Table 21: OVC Voluntary Counseling and Testing

DISTRICT	CBO	NO. TESTED	NO. POSITIVE
Busia	Busiada	103	4
Butere	ALPHA	70	6
Bungoma south	Bungoma HBC	74	0
Kakamega central	Shirere	70	20
Kakamega north	Kabras Jua Kali	70	28
Lugari	Matunda Jua Kazi	134	21
Mumias	CAMP	70	2
Teso	AKUDEP	0	73
TOTAL		591	154

After testing, the children were given time to play different games including skipping, football, athletes, hide and seek, singing game, traditional dancing and others. They later went into age specific groups for life skills education. The topics discussed were facts on HIV and AIDS, Rape, Sexuality, Drug adherence, Hygiene and Nutrition. Each counselor offered counseling services to 10 children. Some children were too young to open up. Many issues like child labor, defilement, rape, abandonment and neglect were handled.



Figure 14: An OVC accepts VCT service during the children's club.

The child counselors continued to reach out to families in the community in Butere, Bungoma, Busia, Kakamega, Lugari, Mumias, and Vihiga. The table below summarizes the quarter activities:

Table 22: Child counselor activities summary

		male	Female
Nos. of people reached	Adults	31	60
	children	180	286
Cases handled	Separation	5	
	Child neglect	8	
	School dropouts	11	
	Peer influence	7	
	Drug abuse	15	
	Pregnancy	1	
	Stealing	2	
Referrals	Police	2	
	Chief	2	

Memory book writers' activities were monitored in Butere, Bungoma, Busia, Kakamega, Lugari, Mumias and Vihiga.

Table 23: Memory book Activities

	male	Female	Total
No. of memory books written			11,566
No. of memory books in progress			11,566
No. of people who have written will			20
No. of people reached on memory book	658	966	
No. currently writing memory books	48	85	
No. of people who have written will	20	29	



1. Figure 15: AoH admire a Memory book written by a parent from Tushauriane Support group -Butere.

## Analysis of indicators and targets

Table 24: Targets and achievements on OVC/PLWA

	Indicator	Yr3 target	Yr3, Q1 Accomplished	Year-to-date accomplishment
Number of OVC referred to legal services, food and credit programs not funded by Global HIV/AIDS initiative funds		20/850	142/1481	142/1481
Number of PLWA referred to legal services, food and credit programs not funded by Global HIV/AIDS initiative funds		0	0	0
Number of positive parents trained on the memory book		0	0	0

### Challenges & Recommendations:

- Some parents do not disclose their HIV status to their children and most have not told their positive children why they are taking drugs.
- Children club activity will include VCT outreaches since it attract many children.
- The memory book should be translated from English to native languages to allow those people who do not understand English to participate in memory book writing.

### Planned activities next quarter

- Vocational skills training for out of school OVC
- Support to children clubs meetings for counseling, interaction & life skill information sessions
- Quarterly Monitoring Meeting for child counselors and memory book CHV

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## 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 *Training of the Catholic Church facilitators (TfT) in CoH:* This activity was not accomplished. The Lead Facilitators who were meant to coordinate the process of mobilization and facilitation of the training were held-up during the scheduled time leading to postponement of the training to quarter two.
- 2 *Organize 2 CHATT Trainings:* This was done Mumias and Butere.
- 3 *Organize 4 Quarterly review meetings for CHATTs and mentorship initiatives:* The quarterly meetings were held. The monitoring tools were developed and tested for efficiency and effectiveness of data collection and usage. Lessons learnt from the testing will be used to develop the final draft of the tool. The CHATT teams are positive about the tool and they are optimistic that it will help to measure their progress towards achievement of their planned activities.
- 4 *Hold 2 Pastors CoH sensitization workshops* Sensitization of religious leaders in CoH. 38 religious leaders were sensitized. The group comprised a mixture of Catholic priests and Muslim imams. It came to our appreciation that the catholic priests and the Muslim imams can join hands in organizing activities that could help reduce stigma and discrimination, since quoted verses in the Bible have complements that mean the equivalent in Quran, therefore, providing a common ground. After the sensitization, the participants were enthusiastic to go form the CHATTs following the realization that there is a lot to be done in the church regarding HIV and AIDS. Defrosting helped them to come from looking at HIV positive people as ‘sinners’ but that anyone can be infected.

**Case study:** Mumias district had their first sensitization workshop from 23<sup>rd</sup> June, 2008 to 27<sup>th</sup> June 2008. Among the participants, was Brenda who is a church leader at the Deliverance church in Mumias. During the sensitization, she disclosed her status to one of the facilitator. After the training, Brenda decided that she had kept quite for a long time. She started to disclose her status to the church leaders, and asked them for support to enable her disclose to the rest of the church. On 23<sup>rd</sup> November, she shared with the congregation comprising of around 300 people what she was experiencing. After service, many people some promised give her support while others asked her to take them to VCT, and others invited her to visit them at their homes. Brenda is currently counseling the PLWHAs in her community as well as holding youth meetings to disseminate information on HIV and AIDS. She is the HBC Desk person in CAMP, an FBO we are partnering with.

- 5 *Quarterly monitoring meetings for community counsellors and Bereavement Counsellors:* Community counsellors meeting was held in all districts apart from Mt Elgon which does not run this activity. Bereavement counselors were monitored in Lugari and Busia Districts.

**Case study:** The community counselors in Butere met a single lady who had given birth at Butere DH. The child was ever sick ling and she decided to have him tested. The child was found to be positive and this prompted her to go for testing too. To her surprise she was HIV –ve. She couldn’t understand why it is so. She decided to abandon the child in the next house she was renting and rented another house. Her elder daughter really loved her sibling and she decided to alert the neighbors. The neighbors rescued the child, informed the community counselors who visited the lady. They explained to her why it is so. Through series of counseling sessions, the lady has accepted to support her son by taking him to CCC. She is now coping well, living with her infected son.

### Analysis of indicators and targets

Table 25: Targets and accomplishments on people trained in counseling

Indicator	Yr 3 target	Yr3, Q1 Accomplished	Year-to-date accomplishment
Number of community members trained on bereavement counselling	25	0	0
Number of community members trained in community counselling	0	0	0

### Planned activities next quarter

- Training of the Catholic church facilitators (TfT) in COH
- Training of Congregational HIV and AIDS Task Teams (CHATT)
- quarterly meeting of CHATT at district level
- quarterly review meetings for district CoH team representatives with CoH coordinator
- Quarterly Monitoring Meetings for community and bereavement counselors

### 3.3.2 Providing livelihood activities for PLWHA

#### *Planned activities & accomplishments*

- 1 *Follow up activities to trainees of the Business skills training & support groups given start up kits:* Those who were trained have started IGA including vegetable farming, goats, sheep and poultry. Some goats have performed well especially those which were bought when they were in- kid. A case is in Shirere CBO where a PLWA received an in-kid goat in 2007 October. The goat has kidded twice. The Widow sold the goat & the kids and purchased a young heifer which is currently in-calf. Merry go rounds have been initiated among some CHWs as a sustainability measure. In ALPHA CBO in Butere District
- 2 *Complete inventorization of support groups and MFI institutions within the program area:* 5 Support groups supported in year 2 were visited. Jitegemee support group in Bukura are doing horticulture and currently engaged in seed bulking of harvesting amaranthas and selling indigenous vegetables. They bought a goat with part of the money given and the goat gave birth to twins.



