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

Western Province

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

Quarterly Project Report
July 1 – September 30, 2009
(Project Year 3, Quarter 4)

Submitted October 31, 2009

APHIA II Western Consortium Partners

- **PATH**: As the prime partner, PATH leads the team through quality-driven implementation of APHIA II Western. In previous and ongoing projects, PATH has played a key role in building 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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List of abbreviations

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

HCM	health communications and marketing
HIV	human immunodeficiency virus
HMIS	health management information systems
IEC	information, education and communication
IGA	income generating activity
IMAI	integrated management of adult illness
IMCI	integrated management of child illness
IPT	intermediate preservative therapy
IPT-G	interpersonal psychosocial therapy for groups
IUCD	intra uterine contraceptive device
KANCO	Kenya AIDS
KAPTLD	Kenya association of physicians for TB and lung diseases
KDHS	Kenya Demographic and Health Survey
KEMSA	Kenya Medical Supplies Agency
KMA	Kenya Medical Association
KOGS	Kenya Obstetrician and Gynecologist Society
M&E	monitoring and evaluation
MCH	maternal and child health
MDR	multi drug resistant
MFI	microfinance institutions
MOE	Ministry of Education
MOH	Ministry of Health
MSH	Management for Science and Health
N	north
NACC	National AIDS Control Council
NASCOP	National AIDS and STIs Coordinating Program
NVP	Nevirapine
OJT	on-job-training
ORS	oral redehydration salt
OVC	orphans and vulnerable children
PAC	Post Abortion Care
PATH	Program for Appropriate Technology in Health
PCR	polymerearase chain reaction
PEPFAR	presidential emergency plan for AIDS relief
PGH	provincial general hospital
PHMT	provincial health management team
PHO	Public Health Officer
PITC	provider initiated testing and counseling
PLHA	people living with HIV/AIDS
PLWH	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission
PNC	post natal care
PSS	psychosocial support services
PTLC	Provincial TB and Leprosy Coordinator
PTLC	provincial TB and leprosy coordinator
QA/QI	quality assessment and quality improvement
RDHC	Rural Demonstration Health Centre
RH	reproductive health
RRI	rapid response initiative
S	south
SCMS	supply chain management system
SDH	sub-district hospital
SMS	short message service
SOPs	Standard Operation Procedures
SVD	spontaneous vertex delivery

SWAK	Society for Women and AIDS in Kenya
TB	tuberculosis
TBD	to be determined
TOT	trainer of trainees
USAID	United States Agency for International Development
VCO	voluntary children's officer
VCT	voluntary counseling and testing
VHC	village health committees
W	west
WESTCOBV	western community based volunteers

I. Introduction

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

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

The following is the eleventh quarterly report, covering July-September, 2009. This was also the fourth quarter of year three and so it contains some annual highlights.

Executive Summary and Highlights

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

- OVC receiving 3 or more benefits increased from 82% previous quarter to 90% current quarter
- Additional 7,000 of the OVCs counselled and tested for HIV status, bringing to a total of 29,026 (63.6%) so far tested
- 1,524 clients, including 686 children, were newly initiated for ARV, bringing the number for the year 3 to 6,149. The project exceeded its annual target of 4,000.
- The QA/QI initiative has resulted in improvement in targeted indicators. The initiative has been extended to the laboratory services.
- 91% of PMTCT sites are currently offering dual prophylaxis (AZT/NVP); Counselling and testing at PMTCT was 104%; Maternal prophylaxis-89%, Infant prophylaxis-80%
- 814 HIV infected clients put on TB treatment, bringing the annual total to 5,240. The annual target was 5,240
- 58,000 clients were counselled and tested through the home testing approach within the month of September when SCMS availed the test kits. 17,390 of these were children
- Jua Afya Yako interactive radio program reached about half a million listeners per week with various health messages
- Improved participation in the district-level HMIS review meetings by facility level in-charges and other MOH staff

Implementation Challenges and Constraints

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

- Paediatric enrolment and initiation into care: roll-out of the MCH-model of care is being done to counter the loss of exposed children in 15 high-volume sites
- Transitioning of site-supported staff to Capacity project affected service provision in the CCCs
- Test kits stock-outs affected CT services; the SCMS system of distribution is however taking root.

II. Program Development and Management

- The A2W project management continued to support the technical team in coordination and implementation of the program.
- Various consultative meetings and field visits took place to evaluate program implementation progress.
- The project technical and management teams held a technical review meeting for quarter 3 report, shared the report with the PHMT/DHMTs in the province and later presented it to USAID.

III. Joint Planning, Collaboration and Networking with Stakeholders

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

- PHMTs and DHMTs were supported to conduct Support Supervision
- Joint supervisory visits by program and MOH staff
- DHMT district and facility review meetings
- Sponsored management training by AMREF for 29 Hospital Management team members from 9 major Level 4/5 Hospitals.
- Conducted a stress management training for 28 PHMT members from both MOPHS and MOMS
- Supported the National Measles immunization campaign in the Province
- Supported some staff to attend the midwives conference in Nakuru

Key events

- World Contraceptive Day Celebrations in Lugari District on **26/09/09**
- Midwives conference –Nakuru **28th to 30/7/09**
- WHO/AFRO/ MIP evaluation of the uptake of IPT in pregnancy among pregnant women attending ANC clinics: Was done in Kakamega Central and Teso; August 12-14, 2009
- National Measles and Vitamin A immunization campaign; September 19-26,2009

Technical meetings

- PEPFAR PMTC/HTC/IS Stakeholders meeting: 20th-22nd July, 2009
- USAID FP/RH partners meeting: 21st July, 2009
- Annual USG OVC implementers meeting: 23rd July, 2009
- Child Survival meeting –Kilifi; August 23-25, 2009
- PEPFAR Implementing Partners meeting on APR 2009: 1st September, 2009
- Maternal and Neonatal Death review strategic meeting
- Stakeholders meeting to review the draft revised FP guidelines; September 30, 2009
- PEPFAR COP 2101 –RH/FP Interagency meeting; July 27, 2009

- On-the-job training (OJT) National guidelines development workshop; September 28-October 1, 2009

Visitors to the project

- Amy Ginsburg: PATH Seattle
- Elizabeth Abuttayder: PATH Seattle
- Susan Durbastein: EGPAF US
- Nelia Hoffman: EGPAF US
- Meghan Majorawski: BroadReach Healthcare, USA
- Gerald Macharia: Country Director, Clinton Foundation
- Ellen Cole: PATH Seattle
- Sharon Cooper: PATH Seattle
- Gretchen Sorensen: PATH Seattle
- Miriam S: PATH Seattle
- Thor Tyson: PATH Seattle
- David H: PATH Seattle

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

Planned Activities and Accomplishments:

1. Site Assessments for ART provision:

- Ten sites were assessed for possible establishment of MCH model of care and 6 pilot sites have initiated the service.
- Staffing constraints emerged as a cross-cutting challenge in all the assessments. The facility in-charges were requested to arrange for the patients to be seen on select days of the week.

2. Establish 1 new adult ART site:

- One new adult ART site (Kima MH-Private facility) was established
- 3 new pediatric ART sites were also established (Kima, Ndalu and Nzoia)
- Total number of adult and pediatric sites increased to 52 and 49, respectively.

3. Conduct trainings in Pediatric ART, Integrated Management of Adult and Adolescent Illness, ART Commodity Management, computer skills, QA/QI and adherence counseling.

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

Table 1: HIV/AIDS care and treatment trainings

Training event	Number HCWs trained
Pediatric ART training	31
ART Commodity management	28
Quality Assurance / Quality Improvement Training/Practicum	27
ART Data Reconstruction and Cohort Building and Analysis training	33
Pediatric Psychosocial training	29
Integrated Management of Adult/Adolescent Illness (IMAI)	93 HCWs (20 ToTs), (36) EPTs
External Quality Assurance Training for laboratory personnel	28

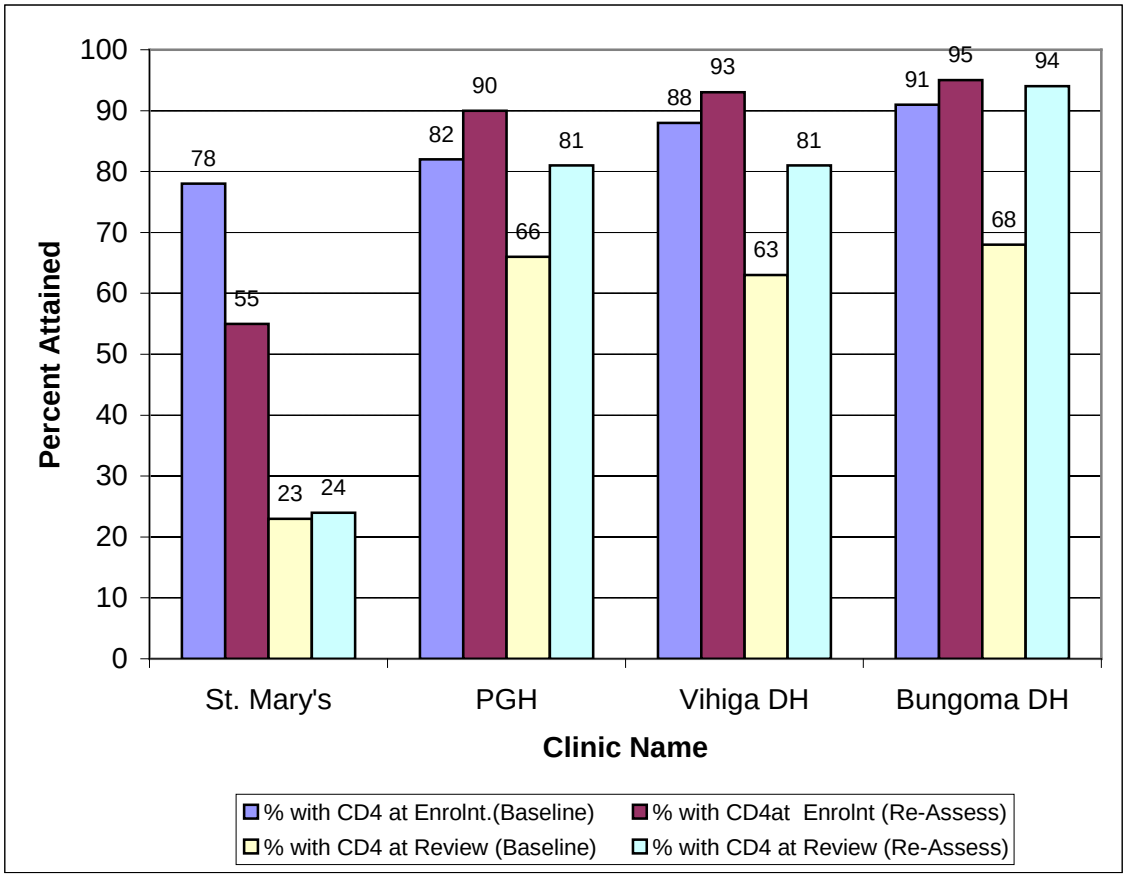
4. Continue supportive site supervision including QA/QI and mentorship to the care and treatment sites:

- 81 care and treatment sites were supported.
- Eight health care workers underwent site attachment mentorship in clinical and pharmacy areas.
- Clinicians continued to be supported to provide clinical outreaches to two sites in the province.
- QA/QI supervision continued at the sites that had quality assessments done.

5. Conduct QA/QI review at Kakamega PGH, Vihiga DH, Bungoma DH and St. Mary's Mumias:

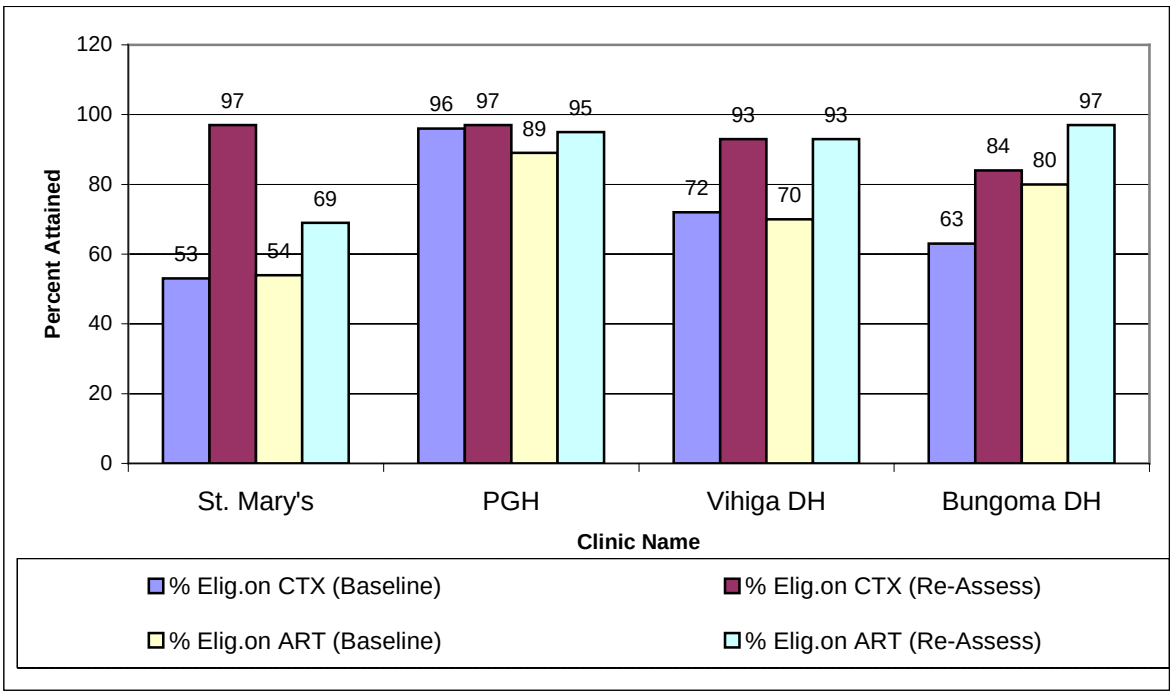
- Reviews were conducted in four sites in conjunction with the MoH staff.
- There was marked improvement in the indicators that were being assessed.
- The graphs below show the findings at the review in comparison with the baseline six months earlier.

