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**APHIA II
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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
January 1 – March 31, 2009
(Project Year 3, Quarter 2)**

Submitted April 30, 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 the 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 the 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 reinforces 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 O



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I. Introduction

The AIDS, Population and Health Integrated Assistance Program in Western Province (APHIA II Western) is a four-year cooperative agreement between USAID and PATH. The term of the project is from December 19, 2006 to December 18, 2010. The PATH-led team is comprised of four strategic partners: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), JHPIEGO, Society for Women and AIDS in Kenya (SWAK), and World Vision.

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

This report covers the second quarter for year III, covering the period January to March, 2009.

Executive Summary and Highlights

During the reporting period, the project made remarkable efforts in achieving its objectives. Some key achievements were:

- Home counseling and testing was initiated in four districts: Bungoma South, Butere, Hamisi and Kakamega Central. The target is to test 50% of the eligible population in four villages in a period of six months. 24,083 people were counseled and tested in the four districts within a period of four days in the quarter.
- ART: 47% of all patients on care are on ART; children constitute 11.2% of all patients on care and 11.8% of patients newly initiated into ARV in Q2.
- PMTCT: CT at ANC -96%; Maternal prophylaxis-94%; Infant prophylaxis-68%
- Direct primary support of 3 and more benefits to OVC is currently at 81 %
- Private Public Partnership: Following our engagement with private practitioners in form of capacity-building and provision of supplies, 40 facilities are now offering PITC services while 45 facilities offer PMTCT services. This has contributed to improved performance in the two services during the quarter.

Implementation Challenges and Constraints

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

- Referrals and linkages between service areas and CCCs for HIV positive clients leading to missed opportunities
- HBC coordination at district and community level
- Split of the Ministries increases the number of administrative offices affecting coordination





II. Program Development and Management

During the quarter, emphasis was placed 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 made several visits to the field to provide technical assistance to the field staff.
- Work plan review meeting held to incorporate Child Survival and PMI activities.
- A meeting to review the implementation of the mid-term evaluation recommendations was held during the quarter.
- The project technical and management teams held a review meeting for quarter 1 report, shared the report with the PHMT/DHMTs in the Province and later presented it to USAID team in Kakamega.
- There was a joint field supervisory visit by A2W, USAD and MOH teams from Nairobi and Province.

III. Joint Planning, Collaboration and Networking with Stakeholders

During the quarter, various consultative meetings were held while the advisory committees continued with their activities under the support of A2W. The main collaborators were Ministry of Health (PHMT, DHMTs, and Facilities), Ministries of Education, Ministry of Youth affairs, Agriculture, Livestock, Culture and Social Services, and the Children's Department. Others were NASCOP, National Aids Control Council, FBOs and CBOs.

Specifically, the following collaborative activities were supported:

- DHMTs were supported to conduct Support Supervision
- AOP 5 trainings for Provincial, District and facility teams for level 2-5
- Joint supervisory visits by Program and MOH staff
- DHMT district and facility review meetings
- Monthly integrated outreaches
- AACs quarterly review meetings
- Supervisory meetings for Provincial Educational Office
- Ministry of Education review meetings

Key events

- World TB Day 24th March 2009
- PMTCT Audit: 2nd-3rd March 2009
- Referral systems evaluation: Measure Evaluation, US: 2nd- 3rd March 2009
- Joint field supervision- A2W, USAID, MOH: 25th-26th February 2009
- Community Strategy roll out

Technical meetings

- NASCOP, DASCOS/PASCOS meeting: 9th-13th February 2009
- CT stakeholders meeting: Busia, 14th-16th
- Provincial stakeholders meeting on community strategy: 12th February 2009
- NASCOP PWP workshop: Nairobi, 19th-20th February 2009
- PMTCT Audit review meeting: Nairobi, 31st March 2009
- PEPFAR Stakeholders meeting: Nairobi, 19th March 2009
- KIE life skills curriculum: Nairobi,
- TB/HIV stakeholders meeting: Nairobi, 24th January
- USAID coordination meeting for TB activities: Nairobi, 24th February

Visitors to the project

Robert Mason - Office of Inspector General, USAID, South Africa

Jim Ricca - Measure Evaluation, US

Wendy Herd - Program Manager, Edusector AIDS Response Trust

Francis Gitonga - Project Management Specialist, HIV/AIDS-Education, USAID Kenya

Samuel Wambugu - Resident Technical Advisor, PEPFAR

Carlos Carrazana - Chief Operating Officer, EGPAF, US

John Sargent - President, BroadReach Healthcare

Sheila Macharia - USAID Kenya

Maurice Maina - USAID Kenya

Kate Vorley - USAID Kenya

Emilly - USAID Kenya

Laura Guay - Vice President, Research- EGPAF, US

Laura Faulcona – EGPAF, US

Rikka Trangsrud - Director, PATH, Kenya

Peter Savonsnick - Director, EGPAF

Papetua - Country Director, SWAK

Pauline:

Elizabeth:



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

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

1.1.1 Increase number of individuals newly initiating anti-retroviral treatment (ART)

Planned activities

1. Train 30 health care workers on pediatric ART, 40 on IMAI, 30 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.

Accomplishments current quarter

1. Trainings

Trainings were conducted during the quarter are as shown in the table:

Table 1: ART Care and Treatment Trainings

| Training event | Number trained |
|--|---|
| <i>IMAI training</i> | Forty-eight (48) health care workers and twenty-five (25) expert patient trainers (EPTs) were trained in integrated management of adult/adolescent illnesses as per the NASCOP curriculum |
| <i>Pediatric ART training</i> | Twenty-eight (28) health care workers in the health facilities were trained on Comprehensive Pediatric HIV Management as per the NASCOP curriculum |
| <i>Computer skills training</i> | Twelve (12) health care workers were trained in basic computer packages. Health care workers were drawn from Sabatia HC, Iguhu HC, Bukura HC, Navakholo DH, Namasoli ACK Mission HC, Chwele DH, Emuhaya DH and Malakisi HC. This was aimed at improving their computer skills to be able to use computers for record keeping and data management in readiness for the introduction of the electronic management records system (EMR). |
| <i>ART commodity management</i> | Thirty-one (31) health care workers trained. |
| <i>Orientation of staff on the new registers using laboratory manuals</i> | Thirty (30) participants were trained, including clinicians, health records information officers and laboratory staff from the central sites, namely, Kimilili DH, Lumakanda DH, Likuyani SDH, Butere DH, Sabatia HC, Busia DH, Chwele DH and Iguhu DH. |
| <i>Sensitization meeting on ART adherence, defaulter tracing, linkage workshop</i> | The participants were drawn from the ten (10) original sites. A total of 15 health care workers attended the workshop. |
| <i>Quality Assurance/Quality Improvement training</i> | Participants were drawn from the ten (10) ART imperative sites with their respective DASCOS. The PHRIO and PPHN were also in attendance. A total of 21 health care workers attended. |

2. Adult ART sites

Site assessment was carried out jointly with the DHMT at Sio Port SDH . This was in preparation for the MSF-Spain/DHMT Samia District handing over Sio Port to APHIA II Western project.

Three (2) new ART sites were supported to provide ART services during the reporting period. Bumala BHC and Tongaren HC. This brings the number of ART sites to forty-eight (47).

The project also continued to support forty-five (45) HIV basic care sites. HIV basic care sites are lower health facilities providing OI prophylaxis, OI diagnosis and treatment and referral of the medically eligible patients for ART at the nearest ART sites.

Supportive site supervision: Supportive technical supervisory visits were done in forty-eight (48) sites during the reporting period. This involved giving HIV clinical updates on patient management, linkages, referrals and continuum of care for HIV infected persons and orientation on pre-ART and ART data collection tools.

3. Pediatric ART sites

Four (4) new pediatric ART sites were initiated during the reporting period. By end of March 2009, APHIA II Western Project was supporting forty-eight (47) HIV care and treatment sites of which forty-two (42) sites are offering pediatric ART services.

During support supervision identification of exposed infants and continuum of care amongst HIV exposed and infected children was discussed.

4. HIV/Committee meetings: HIV committee meetings were held, however it was difficult to implement the strategy. The HIV committees are meant to discuss issues relating to the day-to-day management of the CCC's as well as the linkages and referral systems. HIV care and treatment updates including discussions on challenging/difficult cases and suspected treatment failures are held.

5. Continue strengthening facility-based support groups and enhance facility-community linkages: Forty-six (46) facility-based support groups were supported. The process of the formation of the facility-community linkages committees was initiated. Under the review period, the project supported the formation and the meetings of seven (11) pediatric psychosocial groups at Kakamega PGH, Vihiga DH, Iguhu DH, St Mary's Mission Hospital, Likuyani, Kaimosi, Shiseso, Bungoma District Hospital, Vihiga HC and Sabatia HC.

6. Hold sensitization meetings for pediatric and adult psychosocial groups. Forty (40) sensitization meetings were held during the review period to encourage the formation and strengthening of the activities of the pediatric and adult psychosocial groups. Through these efforts, nine (9) pediatric psychosocial groups were supported during the period under the review, namely, Kakamega PGH, Vihiga DH, Bungoma DH, Vihiga HC, Sabatia HC, Iguhu DH, Makunga HC, St Mary's Mission Hospital and Khwisero HC.

All the forty-eight (47) ART sites have a facility-based adult psychosocial group with regular monthly meetings.

29 Facility PLWAs support meetings conducted at ART sites -3,654 people attended.

7. On-site mentorship. During the review period, adult and pediatric ART mentorship continued during the routine site visits. Forty-eight (48) ART sites were mentored including thirty-seven (37) pediatric ART sites. Thirty-five (35) registered clinical officers and eleven (11) nurses were mentored during the period. This has resulted in improved clinical skills amongst the health care workers with more eligible patients being put on treatment. As a result of the mentorships, one hundred and thirty (130) reviews were done, fourteen (14) were initiated on treatment, forty-two (42) were undergoing preparation for ART, while seventy-four (74) were follow-ups (both on care and treatment).

From the mentorship sessions, it was noted that health care workers from the new ART sites need more mentorship sessions to improve on their knowledge and skills on pediatric HIV

care and treatment. A consideration could be made for them to undergo off-site mentorship at AMPATH in Eldoret during the next reporting period.

8. Site attachment mentorship: Pharmacy off-site mentorship was offered to health care workers from Shibwe HC through site attachment at the Kakamega Provincial General Hospital.

9. Laboratory network: Laboratory network was expanded to cover forty-seven (47) treatment sites as well as the existing forty-five (45) basic HIV care sites.

During the reporting period, APHIA II Western project continued supporting the existing laboratory networks in Kakamega Provincial General Hospital, Vihiga District Hospital, Bungoma DH, Alupe SDH, Kimilili DH, Lumakanda DH and Butere DH.

CD4 tests increased from 7,523 to 8,593, representing a 15% increase.

10. Laboratory mentorship/supervision. During the period under review, laboratory ART mentorship/supervision was carried out by the laboratory ART ARCANS ToTs in Kakamega PGH, Vihiga DH and Bungoma DH. This involved virology, clinical chemistry and laboratory mentorship/supervision. Plans are underway to institute the Internal Quality Assurance in the laboratory as part of improving quality of pre-ART laboratory services.

11. ART Technical exchange meeting: ART Technical exchange meeting was held during the period under review. The best practices, successes and challenges were shared across health facilities through facilities' case studies presentations. The issues discussed included the defaulter tracing system and its documentation, the roles of the psychosocial support groups, and facility-community linkage committee.

We continued to emphasize the pediatric HIV management as well as TB screening in both children and adults. The latest pediatric HIV circular was also discussed and disseminated to all the participants.

12. Site renovations and support: During the reporting period, renovation of laboratory /MCH /pharmacy at Malava DH, Matungu CCC was completed. Renovations are ongoing at Navakholo SDH, Emuhaya DH, Kilingili HC, Bukura HC, Iguhu DH, Bushiri HC, Iguhu DH, Shikusa GK Prison, Bukaya HC, and Manyala SDH during the period under review. Tender documents have been prepared and are ready for tendering for Sabatia HC, Vihiga HC, Tigo HC, Hamisi HC, Alupe SDH, Lumakanda DH and Ndal HC.

MoH laboratory request forms and the prescription pads were produced and disseminated in all the forty-eight (48) health facilities supported by APHIA II Western.

Electronic ARV dispensing tools were installed at Malakisi HC, bringing the total number in the APHIA II Western supported sites to seventeen (17). This will improve the ART commodity record keeping in the facilities and will also assist in identification of the missed appointments/defaulters on a regular basis.

IT support was provided to all the seventeen (17) health facilities with the dispensing tool installed and in use.

13. Staff support: During the period under review APHIA II Western continued supporting sixty (60) health care workers on short-term contracts to assist in the provision of quality HIV care and treatment services. These include three (3) data clerks, forty-nine (49) RCO's, -and eight (8) nurses in thirty nine (39) ART sites.

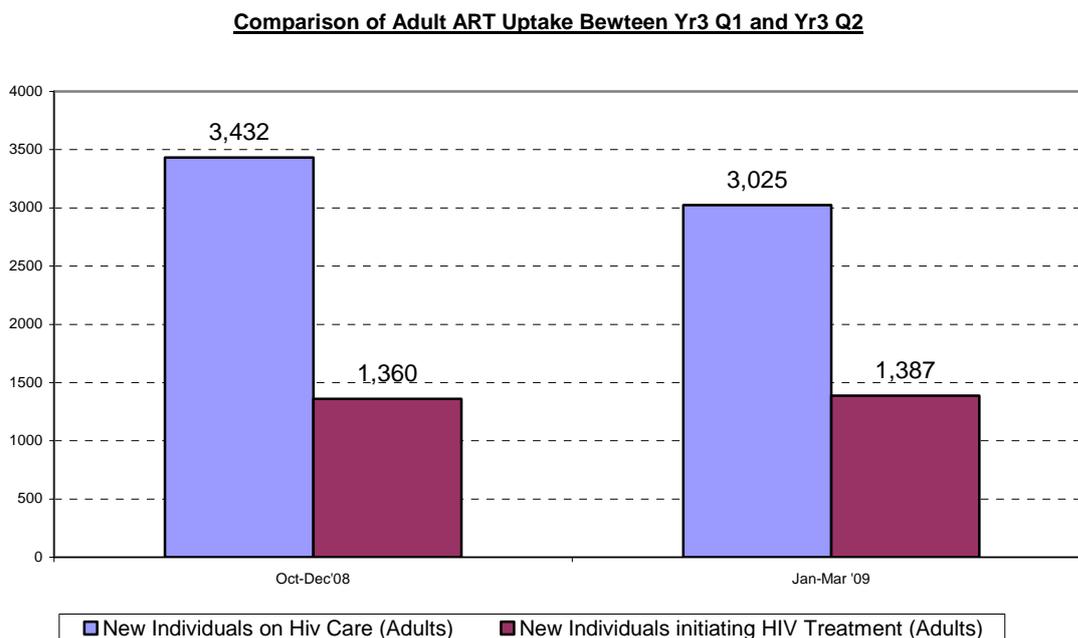
14. Zonal clinical management meetings: Zonal clinical management meetings are meetings held on a monthly basis to discuss difficult/challenging and suspected treatment failures amongst ART sites with a view to improve the quality of HIV clinical care. The ART sites were zoned into six (6), namely: Kakamega, Bungoma, Vihiga, Butere, Mumias and Lugari.

Analysis of indicators and targets

Adult HIV Care and Treatment services

HIV care and treatment: 24,220 adults are currently receiving basic HIV care in the forty-eight (48) HIV care and treatment sites. 49.4% (11,959/24,220) of those on HIV care have been put on ART, (the national recommended percentage - 50% of those on care need treatment).

Figure 1: Graph on Adult ART Uptake



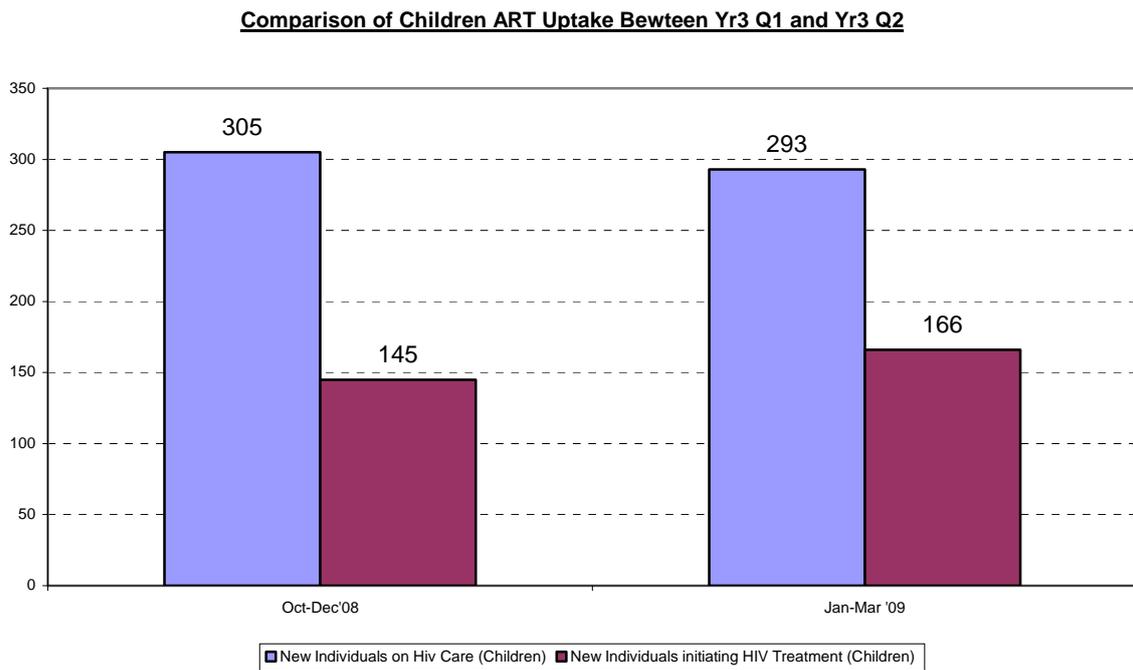
The above graph shows a slight increase of about 2% (27/1,360) in the number of patients initiated on adult ART from the previous quarter of 1,360 patients to 1,387 patients in the current quarter.

Pediatric HIV Care and Treatment services

The current number of APHIA II Western supported sites that offer pediatric ART are forty-two (42).

HIV care and treatment: 2,898 children are currently receiving HIV care in the forty-eight (48) HIV care and treatment sites. Children represent 11% (2,898/27,118) of the total number of patients on HIV care and treatment and 11.9 % (166/1,387) of those newly initiated on ART during the reporting period. 35.2% (1,020/2,898) of children currently on HIV care are receiving ARTs (the national recommended percentage - 50% of those on care need treatment).

Figure 2: Number of children enrolled on pediatric ART between Year three Q1 (October-December 2008) and Year three Q2 (January-March 2009)



The graph shows a slight increase of 14% (21/145) in the number of new children (<14 years) initiated on ARTs from one hundred and forty-five (145) children the previous quarter to one hundred and sixty-six (166) children during the reporting period.

Table 2:ART Targets & Indicators

| Indicator | Yr 3 target | Yr3, Q1 Accomplished | Y3 Q2 Accomplished | Year-to-date Accomplishment |
|--|-------------|----------------------|--------------------|-----------------------------|
| Number of service outlets providing ART | 51 | 45 | 47 | 92% |
| Number of individuals newly initiating ART | 4,000 | 1,505 | 1,556 | 3,061(76.5%) |
| Number of children newly initiating ART | 800 | 145 | 166 | 311(38.9%) |
| Number of clients who ever received ART (CUMULATIVE) | 12,000 | 11,299 | 12,869 | 12,869(107.2%) |
| Number of clients receiving ART at the end of the reporting period(CURRENT CLIENTS) | 10,200 | 10,047 | 11,692 | 11,692(114.6%) |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 510 | 132 | 164 | 296(58%) |
| No. of service outlets providing HIV-related palliative care (excluding TB/HIV) | 51 | 45 | 93 | 93(182%) |
| Total number of individuals provided with HIV-related palliative care (including TB/HIV) | 24,520 | 30,537 | 33,540 | 33,540(136.8%) |
| Total number of individuals trained to provide HIV palliative care (including HIV/AIDS) | 510 | 221 | 224 | 445(87%) |

Challenges & recommendations

- I. Creation of new districts has led to acute staff shortages in some health facilities since some health care workers are given administrative roles in the new districts. Therefore we will continue engaging the Ministry of Health staff to redeploy staff in relevant service areas as per the trainings undertaken as well as engaging the capacity project to start the process of recruitment of new staff.
- II. Inadequate physical infrastructure at some of the health facilities. The project will continue with site renovation of the health facilities.