*Figure 16: Jitegemee –Bukura goat delivered twins and members practice seed bulking*

- 3 *Identify, Assess, Strengthen, Support and link 50 Support groups to MFI:* MFI, Credit & other Support Institutions were identified and the list updated. Currently 95 support groups have been linked to World Council of Credit Unions (WOCCU) who will support the groups through capacity building in rice farming, green gram farming, bee keeping and.. During the quarter 8 support groups in Kakamega and Mumias districts were linked with KADET for entrepreneurship training & loaning. 10 other support groups from ALPHA CBO received entrepreneurship skills training through partnership with St. Johns Community Centre Pumwani. Support groups were also linked to other support

institutions such as Ministry of Agriculture for capacity building and farm inputs and AMREF Maanisha for grants.

- 4 *Facilitate Quarterly Paralegal network meetings:* Paralegal network was strengthened in Busia, Bungoma, Butere, Mumias, Lugari, Kakamega and Vihiga districts. The network members include:

- District community mobilizer.
- District field facilitator.
- District children officer.
- Director or representative of A2W CBO.
- Police officer.
- Education officer.
- Opinion leaders – chief/ assistant chief/village elder.
- Ministry of health representative.

Monitoring of paralegal activities was done in Vihiga, Mumias, Lugari, Kakamega, Busia, Butere and Bungoma. There were 1,299 outreaches that reached to 1,341 people (Male: 577 Female: 764 Boys: 279 Girls: 369)

*Table 26: Paralegal Cases Handled*

Type of cases	No. of cases		Ongoing cases		Referred cases		Completed cases		Defeated cases	
	M	F	M	F	M	F	M	F	M	F
Defilement	31	110	6	35	13	41	12	15	-	19
Child Labor	54	70	17	15	6	11	22	41	9	3
Child Trafficking	3	5	-	2	1	-	2	3	-	-
Neglect	42	38	10	10	25	19	3	8	4	2
Abandonment	21	20	3	5	7	9	10	10	1	1
School dropout	128	142	28	43	40	48	47	42	1	8
Assault	14	53	2	7	5	9	5	28	2	9
Rape	-	14	-	5	-	4	-	5	-	-
Drug abuse	58	36	15	7	17	15	25	13	1	1
Family Conflict	70	63	26	13	13	5	26	42	5	4
Divorce	5	8	2	3	2	3	1	-	-	2
Separation	21	32	8	11	3	7	7	10	3	4
Theft cases	22	4	7	1	6	-	7	1	2	2
Land Inheritance	56	101	20	45	13	22	9	5	14	29
Domestic violence	52	54	5	11	23	24	20	17	4	2
Abortion	-	32	-	1	-	24	-	5	-	2

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**Challenges & Recommendation:**

- Difficulties in getting CCC services for clients who do not have referral letters from other facilities.
- Delay in legal action always leads to distortion of evidence.
- Many people are not willing to give evidence especially if the case is against a close relative

**Planned Activities for next quarter:**

- Contract organic farming institutions to train CHW/caregivers/support groups on entrepreneur skills and supervise implementation of organic farming in 3 districts
- Support PLWA/OVC households and support groups to start IGA (poultry, bee keeping, business start-ups, farming as a business, dairy farming, *boda boda* bicycles)Quarterly follow up of group activities
- Facilitate exposure tours for CBO/FBO to other project sites
- Linking of support groups/household with MFI for credit and business skills programs
- Paralegal Training for CHW
- Monitoring and quarterly meetings for paralegals



## Monitoring & Evaluation

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### *Planned activities*

1. Roll out of new HMIS registers
2. Purchase of computers for HMIS
3. Roll out of COBPAP
4. Capacity building of CBOs and M&E team
5. Data collection and Audit
6. M&E meetings at District level
7. Quarterly Review meetings
8. M&E support supervision
9. M&E exchange visits
10. Mid term review of the project
11. Strengthen support for non-HIV/AIDS reporting

### *Accomplishments*

#### **Purchase of computers**

Nineteen computers including printers have been procured by the project for the districts. They will be distributed next quarter only to districts that are not sufficiently catered for. To avoid duplication of resources it was decided that only those District records and information officers that did not get the computers will now get them from the project. There are 10 districts that have already been identified to be supplied with the computers. The Monitoring and Evaluation team of the project is already getting data from the districts in soft copy.

#### **Roll out of COBPAP**

A TOT training was organized by NACC in Nairobi during the quarter and was attended by the M&E Specialist. The purpose of the training was to equip the partners so as to roll out the COBPAP tool. NACC is to avail the tools that are now in a form that is user friendly. The roll out to CBOs will now be done in the next quarter.

#### **Capacity building of CBOs and M&E team**

Two M&E staff attended the Monitoring and evaluation course at AMREF for one month. This training was to update their M&E knowledge and skills including the

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analytical skills. The project has generated data that needs to be interpreted and used for decision making. It is therefore anticipated that more support will be forthcoming from the two staff.

The comprehensive project database is now in place. All the result area data can be captured by the database. The M&E officers were orientated to the use of the database during the quarter. Since the database has been installed in the project server it is accessible to the project staff. Data entry is now being done in the system and not the excel spreadsheet as was previously done. The technical advisors for the three result areas were also introduced to the database. The CBOs working with the project will be trained on the database in the next quarter.

### **Data collection and Audit**

- The DHRIOs have continued to support the project in ensuring that data from the facilities is available at the district level.
- Emails were used for transmission of data to the project Kakamega office while other DHRIOs availed the copies of the filled data forms to the project during the visits by project staff to the districts. The DHRIOs were facilitated to move to facilities that had not submitted the data to the districts.
- Routine data audit was carried out during the quarter for the ART, PMTCT and RH. For the first two, the data from the newer facilities had to be corrected a few times. The process has created a sense of responsibility among the DHRIOs who are the custodians of the data in the districts.
- OJT on filling of the ART register and Pre-ART Register to Kaimosi Mission Hospital to staff working in the CCC. The same OJT was also carried out to Vihiga Health Centre to 2 Health care staff. As new staff is posted to the facilities it is necessary for an orientation and training is done to avoid errors being made at the time of data entry. OJT was also carried out in Lugari district for 3 staff. This however, is becoming a challenge as staff turnover especially those data clerks and clinical officers is high.
- DHRIOs and DASCOS did ensure that all ART data is reported using NASCOP form. There have been some issues especially in facilities that report to other partners in Busia Bungoma East like Bokoli and Milo. Issues relating to transfer in of clients from other facilities raise will be monitored before we embark on data reconstructions.
- In nearly all the districts, by the time the project M&E team is visiting the districts the 'MOH 726' reports and RH forms are ready for collection. This has made it easy to obtain data from the districts.