Figure 1: Baseline & six-month re-assessment of CD4 count indicators in the four facilities



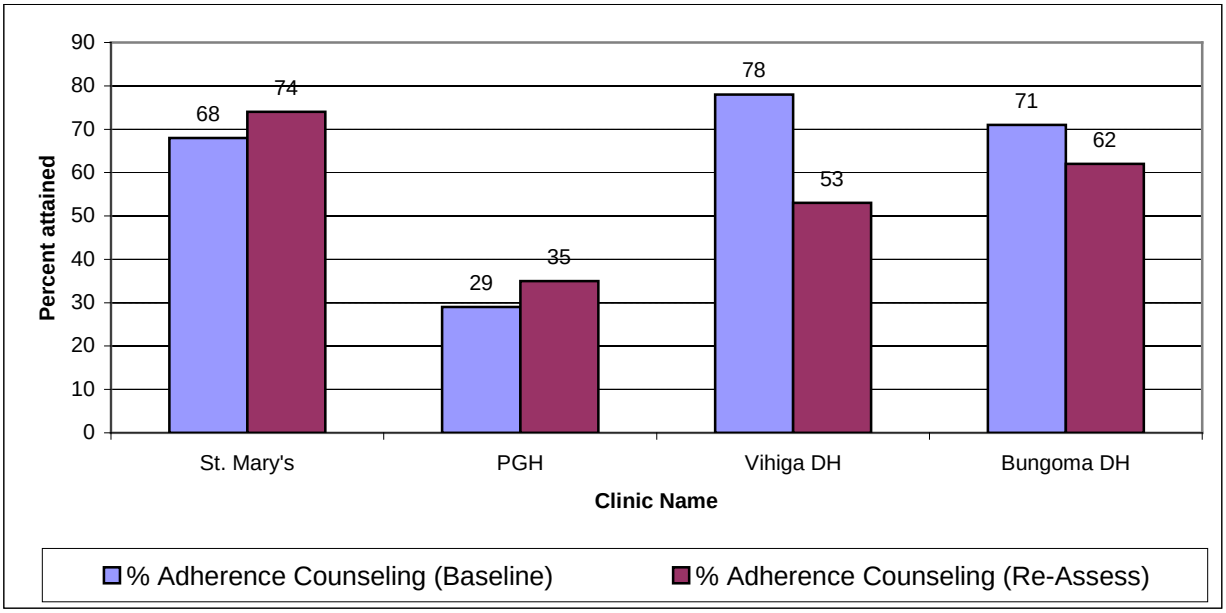
- Apart from St. Mary's Mumias, all the facilities assessed showed improved uptake of the recommendations made at the baseline assessment. Mumias had problems with documentation of the CD4 results in the clients' files.

Figure 2: Baseline & six-month re-assessment of Cotrimoxazole and ART indicators in the four facilities



- All four facilities recorded improvements in the two indicators at the reassessment compared to baselines.

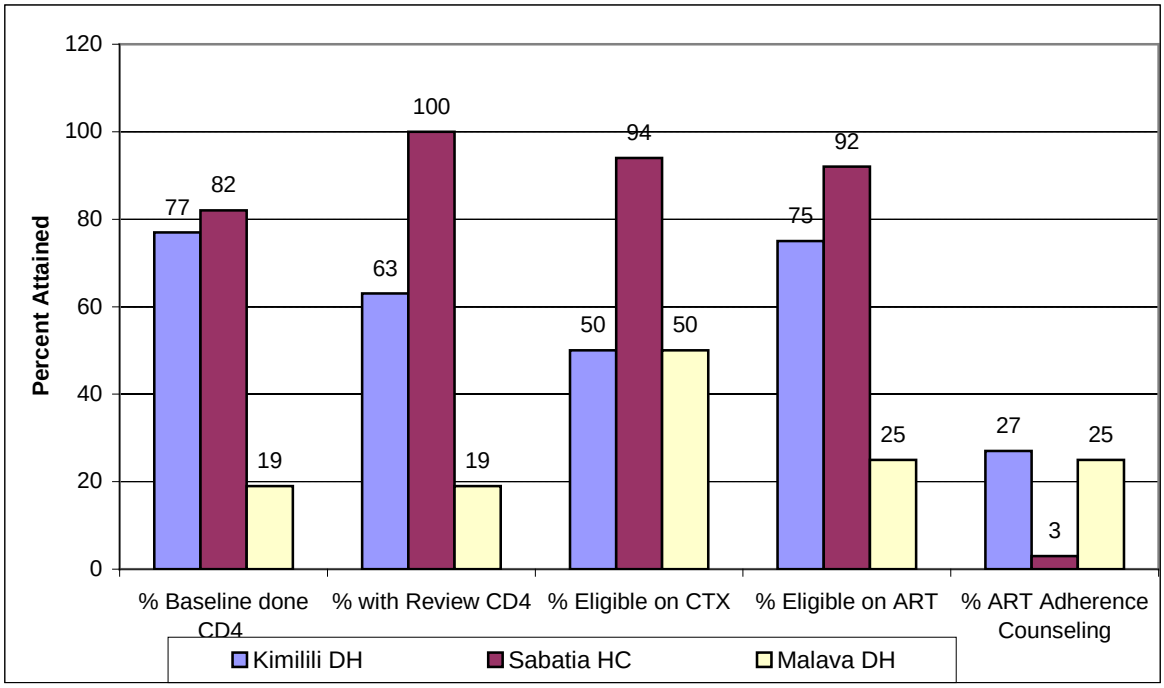
Figure 3: Baseline & six-month re-assessment of Adherence Counseling indicators in the four facilities



- Adherence counseling was found to be taking place though the documentation was found in a separate book rather than the clients' files.

Three additional sites had a baseline assessment done and the findings are as shown in the figure below:

Figure 4: Indicators assessed at baseline QA/QI assessment in Sabatia HC, Malava DH & Kimilili DH



- Two of the facilities assessed had satisfactory outcomes on the indicators assessed. However, Malava DH performed poorly due to management problems at the facility.

6. Conduct a Technical Exchange meeting:

- Conducted for all sites; information on the new testing protocols disseminated.
- Issues relating to defaulter tracing challenges, ART / PMTCT updates, MCH model of care, QA/QI, data reconstruction and the role of peer counselors in linking CT to care & treatment were discussed.
- One CBO was visited to appreciate the roles they play in enhancing community-facility linkages.

7. Support HIV/TB committee meetings:

- Twenty (20) meetings were held. Facilities continued to conduct HIV/TB committee meetings.
- The aspect of strengthening the intra-facility linkages continued to be addressed in these meetings.

8. Support monthly zonal clinical management meetings:

- Six zones (Bungoma, Lugari, Mumias, Vihiga, Kakamega and Butere) were supported to carry out monthly meetings to discuss difficult/challenging cases and suspected treatment failures.

9. Supporting and strengthening the laboratory network:

- Laboratory network was expanded to cover eighty-one (81) care and treatment sites.
- All the total CD4 FACS count machines were upgraded with software to run CD4 %age with support of Clinton Foundation.
- Laboratory request forms and prescription pads were printed and distributed.

- The project supported MoH to initiate a Lab EQA scheme for CD4 testing and subsequently a Provincial Lab EQA committee was formed.
- This team sent out panels to ten (10) laboratories doing CD4 counts in the province and below is a table depicting the results for the first month of the panel.

Table 2: Results of the first CD4 EQA Panels

Laboratory	Outcome
1. Busia	SATISFACTORY
2. Kimilili	
3. Lugari	
4. Bungoma	UNSATIFACTORY
5. Vihiga	
6. Alupe	
7. St. Mary's	
8. Butere	
9. Mukumu	
10. Emusanda	
11. Namasoli	UNRATED

- Over 70% of the CD4 sites gave unsatisfactory results; the main contributing factor being problems with the technique of carrying out the test.
- To address this, on-site-trainings will be conducted and a centralized meeting focusing on experiences from the WEPEQAS will be held in February, 2010.

10. Site renovations and support:
- Renovations were completed in 13 facilities, while further works continued in 8 sites.
- Eight containers were procured and fabrication work to make them CCCs commenced.

11. Install dispensing tool at Likuyani SDH:
- Installed at two sites (Likuyani SDH and Bukaya HC) and five (5) staff were trained.
- This brings to twenty (20) the total number of sites that have ARV dispensing tool.
- Safaricom modems(17) were distributed to these sites to aid in updating online, the anti-virus used in these computers.

12. Continue ART data reconstruction and cohort building and analysis:
- Data reconstruction was completed at Alupe SDH, and on-going at four sites which are working on the registers.
- Once completed, staff shall engage in cohort analysis and subsequently, EMR shall be rolled out to these five (5) sites.
- Twenty-one (21) computers were distributed in preparation for this exercise.

13. Staff support-capacity
- The sixty staff supported by the project were handed over to the Capacity project.
- Of these, eight moved into the public service and could not be immediately replaced by the Capacity project.
- Interviews have been conducted by Capacity project to replace all the 156 positions in the Province.

Activities not accomplished and reasons:

1. **Computer skills training:** The choice of the EMR model to be used in the Province/ Country has not been decided upon. This training was not done awaiting this decision.
2. **Adherence counseling training:** Curriculum not ready.

Other Activities

1. Exchange Visit to FACES Nyanza:

- Members of the PHMT, staff from PGH Kakamega and Technical staff from A2W visited FACES Nyanza program to learn how to set up and run a HIV hotline for health care workers and the requirements needed for PGH to excel as a Family Care Centre.

2 Strengthen adult and paediatric psychosocial facility-based groups and enhance facility community linkages

- 5,156 clients on treatment and care were enabled to access psychosocial and adherence support through 172 facility and community-based PSS groups.
- Forty-eight (48) facility support groups were supported to hold monthly group therapy and treatment literacy meetings (19 paediatric and 29 adult).
- 1,787 clients, including 253 children were reached with PSS sessions. 124 community support groups were linked to 15 ART sites where 1,374 clients were referred to the community groups and 890 (65%) confirmed to have joined the groups for treatment buddying and other PSS activities.
- Forty-two (42) community facility linkage committees were supported to continue strengthening referrals and networking among the various stakeholders.

2. MCH Model of care

- There has been a scale up of the sites offering this care model in the project. Currently there are six (6) facilities that have decentralized HIV services to the MCH clinic namely: PGH Kakamega, St. Mary's Mumias, Butere DH, Likuyani SDH, Matayos HC and Lumakanda DH.
- Enrollment of clients at the six sites is as shown in the table below:

Table 3: MCH Model sites enrollment

Site	No. mothers enrolled	No. of mothers on ARVs	No. of exposed babies enrolled
PGH Kakamega	81	13	0
St. Mary's Mumias	7	3	0
Butere DH	6	0	0
Lumakanda DH	6	3	4
Likuyani SDH	5	2	1
Matayos HC	8	3	0
Total	113	24	5

Analysis of indicators and targets

Table 4: Targets & Indicators for HIV Care and Treatment

Indicator	Yr 3 target	Year 3 Quarterly Accomplishments				Annual Accomplished
		Oct-Dec 08	Jan-Mar 09	Apr-Jun09	Jul-Sep09	
Number of service outlets providing antiretroviral therapy (includes PMTCT+ site)	51	45	47	50	52	52 (>100%)
Number of service outlets providing antiretroviral therapy (includes PMTCT+ site) - Adults	51	45	48	51	52	52
Number of service outlets providing antiretroviral therapy (includes PMTCT+ site) - Pediatric	40	38	42	46	49	49
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites (NEW CLIENTS) Total	4,000	1,505	1,556	1,564	1,524	6,149 (>100%)
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites (NEW CLIENTS) < 14 years	800	145	166	207	168	686 (86%)
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites (NEW CLIENTS) > 14 years	4,000	1,505	1,556	1,564	1,356	5,981 (>100%)
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) (CUMULATIVE)	12,000	12,299	12,869	13,206	16,308	16,308 (>100%)
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) (CURRENT CLIENTS) **Total**	10,200	10,047	11,692	13,206	14,037	14,037 (>100%)
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) (CURRENT CLIENTS) **<14 Years**		2,536	2,870	3,421	3,790	3,790
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) (CURRENT CLIENTS) **>14 Years**		10,047	11,882	12,052	14,037	14,037
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	510	132	164	195	359	850 (>100%)
No. of service outlets providing HIV-related palliative care (excluding TB/HIV)	51	45	71	75	81	81 (100%)
Total number of individuals provided with HIV-related palliative care (including TB/HIV)	24,520	30,537	33,540	38,405	43,554	43,554 (>100%)
Total number of individuals trained to provide HIV palliative care (including TB/HIV/AIDS)	510	211	224	529	359	1,323 (100%)

- There were 52 ART and 29 Basic HIV care sites providing HIV-related palliative care.
- The targets for all the indicators above were surpassed except Paediatric ART where 86% of the year's target was achieved.