III. Weak defaulter tracing system. Efforts have been put in place to strengthen defaulter tracing system in ART sites.

Planned activities next quarter

1. Conduct pediatric ART training, integrated management of adult and adolescent illness training, ART commodity management training, QA/QI training
2. Initiate 2 new pediatric ART sites
3. Support 48 HIV/TB committee meetings
4. Install 2 dispensing tools at Chwele DH and Likuyani SDH
5. Establish/strengthen defaulter tracing system at ten (10) original ART sites through use of the defaulter tracking register as well as holding monthly support group leaders meetings.
6. Conduct QA/QI re-assessment of Kakamega PGH.
7. Strengthen adult and pediatric psychosocial facility-based groups and enhance facility community linkages
8. EMR.

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

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 and NVP support.
10. One provincial feedback planning DHMTs meeting.
11. Facility meetings in the districts.
12. 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.

Accomplishments

Supervision:

Currently there are 251 PMTCT sites; of these, 52 are private/mission supported. Supervisory visits were carried in 190 sites.

Outreaches:

A total of 314 outreaches were supported in the 19 districts. Integrated services were offered. 2,961 women attended, of whom 2,329 were counseled and tested. 46 were positive and issued with prophylaxis at the outreach sites and linked to CCCs.

PMTCT psycho social groups:

PSS groups have increased from 100 in the previous quarter to 117. The groups were supported to hold their monthly meetings in the facilities. 871 have enrolled in the PSS group as members (this forms 72.5% of the total HIV positive women). Out of the total membership, 81% have disclosed their status, 85% have enrolled in CCC. 626 are PNC with 546 babies tested. This gives the opportunity to follow up on exposed babies and positive women.

From the PSS groups a total of 96 trained peer counselors were supported to hold their district monthly meetings. In the meetings, they were updated on current interventions. In turn, the peer counselors oriented PSS group members as well as ANC clients.

EID-DBS:

The number of sites able to offer DBS increased from 112 to 194 sites. 1,082 DBS samples were collected and sent to CDC. The number received was 801. Total positive were 49 and all were linked to CCC. Prevalence from DBS samples dropped from 5.7% last quarter to 4%. There is improvement on dispatch of results from CDC to facilities

AZT and NVP support:

Commodity forecasting has improved. Stock out of ARV prophylaxis and test kits was not experienced. However, CTX is in short supply in the majority of HIV Basic Care sites. 173 sites offer AZT with NVP prophylaxis.

Male clinic:

The number increased from 40 to 45. 1,195 men attended, 386 tested, 7 turned HIV positive and referred to CCC. On the clinic day, health education on HIV, PMTCT, STI and reproductive health is given. The increase in male is expected to support in adherence to PMTCT prophylaxis.

Training:

Two trainings were conducted:

- 30 health workers trained on PMTCT
- 40 peer counselors trained
- Field Officers followed up facilities with newly-trained staff and reinforced confidence.

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 districts were Bungoma North and Kakamega South. Most improved were Butere and Kakamega. Each received awards.

Bi- annual district facility meetings:

Two meetings were conducted:

Facilities level 4 and 5. Each hospital presented their data based on the PMTCT indicators. Experiences were shared and updates given. Vihiga District Hospital was the best performing and Webuye district hospital was second. Each received an award.

Facilities level 2 and 3 for Kakamega North, South, East and Central with same process. The rating was district-based.

Table 3: Best and second best facilities received awards as follows

| District | No 1 Facility | No 2 Facility |
|------------------|----------------------|-------------------|
| Kakamega Central | Bukura H/C | Bushiri H/C |
| Kakamega South | Kilingili H/C | Savane Dispensary |
| Kakamega South | Forest Dispensary | Ileho H/C |
| Kakamega North | Chimoi Health Center | Chombeli H/C |

Most of the facilities improved on data entry and reporting however, the challenge still is on follow-up of exposed babies as not all referred reach CCC.

Exchange visit

Two exchange visits were conducted:

12 facilities from Mumias visited Bungoma South District – Bumula Health Centre while 10 facilities from Emuhaya visited Kimilili district Hospital. They shared experiences and best practices.

Sensitization meetings

Two sensitization meetings conducted; 46 church leaders from various religious groups in Vihiga district and 54 teachers from Kakamega North district were sensitized. Information on PMTCT and HIV prevention and care was given to them. They developed action plans to enable them reach out to others in the churches and schools.

Site support:

- 87,800 mother-baby booklets printed and distributed.
- 96 PSS group registers and 45 male clinic registers printed and distributed.
- 25 Hemoque machines with strips to support AZT roll-out distributed to the facilities.
- 15 nurses hired on contract to cover facilities with shortage.
- 10 nurses hired on locum to cover facilities of emergency shortage where staff is on leave or short term studies.
- One training manual for peer counselor developed and in use.
- Renovation: Malava District Hospital MCH completed, Emuhaya District Hospital MCH 90% complete. 9 additional facilities have been identified.

Activities not accomplished

Data tools:

ANC and Maternity registers not yet printed. Awaiting NASCOP standard template; likely available by June 2009.

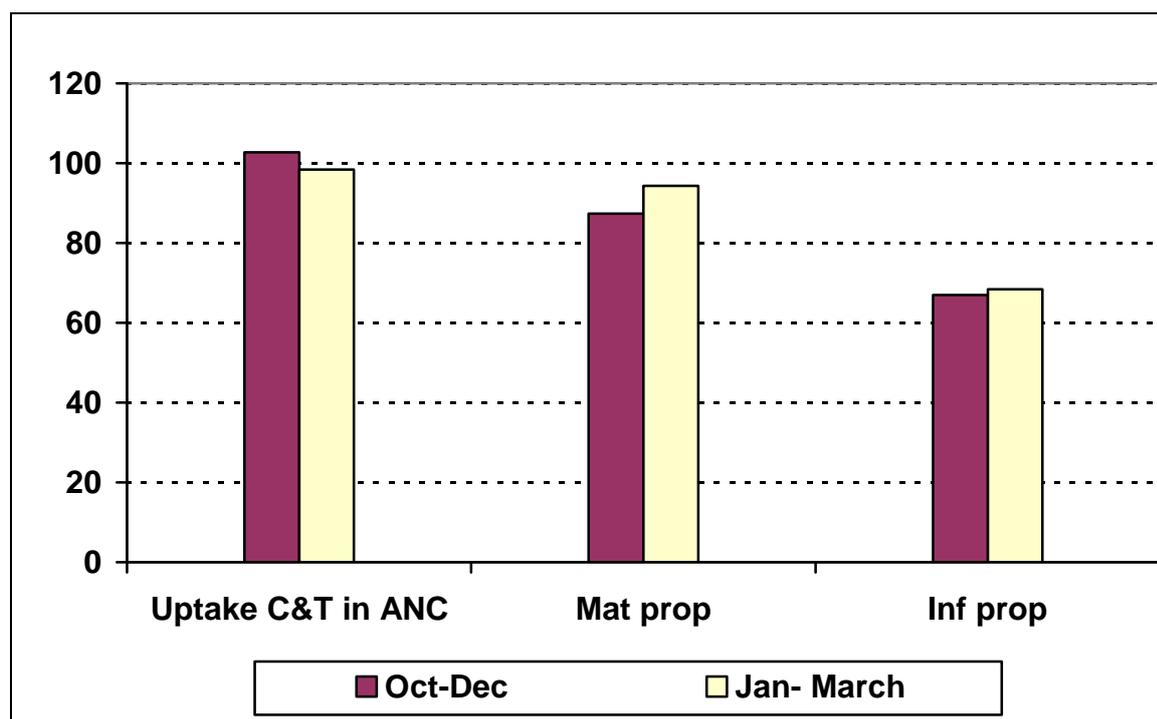
Table 4: PMTCT targets and achievements

| Indicator | Yr 3 target | Yr3, Q1 Accomplished | Yr3, Q2 Accomplished | Year-to-date accomplishment |
|---|-------------|----------------------|----------------------|-----------------------------|
| 1. Number of service outlets providing the minimum package of PMTCT services briefs with Margaret and according to national or international standards. | 250 | 217 | 251 | 251 (100.4%) |
| 2. Number of pregnant women provided with PMTCT services, including counseling and testing. | 120,000 | 29,472 | 31,829 | 61,301(51%) |
| 3. Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting. | 5,400 | 1,086 | 1,107 | 2,193(40.6 %) |
| 4. Number of health workers newly trained or retrained in the provision of PMTCT services according to national or international standards. | 180 | 62 | 30 | 92(51%) |
| 5. No. of infants accessing DBS for EID. | 2,700 | 1,220 | 1,082 | 2,302(85%) |

Table 5 : PMTCT Program Performance Summary

| Performance summary | Quarter 1 | Quarter 2 |
|---|------------------|------------------|
| First ANC visits | 27,659 | 32,340 |
| ANC clients tested | 27,860 | 31,136 |
| Maternity clients tested | 573 | 693 |
| Post natal tested | 1,039 | 726 |
| Total tested | 29,472 | 32,555 |
| ANC positive | 1,186 | 1,102 |
| Maternity positive | 56 | 71 |
| Postnatal positive | 49 | 27 |
| Total HIV Positive | 1,291 | 1,200 |
| Maternal NVP only | | |
| Maternal AZT & NVP* | | |
| Maternal HAART* | | |
| Total Maternal Prophylaxis | 1,086 | 1,107 |
| Infant NVP issued ANC | 827 | 803 |
| Infant NVP issued Maternity | 84 | 62 |
| Infant issued in Postnatal | 9 | 4 |
| Total Infant Prophylaxis issued | 920 | 869 |
| Infant Prophylaxis administered Maternity | 167 | 226 |
| Total number of DBS samples sent | 1,220 | 1,082 |
| Total number of DBS results received | 1,013 | 801 |
| Total number of DBS positive | 73 | 49 |

Figure 3: Uptake of C&T at PMTCT



- There was an increase in the number tested comparing Q1 and Q2 and this was attributed to the increase in the number of new facilities.
- There were more mothers seen in Q2 with less positive.
- The prevalence dropped from 4.5% in Q1 to 3.7% in Q2.
- DBS samples collected improved cumulatively 82.7%. The increase shows improved recording and reporting.

Challenges & Recommendations

- Staff shortages experienced in the facilities still create gaps in service delivery.
- HB testing still poses a challenge to AZT roll-out in the dispensaries. Not all facilities are covered in the roll-out use of Hb meters and hemoques.
- Some women still cannot access Hb in facilities with laboratories due to charges.
- Referral of clients to CCC from PMTCT in most of the facilities is a challenge. Although some of the referred babies and mothers do not reach CCC, there is no intra-facility referral tool to inform on the completeness of referrals.

Success Stories

- Peer counselors have started follow-up of clients from facility to community. The practice will inform the facilities on lose to follow up of exposed and positive babies.
- The best practices have been observed in PGH as a model site of Basic HIV care in a MCH setting. The newly initiated 45 basic HIV care sites are emulating the best practices and are steadily picking up.

Planned activities next quarter

1. Continue district/facility support supervision.
2. Continue to support 285 integrated 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 90 health workers.
9. Training of 30 health workers on stigma reduction.
10. Support AZT roll-out with NVP.
11. Follow-up of PMTCT trainees by facilitators.
12. Bi-annual district facility meeting.
13. Counselor supervision meetings in each of the 19 districts.
14. Two facility exchange visits.
15. Data enhancement and updates at site levels and meetings with MCH, maternity and related staff.
16. Support to PMTCT counselors supervision meeting.
17. Inter-facility exchange visit.
18. Sensitization workshop for community leaders.
19. Printing of registers (ANC, Maternity, Male Clinic attendance, and PSS).

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

Work plan analysis: planned activities & accomplishments current quarter

Planned Activities

1. Facilitate Support supervision to facilities with PTLC/PMLT/PASCO and district counterparts – Mt Elgon, Emuhaya/ Hamisi, Teso.
2. Provider Training on TB/HIV for both Public and Private facilities – 90 H/providers to be trained
3. Visit 9 ART sites with the ART officers.
4. AFB Refresher course for 30 Lab Techs.
5. Support Provincial and District World TB Day Commemorations.
6. School Health Sensitization meetings on TB/HIV.
7. Support Provincial TB/HIV committee Meeting
8. Journalist Sensitization meeting
9. Defaulter Tracing – based on DLTLD programme format
10. Pilot Selected DLTLD Tools.
11. Renovation and Purchase of Equipments and Furniture for Alupe and PGH TB clinics.
12. Purchase of 10 microscopes/ Gastric Lavage (Purchase procedures)

Accomplishments

1. Support supervision

The PTLC/PMLT/PDPHS and the district counterparts were supported do supervision in 8 sites in Teso district and 6 sites in Emuhaya district.

2. Health Providers training

- 60 health providers were trained on TB/HIV management
- 30 health providers (20 from Emuhaya and 10 from Vihiga districts)
- 30 health providers (15 from Bungoma South and 15 from Bungoma East)

3. ART site visit

- Site supervision with ART Officer in 8 sites.

4. Support Provincial and District World TB Day Commemorations

- Supported the World TB Day Breakfast meeting held at Golf Hotel on 20th March 2009. Participants were PHMT members, DLTLTD Nairobi team and journalists. The journalists were also sensitized on TB/HIV.
- During the commemorations on 24th March 2009, 19 districts and the provincial fete were supported in terms of fuel, lunch allowance, refreshments and public address systems for 2 days in each district and 4 days in the provincial event.

Other Activities

- Sponsored the Provincial General Hospital Laboratory In charge/EQA focal person to present a research paper on defaulter tracing for smear positive patients who don't come back for lab results by use of mobile phone. He presented the paper in Uganda.
- During the quarter the TB/OI Advisor participated in:
 - TB/HIV Stakeholders Forum – Panafric hotel - 27th January 09, Nairobi.
 - Co-ordination meeting for USAID supported TB activities - 24th January 09, Nairobi.

Activities not accomplished

1. Support supervision to Mt Elgon District, Provincial committee meeting and purchase of microscopes were not supported as it was agreed that these activities will be supported by KNCV/TBCAP following the USAID coordination meeting.
2. AFB Refresher course – the training was postponed because the Provincial Medical Lab Technicians (PMLT's) were reviewing the curriculum. Additionally, the course duration will be 5 days instead of the usual 3 days.
3. Pilot DLTLTD Tools – still awaiting communication/documents from the Division/PTLC.
4. Paediatric diagnostic set (Gastric Lavage) –plans ongoing - one lab officer from PGH Kakamega who will visit Tenwek hospital has been identified.

Table 6: Analysis of TB indicators and targets

| Indicator | Year 3 target | Q1 accomplished | Q 2 accomplished | Percentage performance |
|--|---------------|-----------------|------------------|------------------------|
| Number of service outlets providing treatment for TB to HIV-infected individuals | 51 | 241 | 253 | (253) 496% |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB | 5,000 | 1,426 | 1,502 | (2,928) 58.6% |
| Number of individuals trained to provide treatment for TB to HIV-infected individuals | 300 | 89 | 60 | (149) 49.6% |

A total of 8,988 TB cases were reported in year 2008. Out of the total number, 6,889 were tested for HIV and 3,656 were co-infected. 3,302 were put on care (CPT) and 1,173 were started on ART.

Figure 4: TB uptake Comparison (Q1 Vs Q2 Yr 3)

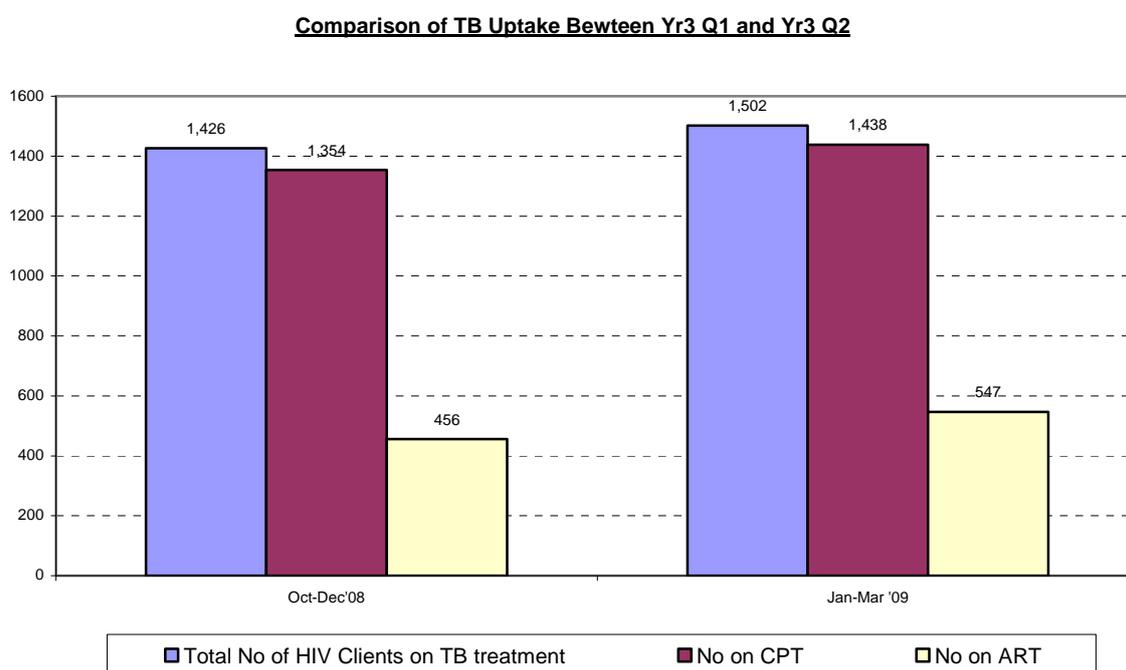


Figure 5: TB PTB cases by age distribution

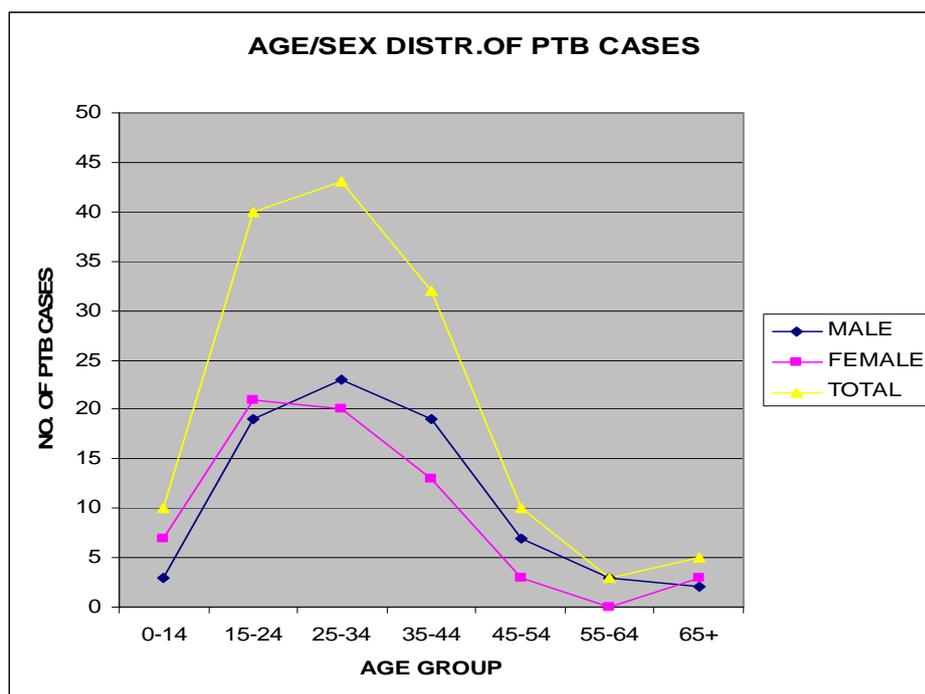


Table 7: MDR Surveillance

| MDR SURVEILLANCE 2008 | | | | |
|-----------------------|---------------|-----------------|---------------------|------------|
| DISTRICT | SPECIMEN SENT | RESULT RECEIVED | RESULT NOT RECEIVED | NO. OF MDR |
| VIHIGA | 64 | 40 | 24 | 0 |
| KAKAMEGA NORTH | 5 | 3 | 2 | 0 |
| BUNGOMA EAST | 40 | 30 | 10 | 0 |
| BUSIA | 69 | 57 | 12 | 2 |
| BUNGOMA NORTH | 8 | 4 | 4 | 0 |
| LUGARI | 5 | 3 | 2 | 0 |
| BUTERE | 7 | 5 | 2 | 0 |
| MUMIAS | 1 | 0 | 0 | 0 |
| BUNYALA | 34 | 25 | 9 | 0 |
| SAMIA | 17 | 11 | 6 | 0 |
| MT ELGON | 2 | 2 | 0 | 0 |
| HAMISI | 1 | 1 | 0 | 1 |
| PROVINCE | 253 | 181 | 71 | 3 |

Challenges & Recommendations

- PLWHA screened for TB – During the stakeholders meeting in Panafric Hotel Nairobi the head of the Division stated that a tool to capture the information will be designed.
- Male to female ratio for all TB cases – The DLTLTD reporting tool analysis the Smear positive new cases only.