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- PEPFAR annual reporting was done during the quarter. This was executed within the stipulated time.

### **Quarterly Review meetings**

One review meeting with the PHMT and DHMT was held during the quarter. The project team and DHMTs made their presentations. Discussions that followed the presentations focused on quality of presentation; supervision by DHMTs; training and sharing of information.

### **M&E Support Supervision**

The project staff and DHRIOs in some districts like Lugari, Vihiga, Bungoma and Busia visited facilities on monitoring. Facility staff were assisted in using the registers, transfer of information to summary tools and other related information.

### **M&E Exchange visits**

During the quarter, the M&E team from APHIA rift valley and Eastern visited the project-A2W in October 2008. The purpose of the visit was to learn about best practice in the province: Understand the linkages between data sources and the project; storage of data and support in SI within the province. The team visited facilities, CBOs, school health program in a school and had meetings with the PHRIO and his team and the DHMTs.

### **Mid term Review**

This activity was undertaken during the quarter. The terms of reference were developed by the project team and partners and were limited to:

- Review and analyze appropriateness of selected strategies and make recommendations for scale-up, modification, or enhancement.
- Identify and document the strengths, weaknesses and opportunities for further investigation

The project areas covered during the review were:

- Four districts –Kakamega Central, Bungoma South, Emuhaya, and Butere
- In each of the districts, a Hospital, Health centre, Dispensary, CBO, CHWs, CHVs, PLWA, Youth Anchor organizations, formal and informal workplaces and DHMTs were visited.

The areas for assessment included: Networks and Linkages; Training; Supervision; Identifying and Treating HIV+ Children; Supporting OVC; and IEC/BCC Integration.

The key findings have been helpful to the project. A draft report has been produced with useful recommendations.

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### **Strengthen support for non-HIV/AIDS reporting**

Support was extended to non-HIV/AIDS reporting in the areas of data entry, verification compiling and production of summaries for reports.

#### ***Activities not Accomplished***

##### **Roll out of new HMIS registers**

This activity was shelved when it became clear that support for the same to all the provinces was from Danida through HMIS division of the Ministry of Health. Distribution of registers is still being supported by the project through the result areas as per need.

##### **M&E meetings at the district**

These meetings were scheduled to take place monthly at the district level to enable the DHRIOs and DASCOS meet the facility in charges and share the data and address related issues. Because of logistical hitches the meetings were not held. However, meetings with the province were held to set the agenda and agree on operations. The immediate items for discussions will include: Data validation; report timeliness; report completeness and level of facility performance.

### **Reporting**

The reporting rates during the quarter are shown below by service area.

#### ***RH/FP Reporting Rates***

District reporting rates have stabilized in nearly all the districts at over 90% every month.

*Table 27: RH/FP Reporting Rates*

<b>District</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
Bungoma East	100.0%	100.0%	100.0%
Bungoma North	100.0%	100.0%	100.0%
Bungoma South	94.7%	94.7%	100.0%
Bungoma West	100.0%	100.0%	100.0%
Bunyala	100.0%	100.0%	100.0%
Busia	95.7%	91.3%	87.0%
Butere	95.0%	95.0%	90.0%
Emuhaya	89.5%	84.2%	89.5%
Hamisi	92.9%	92.9%	85.7%
Kakamega Central	83.3%	87.5%	87.5%
Kakamega East	83.3%	75.0%	75.0%
Kakamega North	100.0%	100.0%	100.0%
Kakamega South	90.0%	90.0%	100.0%
Lugari	90.0%	92.5%	97.5%
Mt. Elgon	94.1%	94.1%	94.1%
Mumias	95.7%	91.3%	87.0%
Samia	100.0%	100.0%	88.9%
Teso	78.9%	73.7%	78.9%
Vihiga	100.0%	100.0%	100.0%
<b>Provincial</b>	<b>95.4%</b>	<b>94.5%</b>	<b>93.5%</b>

*Table 28: VCT reporting Rates*

	DISTRICT	Oct	Nov	Dec	Average
1	Bungoma East	100.0%	100.0%	100.0%	100.0%
2	Bungoma North	100.0%	100.0%	85.7%	95.2%
3	Bungoma South	100.0%	100.0%	85.7%	95.2%
4	Bungoma West	100.0%	100.0%	100.0%	100.0%
5	Bunyala	100.0%	100.0%	100.0%	100.0%
6	Busia	71.4%	100.0%	100.0%	90.5%
7	Butere	100.0%	100.0%	100.0%	100.0%
8	Emuhaya	100.0%	100.0%	100.0%	100.0%
9	Hamisi	83.3%	100.0%	100.0%	94.4%
10	Kakamega Central	80.0%	80.0%	80.0%	80.0%
11	Kakamega East	100.0%	66.7%	100.0%	88.9%
12	Kakamega North	100.0%	100.0%	100.0%	100.0%
13	Kakamega South	100.0%	100.0%	100.0%	100.0%
14	Lugari	100.0%	100.0%	100.0%	100.0%
15	Mt. Elgon	100.0%	100.0%	100.0%	100.0%
16	Mumias	100.0%	100.0%	100.0%	100.0%
17	Samia	100.0%	100.0%	100.0%	100.0%
18	Teso	80.0%	100.0%	100.0%	93.3%
19	Vihiga	100.0%	100.0%	100.0%	100.0%
20	Province	95.5%	97.2%	97.4%	96.7%

*Table 29: PMTCT Reporting Rates*

	DISTRICT	Oct	Nov	Dec	Average
1	Bungoma East	91.7%	100.0%	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	86.7%	100.0%	100.0%	95.6%
5	Bunyala	100.0%	100.0%	100.0%	100.0%
6	Busia	92.3%	100.0%	100.0%	97.4%
7	Butere	100.0%	100.0%	100.0%	100.0%
8	Emuhaya	100.0%	100.0%	100.0%	100.0%
9	Hamisi	100.0%	100.0%	100.0%	100.0%
10	Kakamega Central	90.0%	100.0%	100.0%	96.7%
11	Kakamega East	100.0%	100.0%	100.0%	100.0%
12	Kakamega North	100.0%	100.0%	100.0%	100.0%
13	Kakamega South	85.7%	100.0%	100.0%	95.2%
14	Lugari	100.0%	100.0%	100.0%	100.0%
15	Mt. Elgon	92.3%	92.3%	92.3%	92.3%
16	Mumias	100.0%	100.0%	100.0%	100.0%
17	Samia	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%
	Province	96.8%	99.6%	99.6%	98.7%