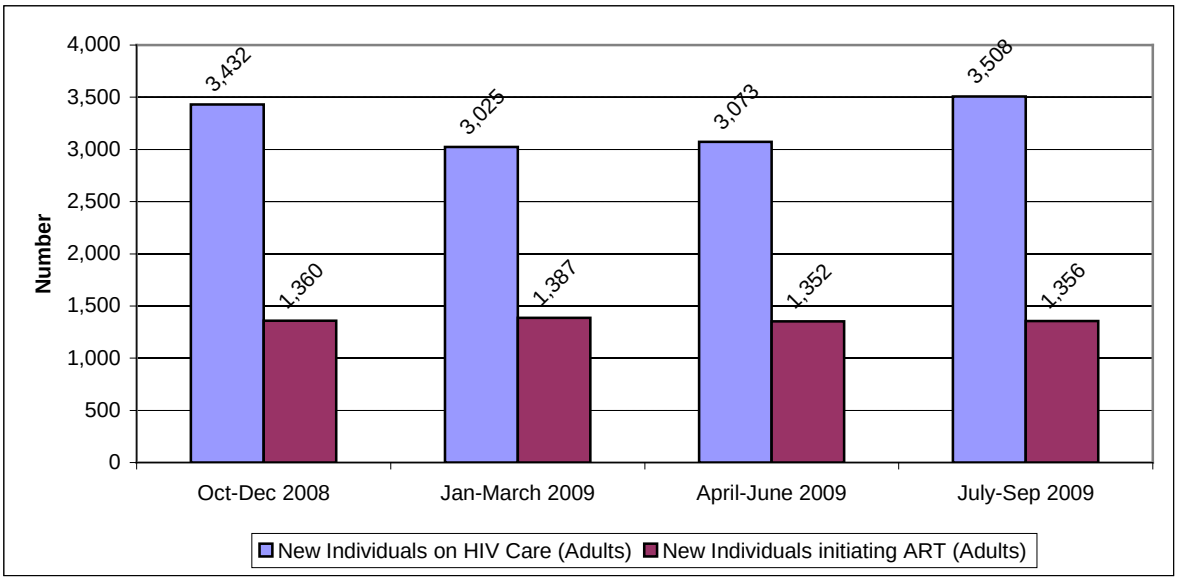
Analysis of indicators and targets

Adult HIV Care and Treatment services

HIV care and treatment:

43,554 adults are currently receiving HIV care in the eighty-one (81) HIV care and treatment sites (including the basic care sites). 32.2% (14,037 /43,554) of those on HIV care have been put on ART.

Figure 5: Number of adults enrolled into care and started on ART in Year Three Quarters: Q1 (Oct-Dec), Q2 (Jan –March 2009) Q3 (April-June 2009) and Q4 (July-Sept 2009)



The number of adults enrolled into care and started on treatment through the year has remained constant. The totals for the year are as shown in the graph above.

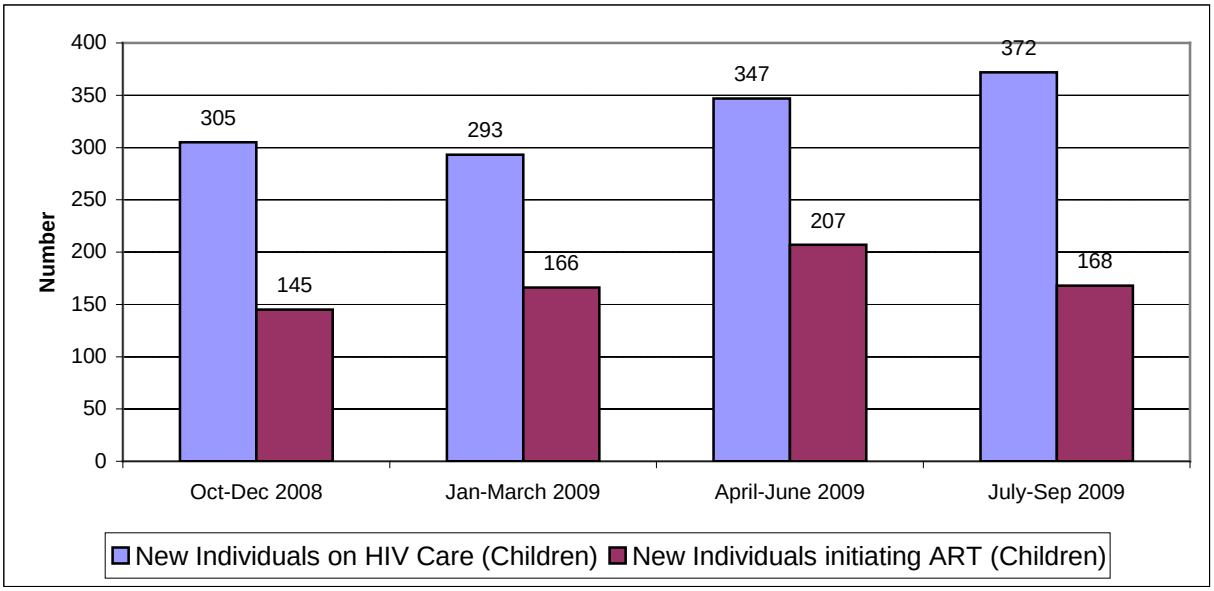
Pediatric HIV Care and Treatment services

The current number of sites supported by the project to offering pediatric ART services are forty-nine (49).

HIV care and treatment: 3,790 children are currently receiving HIV care in the seventy-five (75) HIV care and treatment sites. Children represent 12% (3,790/31,538) of total number of patients on HIV care and treatment and 9.1 % (166/1,503) of those newly initiated on ART during the reporting period.

34% (1,281/3,790) of children currently on HIV care are receiving ART.

Figure 6: Number of children enrolled into care and started on ART in Year Three Quarters: Q1 (Oct-Dec), Q2 (Jan –March 2009) Q3 (April-June 2009) and Q4 (July-Sept 2009)



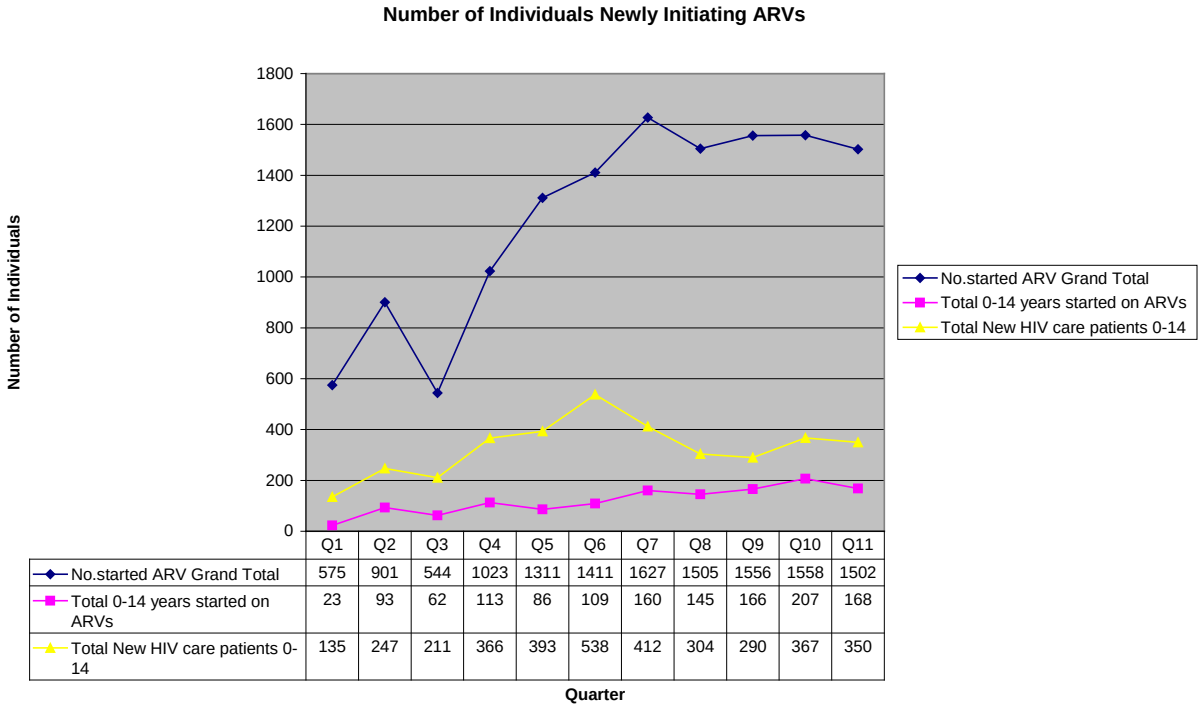
The graph depicts a consistent increase in the number of children accessing care over the four quarters. The total number of children put on care in the year was 86% of the annual target of 800.

Trend Analysis for ART

Number of Individuals newly Initiating ARVs

The figure below shows a steady increase in the number of individuals newly initiating ARVs up to quarter 7 (September, 2008). This has, however, remained constant in year three with an average of 1,500 new patients per quarter.

Figure 7: Number of individuals newly initiating ARVs (Year 1 to Year 3)

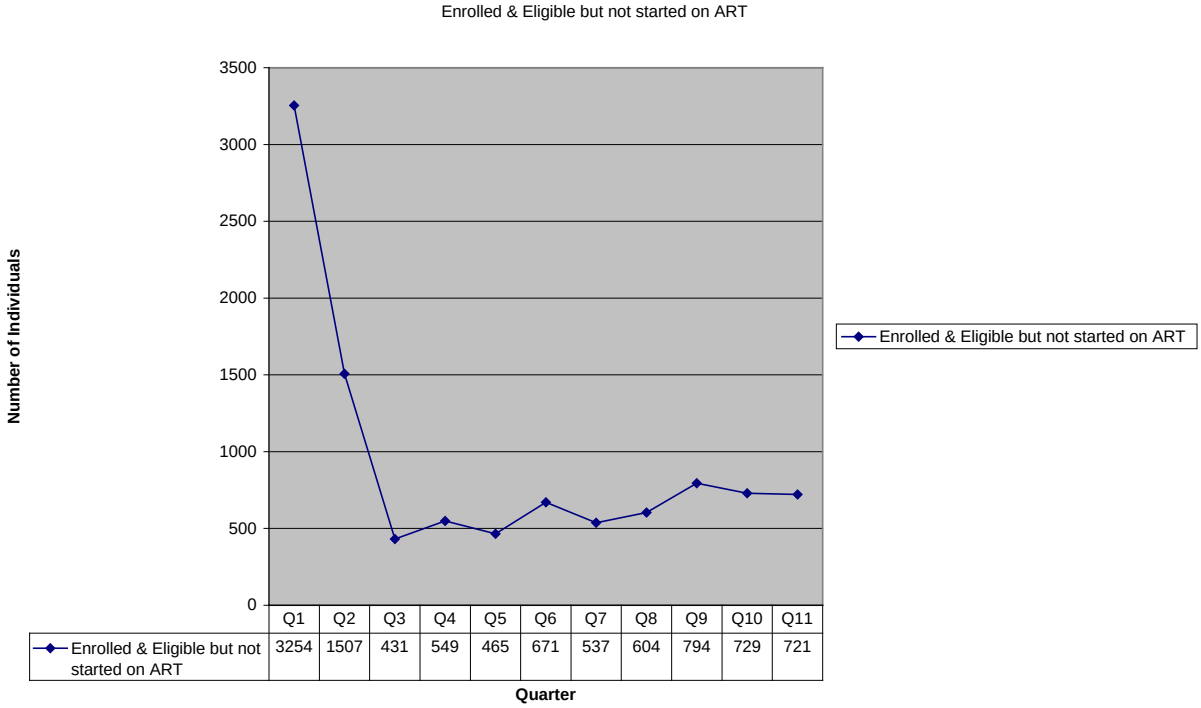


	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
No.started ARV Grand Total	575	901	544	1023	1311	1411	1627	1505	1556	1558	1502
Total 0-14 years started on ARVs	23	93	62	113	86	109	160	145	166	207	168
Total New HIV care patients 0-14	135	247	211	366	393	538	412	304	290	367	350

The number of children aged 0-14 years enrolled into care and those initiating treatments also shows a similar trend of stabilizing in year 3 at an average of 200 children newly initiating ARVs per quarter. The project will re-strategize in the coming quarter on how to reach other areas within the province that have not been well served in ART services

Eligibility & Enrolment into ART

Figure 8: Number of individual enrolled & Eligible but not started on ART



	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
Enrolled & Eligible but not started on ART	3254	1507	431	549	465	671	537	604	794	729	721

One of the biggest success of the ART programmes has been the reduction in the number of people enrolled and eligible but not yet started on ART. The figure above shows that this number decreased from 3,254 when the project started to 721 currently.