Emerging Issues/Case Studies/Success Stories

- After support supervision, the team noted that TB screening for PLWHA is going on in some facilities though there is no tool for capturing that information.

Planned activities next quarter

1. District Support Supervision – Kakamega South and North.
2. Site Supervision with ART officers to enhance linkages – 10 sites.
3. Providers Training on TB/HIV Management –Hamisi/PPM, Busia, Bunyala/Samia- 90 health providers
4. Trainee follow up – 90 health providers.
5. District TB/HIV Committee Meeting- All districts (Quarterly).
6. HBC/CHW Training on community involvement in TB care.
7. Pilot selected DLTLTD Tools.
8. Transportation of sputum smears to CRL from facility to courier service.
9. Enhance Pediatric Diagnosis – Purchase of Gastric Lavage.
10. Defaulter tracing in Mumias and Kakamega Central Districts
11. AFB Refresher training – 30 Lab techs from newly established TB diagnostic sites.
12. Support PMLT/DMLT's/DASCO's – participate in DTLC's Quarterly meeting.
13. Sensitization meeting for DPHO's and DTLC's on Community TB care (CB DOTS).
14. TB/HIV Sensitization meeting for CCC /MCH staff on screening, referral and recording of PLWHA tested for TB.
15. Support DTLC's - participate in district facility meetings, especially on MOH 711 reporting tool.

1.1.4 Increase number of individuals receiving CT

Planned activities

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. Conduct regular supervision with DMLTs/PMLT for QA
8. Site sensitization meetings for integration of HIV/RH & TB services
9. Print and disseminate IEC materials for CT
10. Conduct Home Testing
11. Conduct Integrated outreaches

Accomplishments

Dissemination of HCT guidelines

The guidelines were officially launched in February 2009 by NASCOP, but the orientation package for their dissemination is still being developed.

PITC Training

30 health care providers were trained in PITC from Kakamega Central with 18 participants drawn from PGH Kakamega during the quarter.

Couple Counseling Training

25 CT providers were trained in couple counseling during the reporting period with the participants being drawn from the various health facilities within the province.

Quarterly CT stakeholders meeting

The meeting was held in January 2009 bringing together all the DASCOS, DMLTs, counselors supervisors and PITC co-coordinators from high-volume facilities.

The key issues discussed were:

- How to strengthen the quality of Counseling and Testing services through carrying out quarterly counselor supervision meetings at the facility level and monthly at district level. Also included was how to collect DBS from the health facilities to the district and to the national reference laboratory.
- How to maintain the VCT services after the layoff of 20 NASCOP VCT counselors. It was agreed that the DASCOS will encourage and utilize the services of VCT counselor volunteers.

Monthly counselors meetings

Counselor supervision meetings were held in all the districts. A total of 38 meetings were held during the quarter. These meetings create an opportunity for CT providers to come together under the counselor supervisor. It is a forum for sharing experiences and challenges encountered. Among the key issues discussed in the meetings included how to strengthen counseling and testing services in the province, and how to provide CT as a basic care package against the competing tasks among other things.

HIV Test kits

There has been a continuous support in ensuring availability of test kits. A buffer of test kits has been maintained.

CT Supportive Supervision

Both the PASCOS office and DHMTs have been involved in supportive supervision. A total of 8 districts (Lugari, Emuhaya, Butere, Kakamega Central, Hamisi, Bungoma South, Busia, and Kakamega Central) were supervised during the quarter with 64 facilities visited. Key issues arising during the supervisions were staff shortage in the facilities and referral of HIV positive clients.

Hiring of VCT Counselors

12 NASCOP VCT counselors who had been terminated were hired and posted to the following health facilities in the province; Bungoma DH, Kimilili DH, Sirisia SDH, Lumakanda DH, Butere DH, Hamisi DH, Makunga HC, Matete HC, Sabatia HC, Chwele DH, Matayos HC, Emuhaya DH. They have already reported and are providing services.

Home HIV testing and counseling outreaches

This exercise was conducted in 4 Districts: Bungoma (Bumula S-Location), Kakamega Central (Budonga sub-location), Hamisi (Shiru sub-Location) and Butere (Namasoli sub-location). A total of 2,381 clients received HTC services. 49 clients tested HIV positive (38 female and 11 male). 526 children were tested, 3 were found positive and referred. The target was 50% of the of population of 20,000 in the four sub-locations.

Integrated outreaches

A total of 314 out-reaches were conducted both involving the health facilities and the work place. A total of 10,002 clients tested. (4048 male and 5954 female) with 235 testing positive with 94 male and 141 females respectively.

Discordant Couple Meetings

These are monthly meetings for discordant couples to enhance coping with one partner living with the HIV infection. This involves continuous counseling and experience sharing to strengthen relationships and enhance coping. It also involves infection prevention to enable the negative partner to remain negative. 6 groups meet monthly. They include Kakamega PGH, Mumias (Bukaya), Vihiga DH, Bungoma DH, Lumakanda DH (Lugari), and Butere DH.

Activities not accomplished

Train TOT and providers using new HCT curriculum

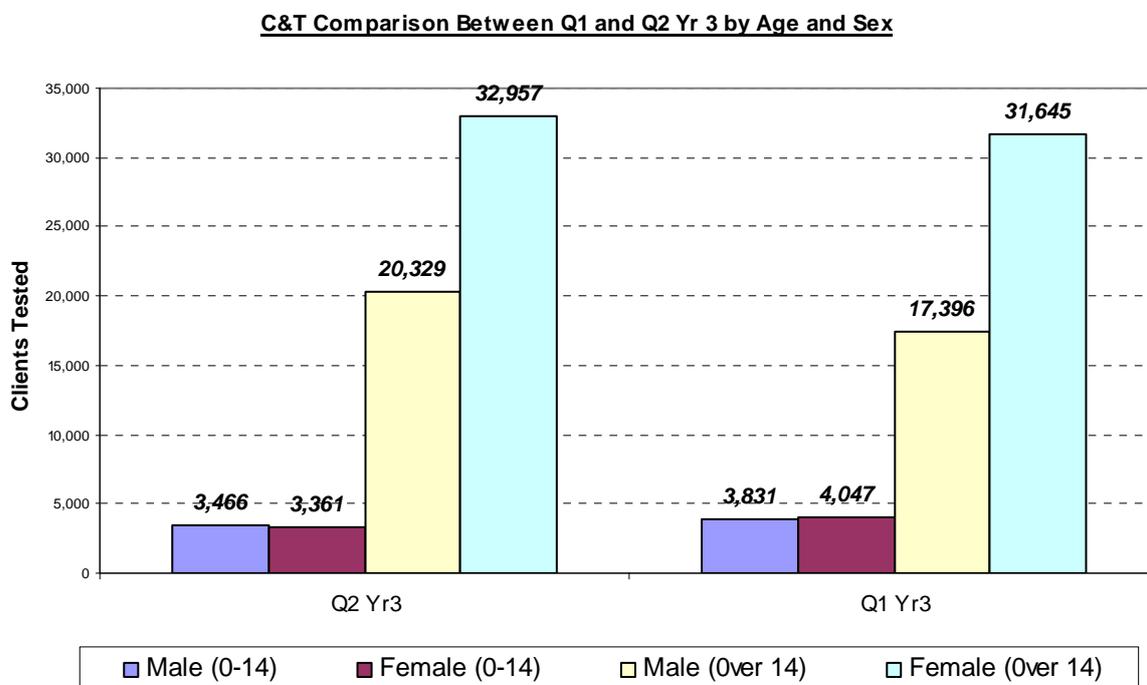
The training curriculum has not yet been developed by NASCOP.

Table 8: C&T Targets & indicators table

| Indicator | Year 3 target | Q1 accomplished | Q 2 accomplished | Percentage performance |
|---|---------------|-----------------|------------------|------------------------|
| Number of service outlets providing counseling and testing according to national and international standards. | 200 | 200 | 229 | 229 (114.5%) |
| Number of individuals who received counseling and testing for HIV and received their test results. | 120,000 | 56,091 | 60,113 | 116,204 (96.8%) |

| | | | | |
|--|-----|-----|----|-----|
| Number of individuals trained in counseling in counseling and testing according to national and international standards. | 450 | 107 | 55 | 36% |
|--|-----|-----|----|-----|

Figure 6: Comparison of C&T in Q1 and Q2 Yr3



The table shows the number of clients who assessed counseling services, the number tested and those testing HIV positive.

The number of clients accessing HIV counseling and testing services rose marginally due to the termination of the NASCOP VCT counselors. A total of 20 VCT counselors from the province were terminated from January, 2009. There were **60,113** clients tested, up from **56,091** tested in the 1st quarter, with PITC contributing **32,870** (56%) and VCT contributing **25,873**(44%). A total of **5,861** ,almost similar to the previous quarter's **5,880** clients tested HIV positive for both VCT and PITC services with a preference rate of 9.9%. A total number of **3,025** adults were enrolled into care. The variation in the number of clients being enrolled into care could be attributed to positive clients being enrolled into other CCC manned by other partners.

The number of female clients receiving CT services was higher than the male with **36,301** females and **23,783** males tested finding **3,760** and **1,876** testing HIV positive, respectively.

The number of children accessing HIV testing services was **6,729** compared to **7,918** in the previous quarter. The number of children under 14 years who tested HIV positive was **456** which represents 6.8 % of all the children tested. **293** children were enrolled into care.

Table 9: PITC Summary Data

| PITC by age | 0-14 years | | 15 years and above | | Total | | |
|---------------------------|--------------|--------------|--------------------|---------------|---------------|---------------|---------------|
| | Male | Female | Male | Female | Male | Female | Grand |
| No. counseled outpatients | 2,637 | 2,541 | 7,904 | 16,622 | 10,541 | 19,163 | 29,704 |
| No. counseled inpatients | 817 | 767 | 1,236 | 2,391 | 2,053 | 3,158 | 5,211 |
| Total counseled | 3,454 | 3,308 | 9,140 | 19,013 | 12,594 | 22,321 | 34,915 |
| No. tested outpatient | 2,560 | 2,457 | 7,634 | 15,987 | 10,194 | 18,444 | 28,638 |
| No. tested inpatient | 733 | 685 | 1,213 | 2,299 | 1,946 | 2,984 | 4,930 |
| Total tested | 3,293 | 3,142 | 8,847 | 18,286 | 12,140 | 21,428 | 33,568 |
| HIV +ve outpatient | 181 | 174 | 848 | 1,661 | 1,029 | 1,835 | 2,864 |
| HIV +ve inpatient | 36 | 38 | 258 | 408 | 294 | 446 | 740 |
| Total HIV +ve | 217 | 212 | 1,106 | 2,069 | 1,323 | 2,281 | 3,604 |

Table 10: VCT Summary Data

| VCT | 0-14 years | | 15 years and above | | Total | | |
|-------------------|------------|--------|--------------------|--------|--------|--------|--------|
| | Male | Female | Male | Female | Male | Female | Grand |
| Total Counseled | 256 | 337 | 11,735 | 15,566 | 11,991 | 15,903 | 27,894 |
| Total tested | 173 | 219 | 11,482 | 14,671 | 11,655 | 14,890 | 26,545 |
| Total HIV +ve | 22 | 18 | 749 | 1,468 | 771 | 1,486 | 2,257 |
| Coupled counseled | | | | | | | 702 |
| Coupled tested | | | | | | | 683 |
| Both HIV positive | | | | | | | 50 |
| With discontant | | | | | | | 22 |

Challenges & Recommendations

HIV testing in the outpatient department has remained a challenge in almost all the facilities except where someone has been deliberately allocated to carry out PITC testing in the facilities.

Frequent stock out of test kits affected the CT services provision.

- Staff shortage was still a challenge in some facilities.

Emerging Issues/Case Studies/Success Stories

The home testing was exciting and successful in all the villages. There was a high level of support from the Ministry of Public Health and Sanitation, the provincial administration and the community. There was a high level of networking across all the Result Areas. This led to the exercise being cost effective.

In all the districts, all clients reached accepted HIV testing and the counselors were not able to cope with the number of clients who came forth to know their HIV status. No incentives were given to the community members.

Community sensitization and mobilization was well done by the community health workers, PHO and the village elders.

Referral for other health care services was not only for those testing positive but also for ring worms, immunizations, family planning, and ANC for pregnant women .



Figure 7: A VCT counselor conducting home HIV testing in Butere

Lessons Learnt

The home testing strategy is acceptable in the community. It is an effective strategy for HIV testing which allows as many people as possible access HTC.

Emerging Issues/Case Studies/Success Stories

There were a lot of children at home with only their mothers to care for them. The counselors tested children using the following criteria;

- Children whose parents were HIV positive/sickly or dead
- OVCs
- Sick children including those with fungal infection and jiggers (common in Bumula)

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

- Conduct dissemination meetings to roll out new HCT guidelines (19 districts)
- Train 90 providers on PITC training
- Support monthly discordant couples group meetings (6 groups)

- Support quarterly DASCOS/ DMLTs meetings
- Train providers in FP/HIV integration
- Support monthly counselors meetings at all districts
- Support DMLTs to carry out OJT on DBS for CT providers
- Carry out minor renovations and furnishing for 3 CT sites
- Conduct regular supervision with DMLTs/PMLT for QA
- Site sensitization meetings for integration of HIV/RH & TB services
- Print and disseminate IEC materials for CT
- Conduct home testing outreaches in Kakamega Central, Bungoma South ,Hamisi and Butere
- Conduct integrated outreaches

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

1.2.1: Orientation, training, and the multiplication effect

Planned activities

1. Conduct a ten-day essential obstetric care (EOC) training for 25 participants.
2. Enhance delivery by skilled attendants by strengthening CHW/ TBA referrals.
3. Support RH training by providing stationery(Kakamega DTC).
4. Support 3 long-term & permanent FP outreaches.
5. Conduct 5-day PAC training for 15 participants targeting Mt. Elgon, Teso, Samia and Bunyala districts.
6. Conduct a 5-day Post-Natal Care / Family Planning training for 25 participants.
7. Youth-friendly reproductive health services – service provider orientation and supervision.
8. Complete Maternity and MCH renovations/equipping and upgrades at 3 sites.
9. Conduct 5-days CTS for Infection Prevention training for 25 health workers.
10. Support 5 monthly comprehensive and integrated outreach services (incl. Malezi Bora) per district.
11. Facilitate one support supervision quarterly per district for PHMT and DHMTs (19 visits).
12. Conduct quarterly RH coordinators meeting.
13. Local conferences support for PHMTand DHMTs (Obstetric/Nurses/ Pediatrics) - 15 participants.
14. Support a five-day IMCI supervision in 12 districts.
15. Whole site orientation for CHEWs and HWs on new IMCI guidelines (60 participants)
16. Support 10 facility/community linkage meetings to enhance referral.
17. Community mobilization for RH & PAC monthly meetings and evaluation- 5 meetings
18. Supporting R3
19. Conduct a training on FANC/MIP/TB for 25 participants.

Accomplishments

- **Essential Obstetric Care training,10 days, 25 px:** 25 service providers drawn mainly from the level 3,4,5 hospitals and from Kenya Medical training colleges in Webuye and Kakamega.
- **Enhance delivery by skilled attendants by strengthening CHW/ TBA referrals:**

-
- Orientation to CHWs RH referrals including PAC from Bungoma Districts.
- **Support RH training by providing stationery (Kakamega DTC):** Provided stationary to strengthen DTC training activities.
 - **Support 3 long-term & permanent FP outreaches:** Supported 3 permanent and long-term outreaches in Butere and Bungoma East District in which a total of 90 BTLs were done.
 - **A 5-day PAC training for 15 participants targeting Mt. Elgon, Teso, Samia and Bunyala districts:** 15 participants attended, drawn from level 3, 4, 5 facilities in the province.
 - **Post-Natal Care / Family Planning training, 5 days, 25 px:** 22 participants drawn mainly from the larger Bungoma, Busia and Kakamega districts.
 - **Youth-friendly reproductive health services – service provider orientation and supervision:** Whole site orientation of 130 staff carried out to service providers in Adolescent and Reproductive Health services.
 - **Complete Maternity and MCH renovations/equipping and upgrades at 3 sites:** Renovations completed at Navakholo SD Hospital and Mabusu Health Centers to improve the structure and environment.
 - **Conduct 5 days CTS for Infection Prevention training for health, 25 px:** 25 staff from the province were trained as clinical trainers for infection prevention.
 - **Support comprehensive and integrated outreach services (incl. Malezi Bora), 5 per district per month:** A total of 314 outreaches supported in the 20 districts.
 - **Support supervision, 1 per quarter per district PHMT and DHMTs (19 visits):** DHMT support supervision conducted in Vihiga, Hamisi, Lugari, Samia, Bungoma East, and Bunyala Districts.
 - **Conduct quarterly RH coordinators meeting:** 35 DPHNs and RH coordinators attended. Discussed how to improve delivery by skilled attendance. This included representatives from the level 4 and 5 hospitals.
 - **Local conferences support for PHMT and DHMTs (bstetric/Nurses/Peds), 15 participants:** Supported 2 staff (Gynecologist and midwife) to attend the East, Central and Southern Africa Gynecology and Obstetric Conference in Mombasa with the theme of community approach to safe abortion.
 - **Support IMCI supervision, 12 districts, 5 days each:** IMCI support supervision conducted in Hamisi, Teso, Lugari, Kakamega East and Mumias districts.
 - **FANC/MIP/TB trainings for 25 participants:** Anon residential training was done for 27 participants (Nurses, Clinical Officers, Nutritionists and Pharmacists) drawn from Bungoma East District trained.

Analysis of indicators and targets

Table 11: Training Targets and Achievements for RH

| Indicator | Yr 3 target | Yr3, Q1 Accomplished | Yr3, Q2 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 | 90 | 200 (93%) |
| Number of health workers trained in management and supervision(COPE, FS, youth-friendly services, SBM-R) | 50 | 6 | 0 | 6 (12%) |

1.2.2: Increasing availability of family planning and MCH services

Planned activities and accomplishments

- Support supervision for RH/FP/MCH services including IMCI:**
 The PHMT was facilitated to conduct 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.
- Comprehensive and integrated outreach service support to the DHMTs:**
 Comprehensive and integrated outreach services were conducted by the 19 districts. The services offered included immunization, antenatal care, FP, selling of LLITNs and condom distribution. *see annex*
- Support 3 long-term and permanent methods outreaches:**
 Six outreach activities were conducted in Butere and Lugulu. 99 clients attended.
- Conduct quarterly RH coordinators' meetings:** The meetings addressed the issue of how the team analyzed low uptake for deliveries in health facilities. They had an action plan to address which includes community sensitization, microteaching, involving men in the formulating of Individual Birth Plans and target setting. This meeting included staff from both Ministries of Health.
- Community mobilization for RH for LTPM and PAC services:**
 Technical support was given during the community post-abort care (COMPAC) trainings in Bungoma District South.

- **Family Planning /HIV integration:**
Orientation to 60 ART/ VCT service providers on integrating family planning in the CCCs and VCT sites was done.
- **Others activities**
MODCAL clinical skills training for service providers- Computer assisted learning for 2 technical staff.

Analysis of indicators and targets

Table 12: Targets and Achievements for Integrated Services

| Indicator | Yr 3 target | Yr3, Q1 Accomplished | Yr3, Q2 Accomplished | Year-to-date accomplishment |
|---|-------------|----------------------|----------------------|-----------------------------|
| Number of outlets providing integrated FP/HIV services: HIV related palliative care(incl. TB/HIV) | 250 | 217 | 217 | 217(87%) |
| Number of ANC clients receiving presumptive malaria medication at the health facility | 45,000 | 18,220 | 18,430 | 36,650(81.4%) |
| Number of complicated deliveries successfully managed | 6,000 | 982 | 1,507 | 2,489(41.5%) |
| Number of clients receiving PAC services | 3,000 | 640 | 746 | 1,386(46.2%) |
| Number of sites reporting RH/FP | 300 | 325 | 340 | 650(216.7%) |

MCH service utilization

Table 13: MCH service utilization: Comparison between Y3 Q2 and Y3 Q1

| Type of Service | Level of Visit | Jan-Mar 09 | Oct-Dec 08 |
|-----------------|----------------|------------|------------|
| CWC | New | 47,324 | 52,282 |
| | Revisit | 184,572 | 221,443 |
| ANC | 1 | 34,654 | 33,986 |
| | 2 | 20,823 | 20,308 |
| | 3 | 10,787 | 12,680 |
| | 4 | 8,087 | 8,293 |
| IPT | 1 | 29,118 | 28,184 |
| | 2 | 18,430 | 18,220 |

Table 14: Maternity Services

| Type of Services | Jan-Mar 09 | Oct-Dec 08 |
|------------------|------------|------------|
| PAC | 746 | 640 |
| Total deliveries | 10,073 | 10,142 |
| SVD | 8,865 | 8,949 |
| C/S | 1,306 | 799 |
| Breech | 201 | 183 |
| Referrals | 694 | 662 |
| Maternal deaths | 45 | 29 |

The table below summarizes the utilization of FP services by districts from January to March 2009.