*Table 30: Targets & indicators Strategic Information*

Indicator	Yr 3 target	Yr3, Q1 Accomplished	Year-to-date accomplishment
13.1: Number of local organizations provided with technical assistance for strategic information activities	75	3	3 (4.0%)
13.2: Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS).	75	6	6 (8.0%)

***Analysis of indicators and targets***

***Challenges & recommendations***

- Support to the province by other players created a situation where some of the equipment and activities could not easily be carried out. These included, the roll out of MOH 711, the supply of computers to the districts and meetings at the district level

**Planned Activities Next Quarter**

1. Purchase of computers for HMIS for 5 districts
2. Roll out of COBPART to 13 CBOs
3. Capacity building of CBOs and M&E team
4. ART data reconstruction for 14 facilities
5. Data collection and Audit
6. M&E meetings at District level
7. Quarterly Review meetings
8. Quarterly facility meetings for 19 districts
9. M&E support supervision to 40 facilities  
Reward for 3 top performing facilities



## FINANCE & OPERATIONS

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### OPERATIONS

#### Office/ Space

- Tenders sent out and eventually awarded for refurbishing of container. This is to provide additional office space for the project staff.

#### Furniture/Equipment

- Equipment issued to new partner (WRCC) – 8 motorcycles , 1 laptop and 2 desk tops
- PA systems procured and issued to MT troupes. One available for office use
- Additional computers procured and are to be distributed to the districts after identifying those in need

#### Transport

- Process underway to acquire additional vehicles. Vehicles already identified. Awaiting waiver from USAID

#### Servicing of Computers

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

#### DONATION from LDS Humanitarian services

- Distribution of donations done in most facilities. Some of the items were returned as the facilities did not have the capacity to use them. These are to be redistributed.
- Appreciations and acknowledgements received from some of the sites

#### GENERATOR REPAIR

- Transfer of generator done from main external garage to its own shed. Fuel to be supplied on a contributory basis by the three occupants of the premises- KWFT, Kenafya and A2W

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## **Financial report**

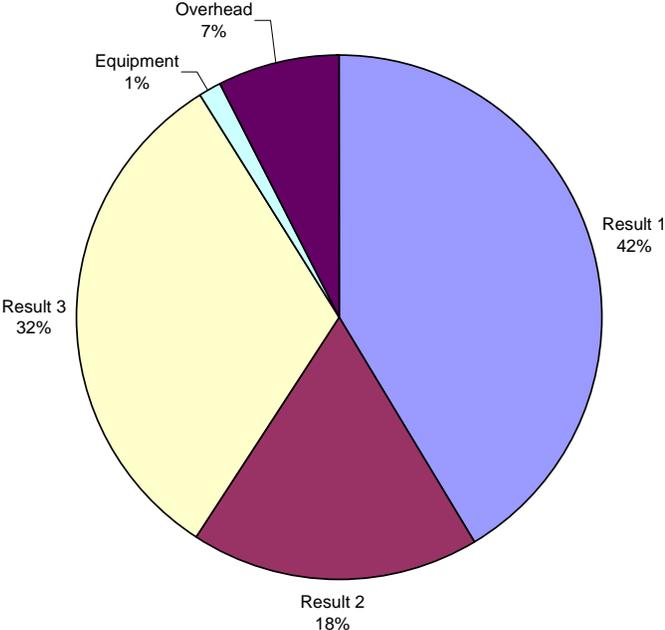
During the quarter, modifications 3 and 4 to award number 623-A-00-07-00007-00 (APHIA II Western) were issued. The purpose of modification 3 was to incrementally fund the agreement by \$9,750,000 thereby increasing the obligated amount from \$13,860,000 to \$23,610,000.

The purpose of modification 4 was to increase Total Estimated Cost (TEC) of the agreement by \$8 million, from \$34,972,465 to \$42,972,465, and to reduce the agreement end date by 12 months from December 18, 2011 to December 31, 2010.

Total actual expenditure for the quarter was \$3,631,385, almost equal to \$3,658,667 reported in the previous quarter. The cumulative actual expenditure as at December 31, 2008 was US\$14,385,750 whereas total cumulative reported cost share was US\$1,389,552.

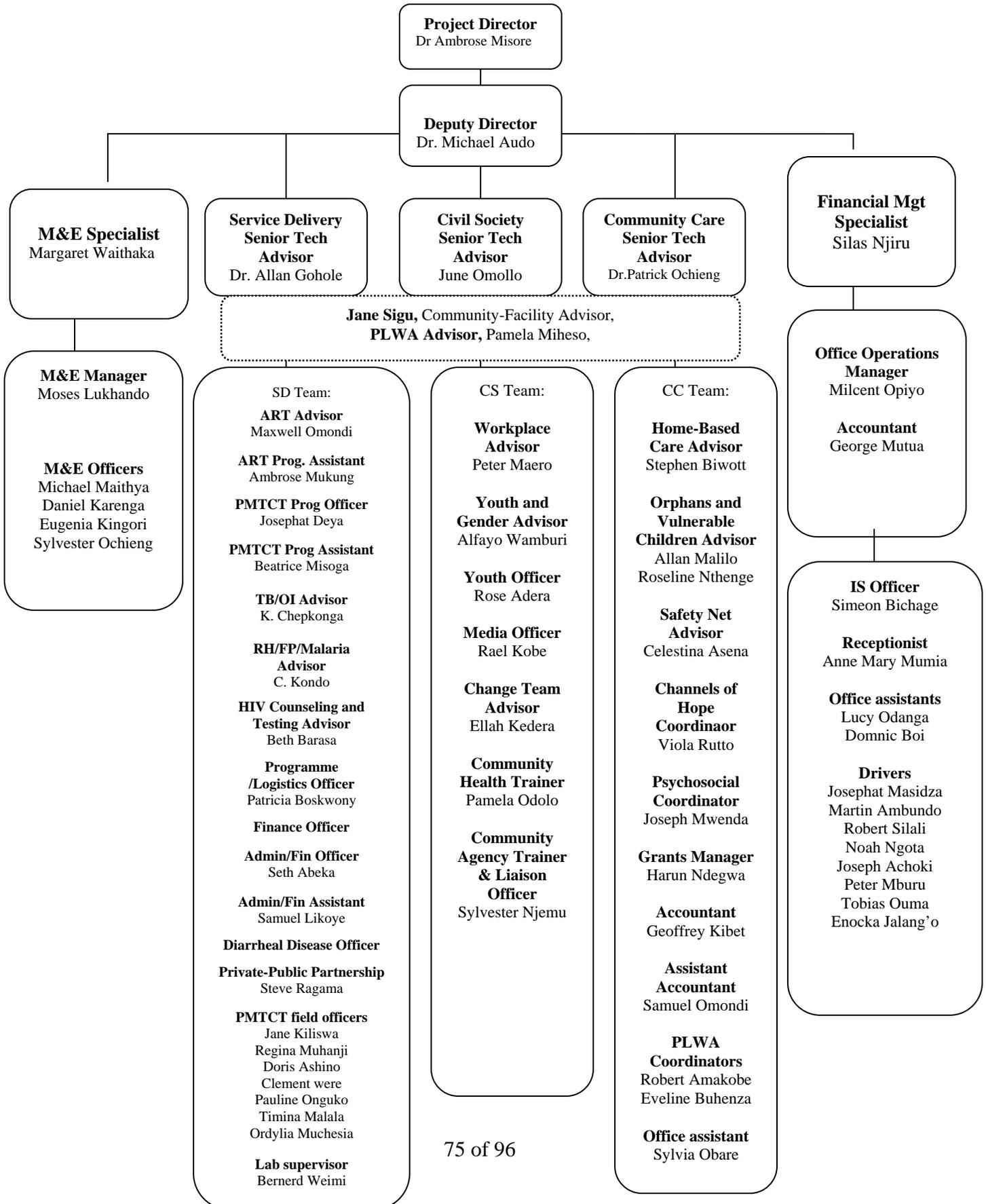
Total cumulative actual and accrued expenditure was \$15,127,334 representing a burn rate of 64% of the obligated funds and 35% of the Total Estimated Cost.