Challenges & recommendations

1. **Staffing:** A number of sites had the clinical officer move into public service and are yet to get a replacement from the Capacity project.
2. **HIV/ TB Committee meetings**: Not all sites are able to hold these meetings due to staff shortages. Facilities are advised to incorporate this agenda in their usual monthly meetings.

Planned activities next quarter

1. Establish 1 new adult ART site and 5 new basic care sites including the setting up of ART services in 2 TB clinics.
2. Conduct trainings in Pediatric ART, Pediatric Psychosocial counseling, PwP, Integrated Management of Adult and Adolescent Illnesses, ART Commodity Management, Adherence Counseling, Laboratory training (Sample collection, CD4 %age), cohort analysis training, EMR training and QA/QI training.
3. Strengthen site technical assistance including QA/QI supervision and support to the sites offering MCH model of care.
4. Procure basic HIV care packs at CCCs for ART clients.
5. Support monthly facility meetings and the monthly zonal clinical management meetings.
6. Support District Nutritionists to provide OJT and site mentoring of CCC staff in nutrition and HIV.
7. Continue site renovations, site support and initiate the purchase and distribution of furniture to six sites with containers.
8. Strengthen facility support groups, facility-community linkages model and strengthen defaulter tracing.
9. Support HIV/TB committee meetings.
10. Continue expanding, supporting and strengthening the laboratory network.

1. 2 Increase the number of pregnant women receiving HIV testing and counseling in PMTCT.

Planned Activities & Accomplishments

1. Facility supportive supervision coordination and mentorship

- A total of 266 sites were offering PMTCT services in the quarter (30 CMMB and 63 PPP). There was improved coordination with CMMB and PPP program.
- Support supervision was conducted in facilities and updates on new PMTCT interventions given. A total of 388 visits were conducted.
- Provision of quality service was strengthened through monitoring and OJT.

2. Bi-annual district facility review meetings

- Two meetings for DHMTs, 5 for level 2&3 and one for level 4&5 were held.
- Facilities shared their experiences and analyzed data based on PMTCT indicators.
- Follow-ups targeting facilities with gaps in documentation were conducted.
- There was marked improvement in data capture and entry.

3. Decentralize ART services to 15 MCH clinics and lower-level facilities

- A team visited Kericho District Hospital on 12th -14th July, 2009 to acquire experience on MCH model of care and treatment.
- Subsequently, facility assessment for MCH model was carried out in 15 facilities
- 6 pilot sites started decentralized services of care and treatment in MCH settings.

4. Support improved commodity management and other site support

- The supply of prophylactic ARVs and test kits was stable however syrup CTX was in short supply in most of the facilities.
- 4 nurses were hired on locum basis.
- Renovations were completed at 3 facilities.
- Audio visual equipment (50- 21 inch TVs /DVD player/volt guards) were bought and distributed to 50 facilities.
- Medical equipment and furniture was purchased and distributed.
- Utensils for PSS group members were purchased and distributed.

5. Support EID/DBS services and improve on linkages

- Out of the 266 PMTCT sites, 225 (84%) were offering EID services.
- 1,610 samples were collected, 1,221 results received, 60 were HIV+, giving an MTCT rate of 4.9 %.
- The HIV positive babies were referred to CCCs for initiation ART.

6. Support integrated outreach services in the community

- 1,383 pregnant women attended
- 1,242 were counseled and tested and received their test results.
- 29 were HIV+, giving a prevalence rate of 2.3%.
- All positive mothers received ARVs for prophylaxis and were referred to the nearest health facilities for follow-up.

7. Support PMTCT PSS groups

- 41 New PSS groups were initiated, bringing the total to 164.
- All the 164 PMTCT sites with PSS groups (16 CMMB) were given support, updated on stigma reduction, infant and young child feeding, care and treatment and adherence.
- Total PSS group membership was 904 (231 ANC, 673 PNC).
- 768(85%) members disclosed their status.
- 658(73%) members were enrolled to care.
- 708 (78%) members had CD4 test done within the last six months.
- Of the 673 PNC mothers, 499 (74%) had their infants tested.
- 428(86%) infants were started on CTX.
- 42% of the infants were under the age of 9months.
- The trained peer counselors traced 112 HIV exposed babies, of which, 60 were HIV+ (DBS)
- Of the 60 HIV+ babies, 42 were traced, 36 are currently on treatment, 2 are dead, 1 went to Uganda and 3 are yet to start treatment as the mothers are undecided. One of the babies died at the age of 4 months, the mother received AZT and Nevirapine and is currently on treatment. While the second one died aged 2 months, had been delivered at home, was identified during home testing and the mother refused to be tested while the husband is on treatment.
- 18 still being traced in the community by peer counselors.
- Stigma remained a big challenge contributing to lose to follow-up on HIV-exposed babies.

8. Support and strengthen male clinics

- 45 facilities offered male clinic services.
- There were 841 first visits and 704 revisits totaling 1,545.
- 387 clients had their spouses attending antenatal clinics while 437 had their spouses attending postnatal clinics.
- 54 % of men attending Saturday male clinic had their spouses attending MCH clinic.
- 721(46%) attended but had no spouses in MCH.
- A total of 732 clients received counseling and testing, 12 turned HIV+ and were referred to CCC.

- Those found negative were advised on positive behavior change practices and repeat testing after 3 months.

9. Train HCW on different aspects of PMTCT service delivery

- 90 HCW were trained on PMTCT (30 CMMB and 30 PP).
- 27 HCW on stigma reduction.
- 16 trained as peer counselors**.**

12. Integrated community sensitization for PMTCT support

- One sensitization meeting held, during which 50 teachers were sensitized on PMTCT and HIV prevention.
- Action plan was developed on how to cascade the learning in schools.

Activities not accomplished & reasons

1. Printing of ANC and Maternity registers: Was not done, awaiting direction from NASCOP.

Figure 9: Completed CCC/MCH – Alupe SDH.

Indicators & Targets

Table 5: PMTCT targets and achievements

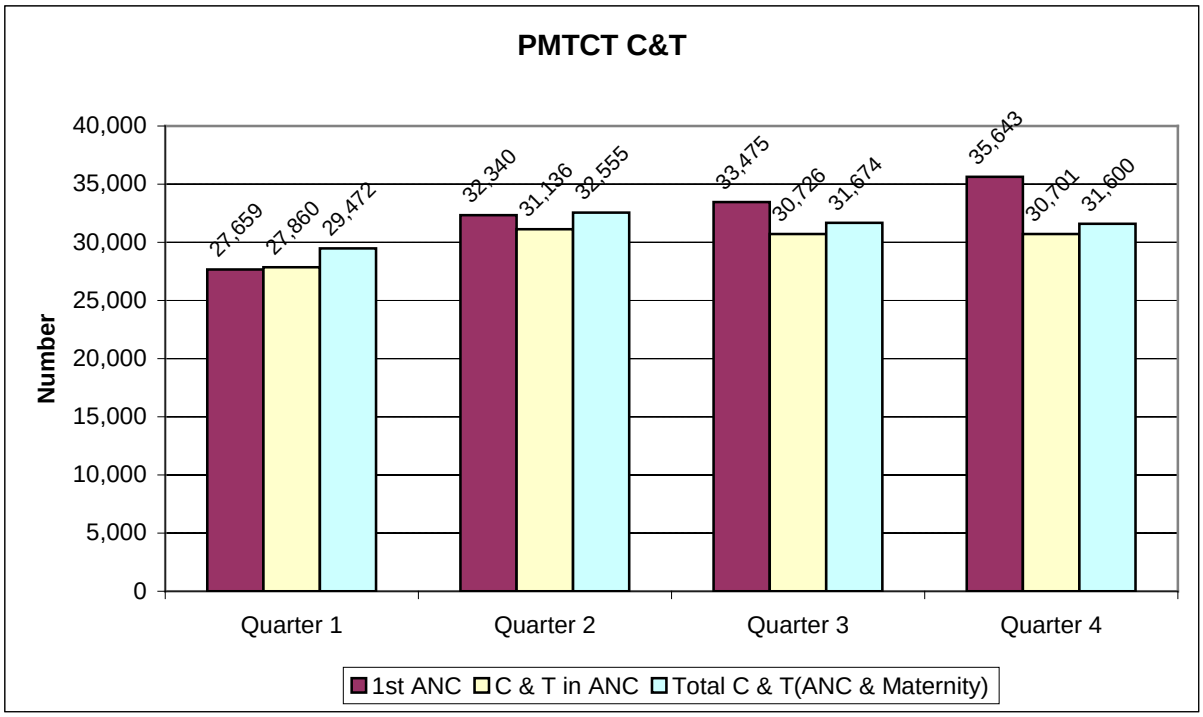
Indicator	Yr 3 target	Year 3 Quarterly Accomplishments				Annual Accomplished
		Oct-Dec08	Jan-Mar09	Apr-Jun09	July-Sep09	
Number of service outlets providing the minimum package of PMTCT services briefs with Margaret and according to national or international standards.	250	217	251	266	266	**266(106%)**
Number of pregnant women provided with PMTCT services, including counseling and testing.	120,000	29,472	31,829	31,674	31,600	**125,301(104%)**
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting.	5,400	1,086	1,107	1,162	1,236	**4,591(85%)**
Number of health workers newly trained or retrained in the provision of PMTCT services according to national or international standards.	180	62	30	30	90	**242(134%)**
No. of infants accessing DBS for EID	2,700	1,220	1,145	1,620	1,610	**5,595(207%)**

The project has been able to meet all the set targets except for pregnant women provided with a complete course of ARV prophylaxis which stands at 85%.

Table 6: PMTCT Program Performance Summary

	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sep 09	Annual
Performance summary					
First ANC visits	27,659	32,340	33,475	35,643	129,117
ANC clients tested	27,860	31,136	30,726	30,701	120,423
Maternity clients tested	573	693	680	828	2,774
Post natal tested	1,039	726	268	71	2,104
Total tested	**29,472**	**32,555**	**31,674**	**31,600**	**125,301**
ANC positive	1,186	1,102	1,217	1,272	4,777
Maternity positive	56	71	74	95	296
Postnatal positive	49	27	1	2	79
Total HIV Positive	**1,291**	**1,200**	**1,292**	**1,369**	**5,152**
Maternal NVP only			228 (18%)	18 Sites	18 Sites
Maternal AZT & NVP*			1,064 (82%)	242 Sites	242 Sites
Maternal HAART*				6 Sites	6 Sites
Total Maternal Prophylaxis	**1,086**	**1,107**	**1,162**	**1,236**	**4,591**
Infant NVP issued ANC	827	803	893	925	3,448
Infant NVP issued Maternity	84	62	73	106	325
Infant issued in postnatal	9	4	1	4	18
Total Infant Prophylaxis issued	**920**	**869**	**1,127**	**1,203**	**4,219**
Infant prophylaxis administered Maternity	167	226	160	168	721
Total number of DBS samples sent	1,220	1,145	1,620	1,610	5,595
Total number of DBS results received	1,013	1,013	1,440	1,221	4,687
Total number of DBS positive	73	53	146	48	320
Total partners counseled				632	632
Total partners tested				559	559
Total partners positive				40	40

Figure 10: Progress in Counseling and Testing for Y3



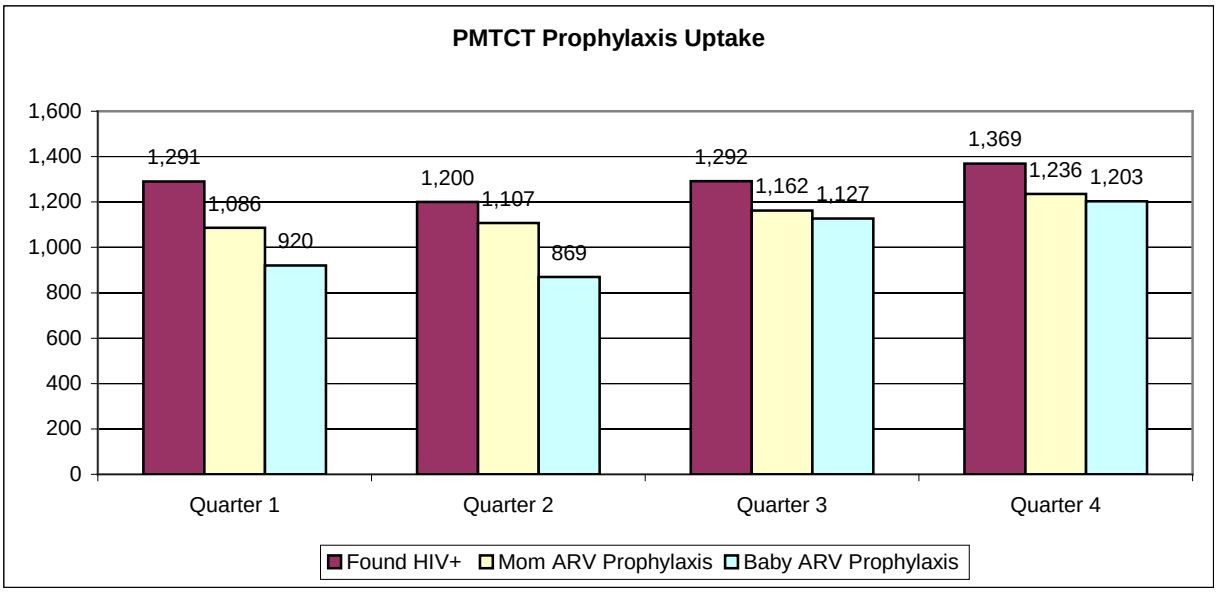
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year total
Target no. of pregnancies	30,000	30,000	30,000	30,000	120,000
1st ANC	27,659	32,340	33,475	35,643	129,117
C & T in ANC	27,860	31,136	30,726	30,701	120,423
Total C & T(ANC & Maternity)	29,472	32,555	31,674	31,600	125,301

The total target for pregnant women to be reached with CT was 120,000, of which 125,301 were reached with CT services, giving an achievement of 104%.