Table 15: Community Midwifery Support

| | Visit Type | Bgm E | Bgm S | Bgm W | Butere | Mt. Elgon | Kak S. | Total |
|----------------------|------------|-------|-------|-------|--------|-----------|--------|-------|
| CWC | New | 0 | 3 | 11 | 0 | 0 | 20 | 34 |
| | Rev | 0 | 0 | 3 | 0 | 0 | 0 | 3 |
| ANC | 1 | 28 | 4 | 2 | 46 | 15 | 0 | 95 |
| | 2 | 17 | 1 | 1 | 24 | 1 | 0 | 44 |
| | 3 | 24 | 3 | 11 | 13 | 1 | 0 | 52 |
| | 4 | 11 | 1 | 3 | 20 | 1 | 0 | 36 |
| IPT | 1 | 21 | 1 | 0 | 21 | 14 | 0 | 57 |
| | 2 | 14 | 3 | 0 | 29 | 0 | 0 | 46 |
| PNC | New | 54 | 4 | 18 | 10 | 2 | 0 | 88 |
| | Rev | 0 | 3 | 6 | 15 | 0 | 0 | 24 |
| FP | New | 70 | 2 | 2 | 219 | 0 | 0 | 293 |
| | Rev | 67 | 4 | 0 | 171 | 1 | 0 | 243 |
| Microgyn | New | 11 | 4 | 0 | 13 | 0 | 0 | 28 |
| | Rev | 18 | 2 | 0 | 8 | 0 | 0 | 28 |
| Microlut | New | 0 | 2 | 0 | 134 | 0 | 0 | 136 |
| | Rev | 0 | 0 | 0 | 52 | 0 | 0 | 52 |
| Depo | New | 42 | 0 | 10 | 138 | 1 | 2 | 193 |
| | Rev | 52 | 1 | 5 | 164 | 0 | 3 | 225 |
| Postnor2 | New | 0 | 3 | 0 | 12 | 1 | 0 | 16 |
| | Rev | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Condoms | New | 17 | 0 | 6 | 655 | 0 | 0 | 678 |
| | Rev | 0 | 0 | 7 | 11 | 0 | 0 | 18 |
| Maternity Admissions | | 0 | 3 | 0 | 0 | 4 | 0 | 7 |
| Deliveries | | 30 | 3 | 0 | 20 | 4 | 0 | 57 |
| SVD | | 29 | 3 | 0 | 20 | 0 | 0 | 52 |
| Breech | | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Referrals | | 1 | 0 | 0 | 1 | 0 | | 2 |

This is the first time that the project is reporting on domiciliary services that were initiated in six districts. The midwives had updates on safe, clean deliveries and were given the necessary tools to practice. This may be replicated in the remaining districts.

Table 16: Family planning service utilization by district

| District | Family planning method mix Jan –March 2009 | | | | | | | CYP |
|---------------------------|--|---------------|------------|------------------|------------|--------------|-----------|---------------|
| | Pill cycles | DEPO | IUCD | Condoms | BTL | Implants | Vasectomy | |
| Bungoma East | 1785 | 4937 | 53 | 119680 | 69 | 78 | 0 | 3,363 |
| Bungoma North | 1404 | 3084 | 17 | 29033 | 16 | 21 | 0 | 1,368 |
| Bungoma South | 4187 | 7058 | 48 | 207308 | 76 | 120 | 0 | 4,994 |
| Bungoma West | 1332 | 3204 | 15 | 99746 | 16 | 52 | 0 | 2,084 |
| Bunyala | 373 | 1217 | 7 | 16340 | 0 | 8 | 0 | 518 |
| Busia | 3406 | 6132 | 80 | 63315 | 35 | 186 | 0 | 3,507 |
| Butere | 1801 | 4808 | 8 | 31154 | 38 | 62 | 0 | 2,146 |
| Emuhaya | 898 | 2479 | 72 | 43184 | 33 | 20 | 0 | 1,627 |
| Hamisi | 790 | 2015 | 7 | 21374 | 54 | 26 | 0 | 1,283 |
| Kakamega Central | 1620 | 6571 | 98 | 33822 | 88 | 98 | 2 | 3,441 |
| Kakamega East | 488 | 1912 | 18 | 24754 | 0 | 0 | 0 | 780 |
| Kakamega North | 2390 | 4058 | 10 | 390 | 4 | 16 | 0 | 1,300 |
| Kakamega South | 1120 | 1761 | 6 | 21533 | 33 | 7 | 0 | 1,004 |
| Lugari | 6520 | 6744 | 91 | 95026 | 50 | 118 | 0 | 4,044 |
| Mt. Elgon | 814 | 3404 | 3 | 38686 | 0 | 47 | 0 | 1,405 |
| Mumias | 1167 | 3481 | 14 | 60274 | 49 | 50 | 0 | 2,069 |
| Samia | 737 | 1759 | 1 | 19357 | 33 | 25 | 0 | 1,007 |
| Teso | 949 | 3652 | 12 | 21154 | 18 | 30 | 0 | 1,446 |
| Vihiga | 2072 | 4664 | 59 | 154469 | 51 | 125 | 0 | 3,652 |
| Total Jan-March 09 | 33,853 | 72,940 | 619 | 1,100,597 | 663 | 1,089 | 2 | 41,038 |
| Total Oct-Dec 08 | 38,335 | 71,319 | 466 | 620,362 | 581 | 931 | 0 | 35,143 |

Challenges & Recommendations

- Lack of support to EPI targeting settings and updates activities in the province, hence most of facilities are not able to set targets.
- Coordinating activities with the two Ministries of Health. The functions of the Ministries has to not been understood, or communication channels established to avoid confusion and conflicts.
- Acute shortage of staff, mainly due to altering administrative boundaries to form new districts, constraining the available staffing pattern and budgets affecting PHMT/DHMT support.

Emerging issues

Integrating family planning into HIV

Orientation of 60 ART and VCT providers on rationale for integration at service delivery level. Some of the issues raised were:

- Lack of family planning trained staff, lack of space in some of the CCC.
- FP/HIV integration training planned for the quarter.
- Follow up of the CCCs and VCT service providers.

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

- DHMT need to supervise private facilities regularly to improve quality of service
- Most of the facilities have no staff and space to set up ORT corners

- Maternal and child health booklets continuity of supply – most large facilities have run out of supply.

Planned activities next quarter

1. Contraceptive Technology Update, 5days, 25 participants
2. Support RH training by providing stationery (Kakamega DTC)
3. Support 3 long-term & permanent FP outreaches
4. Maternity and MCH renovations/equipping and upgrades for Matete Health Center and Shiru Dispensary
5. Support comprehensive and integrated outreach services (incl. Malezi Bora), 5 per district per month
6. Support supervision, 1per quarter per district PHMT and DHMTs
7. Orientation to standards-based management and recognition training to four hospitals (PGH Kakamega, Vihiga ,Bungoma, Webuye and Busia)
8. Conduct quarterly RH coordinators meeting for both Ministries
9. Malaria case management, 25 participants for 3 days
10. Inter-facility exchange visits - (ihiga District Hospital to Bungoma DH)
11. Orientate CHVs/CHEWS to community RH package, 25 participants, one day
12. Support celebration for International days – World Malaria Day on 25April, 2009
13. Logistics management: whole site orientation, 20 sites
14. Support IMCI supervision, 12 districts, 5 days each
15. Support facility/community linkage meetings to enhance referral, 10 meetings
16. Refresher training for service providers on EPI for Busia, Samia, Bunyala, Nambale, Teso North and Teso South districts
17. IMCI case management using the revised curriculum of 8 days for larger Busia and Teso
18. Target setting for EPI and RH services for larger Busia and Teso
19. Immunization outreach services targeting Vitamin A and de-worming

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

1.3.1: Build a network model

Planned activities

Drug adherence counseling sessions at the CCCs

Purchase 11 motorbikes for defaulter tracing for 11 CCCs

Community mobilization for COMMPAC

Achievements

Five groups were trained on COMMPAC in Bungoma South District consisting of youth, widows, women, and mixed groups (200) to mobilize resources within the community to minimize the effects of bleeding and prevent abortions.

Counseling sessions for PLWHAs were conducted at CCCs.

Success story

CMAK has established a community-based secondary school with the first 25 students in a Form One class. The community is responsible for the payment of school fees.

COMMPAC youth group have formed a drama club to help reach youth in schools with RH messages.

Planned activities

Train 5 groups in COMMPAC in Bungoma District.

Support 45 ART sites in drug adherence sessions.

Continue defaulter tracing.

1.3.2: Manage public - private partnerships

Introduction

The APHIA II Private Public Partnership continues to build the capacity of private health providers and to assist private health facilities in providing quality health services. Key to this effort has been the mainstreaming of HIV/AIDS services in the private health services delivery. The program therefore prioritized updating the skills of private health providers in PITC, PMTCT, TB/HIV, commodity management and AMTSL. The program has, to date, trained private health practitioners as follows:

- 140 in Provider Initiated HIV testing and counseling (PITC). At the end of the quarter, 40 facilities reported offering PITC services to 3,220 clients.
- 32 in Prevention of Mother to Child HIV AIDS Transmission (PMTCT). 45 private facilities offered PMTCT services to 7,050 clients.
- 18 on TB/HIVAIDS management. Follow-up activities indicated that a number of graduates are offering basic services, including referring clients to other facilities.
- 32 providers trained in commodity management.
- 120 private health providers updated on Active Management of Third Stage Labor (AMTSL) by R1 Reproductive Health Team.

Like other APHIA program activities, we will intensify our efforts to consolidate the gains so far made, namely, ensuring that the private health providers already trained are providing quality services to their clients and, at the same time, expanding our capacity building efforts to other APHIA intervention areas. See Appendix ...for facilities who were trained and offering services during the quarter.

Planned activities January to March

1. Finalize the signing of an MOU with Nzoia Sugar Company for the establishment of 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 visits to facilities in Bungoma districts to ensure that at least five new facilities are accessing commodities and also providing testing and counseling services to their clients. The Project will also conduct joint follow-up/supervision visit to facilities run by PMTCT and HIV/TB past graduates to ensure that they are accessing commodities and also practicing skills learnt during training and that they are using appropriate referral systems.

-
4. Support two outreaches at workplaces and other private facilities.
 5. Conduct commodity management training.
 6. Conduct PITC training to reach the providers that have not been reached by the program.
 7. Support two stakeholder meetings to deepen the private- public partnership.

Accomplishments, Jan- March

- The MOU was finalized and signed between A2W and Nzoia Sugar Company for the establishment of an ART site at the Company Clinic. Worked with the relevant MOH staff and conducted ART site assessment, designated the clinic as an ART site and initiated ART services. The clinic support group has also been formed. Client enrollment to ART services has also been initiated through the support group.
- The Program staff continued with joint follow-up/supervision visits to facilities run by past PITC graduates. Those that are not providing the services are supported to begin initiating counseling and testing services, access testing commodities and also provide testing and counseling services to their clients. During the period, sixteen supervision/facilitation visits were carried out. Out of the sixteen, nine new sites were initiated.
- Two facilities were supported to conduct outreach services through which 151 people were reached with curative services, 86 immunized and 556 people tested for HIV out of which 47 people turned positive. In addition 450 children and 130 ANC clients attended the child welfare clinic.
- PITC training for private health providers. 31 providers were trained.
- Commodity management training. 30 private providers were trained.
- Jointly supported with the R1 PMTCT Team one provincial DHMT. The program facilitated a session on BRHC activities with the private health providers, stressing the importance of public- private partnerships, the challenges and need for collaborative efforts between the DHMTs and the private health provider. The private sector health delivery issues were also addressed.

Challenges

- Availability of HIV test kits to these provider services. To overcome the challenge, the program has continued to support stakeholder meetings targeting mainly the District Health Management Teams to sensitize them on the importance and need to provide private health providers with the test kits.
- Private clinicians are finding the provision of PITC services time-consuming as they spend a lot of time with one client.
- Stigma is still a major challenge to HIV AIDS services. More training is required on stigma reduction and discrimination.
- Management of discordant couples is proving to be a challenge. More training in this area may help.
- The physical state of most facilities is wanting. The facilities badly need painting, furniture and basic tools to enhance infection prevention for providers.

Planned activities: April to June 2009

- Work with R1 ART advisor to procure relevant ART dispensing support equipment for Nzoia Site. Provide more on-job training to Nzoia staff on ART drugs management and reporting.
- Initiate and implement one technical exchange visits.
- Continue with follow-up/supervision visits to 15 facilities run by past PITC graduates in other districts to ensure that they are providing counseling and testing services to their clients, and that they have access to the needed commodities. Also conduct follow-up/supervision visits to facilities run by past PMTCT and HIV/TB graduates in Kakamega districts to ensure that they are practicing skills learnt during PMTCT training and have access to the necessary commodities.
- Support one district counselor meeting.
- Initiate one specialized training targeting private medical doctors on HIV-related topics.
- Implement one pediatric ART training.
- Support two outreaches at workplaces and other private facilities.
- Implement one integrated management of adult illness training.
- Support two stakeholder meetings to deepen private- public partnerships.
- Introduce and institute referral forms in the private facilities
- Continue supporting site technical assistance in PMTCT, TB, PITC.



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

Planned activities:

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

Accomplished

- 2 BCC advisory committee meetings were held.
- The committee made a supervisory visit to 2 primary schools; Kakunga primary school in Kakamega North and Mwikhomo primary school in Kakamega South , both under the HCM program.

Challenges:

- High expectations from the schools from APHIA including provision of flip charts and allowances, hence reduced activities.

Emerging issues:

- From the supervisory visit, it was noted that both the schools had A2W and HCM chill programs in the school program.
- High expectations from teachers trained.

Recommendations:

- Harmonize working to avoid duplication of efforts by different partners.
- Supervision of the in-school youth activities to be enhanced for better results.

Planned activities:

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

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. FF and PHO 1-day orientation training
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 theatre 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 pax
 17. Produce 12 episodes of radio program
 18. Survey on the radio Jua Afya Yako program

Accomplishments

FF and PHO one-day orientation: A one-day orientation meeting aimed at harmonizing activities between the community agency and the MOPHS was held and attended by 70 participants, mainly PHOs, CHEWs and the in-charges of the facilities derived from areas where R2 works. The meeting was moderated by the MOPHS and resolved that both A2W and MOPHS will strengthen the community health information systems, trainings, share reports and strengthen the referral systems. In addition, A2W would support the quarterly dialogue meetings as well as support the CHCs in documentation of success stories and magnification through community newsletters and radio.

Introduction and induction into A2W: The field facilitators and WRCC were inducted on A2W approaches for 2 days on community agency. The MOPHS were also able to take the field facilitators through the community strategy approach.

Identification and recruitment of community health volunteers: A total of 1,012 new community health volunteers and 50 S/LCHV have been identified through WRCC and introduced to respective in-charges of health facilities.

Train new community health volunteers for 10 days: The training did not take place because the new community health volunteers identified were mainly derived from the old sites by a previous partner therefore it took a long time to mobilize the community as volunteers. This delayed the training.

Support community health outreaches: A total of 14,261 people were mobilized for integrated outreaches where services were provided by the health providers.

Dialogue discussions: Through the dialogue discussions, a total of 56,485 males and 113,977 females were reached, totaling 170,462 new people reached.

Monthly feedback meetings/feedback meetings for CHVs/MT and peer families: Monthly feedback meetings were held for all community agency activities from the village level to the locational and provincial levels. The peer family conducted 30 peer family monthly meetings for report collection and review at the district level and 3 peer family leaders meetings. The Magnet theatre meetings were also held every month, and in January the MOYA representative was able to give a presentation to the group on its activities and areas of linkages.

The CHV feedback meetings were used as opportunities for technical updates by the in-charges of health facilities and PHOs. A total of 130 feedback meetings were held at the sub-location level and 26 feedback meetings at the district level. The provincial review meeting was held every month to review the district reports.

Magnet theatre evaluation: The objective of the study is to determine the effectiveness of Magnet theatre in behavior change communication in health. The sample sites are Mukumu, Bukura, Bumula, Bulondo, Makunga, Butula and Bukaya areas of Western Province of Kenya. The study will be finalized in June of this year.

Magnet theatre refresher training: The Magnet theatre refresher trainings were conducted onsite for 192 Magnet theatre troupe members by the MT TOTs from the districts for five days.

Magnet theatre performances: There were 427 Magnet theatre performances in the quarter which were attended by 28,047 people.

Magnet theatre TOT training: A total of 81 Magnet troupe members were trained as TOTs on Magnet theatre. The TOT will continuously give support to the Magnet theatre groups at the district level.

Conduct refresher training for 50 peer family facilitators: One refresher training was conducted for 50 peer family facilitators who were trained early last year.

The 250 trained peer family facilitators will continue with the peer family discussions at the community level. The peer family made 28,429 contacts.

Radio planning workshop for 30 people: The radio planning workshop was postponed to the 3rd quarter after the listenership survey will have then been conducted. The findings of the listenership survey will be used to inform the radio planning document.

Produce 12 episodes of radio program: Thirteen radio episodes on adolescent reproductive health, sex and sexuality and Tuberculosis were broadcasted. 70 SMS were received and 30 call-ins were made by listeners.

Survey on the radio Jua Afya Yako program: The radio listenership survey will be carried out in third quarter.

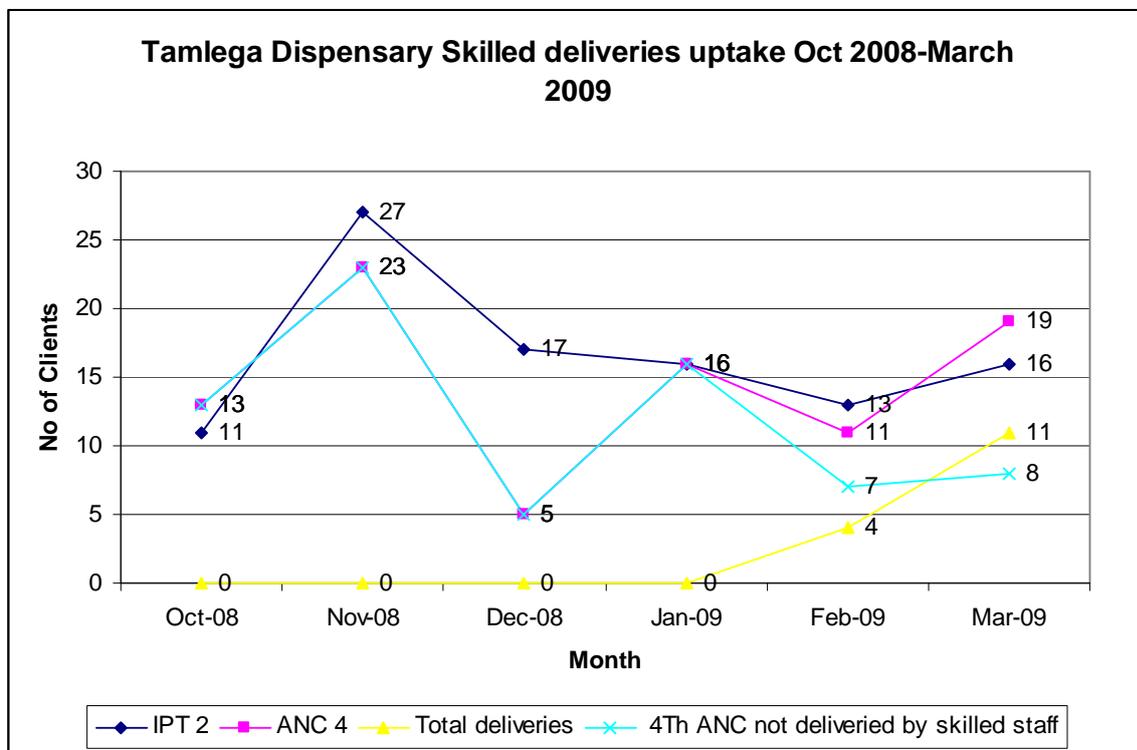
Jua Afya Yako newsletter: The project produced and distributed 170,000 of Jua Afya Yako newsletter to the community to provide information on the benefits of ART both for the adults and young children. The newsletters reinforce the information provided in the dialogue group discussions and the radio.