Figure 17: Expenditure by Result Area



# Organogram

Figure 18: Organogram by December 2008





## Annexes

### *Annex 1: Patients on Antiretroviral Treatment (ART)*

	Facility Name	NEW individuals initiating ART October-December 2008		CURRENT individuals receiving ART by 31 <sup>st</sup> December 2008		TOTAL by end 31 <sup>st</sup> December 2008
		Adults	Children	Adults	Children	Total
1	Kimilili DH	62	2	424	24	64
2	Bumula HC	15	5	72	8	20
3	Bungoma DH	103	14	1007	69	117
4	Chwele DH	15	1	112	13	16
5	Malakisi HC	15	0	86	8	15
6	Sirisia SDH	9	1	49	1	10
7	Matayos HC	25	3	150	17	28
8	Butere DH	71	9	522	36	80
9	Kwhisero HC	40	2	151	10	42
10	Manyala SDH	24	1	85	6	25
11	Namasoli ACK Mission	35	5	105	10	40
12	Emuhaya DH	20	0	106	1	20
13	Esiarambatsi HC	6	0	22	0	6
14	Ipali HC	7	1	52	6	8
15	Tigoi HC	19	5	48	10	24
16	Kaimosi Mission Hospital	37	3	84	7	40

	Facility Name	NEW individuals initiating ART October-December 2008		CURRENT individuals receiving ART by 31 <sup>st</sup> December 2008		TOTAL by end 31 <sup>st</sup> December 2008
17	Hamisi DH	32	2	146	15	34
18	Malava DH	56	8	266	40	64
19	Bukura HC	47	4	165	11	51
20	Bushiri HC	7	0	27	2	7
21	Iguhu DH	44	8	170	26	52
22	Kakamega PGH	183	11	1467	103	194
3	Kambiri HC	18	1	51	3	19
24	Kilingili HC	25	7	93	12	32
25	Shikusa GK Prison	8	0	28	2	8
26	Shibwe HC	13	1	25	2	14
27	Navakholo DH	14	1	94	16	15
28	Kongoni HC	6	1	17	0	7
29	Likuyani SDH	51	3	96	6	54
30	Lumakanda DH	14	1	102	18	15
31	Mabusi HC	20	4	103	9	24
32	Matete HC	18	0	87	9	18
33	Makunga HC	34	3	122	14	37
34	Bungasi HC	7	2	41	6	9
35	Bukaya HC	13	0	43	1	13
36	Matungu DH	17	2	115	7	19
37	St Mary's Mumias	48	8	1014	46	56
38	Alupe SDH	30	1	377	12	31
39	Sabatia HC	42	2	289	27	47
40	Vihiga HC	18	0	36	2	18
41	Vihiga DH	82	20	1205	164	102
42	Ndalu HC	2	0	4	0	2
43	Kuvasali Dispensary	2	0	2	2	2
44	Kabuchai HC	5	0	5	0	5
45	Serem HC	1	0	1	0	1
	<b>TOTAL</b>	<b>1360</b>	<b>145</b>	<b>9266</b>	<b>781</b>	<b>1505</b>

**Annex 2: Current Patients enrolled on HIV care and treatment as at 31<sup>st</sup> December, 2008**

	Facility	Children		Adults		Total
		Male	Female	Male	Female	
1	Kimilili DH	32	114	314	869	1389
2	Bumula HC	9	9	39	153	210
3	Bungoma DH	90	95	708	1557	2450
4	Chwele DH	14	15	261	70	360
5	Malakisi HC	16	24	59	164	263
6	Sirisia SDH	5	5	22	84	116
7	Matayos HC	25	37	169	556	787
8	Butere DH	64	74	375	1019	1532
9	Kwhisero HC	33	45	145	435	658
10	Manyala SDH	14	16	86	245	361
11	Namasoli ACK Mission	14	11	84	212	321
12	Emuhaya DH	12	0	78	187	277
13	Esiarambatsi HC	0	0	20	36	56
14	Ipali HC	13	13	65	191	282
15	Tigoi HC	26	9	34	109	178
16	Kaimosi Mission Hospital	18	12	52	148	230
17	Hamisi DH	22	25	89	214	250
18	Malava DH	64	88	206	609	967
19	Bukura HC	22	13	96	265	396
20	Bushiri HC	5	4	27	92	128
21	Iguhu DH	38	34	148	383	603
22	Kakamega PGH	143	118	837	1441	2539
23	Kambiri HC	12	13	36	87	148
24	Kilingili HC	17	21	46	144	228
25	Shikusa GK Prison	6	8	61	93	168
26	Shibwe HC	9	14	38	125	186
27	Navakholo DH	31	24	61	233	349
28	Kongoni HC	1	4	34	50	89
29	Likuyani SDH	9	17	62	159	247
30	Lumakanda DH	30	33	80	216	359
31	Mabusi HC	17	20	48	180	265
32	Matete HC	22	16	55	179	272
33	Makunga HC	24	17	94	305	440
34	Bungasi HC	12	8	57	127	204
35	Bukaya HC	1		42	162	205
36	Matungu DH	9	5	100	325	439