Table 7: PMTCT Cascade

	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year total	
	number	%	number	%	number	%	number	%	number	%
1st ANC	27,659		32,340		33,475		35,643		129,117	
Total C & T	29,472	**107**	32,555	**101**	31,674	**95**	31,600	**89**	125,301	**97**
Found HIV+	1,291	**4**	1,200	**4**	1,292	**4**	1,369	**4**	5,152	**4**
Mom ARV Prophylaxis	1,086	**84**	1,107	**92**	1,162	**90**	1236	**90**	4,591	**89**
Baby ARV Prophylaxis	920	**71**	869	**72**	1,127	**87**	1203	**88**	4,119	**80**
DBS	1,220	**95**	1,145	**95**	1,620	**125**	1,610	**118**	5,595	**109**

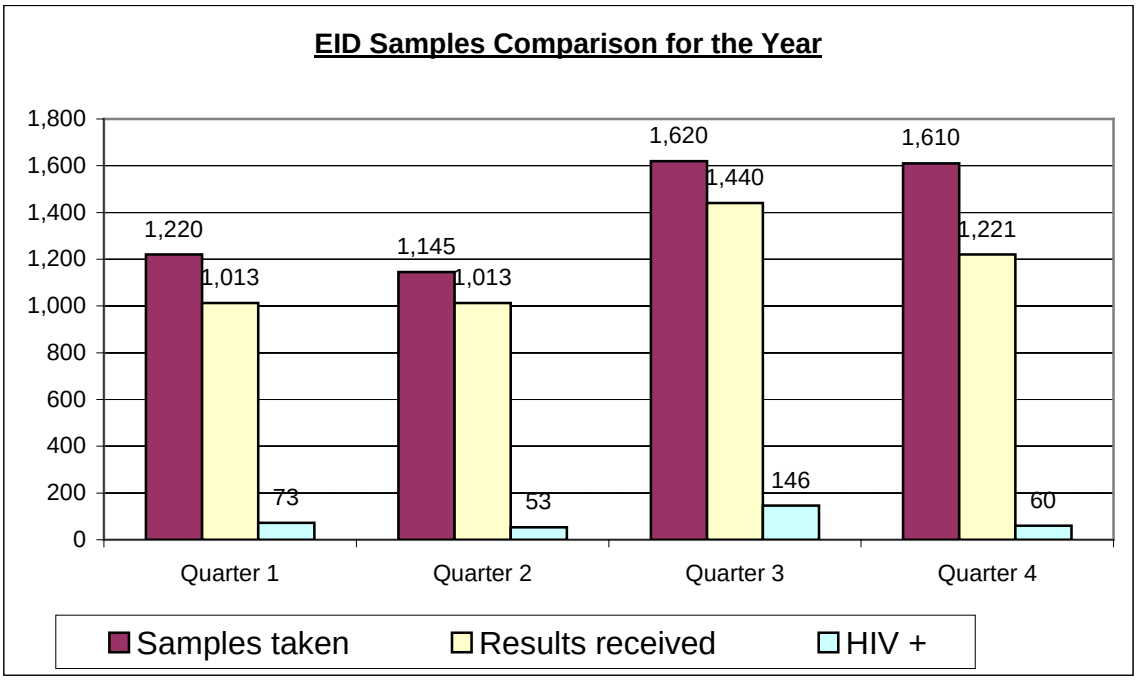
Figure 11: HIV+ pregnant women and ARV prophylaxis against set targets



	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year total
Target ARV Prophylaxis	1,350	1,350	1,350	1,350	5,400
Found HIV+	1,291	1,200	1,292	1,369	5,152
Mom ARV Prophylaxis	1,086	1,107	1,162	1236	4,591
Baby ARV Prophylaxis	920	869	1,127	1203	4,119

By the end of the year, 95.4% of expected positive mothers were identified. Of the positive mothers, 89% received maternal prophylaxis and 80% babies received infant prophylaxis.

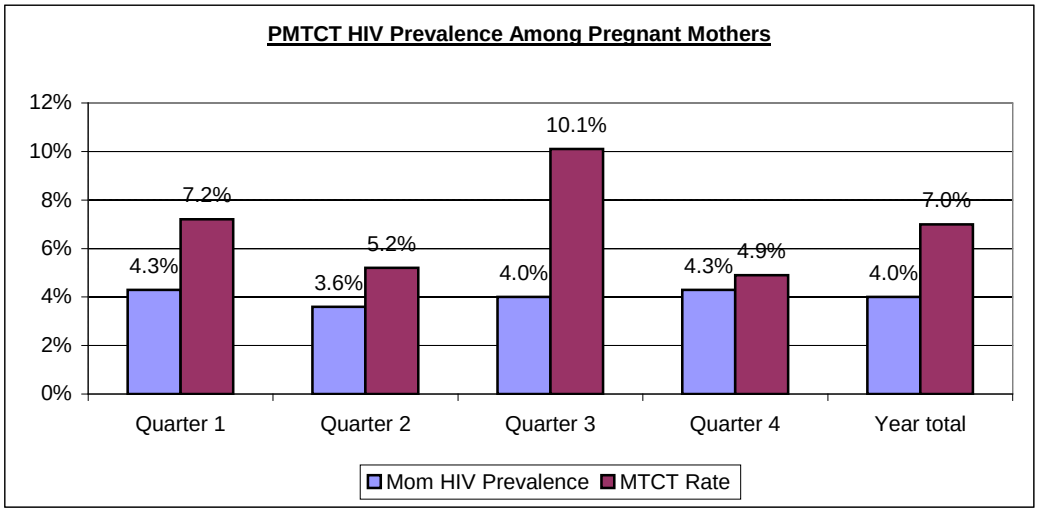
Figure 12: EID samples collected and results received against exposed children



	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year total
Target exposed babies	675	675	675	675	2700
Samples taken	1,220	1,145	1,620	1,610	5,595
Results received	1,013	1,013	1,440	1,221	4,687
HIV +	73	53	146	60	320

Most of the HIV-exposed babies accessed DBS for PCR testing. Delay in getting results was experienced. MTCT rate at the end of the year was 7%.

Figure 13: Comparison of HIV prevalence among pregnant women and MTCT rates



	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year total
Mom HIV Prevalence	4.3%	3.6%	4%	4.3%	4%
MTCT Rate	7.2%	5.2%	10.1%	4.9%	7%

Challenges & recommendations

- **Staff shortages/reshuffles affecting service delivery:** It is hoped that Capacity project will hire staff and deploy them accordingly. 4 nurses were hired on locum basis.
- **Not all HIV+ babies reach the CCCs where they are referred**: Sensitization on stigma reduction, consistent follow-up by peer counselors and decentralization of services in MCH clinics will gradually alleviate this problem. The peer counselors will also have inter-district exchange visits to share experiences.
- **Most of the PMTCT ToTs and service providers were not conversant with the changes in the new PMTCT guidelines:** Updates on specific areas of service planned to address the gaps.
- **Mixed feeding practices is still a challenge with positive mothers**: This could contribute to some exposed babies turning positive. More efficacious regimen during breast feeding should be considered.

Planned Activities for Y4 Q1

1. Facility supportive supervision and mentorship
2. Decentralize ART services to 15 MCH clinics and lower level facilities
3. Support to commodity management and other site supports
4. Support DBS services and improve on linkages
5. Support integrated outreach services in the community
6. Support and strengthen PMTCT PSS groups
7. Support and strengthen male clinics
8. Train HCW and program staff
9. Support online network system for following up DBS results and feedback to facilities
10. Inter-facility exchange visits
11. Purchase of Mama packs, medical equipment and furniture, printing of IEC materials and registers (ANC and Maternity)

1.3.1 Increase number of HIV-infected individuals diagnosed and treated for TB

Planned Activities & Accomplishments

1. **Health Providers Training on TB/HIV Management:** A total of 89 health providers including 18 from Private sector were trained.

2. **TB/HIV Guidelines review and slides development for trainings and sensitization meetings:** The TB/HIV guidelines review was held with participation of 25 officers from DLTLD, KANCO, KAPTLD and MOH provincial team.

3. **MDR Training for 60 H/Providers:** 60 Health providers from selected sites in the Province were trained. Preference was given to sites with reported MDR and high retreatment rates.

4. **Support the Quarterly District TB/HIV Committee Meetings:** 19 districts were supported to conduct one day meetings. Discussions emphasized on referrals, linkages and ART initiation among TB patients among others.
5. **HBC/CHW training on community involvement in TB care:** 52 CHVs/CHWs including AOH from Butere District were trained on Community involvement in TB care based on DLTLD CB-DOTS Curriculum

6. **Support Pediatric TB diagnosis at PGH:** This was accomplished and now on-going at PGH Kakamega. Diagnostic kits were purchased and to date 2 patients have undergone the procedure.

7. **Support Defaulter tracing:** Out of 189 defaulters, 75 were traced by CHWs and Cough monitors in 6 districts.

8. **Trainee follow up/ Mentorship for 80 H/providers:** 61 Health providers (9 from Private sector) were mentored by the Provincial and District teams.

9. **Support for PMLT/DMLTs and DASCOs participation in DTLC's Quarterly meeting:** The PMLT, 18 DMLTs and 16 DASCOs were supported and attended the meeting.
10. **Sensitization meeting for DPHOs and DTLC's on community TB care (CB DOTS):** The meeting was held as planned and discussions emphasized on defaulter tracing, referrals and community awareness creation on stigma reduction and early diagnosis and treatment.
11. **Community Health Workers Monthly Meetings:** These were supported in 6 Districts.
12. **TB/HIV sensitization meeting for CCC /MCH:** The meeting was held and the officers sensitized on reporting of HIV patients tested for TB.
13. **Renovation of PGH Chest Clinic and TB/ ART services:** Almost completed and ART services yet to be initiated.
14. **Hood installation at Alupe Sub District Hospital:** Assessment was done by the Project contractors.
15. **Lab Staff Hire:** Interviews conducted by Capacity/MoH and 10 lab staff are expected to start working in November 09.

Activities not accomplished & reasons

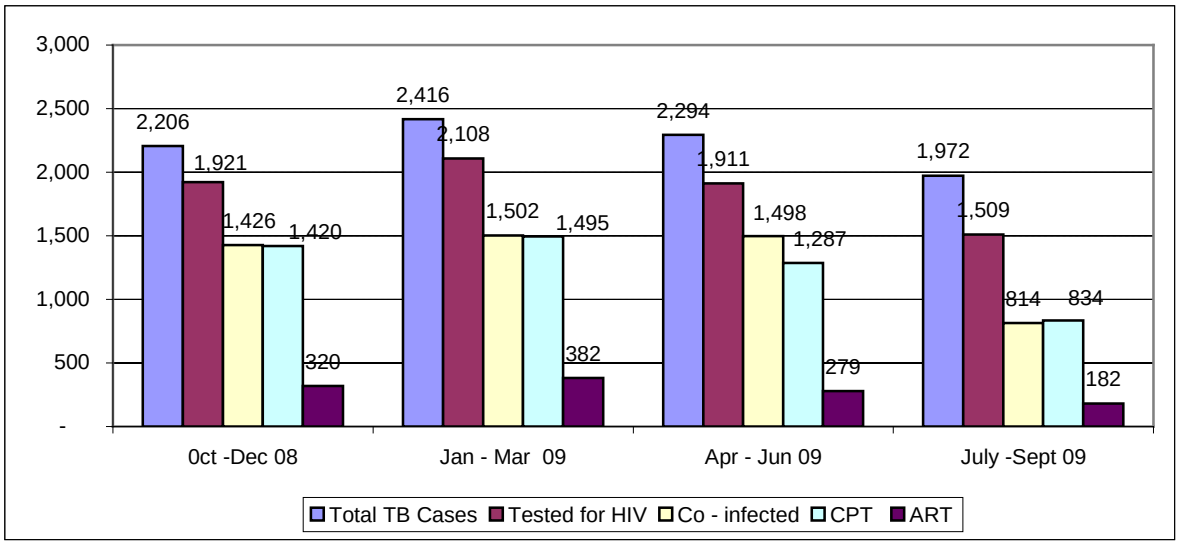
1. **MDR Surveillance support:** Project and MOH reviewing modalities for support and implementation.
2. **Print, laminate and disseminate 1000 units of Pediatric score cards to all facilities:** Document under review by the Head DLTLD.