Emerging Issues/Case Studies/Success Stories

1. Integration and enhanced community facility linkages makes a difference in health facilities - The case of Tamlega Dispensary in Bungoma West

The participation of the M&E department of the project in the PFF refresher training held in January was an eye opener to the use of reports in health facilities and at the community level. The PFFs understood the importance of submitting accurate reports and analyzing them to ensure that they translate into impact. A follow-up of this was done at the Tamlega Dispensary where there has been remarkable improvement in service utilization by community members. Such notable improvement has been in the area of skilled deliveries. Despite the obstacles of the lack of a delivery bed and only one service provider, the facility has registered a record 7 skilled deliveries and 8 referrals from zero since the facility opened.

Figure 8: Skilled Delivery Uptake



The table shows how PFFs have traced the mothers who have attended 4th ANC visit to be delivered by skilled health workers. The line for mothers delivered by skilled workers has overtaken that of mothers not delivered by skilled as per March 2009 case. Out of nineteen mothers expected to deliver 11 delivered at facility. The local TBAs have been sensitized not to deliver mothers but refer the to health facilities during this era of HIV/AIDs.

This is as a result of presence of Peer Family Facilitators in the community around the facility. Why and what was the trick? The M&E officer in charge of Bungoma West and the Peer Family program coordinator together with the MOH staff convened a meeting at the facility where all the PFFs were introduced to the facility in-charge and shared their field experiences. Being charged with the responsibility of creating demand for health services at the facility, the PFFs charted the way forward. The facility in-charge informed them of the heavy workload and, being the only MOH staff at the facility, said it was not easy to manage.

She said that she literally works alone from weighing the babies, repackaging of drugs, diagnosing and dispensing drugs and this sometimes led to lengthy service delivery times for patients. In the spirit of partnership and volunteerism, the 21 Peer Family Facilitators, together with their team leader, came up with a duty roster to help the in-charge carry out the day-to-day work at the facility. On any given day you will find 2 Peer Family Facilitators working at the facility. The duties they perform currently at the facility include;

1. Cleaning the facility
2. Providing health talks to clients at the waiting bay,
3. Weighing the babies,
4. Repackaging of drugs
5. Minor record keeping.

They are able to perform the above duties as the in-charge has oriented and mentored them on these tasks. This has really motivated the single MOH staff to serve the increasing number of clients and to even conduct deliveries. The facility also has an improvised delivery bed. If all PFF's were to go by Tamlega's example, it may be possible to increase the number of clients delivered by skilled health workers in Western, and in Kenya at large.

Facility in-charge Philomena Sande had this to share with us and other stakeholders;

“It’s done! What do I say? Am happy with the kind of support am receiving from A2W despite a few challenges we are experiencing as a facility. Proper data compilation, analysis and utilization is one of the areas that have been greatly emphasized and we are working to ensure that we achieve and even surpass the set targets. Am working very closely with the peer family facilitators whom I share with what we are expected to do. I have oriented them on weighing of children, repackaging of drugs, and minor record keeping. They have been a source of motivation for me as on any one day you will find two of them here volunteering their time to help at this facility more so educating clients thus keeping them calm. Referrals are doing quite well and this has led to an increase in the number of clients delivering at this facility. We had never recorded any delivery before but with the help of PFF’s we are able to do the work. I used to treat clients and let them go hoping they will come back to deliver, which was never done ,but now I have a team that makes follow up at the community to help them come back. I share with them the names of clients who need to come back and that is how we have managed to get mothers due for delivery come to deliver. Our main challenge is lack of a delivery bed and delivery kits. If only we could get these, then our performance would even be better than it is now.

This is just the beginning. Our work is creating demand for services. We have developed a good working relationship with the facility staff and expect this to continue. We have established a network that is helping get clients especially expectant mothers deliver at the facility. We have sensitized the local TBA’s not to conduct deliveries at home in this era of HIV but refer clients to the health facilities. Those we are working with are actually doing this and we expect the trend to continue.”

Iddi Juma, Peer Family Leader, Tamlega sub-location, Malakisi



PFF providing a health talk at the facility

Figure 9: Integration of community and health facility

Planned activities next quarter

1. FF monthly meeting with A2W staff
2. CHW conduct discussion group discussions
3. Implement 432 Magnet theatre performances
4. Monthly feedback meeting for MT
5. Continue with MT performances
6. Host annual radio planning workshop
7. Conduct radio listenership survey
8. Continue with community radio
9. Peer family leaders monthly meetings
10. Train 1,000 community health workers on IYCF
11. Produce calendars with MCH messages
12. Support 5 mother to mother groups
13. Protect 20 springs for 500 HH
14. Purchase 5 tanks in 5 schools
15. Distribute 60,000 waterguards in 1,000 households
16. Train 1,000 community health volunteers on hygiene and sanitation
17. Facilitate school health talks in 5 schools
18. Construction of 10 demonstration latrines per districts
19. Train 25 CHWs for 3 days in 5 districts
20. Establish 15 ORT corners
21. Feedback meetings for CHV, peer families and MT
22. Magnet theatre TOT training
23. Conduct refresher training for 50 peer family facilitators
24. The 250 trained Peer Family Facilitators to continue with the peer family discussions at community level.
25. Peer family leaders to conduct monthly Peer Family Facilitators' feedback meetings
26. Hold 3 peer family leaders monthly feedback meetings
27. Radio planning workshop for 30 pax
28. Produce 12 episodes of Radio program
29. Survey on the radio Jua Afya Yako program

2.1.2: Establishing and strengthening formal and informal workplace programs

Planned activities

- Continue with dialogue discussions at various sites as conducted by the motivators
- Continue with feedback meetings at both Worksite Motivators and Site Coordinators feedback meetings across the board
- Conduct one health outreach combined with a sporting activity along the beaches in Busia around Bumbe Beach
- Conduct 10 Health Outreaches in the 10 formal sites

Accomplishments

Dialogue Discussions: Through the dialogue discussions, 43,283 people were reached in the formal and informal worksites. The trained peer motivators recruited from 19 AIDS Control Units (ACU) in various GOK ministries have sensitized their peers. The 20 *boda boda* cyclist groups recruited and trained by the project are also actively involved in conducting health education to their passengers.

Feedback meetings: There were 3 feedback meetings held with the site coordinators to review the activities of the worksites.

Conduct one health outreach combined with a sporting activity along the beaches in Busia around Bumbe Beach: The outreach was done in Sisenye beach instead of Bumbe where the community benefitted from the integrated services.

Conduct 10 health outreaches: A total of 15 health outreaches were conducted in partnership with the MOH in various worksites. During the health outreaches health education was provided. In some sites outreaches were conducted two times with the support of other partners and the companies.

Worksite managers meeting: A one day managers' meeting was held in Kakamega with the purpose of reviewing progress and renewing ownership of the worksite HIV programs as stipulated in the workplace policies. During the meeting, the companies were able to share their experiences. Some companies set aside funds for HIV activities while others made it a performance indicator for the managers.

Challenges & Recommendations

- Closure of the operations of some companies like the Pan Paper and Mumias Out-growers have affected the intensity of the peer motivators activities and the subsequent numbers reached.

Emerging Issues/Case Studies/Success Stories

1. Peer motivation activities in the postal corporation has reduced the cost of medical expense, lowered the rate of absenteeism and has reduced stigma as confirmed by the Western Province Postal Corporation Manager.
2. Working closely with the BMU? along the beaches has made the coordination of the outreaches and HIV activities smooth as opposed to directly working with the community

-
3. Sustained management commitment has enabled the establishment of an ART site at the Nzoia Sugar Company.

Planned activities next quarter

- Continue with dialogue session
- Continue with the worksite and motivators feedback meetings
- Monitor quality of the worksites and activities and provide update and mentorship
- Conduct 10 health outreaches within the worksites

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 in-school and out-of-school youth.

Planned activities

- PYAC meeting
- DEO quarterly review and planning meeting
- Peer education training for 74 students in MMUST
- Teachers TOT training
- Eregi TTC peer education training
- Training of 100 teachers as peer educators
- Disburse funds to youth grant groups and anchor organizations for Year 3
- Youth to conduct dialogue groups
- Youth to conduct outreaches, tournaments, talent shows, etc. continues
- Monthly feedback meetings continue
- Finalize youth granting process
- Quarter meeting for anchor organizations

Accomplishments

PYAC meeting: The provincial youth committee held 2 meetings and made a trip to Bungoma to ascertain the schools' involvement in referring children to the hospital and the services provided to them.

According to the head teacher of Sio Primary School, Bungoma:

“I always take the children to the Bungoma district hospital for treatment. If the illness is a normal disease like Malaria, I just walk in and get accorded fast attention since the student is always in school uniform, but if the case is like STI etc, I will order the student to dress like a civilian and pretend that she is my maid when asked by the health provider. In this case the procedure will be too long since we will just follow the queue like other patients. I do this to avoid being harassed by the health providers to answer why my school pupils have STIs yet they are supposed to be morally upright.”

DEO quarterly review and planning meeting: The DEO review meeting discussed the life skill curriculum developed by KIE. The meeting felt that it would not be easy to monitor the

life skills program in schools even though there was a lot of enthusiasm. It was suggested that the teachers trained by A2W should capture the data of activities conducted by other teachers to enable smooth flow of data to the next level.

Peer education training for 74 students in MMUST: The MOH and MMUST trainers trained an additional 70 peer educators from MMUST through the coordination of the dean of student's office.

Teachers Worksite TOT training: A total of 50 District Education Officers from 20 districts were trained as TOT for the teachers worksite activities. The purpose of training the TOTs was to create a cadre of trainers who can roll out training of teachers as peer educators in the schools. The SPLASH methodology developed by PATH was used for the training.

Training of 100 teachers as peer educators: The first lot of 50 teachers of 200 were trained as peer educators.

Disburse funds to youth grant groups and anchor organizations for year 3: Disbursement of funds for year 3 were not disbursed due to the delay in processing the grants and modification on the grants agreements from the modes of disbursements.

Youth to conduct dialogue groups: The youth continue with the dialogue sessions where 79,627 people were reached. During monitoring visits, emphasis was made on conducting quality discussions, competency in handling the group sessions using appropriate facilitation tools, timeliness and consistency of the attendants. Improvement was noted in referrals using the referral booklets by NASCOP.

Youth outreaches, tournaments, talent shows: The youth conducted 3 health education outreaches in Mumias, Butere and Bungoma. Topics for discussion included VCT promotion, HIV and AIDS and TB.

Monthly feedback meetings continue: Feedback meetings were held for the village YCHWs, lead YCHW and the DYC. The volunteers reported low numbers reached and few reports collected. This was attributed to unpaid transport and lunches during the feedback meetings.

Finalize youth granting process: Sub agreements are still under review.

Disburse last funding to youth grant groups and anchor organizations: This activity was not done due to the delays as mentioned earlier on the granting process caused by modification and simplification of the sub agreements documents to the community-based organizations.

Challenges and Recommendations: Some Youth have dropped due to the delay in transport for the feedback meetings.

Planned activities

- PYAC quarterly meeting
- Training of 350 teachers as peer educators
- Training of 200 teachers as peer educators
- Teachers peer educators conduct peer education with 2,000 teachers
- Teachers TOT training
- Training of teachers as TOTs for peer education
- Eregi TTC peer education training for 50 peer educators
- Provide grants to 19 youth organizations
- Conduct quarterly review meeting with the youth anchor organization
- Provide trophies for best RH and HIV messages during the music festival
- Produce 20,000 copies of comic book

2.2.2: Reaching married adolescents

Planned activities

- Train 60 mentors in Budalangi
- Monthly feedback meetings in 14 districts
- District MA coordinators monthly meetings

Accomplishments

Train 60 mentors in Budalangi: A total of 64 mentors were trained in Samia and Bunyala districts.

Monthly feedback meetings in 14 districts: Feedback meetings were held in all of the 14 districts for the mentors and the married adolescent coordinators.

District MA coordinators monthly meetings: Monthly meetings were held with the district MA coordinators to review progress and reports.

Dialogue sessions: The MA mentors reached 125,014 girls between the age of 14-24 and their partners. Referrals for services were made to 17,837 and 14,195 condoms were distributed.

Planned activities

- Facilitate 3 MA mentors feedback meetings at their respective districts
- Hold 3 District Team Leaders/ Coordinators feedback meetings to facilitate the collection of reports, review challenges facing the mentors in various designate districts
- Monitoring of MA activities
- Dialogue group discussions

Table 17: Targets and achievements on Abstinence and Be Faithful

| Indicator | Yr 3 target | Yr3 Q1 Accomplished | Yr3, Q2 Accomplished | Year-to-date accomplishment |
|---|-------------|---------------------|---------------------------|-----------------------------|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 60,000 | 0 | 202,906 | 202,906 |
| Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 6,000 | 0 | Will be trained in August | 0 |

37,906 individuals were reached by schools and 165,000 people were reached through the provincial drama. The new peer educators will be trained in September after the training of 400 teachers.

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

2.3.1: Strengthening community group networks

Planned activities

- Train 1,000 new community health workers
- Youth to conduct integrated sports with health services by the youth
- Monitoring of women groups health education activities
- Continue partnerships with community-based organizations
- Facilitate transition of VHC into CUs in partnership with MOPHS

Accomplishments

Train 1,000 new community health workers: The training of the new community health workers will begin in April because of a delay in mobilization.

Youth to conduct integrated sports with health services by the youth: Due to the delay of funds to the youth anchor and youth groups this was not accomplished.

Monitoring of women's groups health education activities: The women's group trained in the previous year is continuously monitored.

Continue partnerships with community-based organization: The project continues to partner with community-based organizations and structures.

Facilitate transition of VHC into CUs in partnership with MOPHS: The project is working with the MOPHS and currently all the community health workers are trained.

2.3.2: Establishing sustainable links between communities and facilities

Planned activities

Conduct 132 comprehensive outreaches.

Accomplishments

Community Outreaches: A total of 121 outreaches were conducted reaching a total of 5,537 people. Among the services offered during the activity were health talks offered by the CHVs and the PHTs, general treatment, immunization, VCT, PMCT, ANC, family planning, distribution of condoms and ITNs. 28,204 condoms were distributed.

Planned activities next quarter

- Conduct 132 community outreaches.

2.3.3: Creating and supporting Change Teams

The project has changed the Change Team approach because the structure is similar to the CHC structure. Therefore, the plan is to train the CHEW **soon** monitoring of change , documentation of success stories and support of magnification through the newsletter and radio.

Planned activity

- Map out number of existing CHCs
- Train CHEWs on documentation of success stories

Mainstreaming gender

Planned activities

- Mainstream gender in all activities
- Provide grants to 19 women's groups
- Subgrant MUMCOP, a Muslim peer group to conduct dialogue discussions

Accomplishments

Mainstream gender in all activities: The project continues to mainstream gender across the project areas.

Provide grants to 19 women's groups and subgrant MUMCOP, a Muslim peer group to conduct dialogue discussions: This has not been done due to a delay in processing the grant agreements.

Table 18: Other prevention indicators

| Indicator | Yr 3 target | Yr3, Q1 Accomplished | Yr3, Q2 Accomplished | Year-to-date accomplishment |
|--|-------------|----------------------|--------------------------------|-----------------------------|
| Number of service outlets | 500 | 3,464 (all CHWs) | | 3,464 |
| Number of individuals reached through community outreaches that promote HIV /AIDS prevention through other behavior change beyond abstinence and or/being faithful by gender | 87,500 | 1,035 | 56,485 male; 113,977 female | 170,462 |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 5,042 | 64 | 1,438 | 1,502 |
| Number of local organizations provided with technical assistance for HIV-related institutional capacity building (through grants and networks) | 873 | 88 | 97 | 455 |
| Number of individuals trained in HIV-related capacity building | 6,000 | 8 | 270 | 278 |



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 and accomplishments

- **Identify and assess 2 CBO/FBO to partner with in 2 new districts:** Expansion to new districts was shelved and instead it was decided to increase the number of OVC by absorbing all siblings of registered OVCs in areas where they were omitted.
- **Sub Grant CBO/FBOs:** The 24 CBOs received funding with Agape CBO receiving its Q1 funds because they had a challenge in accounting Q4 FY08 funds. Akukuranut Development trust received both Q1 and Q2 funds of KSh 1,596,620 during this quarter after they accounted for Q4 FY08 funds. Both of these CBOs had to restructure their leadership after having problems with some leaders at the end of FY08. This change in leadership lead to delayed implementation of activities in Q1 which affected their funding cycle. Total amount of funds released to CBOs in Q2 was KSh 16,373,649 (Q1 amount was KSh 9,888,159).
- **Support supervision and monitoring visits of CBO/FBO activities:** The 24 CBOs were visited at least once during the quarter and the Field Facilitators supported their respective CBOs on a day-to-day basis. This has enabled CBOs to improve in financial management, monitoring of OVCs and PLWHs. Twelve CBOs have finalized the process of receiving motorbikes to support them in the field monitoring and supervision work.
- **Quarterly CBO/FBO meetings:** Quarter 2 review meeting was held in Busia. The CBOs developed child protection and prostitution policies and were introduced to the use of solar energy.



Figure 10: CBO Leaders Q2 report presentations
 Left: Shibuye CBO leader presenting Q2 report during review Right: Q2 Review participants

- **Support CHV with incentives:** 2,494 CHVs were supported with a monthly stipend of KSh 700. This has enhanced their delivery of quality of services in serving the PLHA and their families. The project printed and distributed 17,500 various HCBC reporting and monitoring tools to the CHV.
- **Support PHMT & DHMT monitor and supervise HBC activities:** PHMT/DHMT were supported to monitor and supervise HCBC activities in 12 districts (Vihiga, Emuhaya, Butere, Mumias, Teso, Hamisi, Lugari, Mt Elgon and Kakamega North, Kakamega Central, Busia and Kakamega South).
- **Community mobilizers' quarterly review and capacity building meeting:** The meeting took place and activities were reviewed. The monitoring tools were revised and new ones developed. Integration of activities with other result areas was discussed and plans for quarter three prepared.

Table 19: Facility HBC Activities during Quarter 2 yr III

| | Females | Males | Total | |
|--|---------------|--------------|---------------|--------|
| | | | Q2 | Q1 |
| No. of CHV providing HBC | 3,611 | 967 | 4,578 | 3,529 |
| No. of CHV reporting | 2,671 | 736 | 3,407 | 2,468 |
| No. of clients | 14,764 | 6,745 | 21,509 | 26,685 |
| No. of clients < 15 yrs | 1,997 | 1,630 | 3,627 | 3,148 |
| No. of clients 15yrs and over | 12,386 | 5,185 | 17,571 | 23,733 |
| No. of patients on ARV | 8,451 | 4,146 | 12,597 | 12,398 |
| No. of patients on TB treatment | 869 | 606 | 1,475 | 2,035 |
| No. of PLWHA receiving nutritional support | 3,560 | 1,930 | 5,490 | 3,446 |
| No. of HIV+ TB patients receiving ART and TB treatment | 1,178 | 578 | 1,756 | 1,584 |
| No. of deaths | 54 | 48 | 102 | 168 |
| No. of HBC kits supplied | 427 | | | |
| No. of HBC kits used | 389 | | | |

Analysis of indicators and targets

Table 20: Palliative Care Targets and accomplishments

| Indicator | Yr 3 target | Yr3, Q1 Accomplished | Yr3, Q2 Accomplished | Year-to-date Accomplishment |
|---|-------------|----------------------|----------------------|-----------------------------|
| Total number of CBO/FBOs providing HIV-related palliative care | 25 | 24 | 24 | 24 |
| Total number of individuals trained to provide home-based HIV palliative care (CHV) | 400 | 1,625 | 869 | 2,494 |
| Number of primary care givers mentored to provide HBC services | 1,000 | 7,092 | 6,960 | 14,052 |
| Number of supported PLWH receiving HBC services (through nursing care, spiritual (Channels of Hope), counselling (IPT-G)) | 5,040 | 26,685 | 21,509 | 26,685 |
| Number of PLWH referred from HBC to clinical | 786 | 2,157 | 798 | 2,945 |

Challenges & Recommendations

- Lack of commitment by the trained HBC coordinators and wrong placements in the health facilities due to staff shortage
- PHMT & DHMT competing tasks delays implementations of activities

Planned activities next quarter

- 48 monitoring visits to CBO/FBOs
- Grant 24 CBO/FBOs 3rd quarter based on work plan
- Quarterly review meeting
- Community mobilizers quarterly review and capacity building meeting
- Support supervision and monitoring visits of CBO/FBOs and health facilities
- Procure and distribute HBC kits
- Support CHVs with incentives and job tools
- Support PHMT & DHMT monitor and supervise HBC activities
- Support HCBC quarterly meeting in the districts

3.1.2: Expanding support services for PLWA

Planned activities & accomplishments

- **Train leaders in inter-personal therapy for groups in Butere district:** 22 IPT-G leaders (13F, 9M) were identified and trained on IPT-G. Conducted an ethnographic survey in Shiatsala Division in Butere district to determine the levels of depression with 2,100 persons randomly sampled and interviewed. Data is being analyzed.
- **Biweekly support supervision session for IPT-G group leaders:** 12 bi-weekly supervision meetings were conducted to support the leaders in their psychological well-being and help them deal with the challenges that they may be encountering. 114 groups completed their 16-20 week therapy and were terminated successfully. These groups were composed of 896 females, 144 males, 180 boys and 181girls. Visits to sixteen (16)

sampled groups that terminated reported to have gotten over the depression and this enabled them carry out their daily tasks with a minimal level of difficulty.