	Facility	Children		Adults		Total
		Male	Female	Male	Female	
37	St Mary's Mumias	71	76	515	1324	1986
38	Alupe SDH	42	15	323	476	856
39	Sabatia HC	38	42	121	366	567
40	Vihiga HC	8	3	32	90	133
41	Vihiga DH	159	173	762	1652	2746
42	Ndalu HC		1	6	17	24
43	Kuvasali dispensary	1		6	12	19
44	Kabuchai HC	1	6	4	17	28
45	Serem HC	0	0	4	27	31
	<b>TOTAL</b>	1,259	1,277	6,501	15,405	24,442

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*Annex 3: Outreaches*

<b>Oct-Dec 2008</b>						
			<b>Oct-08</b>	<b>Nov-08</b>	<b>Dec-08</b>	<b>Total Summary</b>
<b>No. of outreaches</b>			65	79	58	<b>202</b>
<b>Children</b>			3470	3724	2030	<b>9224</b>
<b>Adults</b>			3186	3568	1609	<b>8363</b>
<b>Total</b>			6656	7292	3639	<b>17587</b>
<b>Measles</b>			550	1368	622	<b>2540</b>
<b>Others</b>			1769	1993	2067	<b>5829</b>
<b>Total</b>			2412	3361	2677	<b>8450</b>
<b>Total Population served</b>			9068	10653	6316	<b>26037</b>
<b>SP1</b>			294	464	312	<b>1070</b>
<b>SP2</b>			177	293	234	<b>704</b>
<b>PMCT</b>	<b>Counseled only</b>		344	511	457	<b>1312</b>
	<b>Counseled &amp; Tested for HIV</b>		486	690	531	<b>1707</b>
	<b>HIV +ve</b>		11	46	53	<b>110</b>
	<b>Total PMCT clients</b>		546	793	539	<b>1878</b>
<b>Total ANC clients</b>			662	941	715	<b>2318</b>
<b>Counseled and Tested</b>	<b>Males</b>	<b>0-14 years</b>	39	162	64	<b>265</b>
		<b>15-24 years</b>	167	383	269	<b>819</b>
		<b>25+ years</b>	244	502	382	<b>1128</b>
		<b>Total Male</b>	450	1006	715	<b>2171</b>
	<b>Females</b>	<b>0-14 years</b>	41	194	119	<b>354</b>
		<b>15-24 years</b>	213	651	427	<b>1291</b>
		<b>25+ years</b>	560	613	550	<b>1723</b>
		<b>Total Female</b>	814	1458	1096	<b>3368</b>
		<b>Total tested</b>	1264	2464	1811	<b>5539</b>
<b>HIV + ve</b>	<b>Males</b>	<b>0-14 years</b>	7	127	35	<b>169</b>
		<b>15-24 years</b>	828	19	10	<b>857</b>
		<b>25+ years</b>	70	30	42	<b>142</b>
		<b>Total Male</b>	905	176	87	<b>1168</b>
	<b>Females</b>	<b>0-14 years</b>	0	5	7	<b>12</b>
		<b>15-24 years</b>	627	14	21	<b>662</b>
		<b>25+ years</b>	1377	23	45	<b>1445</b>
		<b>Total Female</b>	2004	42	74	<b>2120</b>
		<b>Total HIV +ve</b>	2909	218	161	<b>3288</b>
<b>New clients</b>			268	276	261	<b>805</b>
<b>Return clients</b>			214	351	279	<b>844</b>
<b>Total clients</b>			482	627	526	<b>1635</b>
<b>Child welfare clinic</b>			404	370	361	<b>1135</b>
<b>ANC clients</b>			305	250	156	<b>711</b>
<b>Total LLITN</b>			709	620	517	<b>1846</b>
<b>Condom distributed on demand</b>			20343	28370	19022	<b>67735</b>

**Annex 4: The radio episodes produced and broadcasted were programmed as shown in the table below:**

<b>TOPIC</b>	<b>EPISODE NO.</b>	<b>EPISODE TITLE</b>	<b>DATE OF TRANSMISSION</b>	<b>DURATION</b>
Gender	13	Gender based violence	6 <sup>th</sup> October 2008	1 Hour
HIV Counseling and Testing	14	Understanding HIV and Aids	13 <sup>th</sup> October 2008	1 Hour
	15	Importance of Knowing your status	20 <sup>th</sup> October 2008	1 Hour
	16	Benefits of testing	27 <sup>th</sup> October 2008	1 Hour
	17	Life after Testing	3rd November 2008	1 hour
Stigma Reduction	18	Managing self inflicted stigma and discrimination	10 <sup>th</sup> November 2008	30 minutes
	19	Effects of stigma and discrimination on a PLHAS	17 <sup>th</sup> November 2008	30 minutes
	20	Effects of stigma on OVCs	24 <sup>th</sup> November 2008	30 minutes
	21	Taking up lead towards supporting PLHAS and OVCs	1 <sup>st</sup> December 2008	1 Hour
Adolescent Reproductive Health	22	Understanding adolescent reproductive health	8 <sup>th</sup> December 2008	1Hour
	23	Changes in an adolescent	15 <sup>th</sup> December 2008	30 minutes
	24	Factors exposing adolescents to unwanted pregnancies, STIs and HIV	22 <sup>nd</sup> December 2008	30 minutes
	25	Relationships among adolescent	29 <sup>th</sup> December 2009	30 Minutes

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## ***Annex 4: Result 2 Case Studies***

### ***2.1.1 Emerging issues/Case Studies/Success Stories***

#### **1. Community dialogue discussion**

Community dialogue discussion has significantly contributed towards positive health seeking behavior. i.e willingly and volunteering to go for VCT. Christine Anyango of Sidukhumi village, Kingandole sub location, a 30 year old widow of four children has been living in self denial after the husband's death. Equally her daughter of seven years has been sick on and off. After joining the dialogue group for the last one and a half years, she opened up and went for VCT. She turned positive. But suspicious of the daughter's condition, she took a bold step to have her daughter tested for HIV. The class 2 girl was confirmed HIV+ with low CD4 count. Since then the girl was put on ARVs and is living positively. Christine is mobilizing other people within sidukhumi village to know their status and join support group.

#### **2. Condoms uptake**

At the onset of the project, the communities around WESTCOBV sites perceived condoms negatively and were of the opinion that they encouraged promiscuity. In a meeting held in the community, one member tried justifying that condoms had holes by pouring water that had chillies in it asked people to lick it and feel the taste of the chillies. However it was clarified that chillies is corrosive and can easily permeate. Through the clarification provided in the dialogue group discussion by the community health volunteers, the community around Misikhu, Manyala, Khisero and Chwele now have different perspective and view them as very essential in not only preventing HIV and STIs transmission but as means of Family planning. Also their has been a shift from the youth and men as the only people demanding for the condoms but now married women are picking them for their husband. The number of condom uptake has gone up from 1681 in the first quarter of year 1 to 241,663 in the current quarter.