Analysis of TB Indicators &Targets

Table 8: Analysis of indicators and targets for TB

Indicator	Year 3 target	Year 3 Quarterly Accomplishments				Annual-Accomplished
		Oct-Dec08	Jan-Mar09	Apr-Jun0	Jul09-Sep09	
Number of service outlets providing treatment for TB to HIV-infected individuals	241	241	253	253	293	293 (122%)
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB	5,000	1,426	1,502	1,498	814	5,240 (105%)
Number of individuals trained to provide treatment for TB to HIV-infected individuals	300	89	60	94	149	392 (131%)
Number of HIV-positive patients on TB Treatment						8,361

Figure 14: TB Case Findings per Quarter



A total of 1,972 new TB cases were reported in the quarter. Out of the total number, 1,509 were tested for HIV, 814 were co–infected and 834 were put on care CPT and 182 started on ARVs.

Table 9: MDR Surveillance:

District	Re Rx Cases	Specimen Sent	Results received	No Not Received	No of MDR Cases
Busia	41	28	25	4	0
Bungoma South	26	43	34	9	0
Bungoma East	46	18	12	6	1
Bungoma North	28	6	4	2	0
Samia	12	10	7	3	0
Emuhaya	24	5	1	4	0
Mumias	34	7	2	5	0
Kakamega South	4	4	3	1	0
Teso	38	10	0	0	0
Butere	14	4	2	2	0
Mt.Elgon	16	7	6	1	0
Lugari	13	4	3	1	0
Vihiga	46	27	20	7	0
Bunyala	17	14	10	4	1
Kakamega North	14	7	4	3	0
Kakamega Central	87	49	28	21	1
Hamisi	13	8	0	0	1
Bungoma West	22	14	5	9	0
WESTERN	**522**	**266**	**166**	**100**	**4**

Challenges & recommendations

1. Shortage of staff
2. Increase in number of MDR cases
3. Poor physical infrastructure
4. No tool to capture the number of PLHAs tested for TB

Planned activities next quarter

1. Trainings: 90 health providers on TB/HIV management; MDR- 30 h/providers ; PwP training for 30 h/providers; CHW training on community involvement in TB care
2. TB/HIV sensitization guide finalization by the DLTLD/MOPHS teams.
3. Continue with District TB/HIV Committee meetings support
4. MDR surveillance
5. Defaulter tracing
6. Trainee follow up/ mentorship for 60 h/providers.
7. Support DTLC's Quarterly meeting
8. TB/HIV sensitization meeting for CCC /MCH and DPHOs and DTLCs

1.1.4 Increase number of individuals receiving CT

Planned activities and accomplishments

1. **Home-based testing and counselling:** The exercise went on in four districts, Kakamega Central Municipality, Hamisi, Bungoma South and Butere. The focus was on densely populated, high prevalence areas. A total of **58,078** clients accessed HTC (17,390 being children).
2. **PHO/PHT sensitization meeting**: This was a Provincial meeting, 300 PHOs and PHTs sensitized on HIV testing-related issues.
3. **Site sensitization on intra-facility linkages**: A total of 40 meetings were held jointly with R3 at the facilities. The participants included health care providers from the respective health facilities; PLHA support groups and the Ambassadors of Hope. There was an improvement in the referral and linkages especially for HIV-positive clients.

4. **Support youth-friendly services**: Supported the youth to carry out HTC at Muliro Gardens Kakamega.
5. **Trainings were conducted during the quarter as shown in the table below:**

Table 10: CT Trainings

Training event	Number HCWs trained
PITC (Residential Training)	30
PITC (Non-Residential)	90
FP Integration	25
Couple Counselling	25
LAB Supervisory training	25

6. **Support monthly Discordant Support Group meetings**: A total of 18 meetings were held, 540 clients attended**.**
7. **Purchase TVs and DVDs for 6 sites**: These were purchased and distributed.
8. **Supportive supervision for CT**: All DHMTs and PHMT were supported to carry out supervision; 77 health facilities were supervised.
9. **Printing of t-shirts and bags for home testing providers**: 300 t-shirts and 300 bags were printed and distributed to the counsellors.
10. **Quarterly DASCOs/DMLTs meeting**: This was carried out and 58 participants attended including the PASCO, Counsellor Supervisors and PITC coordinators.
11. **District Counsellors Meeting**: 38 meetings were held.

Other Activities:

OVC Testing:
1. OVCs were offered PITC services through Children's Clubs
2. 363 OVCs were tested(153 males and 210 females)
3. 7 tested HIV+ (3 males and 4 females)
4. A total 29,026 (63%) of OVCs have been tested.

Activities not Accomplished & Reasons.

1. **Facility/community injection safety training:** The activity had been scheduled for the last week of September for staff from PGH Kakamega. The activity could not take off because the staff were involved in the national immunization campaign, had an ENT camp at the facility and were also preparing for the nurses conference in Meru.
2. **Support minor renovations and furnishings for 3 CT sites**: Paper work complete, works to start in Y4 Q1.
3. **Train TOT providers using new HCT curriculum:** Curriculum not yet developed by NASCOP.
4. **Dissemination of HCT guidelines**: Guidelines not yet developed by NASCOP.

Indicators & Targets

Table 11: Targets & indicators table for CT

Indicator	Year 3 target	Year 3 Quarterly Accomplishments				Year 3 Accomplishment
		Oct-Dec08	Jan-Mar 09	Apr-Jun09	Jul-Sep09	
Number of service outlets providing counseling and testing according to national and international standards	200	200	200	239	321	**253 (127%)**
Number of individuals who received counseling and testing for HIV and received their test results.	120,000	56,091	58,743	93,186	107,600	**315,620 (263%)**
Number of individuals trained in counseling in counseling and testing according to national and international standards.	450	107	55	150	195	**507 (113%)**

Analysis of the findings.

The sites offering CT services increased from **239** to **321**, including private practitioners offering the service.
There was an increase in the number of clients who accessed CT services during the quarter, associated to HTC.
75% of the clients were tested in September as there was limited testing in July and August due to a stock-out of test kits.
A total of **111,743** clients were counseled and 107,600 tested. Out of those tested, 21,417 were children 18 months to 14 yrs of age.
7,155 clients tested positive with pediatrics accounting for **583**.
Couples tested **7,202,** both positive **-1,735** and discordant **1,701.**
More females than males accessed HTC services (**60,120** and **47,480** respectively) with **4,269** females and **2,886** males testing positive.

CT Service utilization

Figure 15: CT uptake by entry points

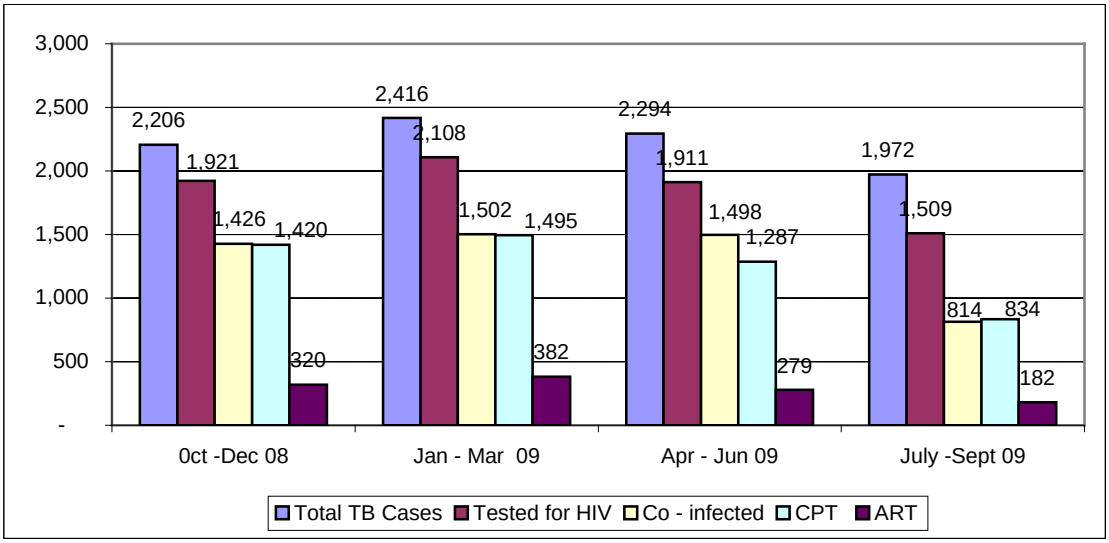


Figure 16: HIV positive clients by entry point

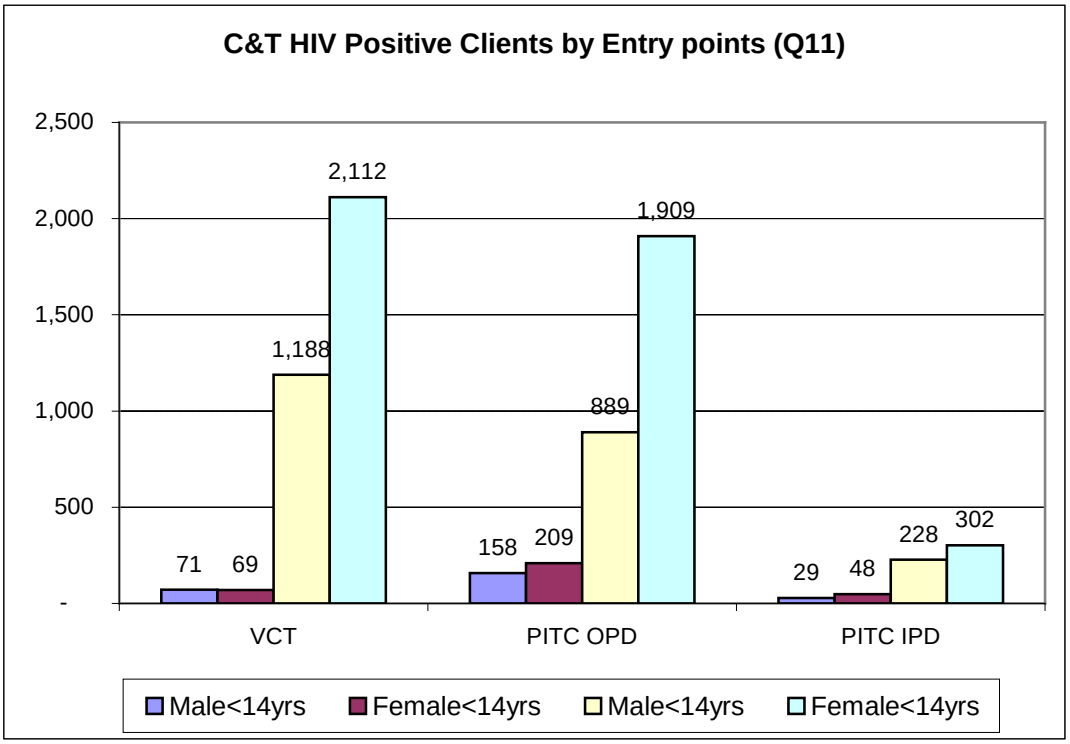


Table 12: Data analysis for CT uptake by entry points (quarter 4)

PITC		**<15 male**	**<15 female**	**>15male**	**>15female**	**Totals**
No. counseled	Outpatient	3075	4076	10353	17949	35453
	Inpatient	678	662	1053	1391	3784
Number tested	Outpatient	2728	3275	9148	16289	31440
	Inpatient	678	667	1053	1490	3888
Number HIV +ve	Outpatient	158	209	886	1902	3155
	Inpatient	29	48	228	302	607
VCT		**<15 male**	**<15 female**	**>15male**	**>15female**	**Totals**
No. counseled		6755	7373	27240	31467	**72835**
Tested		6732	7358	23309	31202	**72601**
Positive		71	69	1188	2112	**3440**
Couple tested						**1735**
Couple both +ve						**1701**
Discordant						**259**
Door to Door		<15 male	<15 female	>15male	>15female	
No. counseled		8360	9035	17886	22797	**58,078**
Tested		8355	9025	17856	22759	**57998**
HIV +ve		57	50	447	854	**1408**
Couple counseled						**967**
Couple tested						**923**
Couple both +ve						**18**
Discordant						**209**
Grand Total						
Total counseled		10508	121111	38646	50807	**112072**
Total tested		10138	11300	33510	48981	107929
Total HIV +ve		258	326	2302	4316	**7202**
Couple tested						**1735**
Couple both +ve						**1701**
Discordant						259

Emerging issues/case studies/success stories

Home-based HTC: This activity has been successfully rolled out through the spirit of partnership between the community, the MOH and the Provincial administration.

Table 13: Home-based HTC

Measure	**< 15yrs**		**15-24yrs**		**> 25years**		**Totals**
	M	**F**	**M**	**F**	**M**	**F**	
Clients counseled	**8360**	**9035**	**7200**	**9169**	**10628**	**13628**	**58078**
Tested	**8355**	**9028**	**7190**	**9155**	**10666**	**13604**	**57998**
HIV+	**57**	**50**	**84**	**211**	**363**	**643**	**1408**
No of couples counseled							**967**
Tested							**923**
Both positive							**18**
Discordant results							**209**

A total of **58,078** clients (17,390 children) accessed HTC with **1,408** testing HIV-positive (107 children). There were **923** couples were tested with **209** (**23%)** being discordant and **18** being concordant positive. There were more discordant couples diagnosed during home based HTC than during traditional HTC services.

Highlights for the HBTC services:

- Was successfully rolled out through the spirit of partnership between the community, the MOH and the Provincial administration.