A total of 82 new groups have been formed and are in the first phase of their meetings. The compositions is as follows; 21 for girls with 231 members, 34 for females with 437 members, 21 for boys with 237 members and 6 for males with 57 members.

- **Quarterly debriefing session with IPT-G group leaders:** Fifty-six (56) IPT-G leaders underwent a four-day debriefing. They were taken through self concept, self awareness, dealing with family issues, trauma, stress and dealing with burn out.
- **Public disclosure sessions and quarterly meetings for stigma reduction by Ambassadors of Hope & discordant couples:** Outreaches were carried out by AOH in the province. The following was noted as a result of these outreaches:
 - Formation of more support groups
 - People who have tested and have not disclosed their status come for consultation
 - Drugs adherence and ART uptake
 - People are going for VCT
 - Stigma and discrimination reduced.

Outreaches by discordant couples in different districts in order to reduce stigma continued. There was an increased number of discordant couples support groups with more couples joining. The table below summarizes the AOH/DAOH activities for the quarter

Table 21: AOH Activities

| | | M | F |
|----------------------------|---------------|--------|--------|
| No. of ambassadors | | | |
| No. of outreaches | | 607 | |
| Discordant ambassadors | | 50 | |
| DAOH support groups formed | | 21 | |
| DAOH outreaches | | 79 | |
| No. of people reached | adults | 12,494 | 17,156 |
| | children | 1,749 | 1,778 |
| Referrals | VCT | 1,724 | 2,685 |
| | PMTCT | 24 | 430 |
| | TB | 4 | 36 |
| | HBC | 150 | 356 |
| | ART | 102 | 126 |
| | Support Group | 183 | 321 |
| | CCC | 448 | 1,528 |
| | STI Clinic | 89 | 129 |
| | Legal | 39 | 138 |
| | RH/PAC | | 4 |

- **Formation of 10 male-only support groups at CCC:** 15 male support groups were formed.

Table 22: Male Support Groups formed

| District | No. of support groups formed | Members |
|----------------|------------------------------|------------|
| Vihiga | 3 | 50 |
| Hamisi | 2 | 36 |
| Mt Elgon | 2 | 27 |
| Busia | 2 | 25 |
| Lugari | 2 | 23 |
| Butere | 1 | 20 |
| Kakamega North | 1 | 18 |
| Kakamega South | 1 | 15 |
| Emuhaya | 1 | 10 |
| Total | 15 | 224 |

- **Support group meetings for enhancement of positive living:** Health talks were carried out in 60 support groups including pediatric support groups in Kaimosi and Bungoma. To date, a total of 126 facility-based and 365 community support groups have been reached and 10 male support groups have been formed.

Figure 11: Community support groups activities



The support group health talks in Kaimosi. Left, the youth support group members during health talk session. On the right side are members of a mixed support group.

Analysis of indicators and targets

Table 23: Targets and accomplishments of PLHAS

| Indicator | Yr 3 Target | Yr 3, Q1 Accomplished | Yr 3, Q 2 Accomplished | Year-to-date accomplishment |
|--|-------------|-----------------------|------------------------|-----------------------------|
| Number of PLWH and caretakers of OVCs belonging to support groups | 1,200 | 8,750 | 3,525 | 12,275 |
| Number of PLWH who share their status with others in the community | 288 | 388 | 603 | 981 |

Challenges & Recommendations

- Male IPT-G groups have been a major challenge for the group leaders. Most of these groups had premature termination. This may be attributed to cultural beliefs that men cannot be engaged in ‘talk therapy’ like women.
- Expectations of groups visited to be supported continue to be an issue. Most think that the project will support them materially.
- Client over-dependency on AOH to provide most of their needs.
- IEC materials are insufficient in the community.
- Many youths who are positive are not yet absorbed in support groups.
- The community is still in doubt if people can live in discordant relationships without infecting the partner.

Planned activities next quarter

- Analyze ethnographic survey data.
- Bi-weekly supervision for the group leaders
- Train CHV team leaders on basic psychosocial support for OVC
- Quarterly debriefing for the IPT-G 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

- **Support AAC meetings:** The project supported AACs quarterly meetings in Kakamega Central, North and East, Emuhaya and Lugari districts.
- **Train caregivers on child care and support:** 223 CHVs and 289 attended 4-day training on OVC care and support to equip them with information and skills on how to improve the quality of life of OVCs. This quarter, 9,520 care givers were deliberately mentored during CHV visits to strengthen the family unit and improve communication and response to the specific needs of children.
- **Support and care for OVC to access 3 or more benefits in health, education, nutrition, protection, shelter & psychosocial support:** The project scaled up the number of OVCs in two CBOs (KICIP and SOET) increasing the number of OVCs under care and support from 37,653 to 38,791 OVCs. OVCs receiving more than 3 benefits in the core service areas through direct or leveraged support decreased slightly from 82% to 81%.

Table 24: OVC support /benefits during the quarter (achievements for Q1 vs Q2 YR3)

| Gender | 1 or 2 Benefits | | 3 or more Benefits | | Total | |
|--|-----------------|--------------|--------------------|---------------|---------|---------------|
| | Q1(YR3) | Q2(YR3) | Q1(YR3) | Q2(YR3) | Q1(YR3) | Q2 (YR3) |
| MALES | 3,359 | 3,853 | 16,065 | 16,373 | 19,789 | 20,329 |
| FEMALES | 2,872 | 3,360 | 14,678 | 15,008 | 17,864 | 18,462 |
| TOTAL | 6,231 | 7,213 | 30,743 | 31,381 | 37,653 | 38,791 |
| Proportion of children receiving 3 or more benefits | | | | | 82% | 81% |
| Proportion of children receiving 1 or 2 benefits | | | | | 17% | 18.5% |
| Proportion of children who did not receive any benefits | | | | | 1% | 0.5% |

Health care

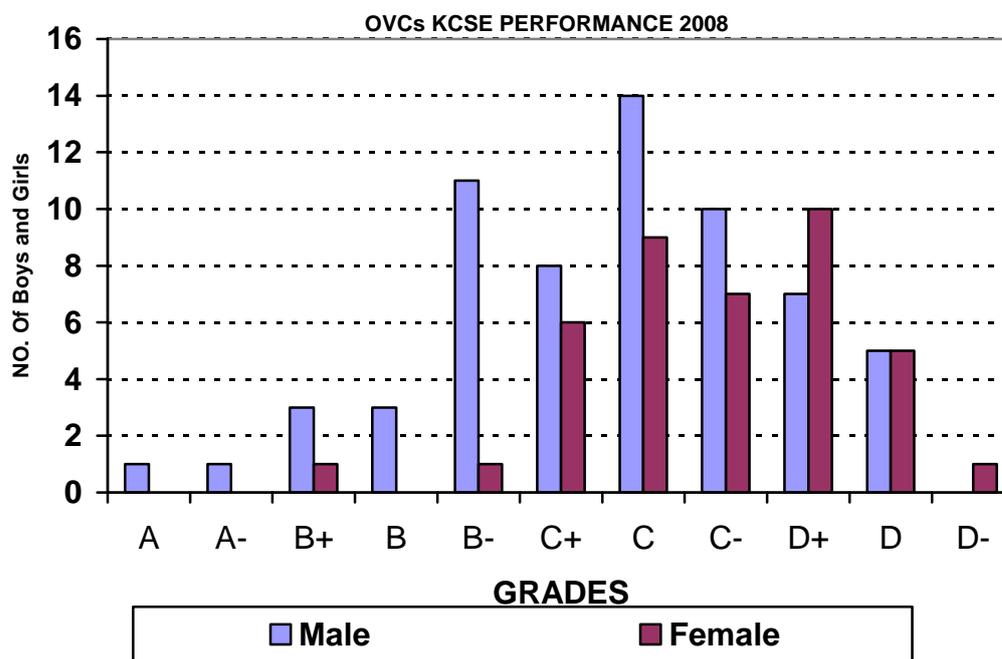
The project worked very closely with the Ministry of Health to ensure that all registered OVCs have access to medical services.

- 12,952 children received medical check-ups
- 7,020 were reached with deworming
- 3,158 were treated for various ailments
- 24,603 OVCs were reached with long-lasting mosquito nets
- 4,179 were reached with vitamins and mineral supplements
- 3,724 OVCs were reached through community health outreaches with various services
- 4,846 children were tested for HIV, those found HIV +ve were put on care and treatment
- 17,475 children were reached with HIV prevention messages/life skills information

Education

- 12,744 children were supported with school uniforms.
- 3,464 children were provided with scholastic materials (pens, rulers, books, pencils).
- 15,422 girls were supported with sanitary pads, allowing them to stay school during their menses.
- 2,229 children were reached through school feeding programs by other partners (Red Cross Kenya, WFP, AMREF and community contribution).
- 737 children who were not previously in school were counseled by CHVs and helped to discover the value of getting educated by going to school.
- KSh 8,401,466.00 was provided for 224(158 M, 65 F) OVCs who joined form one and 255 (156 M, 98 F) continuing students in the form of school fees scholarships.
- 125 OVCs were supported with CDF funds, bringing the number to 604 .
- 93 (53 M, 40 F) OVCs sat for KCSE exams in 2008 and their performance is displayed in the bar graph below.

Figure 12: OVC Performance in KCSE 2008



Nutrition

This service was heavily met through leveraged support from other partners where 31,780 OVCs were reached during the quarter. 9,048 children were able to access nutritious vegetables through kitchen gardening which was replicated in various OVC households. 6,595 children benefited from livestock products which improved their nutritional status. The project distributed 36,209 poultry (local birds) to registered OVCs and 7,287 OVC were reached with food relief and donations from other partners such WFP in Bunyala, Red Cross Kenya in Mt Elgon, AMREF Maanisha in Butere, ACE-Africa in the large Bungoma district and the Catholic Church in Mumias.

Shelter and Care

Six houses were renovated over the quarter, bringing the cumulative number to 1,348 houses. This ensures that the OVCs are properly housed. Addressing basic care was a priority during the quarter under review with 23,657 OVCs reached in this support area. 22,976 OVCs were supported with bedding (blankets, bed sheets and mattresses). 17, 098 were supported with home clothing and 16,500 with kitchen sets.

Figure 13: OVC after fitting home clothing provided A2W



OVC from Shirere CBOs in a group photograph after fitting home clothing

Protection

Every child needs to be protected to enjoy a fulfilling life. The project has spearheaded the protection of OVCs through registration of births and deaths, reaching 15,022 OVCs with this service. 4,344 OVCs were able to access their parents' property through legal action and advocacy. 98 OVCs were able to seek legal redress through referrals and linkages. 3,096 OVCs were reached with memory book writing.

Psychosocial Support

This is the epicenter in OVC care and support. It addresses the psychosocial well-being of the OVCs. CHVS continued to visit the OVCs, spending quality time with them and their parents/guardians to identify and prioritize their needs and, moreover, meet their psychosocial needs. 36,092 OVCs were reached through home visits. 17,098 were reached through spiritual counseling and 3,650 were reached through community and bereavement counseling. A total of 37,601 OVCs were reached with this support.

Livelihood Support

The project is supporting 537 OVCs in vocational institutions across the province to equip them with skills for future use, and thus, become economically independent and plough back to the society their benefits/ resources. More than 12,000 OVCs received a second hen in the promotion of improved livelihood and economic empowerment of the OVCs and their households. Field reports indicate the first round of poultry have laid eggs and hatched. Some are ready to pass (revolve) back a chick as earlier agreed.

Figure 14: Poultry donated to an OVC by A2W Project



Proud & Happy: A child in Bungoma East (Agape CBO) with his hen and brood. It has multiplied within 3 months.

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

Q1 YR3 OVC BENEFIT TABLE

Table 25: OVC Benefits

| BENEFIT | | MALE | FEMALE | TOTAL |
|---|---|---------------|---------------|---------------|
| HEALTH CARE | Medical check | 7,001 | 5,951 | 12,952 |
| | De-worming | 3,546 | 3,474 | 7,020 |
| | Treatment for any ailment | 1,400 | 1,758 | 3,158 |
| | Long-lasting insecticide treated nets | 12,882 | 11,721 | 24,603 |
| | Routine and missed immunizations received | 4,962 | 4,796 | 9,758 |
| | Vitamins and mineral supplements | 2,129 | 2,050 | 4,179 |
| | Medical outreaches | 1,925 | 1,799 | 3,724 |
| | HIV counseling and/or testing | 2,595 | 2,251 | 4,846 |
| | HIV prevention and life-skills activities | 9,036 | 8,439 | 17,475 |
| | Access to clean water | - | - | - |
| TOTAL NUMBER WHO RECEIVED A HEALTH BENEFIT | | 12,357 | 11,349 | 23,706 |
| EDUCATION | Uniform in the last one year | 6,818 | 5,926 | 12,744 |
| | School fees/ levies | 358 | 246 | 604 |
| | Schooling items | 1,850 | 1,614 | 3,464 |
| | Sanitary towels | 0 | 15,422 | 15,422 |
| | School feeding programs | 899 | 1,500 | 2,399 |

| | | | | |
|---|---|---------------|---------------|---------------|
| | Child now in school | 417 | 320 | 737 |
| TOTAL NUMBER WHO RECEIVED EDUCATION BENEFIT | | 8,669 | 9,033 | 17,702 |
| NUTRITION | Kitchen garden | 4,526 | 4,522 | 9,048 |
| | Livestock | 3,335 | 3,363 | 6,569 |
| | Poultry | 18,374 | 17,835 | 36,209 |
| | Food relief and donations | 3,786 | 3,501 | 7,287 |
| TOTAL NUMBER WHO RECEIVED NUTRITION BENEFIT | | 16,623 | 15,157 | 31,780 |
| SHELTER AND CARE | Bedding | 11,890 | 11,086 | 22,976 |
| | Kitchen set | 8,680 | 7,820 | 16,500 |
| | Home clothing | 7,602 | 9,456 | 17,058 |
| TOTAL NUMBER WHO RECEIVED SHELTER AND CARE | | 11,583 | 12,074 | 23,657 |
| PROTECTION | Registrations of births and deaths | 8,231 | 6,791 | 15,022 |
| | Protection and access to parents property | 2,251 | 2,093 | 4,344 |
| | Referral & linkages for legal services | 59 | 39 | 98 |
| TOTAL NUMBER WHO RECEIVED PROTECTION | | 6,011 | 5,533 | 11,544 |
| PSYCHO-SOCIAL SUPPORT | Home visit by CHV | 19,077 | 17,015 | 36,092 |
| | Spiritual counseling | 9,065 | 8,033 | 17,098 |
| | Child, community & bereavement counseling | 2,001 | 1,649 | 3,650 |
| TOTAL NUMBER WHO RECEIVED PSYCHOSOCIAL SUPPORT | | 19,704 | 17,897 | 37,601 |
| LIVELIHOOD & ECONOMIC SUPPORT | Vocational training | 298 | 239 | 537 |
| | Business skills training | 48 | 45 | 93 |
| | Business start up kitty | 32 | 45 | 77 |
| | Linkages and support from MFI | 11 | 6 | 17 |
| TOTAL NUMBER WHO RECEIVED ECONOMIC SUPPORT | | 319 | 261 | 580 |
| CAREGIVER TRAINING | | 4,102 | 5,418 | 9,520 |
| TOTAL NUMBER NOT VISITED IN THE QUARTER | | 103 | 94 | 197 |
| TOTAL NUMBER RECEIVING 1 OR 2 BENEFITS (MAIN COMPONENTS) | | 3,853 | 3,360 | 7,009 |
| TOTAL NUMBER RECEIVING 3 OR MORE BENEFITS (MAIN COMPONENTS) | | 16,373 | 15,008 | 31,381 |
| Total number of OVC | | | | 38,791 |

- Conduct operational research to monitor quality assurance of CHV OVC monitoring and assessment of OVC care and support system:** The exercise was carried out from 28th March to 4th April, 2009 to measure the quality of services provided to the OVCs and their families by the CHVs. Random sampling was done for the CHVs across the 24 CBOs. Moreover, OVCs, caregivers, CBO officials, PLWHAS, school heads, a DCO, health facilities and the local administration were also interviewed to give first hand information on the operations of the CHVs. Data analysis and report writing is being done.

Analysis of indicators and targets

Table 26: OVC Targets and Accomplishment

| Indicator | Yr 3 Target | Yr 3, Q1 Accomplished | Yr 3, Q2 Accomplished | Year-to-date accomplishment |
|---|-------------|-----------------------------------|-----------------------------------|-----------------------------|
| Number of OVC served by OVC programs | 40,000 | 37,653 | 37,653 | 37,653 |
| Number of OVC served in 3 or more care areas by gender | 35,000 | 30,743 (16,065 m/ 1,4678 f) | 31,381 (16,373 m/ 15,008 f) | 31,381 |
| Number of OVC served in one or two care areas by gender | 5,000 | 6,231 (3,359 m/ 2,872 f) | 7,009 (3,853 m/ 3,360 f) | 7,009 |
| Number of OVC care-givers trained in caring for OVCs | 1,200 | 6,827 (2,801m / 4,036 f) | 9,520 (4,102 m/ 5,418 f) | 9,520 |

Challenges

- Mentoring and follow-up of CHVs to ensure OVC psychosocial needs are met.

Planned Activities for Next Quarter

- Support and care for OVC to access 3 or more benefits in health, education, nutrition, protection, shelter & psychosocial support
- Support AAC activities
- Train care givers on child monitoring care and support

3.2.2: Strengthening child protection for OVC

Planned activities & accomplishments

- **Support to children clubs meetings for counseling, interaction & life skill information sessions:** 25 systemic child counselors were trained in Teso district. Children's Club activities were to take place in Kakamega Central, Kakamega North, Bungoma South, Angurai, Khwisero, Amatsi, Likuyani, Mumias and Emuhaya CBO areas, but were postponed to April 2009.

Quarterly monitoring meeting for child counselors and memory book CHV: The memory book writers were monitored in six districts and the outcome was as follows:

Table 27: Memory book and will writing activities

| | Male | Female | Total |
|--------------------------------------|-------|--------|-------|
| No. of memory books written | | | 208 |
| No. of memory books in progress | | | 431 |
| No. of wills written | | | 62 |
| No. of wills in progress | | | 57 |
| No. of people reached on memory book | 1,873 | 4,482 | 6,355 |
| No. currently writing memory books | 147 | 264 | 411 |

Analysis of indicators and targets

Table 28: Targets and achievements on OVC/PLWA

| Indicator | Yr3 target | Yr3, Q1 Accomplished | Yr3, Q2 Accomplished | Year-to-date accomplishment |
|--|------------|----------------------|----------------------|-----------------------------|
| Number of OVC referred to legal services, food and credit programs not funded by Global HIV/AIDS initiative funds | 20 | 142 | 135 | 277 |
| Number of PLWA referred to legal services, food and credit programs not funded by Global HIV/AIDS initiative funds | 850 | 1,481 | 1,650 | 1,650 |
| Number of positive parents trained on the memory book | 0 | 0 | 0 | 0 |

Analysis of indicators and targets

Table: Targets and achievements on OVC/PLWA

Challenges & Recommendations:

- Lack of rescue centers leading to some cases being dropped or the child being moved to a different location.
- Most women do not write wills since they think they do not own anything. They believe that all the property, including themselves, belongs to their husbands.
- Some households with one parent do not have background information for their children.