#### **4: Peer family role in reduction of Gender Based violence and family communication:**

Eunice Anyona, 15 years old had just completed her end of year exams in Form 2 at a local secondary school in Malava division. The school administration had discovered that she was pregnant and had asked her to stay away from school when schools re-opened the following term.

It was a harsh reality for Eunice as she didn't know how to address the issue. Her boyfriend responsible for the pregnancy had run away and she feared breaking the news to her parents. All along, her parents never sensed anything suspicious and had struggled to do all they could to keep her in school. At this moment Eunice was forced to let her mother know about her pregnancy. The mother got very angry but had to tell her father as per the tradition.

The father got very angry and asked her to leave his home, as he didn't want a bastard born in his home. He even asked her to get married as she had brought shame to the family. Village members supported him in this action. Her mother tried to intervene but

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this threatened her marriage so she decided to keep quiet. Eunice, on realizing that her father was not likely to change his mind and that her situation was threatening to tear the family apart left for her Aunt's place, 15 kilometers away from their home. Eunice stayed at her Aunt's place until she gave birth.

Meanwhile the Peer Family Program was just beginning in the area and her parents voluntarily enrolled. After participating in the peer family discussions exploring communication and problem solving approaches within the family, Eunice's mother decided to invite the Peer Family Facilitator and some members from her peer family discussion group to help her resolve the squabbles at her home. Life in the home was becoming unbearable with her husband having resorted to heavy drinking. They obliged to her invitation and visited her. She narrated her daughter's story and what had been happening within the family to them while her husband was away. When her husband returned home she told the same story in his presence. The group deliberated on the issue for a while as they had through the peer family discussions discovered there are better ways to solving problems than drinking and violence. Her parents agreed to have Eunice return home. Eunice came home after having stayed away from home for close to a year together with her child.

Eunice attended the next peer family discussion session together with her parents that focused on violence and its effects on the family. Her father keenly listened and contributed a lot in the discussion despite the guilty feeling inside him. At the end of the session, Eunice parents for a second time invited some members from their peer family discussion group and the facilitator to their home. He confessed to have mishandled his daughter when she was pregnant and that he did it out of ignorance. Through the discussions, he had learnt that there are better ways of solving such like issues than resorting to violence. He asked for forgiveness from the daughter before all that were present. He agreed to take Eunice back to school and take care of his grandchild.

Her parents approached her head teacher who willingly accepted Eunice back to school as she was one of their brightest students. Her parents being sugarcane farmers sold their sugarcane and have since sent Eunice back to school. Eunice is in Form 3, a bright student, an active member of the peer family group together with her parents and a living testimony to many in the area. She is now the leader of the youth within her peer family group, educating them with testimonies of what she went through and how her life has changed. She is also encouraging other parents to emulate her parents and assist their children grow up responsibly.

Life in the home has since changed. Her father has also reformed no more alcohol and now attends church service together with his wife, something he never used to do. Both are now advocating for parents to talk to their children and solve any problems within the family together as this is what brings happiness in the home.

Eunice is now the hope of her family, as she pursues her education. Eunice case is just one of the cases that the peer family Programme has resolved in the homes. Issues of infidelity and sexual health are addressed as well.

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### **Case study:**

The Married Adolescent program has continued to flourish and has attained a special touch to the young tenderly aged women in Western Province. This is one programme that is implemented within the structures of the Church or Faith Based Organizations. Mentors teams in all the 17 districts have registered their groups with the Department of Social Services and Gender. This move has enabled the teams to access funds from the Women Empowerment Fund, soft loans so given by the District Commissioners' in respective districts. The mentors group in Kimilili, Bungoma North is a beneficiary of the empowerment scheme. The married adolescents girls on the other hand have engaged in various micro-credit initiatives like Kitchen gardening in Lumakanda, petty trade in Luanda, basketry and Pottery in Vihiga around Chavakali and Chwele in Bungoma West. The activities mentioned have been made possible with the support of the husbands and other family members. There are 50 married adolescents who have undergone Couple testing.

In Mt. Elgon, Cheptais Region, one mentees group has registered as a Self Help Group and the membership engaged in Agricultural activities. They grow maize, Beans, Cabbages, onions and Tomatoes which they sell and the proceeds shared amongst the members. Sometimes the members opt to buy Kitchen Utensils for each other. The married adolescents have also accessed health services during H/Outreaches organized by the Motivators in areas where there are worksite activities as well as health facility outreaches. In a nut shell some of the successes are as captured;

- Joint discussions at family levels between the married adolescents and their husbands, Bungoma East
- Joint sharing and budgeting together, Bungoma North.
- Collective Health seeking habits where both the family players seek medical services together, Emuhaya District
- Husbands on the fore front as well as mother in laws in support for the girls attending dialogue discussions without failure, Mumias and Butere Districts
- Active participation of Husbands and mother in laws in discussion groups. This have really enhanced better health seeking behaviors from the team
- There has been delayed pregnancies among the married adolescents and high uptake of FP methods

As emerging issue there are married adolescents as young as 14 and living with their spouses. This comes as a result mostly of teenage pregnancies.

## Annex 5: Summary of PLWHAs CHVs Activities

	sex	TARGET 2008	Q1	ACTUAL
No. of AOH Monitored	M	81		77
	F	157		159
No. of Family Ambassadors	M	25		26
	F	25		26
No. of Outreaches made		1000		2565
No. of People reached with Stigma Reduction Messages	M	10,000		20,260
	F	20,000		35,615
No. of Child counselors trained	M	0		0
	F	0		0
No. of Children reached by child Counselors	M	1,000		880
	F	2,000		1,920
No. of Child Counselors Monitored	M	40		40
	F	94		94
No of Children reached by Memory Book trainees	M	2,000		2,245
	F	8,000		7,532
No. of Memory Book trained	M	0		0
		0		0
No. of Memory Book trainees Monitored	M	53		53
	F	105		105
No. of Memory books written		10,000		11,566
No. of Wills written		50		20
No. of People reached by C. Counselors	M	1,500		1,583
	F	2,000		2920
No. of C. Counselors trained	M	0		0
	F	0		0
No. of Community counselors monitored	M	42		42
	F	86		86
No. of Families reached by C. Counselors		400		529
No. of Widow/ers counseled by Bereavement Counselors	M	350		702
	F	700		791
No .of Bereavement widows monitored	M	6		6
	F	44		44
No. of Support groups formed		10		13
No. of Support groups strengthened		40		70
No. of People reached in support groups	M	500		401
	F	700		920
No. of People reached by paralegals	M	500		856
	F	1000		1133
No. of Paralegals Monitored	M	59		58
	F	93		93
No. of Paralegals Trained	M	10		0
	F	10		0
No. of COMMPAC Trained	M	50		59
	F	50		58