- The DMOHs owned the exercise and were fully involved.
- High acceptance rate was noted, more so in the rural areas than in the Municipality.
- The fear/ stigma commonly associated with HIV testing seemed to be diminishing as most of the community members would track the counsellors and demand to be tested.
- In Bumula Division there were **56** ANC mothers who had not attended any ANC were tested with **6** testing HIV-positive. A similar observation was made in Hamisi – Kaptechi Sub-location where**12 women** who had delivered at home less than 6 months having not attended ANC. **3** tested HIV-positive.
- **16** bed ridden clients in the **4** Districts were taken to the hospital by the counsellor supervisors. This action has resulted into a positive impact in the community.
- There was an increase in the number of clients enrolled into care especially in PGH Kakamega, Kaimosi and Butere.
- There was an increase in the number of children enrolled into CCC.
- Test kits for HTC were supplied by the Supplies Chain Management (ACMS)

Figure 17: District Officer Eshiatsala Division Butere District officially launching HTC

Challenges

- Transport for home testing activities.
- Stock out of test kits in July and August 2009.

Planned activities next quarter

1. Conduct home-based HIV testing in 3 Districts
2. Printing of t-Shirts and bags for home based HIV-testing providers
3. CT special out-reaches, (workplace, youth-friendly services)
4. Conduct moonlight VCT out-reaches
5. Conduct PITC training for 3districts (3 trainings of 30 pax each, 5-day)
6. Support Quarterly DASCOs/DMLT, counselor supervisors quarterly review meetings
7. Purchase buffer stocks of HIV test kits and filter papers
8. Support the World AIDS Day
9. Conduct CT outreaches for children(focusing on OVCs)
10. Support CHVs to defaulter trace positive children
11. Train providers in couple counseling (2 trainings of 25 each)
12. Support monthly discordant couples support group meetings (15 groups)
13. Conduct facility / community injection safety training

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

1.2.1: Increasing availability of family planning and MCH services

Planned Activities & Accomplishments

1. **Support integrated and long-term and permanent contraception outreaches**: 238 outreaches were supported; 11,258 clients reached with various services.
2. **Support PHMT, DHMT/MOMS to conduct support supervision**:
   - Supervision jointly done with the DHMT Busia
   - Visited Lupida, Igara, Khayo dispensaries to assess requirements to perform deliveries. They lack delivery sets and delivery couches.
3. **Support the IMCI focal persons to conduct IMCI follow up**: Two districts supported
4. **Support community-facility linkage meetings, 10 facilities:** Ten facility meetings were supported.
5. **Purchase anesthetic equipment for Kocholia and Lugari theatres**: Orders were placed and awaiting delivery from the supplier.
6. **Trainings: These were conducted during the quarter as shown in the table below:**

Table 14: RH/FP Training

Training event	Number HCWs trained
FANC/MIP/TB facility based training	120
Cancer of Cervix screening using VIA/VILI	20 HCWs trained, 140 clients screened , 2 referred for cryotherapy
Training of Dr /Nurse Teams in BTL/NSV:	11 Dr/Nurse teams trained, 33 BTLs and 1 vasectomy done
Malaria Case management	23
AMTSL and Newborn care	75
IUCD /Implants skills update	15
SBM-R Module 1	25
EPI refresher training	50
IMCI case management	48

Others activities

1. Supported World Contraceptive Day Celebrations in Lugari District on 26/09/09:

- The theme of the event was *'Your life your health'*.
- Activities carried out included health education/edutainment, distribution of IEC materials, and distribution of condoms and provision of FP services focusing on the youth.

2. Midwives conference –Nakuru 28th to 30/7/09

- The theme of the conference was ' *Skilled birth attendance at every birth: The midwives challenge'*.
- The project made a presentation on the Prevention of Postpartum Hemorrhage: The role of Community midwives. Skills laboratory demonstrated on the Active Management of Third Stage Labour (AMTSL)

3. WHO/AFRO/ MIP evaluation of the uptake of IPTp among pregnant women attending ANC clinics: Was done in Kakamega Central and Teso North Districts.

4. Maternal and neonatal death review strategic meeting:

- Attended by Provincial Directors, Medical Superintendents, and Obstetricians from level 4/5 facilities and DMOHs.
- Deliberated on the causes and the way forward.

5. Stakeholders meeting to review the Draft revised FP guidelines.

6. PEPFAR COP 2101 –RH/FP Interagency meeting: Discussed FP/HIV integration, strengthening and improving community networks.

7. On-the-job training (OJT) National guidelines development workshop: To streamline and standardize OJT.

8. Child survival meeting –Kilifi: Introduced to Child Survival Strategic Plan 2008- 2012**,** shared the LQAS results from Nyanza and Western, field visits to community-based sanitation, hearth process, improved community health workers skills in surveillance covering immunization, civil registration, clinic attendance.

Analysis of indicators and targets

Table 15: Training Targets and Achievements for RH

Indicator	Yr 3 target	Year 3 Quarterly Accomplishments				Annual Accomplishment
		Oct-Dec08	Jan-Mar09	Apr-Jun0	Jul09-Sep09	
Number of health workers trained by training topic (e.g., CTU, IUCD, EOC, ANC PNC, IMCI, PAC, etc.)	215	110	90	121	362	**638(318%)**
Number of health workers trained in management and supervision(COPE, FS, youth-friendly services, SBM-R)	50	6	0	25	25	**56(112%)**

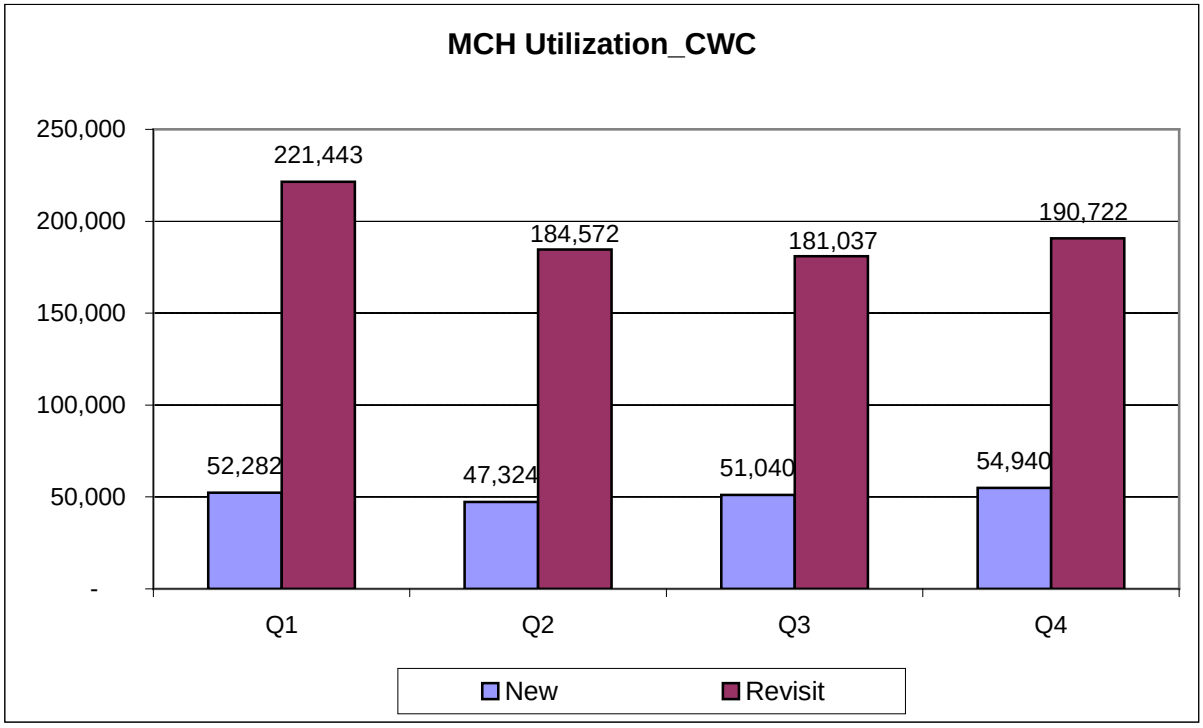
Analysis of indicators and targets

Table 16: Targets and Achievements for Integrated Services

Indicator	Year 3 Targets	Year 3 Accomplishments				Annual Accomplishment
		Oct-Dec08	Jan-Mar09	Apr-Jun09	Jul-Sep09	
Number of outlets providing integrated FP/HIV services: HIV related palliative care(incl. TB/HIV)	250	217	217	217	217	**217 (87%)**
Number of ANC clients receiving presumptive malaria medication at the health facility	45,000	18,220	18,340	19,150	23,210	**79,010 (176%)**
Number of complicated deliveries successfully managed	6,000	982	1,507	1,020	1,517	**5,026 (84%)**
Number of clients receiving PAC services	3,000	640	746	639	820	**2,845 (95%)**
No. of sites reporting RH/FP	300	325	340	350	350	**350 (117%)**

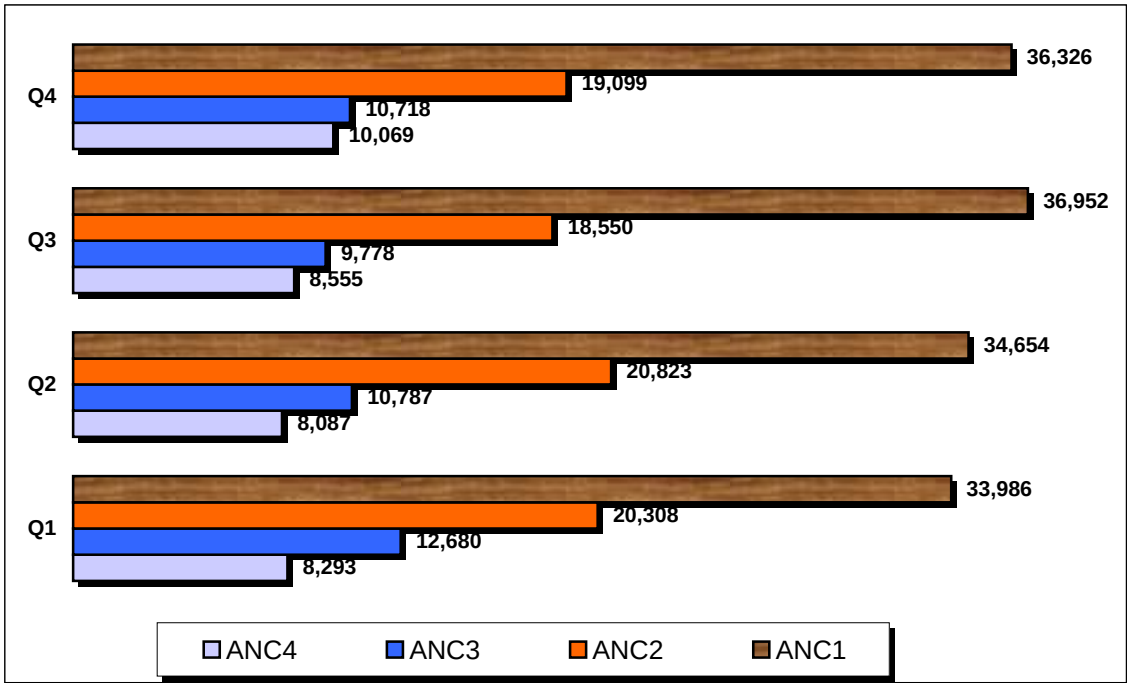
MCH service utilization

Figure 18: MCH service utilization/CWC attendance: Comparison between Y3 quarters



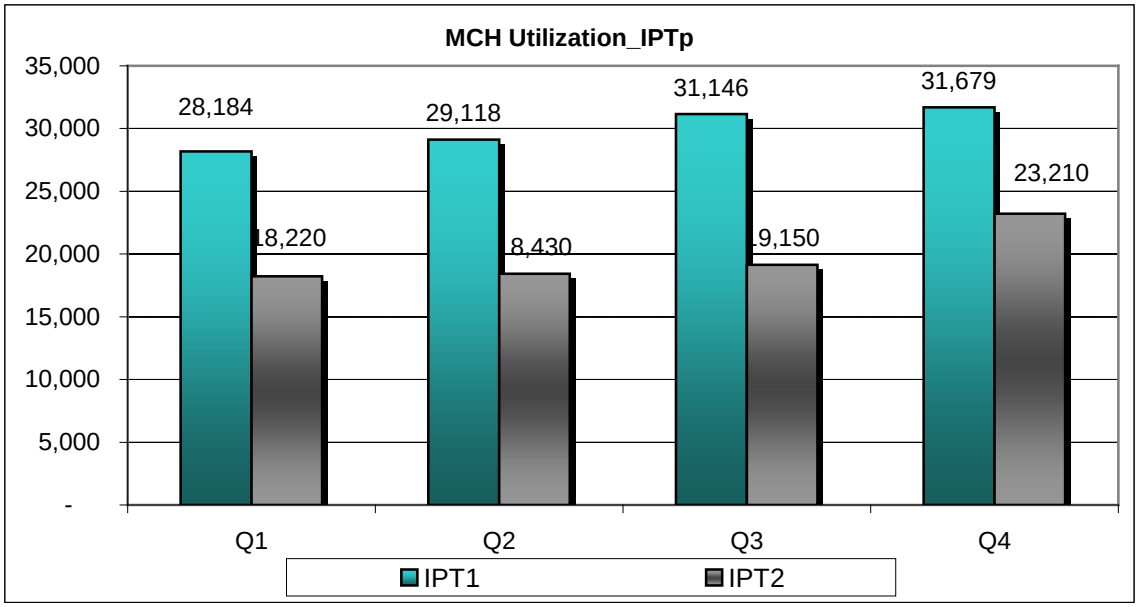
The number of clients attending CWC both new and revisits were more or less constant in all the quarters.