Planned activities next quarter

- Support to children clubs meetings for counseling, interaction & life skill information sessions
- Quarterly monitoring meeting for child counselors and memory book CHV

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

- **Training of the Catholic Church facilitators (TfT) in CoH:** 42 religious leaders were sensitized. The group comprised a mixture of Pastors and Muslim imams, with women and youth leaders in the congregations also represented. Two Sheikhs from this meeting were selected to attend TfT training in South Africa in April. They will assist in facilitating the TfT training for a mixed group of the Catholic Priests and Muslim Imams next quarter.
- **Training of Congregational HIV and AIDS Task Teams (CHATT):** 45 members in Vihiga were trained.
- **Quarterly meeting of CHATT at district level:** Held for Bungoma districts, Butere, Mumias, Mt. Elgon, Kakamega Municipality and Vihiga districts.
- **Quarterly review meetings for district CoH team representatives with CoH coordinator:** Done, with all districts represented.
- **Quarterly monitoring meetings for community and bereavement counselors:** Monitoring of community counselors and bereavement counselors was done in six districts. The table below summarizes their activities:

Table 29: Referral made by community and bereavement counselors

| REFERRAL POINT | ADULTS | | CHILDREN | | TOTAL |
|----------------|--------|--------|----------|--------|-------|
| | MALE | FEMALE | MALE | FEMALE | |
| VCT | 728 | 1,046 | 42 | 36 | 1,852 |
| PMTCT | 71 | 452 | 7 | 12 | 542 |
| TB | 368 | 173 | 21 | 14 | 576 |
| STI | 195 | 237 | 26 | 36 | 494 |
| HBC | 196 | 391 | 12 | 16 | 615 |
| CCC | 255 | 559 | 17 | 22 | 853 |
| SUPPORT GROUP | 311 | 540 | 34 | 30 | 915 |
| LEGAL | 44 | 72 | 5 | 7 | 128 |
| CBO/FBO | 63 | 64 | 32 | 25 | 184 |
| EDUCATION | 51 | 109 | | | 160 |
| OTHERS | 38 | 24 | | | 62 |

Achievements of bereavement counselors:

- Improved self reliance skills amongst widows.
- Through counseling, children are involved in mourning to accomplish grief.
- The bereaved accepting that death is real.
- Families are reunited after bereavement counseling.

Analysis of indicators and targets

Table 30: Targets and accomplishments on people trained in counseling

| Indicator | Yr 3 target | Yr3, Q1 Accomplished | Yr3, Q2 Accomplished | Year-to-date accomplishment |
|--|-------------|----------------------|----------------------|-----------------------------|
| Number of community members trained on bereavement counselling | 25 | 0 | 0 | 0 |
| Number of community members trained in community counselling | 25 | 0 | 0 | 0 |

Planned activities next quarter

- Training of the Catholic Priests and Muslim Imams facilitators (TfT) in COH
- Organize a CHATT training
- Hold a quarterly review meeting for district CoH team representatives
- Organize 8 quarterly review meetings for CoH CHATTs
- Training of community and bereavement in Teso and Lugari Districts
- Quarterly monitoring meetings for community and bereavement counselors

3.3.2 Providing livelihood activities for PLWHA

Planned activities & accomplishments

- **Support PLWA/OVC households and support groups to start IGA:** Follow-ups were carried out to the CBOS, OVC households, and Plows to see progress of goats, poultry and income generating activities. Safety Net monitoring forms were distributed to all the CBOs to document data on kitchen gardening/organic farming, livestock activities, business skills and linkage to microfinance institutions.

Figure 15: Support group members' IGA activity



Upendo support group members are operating a learning institution as an IGA. Above are children from Upendo Academy dancing.

- **Facilitate exposure tours for CBO/FBOs to other project sites:** Four CBOs were represented in a tour to 2 APHIA II Nyanza CBOs: Farm Concern International, Animal Daft Power/Heifer Project International and ADRA Kenya projects in Kisumu, Rachuonyo, Ndhiwa, Homabay and Nyamira districts. Each CBO developed an action plan. Follow-up has shown all the participating CBOs are carrying out the activities in their action plans.
- **Linking of support groups/household with MFI for credit and business skills programs:** A total of 24 support groups were linked to supporting organizations for grants and credit. The majority of the support groups from Busia were linked to K-rep while support groups in Bungoma HBC and were linked to the Ministry of Agriculture to benefit in seeds and fertilizer under the NAEP project.
- **Paralegal training for CHV:** 25 paralegals were trained in Teso.
- **Monitoring and quarterly meetings for paralegals:** Paralegal network meetings in 8 districts.

Table 31: Targets and Accomplishments in training of communities in legal protection.

| Indicator | Yr 3 Target | Yr3, Q1 Accomplished | Yr3, Q2 Accomplished | Year-to-date accomplishment |
|---|-------------|----------------------|----------------------|-----------------------------|
| Number of community members trained in legal protection | 20 | 0 | 25 | 25 |

Challenges:

- Poultry diseases affected poultry distribution in some CBOs
- Inadequate knowledge on poultry keeping among some OVC households
- Monitoring the progress and documentation of the support (goats, poultry and vegetable seeds) given to PLWHs still a challenge
- Support groups more interested in grants than in credit/ loans

Planned activities for next quarter:

- Facilitate training of CHV team leaders on poultry disease management
- Facilitate training of OVC/ PLWA on poultry farming as a business
- Facilitate training of OVC/ PLWA on passion fruit farming
- Monitor distribution of poultry to OVCs by CBOs
- Organize a follow-up to beneficiaries of goats and document impact
- Facilitate one CBO tour to model sites
- Linking of support groups/household with MFI for credit and business skills programs
- Joint monitoring meeting of paralegal and paralegal network



Monitoring & Evaluation

Planned activities

1. Computerization of 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
10. Reward for 3 top performing facilities

Accomplishments

Roll-out of COBPART

A district TOT training was conducted by NACC and one M&E officer attended. The purpose of the training was to prepare the trainers at the district level to train the CBOs. The COBPART tool has been distributed to some CBOs so as to report on HBC through the health facilities. This has been done through HBC and OVC meetings in the districts within the province.

Capacity building of CBOs and M&E team

The M&E team was further strengthened by having one more staff undergo the Monitoring and Evaluation course at AMREF for one month. One other staff attended a workshop in Arusha, Tanzania on Data to IMPACT: Using Health Data for Results. One M&E officer attended a one-day evaluation meeting on reporting PEPFAR using KePMS.

On-the-job training for facility staff was held on the reporting tools to address gaps in data issues per service area. This was mainly to improve the quality of data at facilities where the services (PMTCT and ART) were introduced. In some facilities, new staff had been posted, hence they had to be taken through the record books and registers.

OJT for 3 CBOs on data reporting and how to recruit clients for HBC.

Data collection and audit

- Support to the DHRIOs in the districts to facilitate the collection of data from the facilities for the project to get the data in time. The reproductive health data that was delayed in some districts. This was mainly due to using a form other than the MOH 726 tool for data collection. With the introduction of MOH 711, the magnitude of the problem has been much reduced.
- A data audit by the USG was conducted during the quarter. Facilities were sampled in the province where two larger districts were selected: Bungoma and Kakamega. It was an experience that was useful to the M&E team. The outcome of the audit was useful to the project:

Some errors were detected but this was expected in a manual system where large data is handled;

Trend analysis of data is necessary for identifying root causes and timely action;

Review of data before submission and DQA has been inbuilt into the monitoring activities.

The facilities visited displayed good work. The project on reporting was rated as over 90%.

- Data processing continued routinely both in the A2W and PEPFAR databases. ART and PMTCT data needed validation and this was routinely done with support to the DHRIOs. Few sites had data errors and there is marked improvement in the quality of data being reported.
- A routine data audit was carried out in some facilities together with the DHRIOs and the DASCOS in the service areas of PMTCT and ART from the 5 high volume sites. The purpose was to:
 1. Check and authenticate facility reports submitted for January
 2. Support staff on new tools (MOH 711) and address challenges faced in data recording, transfer and management.
- Some facilities, in spite of introducing ART and PMTCT services, lacked registers. During the data collection period, the facility staff were supplied with the registers and mentored on the same.
- Community data generated through community meetings is collected through the CHVs and the CBOs. There was a noted decline in the number of reports expected and those that were received at the project offices.

Quarterly review meetings

A technical review meeting for quarter 1 report was held and attended by PHMTs and DHMTs. This review was followed by another in February with the USAID team at the project offices in Kakamega. The following were the highlights of the review meeting:

- Integration was noted as important and necessary among service areas.
- More children need be identified and put on pediatric ART treatment.
- Encourage and promote skilled deliveries through BCC activities.

- Data use by the providers for programming be encouraged and support provided.
- Capacity building of the CBOs to continue.
- Analysis of referral data.

M&E Support

Support to districts to hold monthly meetings was initiated during the quarter. These meetings are chaired by respective DHRIOs. Minutes of the proceedings of the meetings are handed over to the M & E team at the project. The DHRIOs use these meetings to verify and validate the data from the facilities. A total of 14 meetings were held during the quarter.

The community volunteers were trained in the quarter. The emphasis was on data generation and data use in programming/planning. A good example of the result of this support is the involvement of the volunteers at the Tamlega Dispensary in assisting the staff to improve on service delivery.

Mapping of service areas in support of integration within the project was undertaken. This activity focused on providing support to the project result areas by listing all facilities and where the result areas are working or have the physical presence on the project map. There are 352 facilities in the province supported by different program areas.

The table below shows the sites by different activity area and the coverage in relation to the facilities.

Table 32: Project sites Coverage by Service Area

| | Magnet T | School | YVCH | PFF | WRCCS | Westcoby | PMCT | TB | TB treatment | TB diagnosis | PITC | RHP | ART | OVC safety |
|--------------|----------|--------|------|-----|-------|----------|------|-----|--------------|--------------|------|-----|-----|------------|
| No. of sites | 113 | 331 | 49 | 20 | 37 | 38 | 250 | 253 | 121 | 97 | 229 | 331 | 48 | 71 |

Activities not Accomplished

ART reconstruction for facilities

The process has started and it is expected that data reconstruction and set up of EMR will be initiated in the next quarter. The activity involves identifying a province that has already applied EMR to facilities, the availability and willingness of the province MOH to host the team from A2W, and the timing. Coast Province has been identified for this visit.

Reporting

During the quarter, a total of 251 facilities were supported to provide PMTCT services. The table below shows how the facilities reported.

Table 33: PMTCT Reporting Rates

| PMTCT Reporting Rates | | | | |
|------------------------------|---------------|---------------|---------------|-------------------|
| District | Jan-09 | Feb-09 | Mar-09 | Jan-Mar 09 |
| Bungoma East District | 100.0% | 100.0% | 100.0% | 100.0% |
| Bungoma North District | 100.0% | 88.9% | 100.0% | 96.3% |
| Bungoma South District | 76.5% | 94.1% | 94.1% | 88.2% |
| Bungoma West District | 100.0% | 100.0% | 100.0% | 100.0% |
| Bunyala District | 100.0% | 100.0% | 100.0% | 100.0% |
| Busia District | 100.0% | 100.0% | 100.0% | 100.0% |
| Butere District | 100.0% | 93.3% | 93.3% | 95.6% |
| Emuhaya District | 77.8% | 77.8% | 100.0% | 85.2% |
| Hamisi District | 100.0% | 100.0% | 100.0% | 100.0% |
| Kakamega Central District | 71.4% | 92.9% | 92.9% | 85.7% |
| Kakamega East District | 100.0% | 100.0% | 85.7% | 95.2% |
| Kakamega North District | 87.5% | 100.0% | 100.0% | 95.8% |
| Kakamega South District | 100.0% | 83.3% | 100.0% | 94.4% |
| Lugari District | 100.0% | 100.0% | 95.2% | 98.4% |
| Mt Elgon District | 100.0% | 100.0% | 100.0% | 100.0% |
| Mumias District | 100.0% | 100.0% | 89.5% | 96.5% |
| Samia District | 100.0% | 100.0% | 100.0% | 100.0% |
| Teso District | 100.0% | 100.0% | 90.9% | 97.0% |
| Vihiga District | 94.4% | 94.4% | 100.0% | 96.3% |
| Province | 95.1% | 96.0% | 96.5% | 95.9% |

Table 34: RH/FP Reporting Rates

January- March 2009

| | | Total expected | Jan | Feb | Mar | Average Q2 | Average Q1 |
|----|--------------|-----------------------|--------------|--------------|--------------|-------------------|-------------------|
| 1 | Bungoma E | 13 | 100.0% | 100.0% | 100.0% | 100% | 100% |
| 2 | Bungoma N | 12 | 83.3% | 83.3% | 100.0% | 89% | 91% |
| 3 | Bungoma W | 18 | 100.0% | 100.0% | 94.4% | 98% | 98% |
| 4 | Bungoma S | 21 | 95.2% | 90.5% | 61.9% | 83% | 78% |
| 5 | Bunyala | 7 | 100.0% | 100.0% | 100.0% | 100% | 100% |
| 6 | Busia | 26 | 84.6% | 92.3% | 92.3% | 90% | 91% |
| 7 | Butere | 18 | 94.4% | 88.9% | 94.4% | 93% | 92% |
| 8 | Emuhaya | 20 | 95.0% | 95.0% | 95.0% | 95% | 95% |
| 9 | Hamisi | 14 | 92.9% | 92.9% | 92.9% | 93% | 93% |
| 10 | Kak Central | 24 | 100.0% | 87.5% | 100.0% | 96% | 94% |
| 11 | Kak East | 15 | 80.0% | 93.3% | 73.3% | 82% | 83% |
| 12 | Kak North | 15 | 86.7% | 100.0% | 93.3% | 93% | 96% |
| 13 | Kak South | 12 | 91.7% | 91.7% | 100.0% | 94% | 95% |
| 14 | Lugari | 41 | 100.0% | 100.0% | 100.0% | 100% | 100% |
| 15 | Mt. Elgon | 17 | 94.1% | 94.1% | 94.1% | 94% | 94% |
| 16 | Mumias | 22 | 100.0% | 90.9% | 31.8% | 74% | 66% |
| 17 | Samia | 9 | 100.0% | 100.0% | 100.0% | 100% | 100% |
| 18 | Teso | 15 | 86.7% | 93.3% | 93.3% | 91% | 93% |
| 19 | Vihiga | 21 | 100.0% | 95.2% | 100.0% | 98% | 98% |
| | Total | 340 | 94.4% | 94.1% | 89.4% | 93% | 92% |

Overall reporting for March was low compared to the other two months. The commitment of data staff to other pressing tasks in the districts affected the flow of data. Mumias, for example, submitted part of the data from the district.

Table 35: ART Reporting Rates

| | District | Number of ART Sites | ART Sites Reported | Reporting Rate |
|----|---------------------------|---------------------|--------------------|----------------|
| 1 | Bungoma North District | 2 | 2 | 100% |
| 2 | Bungoma South District | 2 | 2 | 100% |
| 3 | Bungoma West District | 4 | 4 | 100% |
| 4 | Busia District | 1 | 1 | 100% |
| 5 | Butere District | 4 | 4 | 100% |
| 6 | Emuhaya District | 3 | 3 | 100% |
| 7 | Hamisi District | 4 | 4 | 100% |
| 8 | Kakamega Central District | 4 | 4 | 100% |
| 9 | Kakamega East District | 2 | 2 | 100% |
| 10 | Kakamega North District | 2 | 2 | 100% |
| 11 | Kakamega South District | 3 | 3 | 100% |
| 12 | Lugari District | 5 | 5 | 100% |
| 13 | Mumias District | 5 | 5 | 100% |
| 14 | Teso District | 1 | 1 | 100% |
| 15 | Vihiga District | 3 | 3 | 100% |

All the ART facilities reported in the quarter.

Table 36: Community Reporting Rates

Youth Component Jan-March 2009 reporting rate

| | | Number of expected reports | No. of CHWs reported-Jan09 | No. of CHWs reported-Feb09 | No. of CHWs reported-March09 | No. of CHWs reported-Jan-March09 |
|---|--------------------|----------------------------|----------------------------|----------------------------|------------------------------|----------------------------------|
| 1 | Bungoma | 100 | 82.0% | 92.0% | 93.0% | 89.0% |
| 2 | Busia | 40 | 100.0% | 100.0% | 100.0% | 100.0% |
| 3 | Butere-Mumias | 68 | 98.5% | 98.5% | 94.1% | 97.1% |
| 4 | Kakamega | 120 | 0.0% | 0.0% | 0.0% | 0.0% |
| 5 | Lugari | 60 | 51.7% | 83.3% | 20.0% | 51.7% |
| 6 | Mt. Elgon | 90 | 51.1% | 41.1% | 8.9% | 33.7% |
| 7 | Teso | 60 | 51.7% | 36.7% | 45.0% | 44.4% |
| 8 | Vihiga | 52 | 67.3% | 88.5% | 71.2% | 75.6% |
| | Grand Total | 590 | 56.3% | 60.0% | 47.6% | 54.6% |

At the end of every month, 590 reports are expected from the Youth Anchor organizations. However, from the table above, this has been declining.

Referrals:

In the community activities, the CHVs refer the participants at their meetings that require health care and treatment. Some of the referred clients with referral forms reach the facilities, while others do not. The table below gives a summary of the referrals. Only 1% of the referrals during the quarter were effective.

Table 37: Community Referrals

| Referrals | January, 09 | | February, 09 | | March, 09 | | Jan-Mar, 09 | |
|---------------|-------------------|---------------------|-------------------|---------------------|-------------------|---------------------|-------------------|---------------------|
| | Referrals By CHVs | Effective Referrals |
| Bungoma | 25,635 | 82 | 27,736 | 85 | 17,726 | 168 | 71,097 | 335 |
| Busia | 3,323 | 9 | 2,738 | 38 | 713 | 117 | 6,774 | 164 |
| Butere-Mumias | 11,699 | 63 | 8,876 | 21 | 9,456 | 92 | 30,031 | 176 |
| Kakamega | 3,520 | 20 | 2,074 | 158 | 1,715 | 164 | 7,309 | 342 |
| Vihiga | 6,025 | 54 | 2,807 | 101 | 2,223 | 143 | 11,055 | 298 |
| Total | 50,202 | 228 | 44,231 | 403 | 31,833 | 684 | 126,266 | 1,315 |

Analysis of indicators and targets

Table 38: Targets & Indicators Strategic Information

| Indicator | Yr 3 target | Yr3, Q1 Accomplished | Yr3, Q2 Accomplished | Year-to-date accomplishment |
|---|-------------|----------------------|----------------------|-----------------------------|
| 13.1: Number of local organizations provided with technical assistance for strategic information activities | 75 | 3 | 3 | 6 |
| 13.2: Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 75 | 6 | 55 | 61 |

Challenges & recommendations

- The district meetings, though popular, could not be held each month because of other activities in the districts, particularly the AOP5 preparations. At some of the meetings, the facility in-charges could not attend as only one staff is at such a facility.
- RH data from the facilities that are not reporting using the MOH 711 delay in relaying the data to the districts in time.
- At verification/validation, there are still sites that display errors.

-
- Some facilities still lacked registers

Planned activities for next quarter

- Computerization of HMIS
- ART data reconstruction in high volume facilities
- Capacity building of staff and NGO in data collection, entry and submission
- M&E support to districts
- One provincial review meeting
- Quarterly review meeting with DHRIOs
- M&E review meeting in May, 2009
- Data quality assessments in facilities
- Quarterly report
- Training of service providers on registers and orientation on use



OPERATIONS

Office/ Space

- Fabrication works on the container are underway (almost complete). This should provide additional working space for staff.

Furniture/Equipment

- Additional equipment (motorcycles issued to sub-grantees for their work)
- Additional LCDS and laptops received for staff and project use

Branding

CBOs to be supported with signposts. The process of procuring the same is already underway. Branding exercise continued, however some of the facilities' equipment had not been branded because of direct transportation by supplier and in some cases the stickers were replaced.

Transport

- Process still underway to get additional transport. In the meantime, the project hires in cases of need.

Servicing of computers

- Routine IT support done to the 20 facilities we are working with.

Donation from LDS Humanitarian services

- Distribution of donations was completed. These included medical equipment and blankets. Part of the equipment was donated to Nakuru PGH to assist fire victims.

Generator Repair

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

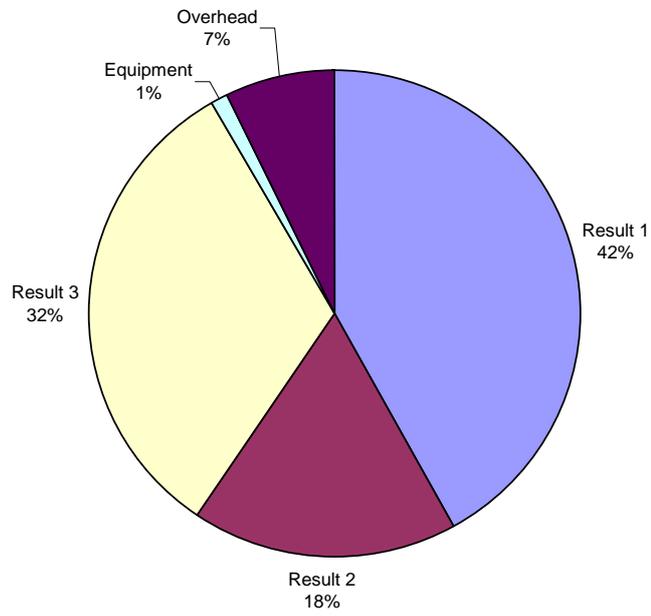
Financial report

Total actual expenditure for the quarter was \$1,762,244 (\$1,643,665 in PEPFAR and \$118,579 in POP). The cumulative actual expenditure as at March 31, 2009 was US\$16,147,244 whereas total cumulative reported cost share was US\$1,876,526.