**Annex 6: Activities and characteristics of family ambassadors.**

ITEM	BUTERE DH		BUNGOMA DH		KAKAMEGA PGH		LUGARI DH		BUKAYA HC		VIHIGA DH	
	M	F	M	F	M	F	M	F	M	F	M	F
No. of Couples	7		24		15		8		4		16	
HIV Status +ve	5	2	20	4	7	8	5	3	2	2	9	7
Youngest Couple (years)	35	27	18	30	28	21	36	26	37	30	35	26
Oldest Couple (years)	57	40	70	50	50	37	66	55	59	40	61	58
Earliest year tested	02	02	00	00	05	05	03	03	03	03	00	00
Latest year tested	08	08	08	08	08	08	08	08	08	08	08	08
No. of children	25	16	55	57	10	10	10	11	18	17	29	28
Status of Children -ve	12	5	49	51	7	6	8	8	12	5	28	28
Status of Children +ve	-	-	-	1	-	-	2	1	-	-	1	-
Status not known	13	11	6	5	3	4	-	2	6	12	-	-
No. of Outreaches	14		66		12		17		0		12	
No. of people reached	335	580	400	800	178	376	72	128	0	0	53	950
Referrals to HF	9	11	35	60	1	4	1	6	-	-	23	50
Referrals to Support groups	5	7	48	100	-	-	1	3	-	-	4	6

**Annex 7: Referrals to Health Facilities by Community Counselors**

Details	BUSIA		BUNGOMA		BUT/MMS		KAKAMEGA		TESO		VIHIGA	
	M	F	M	F	M	F	M	F	M	F	M	F
VCT	7	10	32	84	10	26	8	15	19	32	73	107
PMTCT	3	12	0	44	0	4	1	10	3	9	31	59
TB	0	0	0	0	4	6	0	0	0	0	16	26
MALARIA	1	0	0	0	0	0	0	0	0	0	6	6
SUPPORT GROUP	13	15	14	40	0	1	8	11	2	8	50	111
CCC	13	12	28	51	1	11	8	11	4	6	80	120
HBC	1	0	4	7	4	5	3	1	1	4	11	17
LEGAL	0	0	0	0	0	2	0	0	0	0	2	4
OLS	0	0	0	0	0	1	3	5	0	0	4	3

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*Annex 8: Bereavement counseling activity summaries*

<b>Details</b>	<b>BUSIA</b>		<b>LUGARI</b>	
	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>
REFERRED TO				
VCT	10	17	25	39
PMTCT	2	8	0	23
STI	0	0	9	25
TB	10	12	0	1
HBC	2	0	18	36
CCC	13	19	28	71
S.GROUP	20	15	16	51
LEGAL	0	0	4	12

## Annex 9: Q1 Yr3 OVC Benefit Table

<b>BENEFIT</b>		<b>MALE</b>	<b>FEMALE</b>	<b>TOTAL</b>
HEALTH CARE	Medical check	7,001	5,951	12,952
	De-worming	9,160	7,662	16,822
	Treatment for any ailment	3,965	3,660	7,625
	Long lasting insecticide treated nets	12,882	11,690	24,572
	Routine and missed immunizations received	4,922	4,772	9,694
	Vitamins and mineral supplements	5,821	5,696	11,517
	Medical outreaches	4,182	5,227	9,409
	HIV counseling and/or Testing	9,388	7,783	17,171
	HIV prevention and life-skills activities	9,036	8,439	17,475
	Access to clean water	13,502	12,559	26,061
<b>TOTAL NUMBER WHO RECEIVED A HEALTH BENEFIT</b>		<b>16,620</b>	<b>15,472</b>	<b>32,092</b>
EDUCATION	Uniform in the last one year	10,096	8,382	18,478
	School fees/ levies	1,970	1,329	3,299
	Schooling items	5,561	5,411	10,972
	Sanitary towels	0	15,336	15,336
	School feeding programmes	4,312	4,006	8,318
	Child now in school	1,249	1,371	2,620
<b>TOTAL NUMBER WHO RECEIVED EDUCATION BENEFIT</b>		<b>14,790</b>	<b>13,741</b>	<b>28,531</b>
NUTRITION	Kitchen garden	9,790	8,759	18,549
	Livestock	3,335	3,363	6,698
	Poultry	18,275	16,908	35,183
	Food relief and donations	8,648	8,259	16,907
<b>TOTAL NUMBER WHO RECEIVED NUTRITION BENEFIT</b>		<b>18,438</b>	<b>16,904</b>	<b>35,342</b>
SHELTER AND CARE	Beddings	11,890	11,086	22,976
	Kitchen set	8,494	7,597	16,091
	Home clothing	8,029	7,881	15,910
<b>TOTAL NUMBER WHO RECEIVED SHELTER AND CARE</b>		<b>15,134</b>	<b>14,134</b>	<b>29,268</b>
PROTECTION	Registrations of births and deaths	8,160	6,772	14,932
	Protection and access to parents property	1,827	2,046	3,873
	Referral & linkages for legal services	848	1,036	1,884
	Memory book writing			11,566
<b>TOTAL NUMBER WHO RECEIVED PROTECTION</b>		<b>10,097</b>	<b>8,937</b>	<b>19,034</b>
PSYCHO-SOCIAL SUPPORT	Home visit by CHW	19,452	16,980	36,432
	Spiritual counseling	685	821	1506
	Child, community & bereavement counseling	1,394	1,249	2,643
<b>TOTAL NUMBER WHO RECEIVED PSYCHOSOCIAL SUPPORT</b>		<b>19,485</b>	<b>17,022</b>	<b>36,507</b>
LIVELIHOOD & ECONOMIC SUPPORT	Vocational training	288	234	522
	Business skills training	48	45	93
	Business start up kitty	10	5	15
	Linkages and support from MFI	4	5	9
<b>TOTAL NUMBER WHO RECEIVED ECONOMIC SUPPORT</b>		<b>319</b>	<b>261</b>	<b>580</b>
CAREGIVER TRAINING		2,801	4,036	6,827
TOTAL NUMBER WHO RECEIVED NO BENEFIT (NOT VISITED)		365	314	679
TOTAL NUMBER RECEIVING 1 OR 2 BENEFITS (MAIN COMPONENTS)		3,359	2,872	6,231
TOTAL NUMBER RECEIVING 3 OR MORE BENEFITS (MAIN COMPONENTS)		16,065	14,678	30,743
<b>Total number of OVC</b>				<b>37,653</b>