Total cumulative actual and accrued expenditure was \$17,885,142 representing a burn rate of 76% of the obligated funds and 42% of the Total Estimated Cost.

Based on the reported obligation burn rate of 76%, the project requires an additional obligation to fully cover activities budgeted in year 3.

Expenditure by Result Area



Annexes

Table 39: Patients on Antiretroviral Treatment (ART)

| | Facility Name | NEW individuals initiating ART January-March 2009 | | CURRENT individuals receiving ART by 31 st March 2009 | | TOTAL by end 31 st March 2009 |
|----|--------------------------|---|----------|--|----------|--|
| | | Adults | Children | Adults | Children | Total |
| 1 | Kimilili DH | 41 | 6 | 488 | 28 | 516 |
| 2 | Bumula HC | 12 | 2 | 84 | 9 | 93 |
| 3 | Bungoma DH | 132 | 15 | 1,145 | 90 | 1,235 |
| 4 | Chwele DH | 28 | 0 | 144 | 90 | 157 |
| 5 | Malakisi HC | 16 | 3 | 112 | 12 | 124 |
| 6 | Sirisia SDH | 7 | 2 | 57 | 3 | 60 |
| 7 | Matayos HC | 21 | 2 | 195 | 20 | 215 |
| 8 | Butere DH | 45 | 2 | 466 | 39 | 505 |
| 9 | Kwhisero HC | 31 | 8 | 175 | 15 | 190 |
| 10 | Manyala SDH | 20 | 0 | 109 | 6 | 115 |
| 11 | Namasoli ACK Mission | 18 | 0 | 116 | 10 | 126 |
| 12 | Emuhaya DH | 27 | 2 | 125 | 6 | 131 |
| 13 | Esiarambatsi HC | 5 | 1 | 26 | 0 | 26 |
| 14 | Ipali HC | 10 | 1 | 62 | 7 | 69 |
| 15 | Tigoi HC | 18 | 1 | 60 | 9 | 69 |
| 16 | Kaimosi Mission Hospital | 27 | 7 | 103 | 13 | 116 |
| 17 | Hamisi DH | 27 | 2 | 153 | 15 | 168 |
| 18 | Malava DH | 59 | 10 | 311 | 49 | 360 |
| 19 | Bukura HC | 34 | 4 | 184 | 16 | 200 |
| 20 | Bushiri HC | 10 | 0 | 40 | 2 | 42 |
| 21 | Iguhu DH | 55 | 6 | 217 | 31 | 248 |
| 22 | Kakamega PGH | 138 | 11 | 1,614 | 112 | 1,726 |
| 3 | Kambiri HC | 15 | 5 | 61 | 8 | 69 |
| 24 | Kilingili HC | 18 | 6 | 77 | 5 | 82 |
| 25 | Shikusa GK Prison | 8 | 0 | 31 | 2 | 33 |
| 26 | Shibwe HC | 19 | 0 | 44 | 2 | 46 |
| 27 | Navakholo DH | 37 | 5 | 130 | 21 | 151 |
| 28 | Kongoni HC | 5 | 0 | 22 | 0 | 22 |
| 29 | Likuyani SDH | 23 | 2 | 120 | 6 | 126 |
| 30 | Lumakanda DH | 13 | 2 | 114 | 19 | 133 |
| 31 | Mabusi HC | 25 | 4 | 141 | 10 | 151 |
| 32 | Matete HC | 22 | 4 | 113 | 16 | 129 |
| 33 | Makunga HC | 31 | 7 | 159 | 23 | 182 |
| 34 | Bungasi HC | 20 | 1 | 65 | 7 | 72 |
| 35 | Bukaya HC | 22 | 1 | 67 | 2 | 69 |
| 36 | Matungu DH | 19 | 3 | 161 | 9 | 170 |
| 37 | St Mary's Mumias | 63 | 7 | 1,088 | 59 | 1,147 |
| 38 | Alupe SDH | 46 | 7 | 432 | 19 | 451 |
| 39 | Sabatia HC | 27 | 2 | 313 | 29 | 342 |
| 40 | Vihiga HC | 23 | 5 | 59 | 7 | 66 |
| 41 | Vihiga DH | 78 | 13 | 1,252 | 170 | 1,422 |
| 42 | Ndalu HC | 13 | 0 | 12 | 0 | 12 |
| 43 | Kuvasali Dispensary | 2 | 2 | 5 | 2 | 7 |
| 44 | Kabuchai HC | 7 | 0 | 9 | 0 | 9 |
| 45 | Serem HC | 15 | 0 | 16 | 0 | 16 |

| | | | | | | |
|----|--------------|--------------|------------|---------------|--------------|---------------|
| 46 | Sio Port SDH | 40 | 3 | 327 | 14 | 341 |
| 47 | Bumula B HC | 15 | 2 | 135 | 8 | 143 |
| | TOTAL | 1,387 | 166 | 10,764 | 1,005 | 11,692 |

Table 40: Current Patients enrolled on HIV care and treatment as at 31st March, 2009

| | Facility | Children | | Adults | | Total |
|----|--------------------------|----------|--------|--------|--------|-------|
| | | Male | Female | Male | Female | |
| 1 | Kimilili DH | 97 | 129 | 343 | 1,068 | 1,637 |
| 2 | Bumula HC | 11 | 9 | 43 | 188 | 251 |
| 3 | Bungoma DH | 107 | 102 | 433 | 1,008 | 1,650 |
| 4 | Chwele DH | 15 | 16 | 87 | 314 | 432 |
| 5 | Malakisi HC | 13 | 26 | 68 | 211 | 318 |
| 6 | Sirisia SDH | 5 | 7 | 31 | 105 | 148 |
| 7 | Matayos HC | 26 | 40 | 188 | 656 | 910 |
| 8 | Butere DH | 66 | 73 | 406 | 1,275 | 1,820 |
| 9 | Kwhisero HC | 40 | 48 | 153 | 557 | 798 |
| 10 | Manyala SDH | 16 | 18 | 100 | 314 | 448 |
| 11 | Namasoli ACK Mission | 13 | 8 | 90 | 229 | 340 |
| 12 | Emuhaya DH | 11 | 3 | 65 | 163 | 242 |
| 13 | Esiarambatsi HC | 0 | 0 | 23 | 46 | 69 |
| 14 | Ipali HC | 14 | 13 | 79 | 242 | 348 |
| 15 | Tigoi HC | 31 | 20 | 41 | 145 | 237 |
| 16 | Kaimosi Mission Hospital | 22 | 19 | 68 | 214 | 323 |
| 17 | Hamisi DH | 19 | 25 | 113 | 233 | 390 |
| 18 | Malava DH | 62 | 69 | 208 | 680 | 1,019 |
| 19 | Bukura HC | 25 | 14 | 104 | 316 | 459 |
| 20 | Bushiri HC | 5 | 4 | 34 | 120 | 163 |
| 21 | Iguhu DH | 38 | 38 | 166 | 486 | 728 |
| 22 | Kakamega PGH | 138 | 146 | 536 | 1,336 | 2,156 |
| 23 | Kambiri HC | 13 | 15 | 44 | 118 | 190 |
| 24 | Kilingili HC | 8 | 18 | 39 | 138 | 203 |
| 25 | Shikusa GK Prison | 12 | 21 | 67 | 140 | 240 |
| 26 | Shibwe HC | 11 | 15 | 52 | 185 | 263 |
| 27 | Navakholo DH | 34 | 27 | 70 | 288 | 419 |
| 28 | Kongoni HC | 1 | 4 | 34 | 60 | 99 |
| 29 | Likuyani SDH | 13 | 18 | 73 | 218 | 322 |
| 30 | Lumakanda DH | 28 | 29 | 84 | 264 | 405 |
| 31 | Mabusi HC | 23 | 22 | 58 | 240 | 343 |
| 32 | Matete HC | 38 | 29 | 96 | 258 | 421 |
| 33 | Makunga HC | 25 | 22 | 110 | 288 | 445 |
| 34 | Bungasi HC | 12 | 9 | 76 | 181 | 278 |
| 35 | Bukaya HC | 6 | 8 | 58 | 210 | 282 |
| 36 | Matungu DH | 10 | 15 | 122 | 380 | 527 |
| 37 | St Mary's Mumias | 66 | 110 | 560 | 1,548 | 2,284 |
| 38 | Alupe SDH | 43 | 18 | 357 | 554 | 972 |
| 39 | Sabatia HC | 35 | 40 | 120 | 440 | 635 |
| 40 | Vihiga HC | 13 | 7 | 42 | 142 | 204 |
| 41 | Vihiga DH | 154 | 174 | 85 | 1,891 | 2,304 |
| 42 | Ndaluh HC | 7 | 3 | 22 | 78 | 110 |
| 43 | Kuvasali dispensary | 1 | 1 | 8 | 24 | 34 |
| 44 | Kabuchai HC | 1 | 4 | 8 | 47 | 60 |
| 45 | Serem HC | 1 | 0 | 13 | 54 | 68 |
| 46 | Sio Port SDH | 37 | 27 | 354 | 594 | 1,012 |
| 47 | Bumala B HC | 15 | 21 | 139 | 180 | 355 |
| 48 | Tongaren HC | | | | | |

| | | | | | | |
|--|--------------|-------|-------|-------|--------|--------|
| | TOTAL | 1,381 | 1,484 | 6,072 | 18,426 | 27,361 |
|--|--------------|-------|-------|-------|--------|--------|

Table 41: Integrated outreaches

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

Table 42: PPC PITC Contribution

| PPC PITC contribution | | | | | |
|-----------------------|--------------|-------------------|---------------|-------------|------------|
| | | No. of facilities | No. counseled | No. tested | Hiv +ve |
| 1 | Bungoma E | 3 | 542 | 542 | 107 |
| 2 | Bungoma N | 2 | 96 | 96 | 5 |
| 3 | Bungoma W | 3 | 96 | 96 | 5 |
| 4 | Bungoma S | 4 | 194 | 188 | 27 |
| 5 | Bunyala | 1 | 5 | 4 | 0 |
| 6 | Busia | 2 | 107 | 103 | 23 |
| 7 | Butere | 3 | 335 | 333 | 32 |
| 8 | Emuhaya | 2 | 572 | 568 | 45 |
| 9 | Hamisi | 3 | 123 | 123 | 19 |
| 10 | Kak Central | 1 | 28 | 28 | 7 |
| 11 | Kak East | 1 | 32 | 70 | 25 |
| 12 | Kak North | 1 | 73 | 73 | 2 |
| 13 | Kak South | 1 | 224 | 224 | 15 |
| 14 | Lugari | 2 | 29 | 29 | 0 |
| 15 | Mt. Elgon | 1 | 36 | 36 | 3 |
| 16 | Mumias | 5 | 428 | 373 | 86 |
| 17 | Samia | 2 | 233 | 233 | 40 |
| 18 | Teso | 2 | 30 | 30 | 5 |
| 19 | Vihiga | 1 | 37 | 15 | 1 |
| | Total | 40 | 3220 | 3164 | 447 |

Table 43: PPC PMTCT Contribution

| | | | ANC 1st | ANC revisit | Total | C&T | HIV +ve | Mothers on ARV | Infant ARVs |
|----|--------------|-----------|-------------|-------------|-------------|-------------|------------|----------------|-------------|
| 1 | Bungoma E | 3 | 351 | 444 | 795 | 366 | 8 | 6 | 8 |
| 2 | Bungoma N | 2 | 86 | 132 | 218 | 56 | 3 | 3 | 0 |
| 3 | Bungoma W | 3 | 60 | 68 | 128 | 65 | 4 | 0 | 0 |
| 4 | Bungoma S | 4 | 427 | 467 | 894 | 467 | 11 | 12 | 11 |
| 5 | Bunyala | 1 | 49 | 67 | 116 | 41 | 4 | 3 | 3 |
| 6 | Busia | 2 | 270 | 499 | 769 | 288 | 14 | 7 | 7 |
| 7 | Butere | 6 | 116 | 397 | 513 | 141 | 20 | 2 | 0 |
| 8 | Emuhaya | 2 | 76 | 80 | 156 | 59 | 7 | 7 | 4 |
| 9 | Hamisi | 3 | 177 | 164 | 341 | 187 | 9 | 8 | 5 |
| 10 | Kak Central | 2 | 71 | 115 | 186 | 105 | 2 | 2 | 2 |
| 11 | Kak East | 1 | 368 | 551 | 919 | 349 | 18 | 10 | 8 |
| 12 | Kak North | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | Kak South | 1 | 90 | 122 | 212 | 90 | 0 | 1 | 1 |
| 14 | Lugari | 2 | 45 | 57 | 102 | 32 | 1 | 1 | 0 |
| 15 | Mt. Elgon | 1 | 60 | 41 | 101 | 61 | 2 | 2 | 2 |
| 16 | Mumias | 6 | 387 | 399 | 786 | 534 | 7 | 3 | 2 |
| 17 | Samia | 2 | 194 | 278 | 472 | 163 | 14 | 5 | 14 |
| 18 | Teso | 2 | 77 | 170 | 247 | 93 | 4 | 7 | 2 |
| 20 | Vihiga | 2 | 38 | 63 | 101 | 5 | 0 | 0 | 0 |
| | Total | 45 | 2942 | 4114 | 7056 | 3102 | 128 | 79 | 69 |

Figure 16: TB Cases reported in 2008 by district

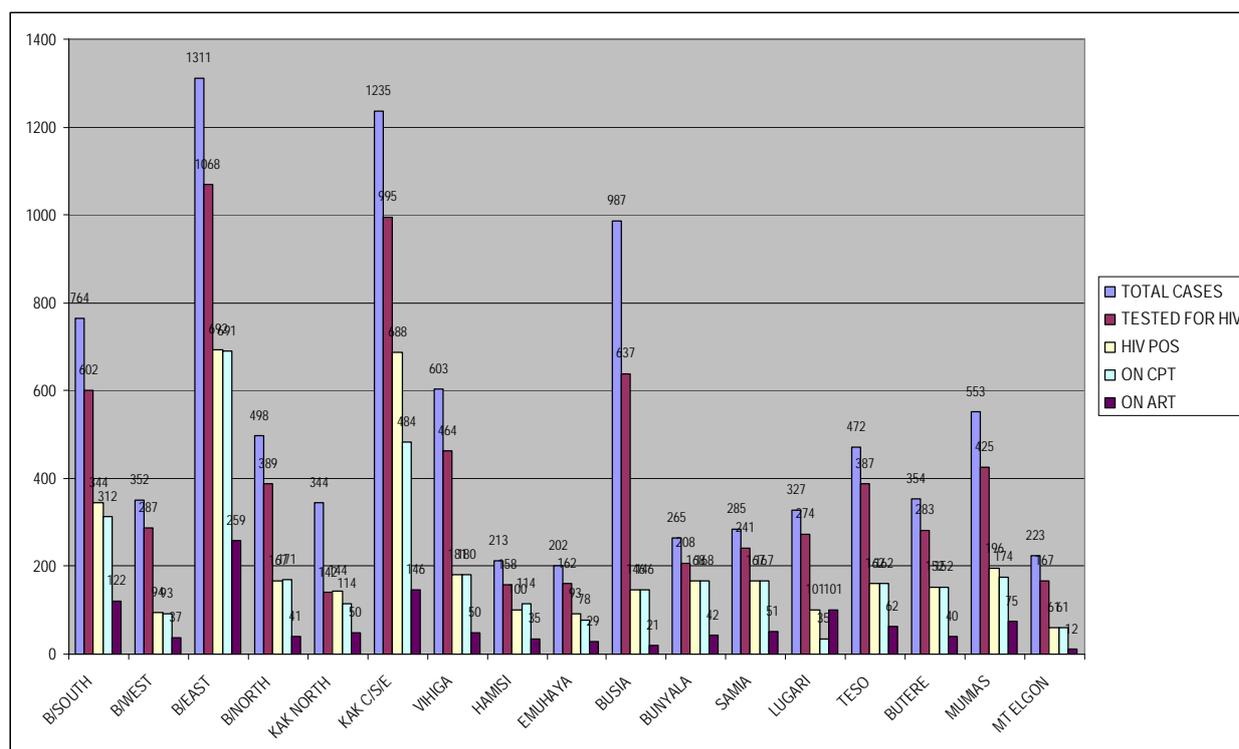


Table 44: Paralegal Cases Handled

| 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 | 7 | 72 | 0 | 22 | 4 | 38 | 0 | 8 | 0 | 4 |
| Child labor | 40 | 57 | 11 | 20 | 19 | 19 | 7 | 9 | 4 | 7 |
| Child trafficking | 4 | 10 | 1 | 4 | 1 | 1 | 2 | 4 | 0 | 1 |
| Neglect | 181 | 265 | 96 | 131 | 55 | 75 | 17 | 22 | 12 | 20 |
| Abandonment | 20 | 34 | 15 | 6 | 4 | 12 | 1 | 14 | 0 | 2 |
| School dropout | 137 | 168 | 40 | 68 | 59 | 56 | 32 | 35 | 6 | 10 |
| Pregnancy | - | 121 | - | 45 | - | 36 | - | 26 | - | 14 |
| Early marriage | 0 | 2 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| Assault | 28 | 53 | 8 | 15 | 12 | 22 | 3 | 6 | 4 | 11 |
| Rape | 7 | 66 | 4 | 40 | 1 | 15 | 0 | 9 | 1 | 3 |
| Drug abuse | 45 | 8 | 18 | 4 | 16 | 1 | 4 | 1 | 7 | 2 |
| Family conflict | 34 | 46 | 14 | 18 | 13 | 5 | 3 | 10 | 4 | 13 |
| Divorce | 0 | 11 | 0 | 5 | 0 | 1 | 0 | 3 | 0 | 2 |
| Separation | 25 | 15 | 12 | 9 | 2 | 4 | 1 | 1 | 11 | 1 |
| Theft cases | 31 | 30 | 18 | 12 | 8 | 12 | 1 | 2 | 4 | 2 |
| Property inheritance | 36 | 75 | 20 | 41 | 13 | 28 | 3 | 5 | 0 | 1 |
| Domestic violence | 4 | 15 | 1 | 8 | 0 | 4 | 0 | 3 | 3 | 0 |
| Abortion | | | | | | | | | | |

Table 45: Summary of PLWHA CHVs Activities

| | GENDER | TARGET Q2 2009 | 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 | | 1,000 | 2,565 |
| 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 child counselors | M | 1,500 | 1,583 |
| | F | 2,000 | 2,920 |
| 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 child 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 | 1,000 | 1,133 |
| 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 |

Table 46: 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 | 0 | 21 | 0 | 12 | 0 | 15 | 0 | 2 | 0 | 1 |
| Child labor | 33 | 52 | 2 | 7 | 8 | 10 | 2 | 7 | 2 | 4 |
| Child trafficking | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Neglect | 34 | 33 | 34 | 27 | 14 | 16 | 4 | 12 | 1 | 3 |
| Abandonment | 17 | 20 | 0 | 3 | 3 | 4 | 0 | 0 | 0 | 0 |
| School dropout | 35 | 78 | 14 | 33 | 15 | 13 | 6 | 15 | 3 | 6 |
| Pregnancy | - | 51 | - | 15 | - | 8 | - | 2 | - | 2 |
| Early marriage | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Assault | 19 | 50 | 8 | 14 | 11 | 21 | 3 | 6 | 4 | 11 |
| Rape | 0 | 8 | 8 | 16 | 0 | 2 | 0 | 2 | 0 | 0 |
| Drug abuse | 23 | 4 | 8 | 2 | 15 | 1 | 4 | 1 | 4 | 2 |
| Family conflict | 26 | 35 | 14 | 12 | 13 | 2 | 3 | 6 | 4 | 12 |
| Divorce | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Separation | 23 | 12 | 8 | 5 | 1 | 2 | 1 | 1 | 1 | 0 |
| Theft cases | 10 | 4 | 9 | 0 | 3 | 1 | 1 | 1 | 1 | 0 |
| Land inheritance | 25 | 53 | 17 | 36 | 9 | 23 | 1 | 4 | 0 | 1 |
| Domestic violence | 4 | 11 | 1 | 5 | 0 | 3 | 0 | 1 | 3 | 0 |