Figure 19 : MCH service utilization/ANC attendance: Comparison between Y3 quarters



The first ANC attendance is very high, averaging 35,000 every quarter, but this reduces with subsequent visits. This could possibly be due to the mothers starting to attend ANC late, culturally most pregnancies are not acknowledged until the gestation is very advanced.

Figure 20: MCH service utilization/IPTp: Comparison between Y3 quarters



IPTp 2 is about half IPTp1. This is due to the mothers starting ANC attendance late. With the introduction of IPTp3 and 4, the scenario may change.

Table 17: Maternity Services

Type of Services	Oct-Dec 09	Jan-Mar 09	Apr-Jul 09	Jul-Sep09	Year 3
PAC	640	746	639	820	**2,845**
Total deliveries	10,142	10,073	10,478	12,030	**42,723**
SVD	8,949	8,865	9,272	9,987	**37,073**
C/S	799	1,306	827	885	**3,817**
Breech	183	201	193	213	**1,209**
Referrals	662	694	642	609	**2,605**
Maternal deaths	29	40	48	37	**164**
Neonatal deaths	78	121	120	148	**470**

Total deliveries average 10,000 per quarter with the majority of the mothers delivering at home.

Community Midwifery: There were 62 deliveries conducted by community midwives reported in the quarter compared to 28 in quarter 3.

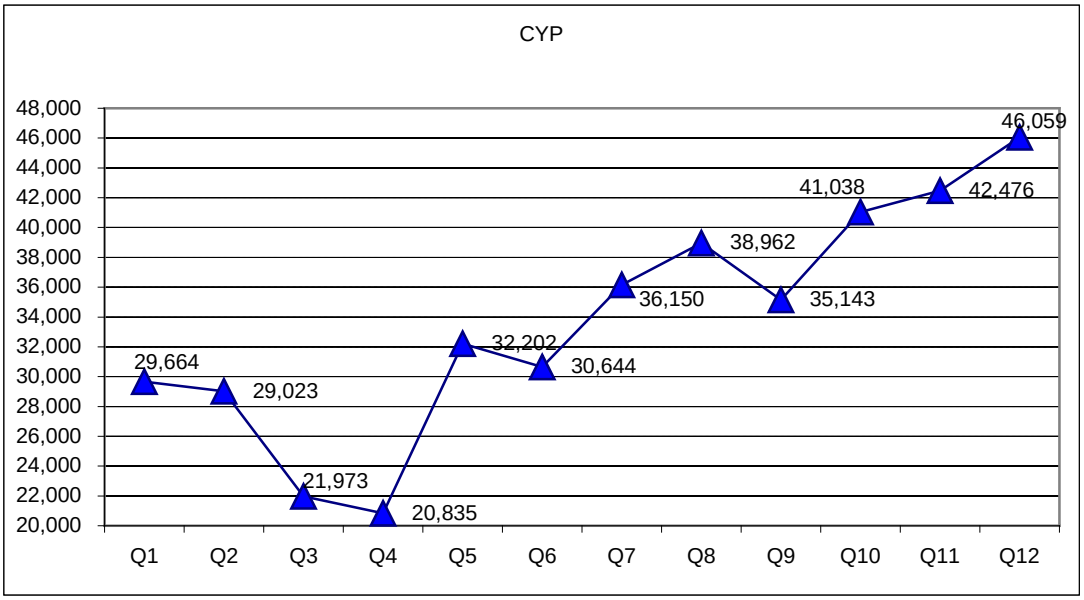
The table below summarizes the utilization of FP services by districts from July to September 2009.

Table 18: Family Planning service utilization

District	Family Planning Method Mix July-September 2009								
	Pill Cycles	Depo	Implants	IUCD	Condoms	Postinor2	BTL	Vasectomy	CYP
Bungoma E	2918	5709	190	59	38686	16	122	2	3809
Bungoma N	1619	2594	324	35	16160	0	158	0	3412
Bungoma S	4427	7808	235	35	46880	0	97	0	4359
Bungoma W	1166	3153	85	20	43520	2	82	0	2252
Bunyala	386	1203	8	1	1982	8	0	0	375
Busia	3101	6611	117	22	30194	121	0	1	2616
Butere	1388	4871	138	94	56277	53	21	0	2764
Emuhaya	1050	2136	55	23	40017	16	35	0	1492
Hamisi	1236	1044	110	53	4962	27	53	0	1382
Kak Central	2110	8700	82	141	16151	3	32	0	3487
Kak East	2379	2346	16	89	27401	53	21	0	1513
Kak North	2978	3301	10	36	25962	0	20	1	1569
Kak South	2013	1844	17	3	24406	59	24	0	1066
Lugari	4410	6535	166	76	62033	1	105	0	4132
Mt. Elgon	1507	2668	56	28	21123	53	25	0	1442
Mumias	2715	4279	166	266	26514	253	197	0	4581
Samia	1162	1437	31	1	16623	0	28	0	911
Teso North	1194	3966	65	3	28387	16	26	0	1755
Teso South									
Vihiga	1932	4611	97	89	113251	134	31	1	3143
Provincial Total/Q4	**39691**	**74816**	**1968**	**1074**	**640529**	**815**	**1077**	**5**	**46059**
Q3	**33620**	**71729**	**1376**	**1243**	**639054**	**895**	**966**	**1**	**42476**
Q2	**33853**	**72940**	**1089**	**619**	**1100597**	**919**	**663**	**2**	**41038**
Q1	**38335**	**71319**	**931**	**466**	**620362**	**609**	**581**	**0**	**35143**
Annual Total	**145499**	**290804**	**5364**	**3402**	**3000542**	**3238**	**3287**	**8**	**164716**

The CYP increased to 46,059, attributed to the long-term and permanent methods. There were 5 vasectomies, 1,077 BTLs and implants increased from 1,376 in Q3 to 1,968.

Figure 21: CYP Trend Analysis



Challenges & recommendations

- **Lack of support to EPI activities:** Most facilities are not able to set targets.
- **Sporadic supply of vaccines**: Especially pentavalent and BCG.

Emerging issues/success stories

Operating theater

- Mt Elgon DH theatre became functional on 4 August, 2009.
- 3 Caesarean sections have been done under spinal anesthesia to date. This will go a long way in reducing maternal and neonatal deaths occurring due to late referral from the district. Other surgical emergencies have also been handled in the theatre.

Planned activities next quarter

1. FANC/MIP/TB facility-based training for 30 providers.
2. Support integrated and long-term and permanent contraception outreaches
3. Support PHMT, DHMT/MOMS to conduct RH support supervision
4. Support the IMCI focal persons to conduct IMCI follow-up
5. Support community-facility linkage meetings 10 facilities
6. Cancer of Cervix screening training using VIA/VILI for 20 service providers
7. Standards-Based Management and Recognition module one (SBM-R) for 5 District Hospitals
8. Malaria case management training 30 service providers
9. AMTSL and newborn care training for 25 service providers- Mt Elgon and Lugari
10. Sensitize Maternal Health Volunteers (MHVs) on referral package (Transport refund and Mama Packs)
11. Purchase and distribute 1,300 Mama Parks to target districts – Mt Elgon, Bunyala, and Lugari
12. Clinical training skills for 30 RH trainers in the province
13. Support WST training for service providers on maternal and neonatal death notification and reviews
14. Purchase furniture for maternity and MCH clinics in 3 select facilities
15. Site renovations /equipping and upgrades (maternity and MCH Clinics)

16. Purchase of 40 delivery packs for community midwives
17. Support quarterly RH meeting for MOMS/MOPHS

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 and Achievements

1. **Train 5 groups in COMMPAC from any district which will be identified later:** 5 groups trained.
2. **Continue with defaulter tracing:** Conducted in 29 health facilities, reaching 150 people.
3. **Continue with drug adherence and health talks at the CCC and in support groups within the community:** Conducted in 30 ART sites.
4. **Monitoring and Evaluation of COMMPAC activities:** Done for 10 groups**.**
5. **FP/RH sessions**: 9 meetings held. Discussed hospital delivery, importance of ANC attendance, danger signs of pregnancy.
6. **Discordant Couples Sessions:** Conducted in 6 districts.

Challenge

1. Lack of PAC kits

Planned Activities next quarter

1. Support monthly facility-community linkage meetings.
2. Training 5 groups in COMMPAC.
3. Support monthly discordant couples meetings.
4. Conduct drug adherence sessions at facility to encourage ART uptake..

1.3.2: Manage public-private partnerships

Overview of the period under review

The Public-Private Partnership Program is intended to create and reinforce existing public-private partnerships to improve the capacity and quality of treatment services provided by non-government facilities. The project continues to build the capacity of private health providers and to assist private health facilities provide quality health services. Key to this effort has been the mainstreaming HIV/AIDS services in their services delivery. A total of 83 private facilities were providing PITC services and reached 6,462 clients while 65 facilities provided PMTCT services reaching a total of 4,393 clients. The program therefore prioritized the updating/introduction of HIV/AIDS testing and counseling skills to private health providers.

Planned activities and Accomplishments

1. **Procure ART dispensing equipment for Nzoia Site:** Commodities bought and delivered as per the needs assessment.
2. **Support one technical exchange visit:** One clinical officer attended the technical exchange meeting organized by ART team.
3. **Support one provincial meeting of Clinical Officers:** Thirty-three RCOs attended. Issues addressed included supply of kits, referral systems and enhancing professionalism within the cadre.

4. **Site supervision:** 21 support supervision visits were made jointly with the DHMTs
5. **Conduct one PITC training:** 32 private practitioners trained
6. **Conduct one PMTCT training:** thirty private practitioners trained.
7. **Support three outreaches at workplaces and other private facilities**: Two facilities were supported and 180 people reached with curative services, 90 provided with ANC services, 475 provided with HCT services and 77 attended child welfare clinic.
8. **Support processes for the establishment of two ART sites and two care centers:** Possible sites were identified and preliminary meetings held to agree on the processes.
9. **Support two stakeholder meetings:** Four stakeholder meetings were held with a total of 95 providers attending.
10. **Introduce and institute referral forms in the private facilities**: A continuous activity.

Other activities:

1. **Support one infection prevention training**: 30 private practitioners trained
2. One clinical officer from Nzoia was supported for mentorship program at Bungoma District Hospital.

Activities not Accomplished & Reasons

1. **Implement one specialized training targeting private medical doctors on HIV-related topics:** The implementing partner has been slow actualizing agreed tasks.
2. **Initiate and implement one management course training:** This activity was replaced by infection prevention training that was more critical at the time.

Challenges & Recommendations

Test kit stock outs: Most private facilities are not on the SCMS distribution list. The program will continue to purchase buffer stock of essential commodities for the private providers to bridge the gap.

2. **High staff turn-over:** Some facilities are reluctant to release their staff for training for fear of losing them to more established facilities after training.

3. **Facility underutilization**: There is need for outreaches, community mobilization and creation of demand for service in these facilities.

Planned activities next quarter

1. Renovation of one ART site
2. Install ART dispensing tool in Nzoia
3. Support one HIV/AIDS committee training
4. Continue with follow up/supervision visits to 15 facilities
5. Procure delivery kits.
6. Implement business training for private health providers.
7. Support three outreaches at workplaces and other private facilities
8. Continue supporting processes for the establishment of two ART sites and two care centers
9. Support four stakeholder meetings at the district level.
10. Conduct one PITC training
11. Purchase infection prevention supplies
12. Conduct one commodity management training

CHILD SURVIVAL (Busia and Teso Districts)

1. **Support immunization campaigns, Vit. A and de-worming**:

- Supported 5 days of accelerated immunization campaign, Vitamin A supplementation and de-worming in one Division in 3 districts.
- Immunization coverage (FIC) increased from 40% to 60% in Busia (one Division), 44.9% to 78 % in Teso (one Division) and from 56% to 77% in Samia (one Division).
- A list of defaulters from various districts was compiled and handed over to the DPHOs for follow up.
- Clients reached by service during the accelerated immunization campaign is as summarized in the table below:

Table 19: Immunization Campaign Support

Antigen		Teso	Bunyala	Busia	Samia	Total
Measles	**U1**	**670**	**82**	**243**	**290**	**1,285**
	>1	**242**	**127**	**163**	**227**	**759**
Vit A	**U1**	**2,108**	**320**	**638**	**804**	**3,870**
	>1	**9,042**	**2,743**	**3,553**	**4,576**	**19,914**
De-worming		**9,297**	**2,540**	**-**	**-**	**11,837**
FIC	**U1**	**952**	**27**	**200**	**264**	**1,443**
	>1	**232**	**21**	**81**	**188**	**522**

Vitamin A supplementation was offered to any child up to 5 years who came for the exercise while the measles vaccine was restricted to those who had not been immunized as evidenced by the Child Welfare Card.

Planned Activities for Child Survival next quarter:

1. Conduct one refresher training on EPI for service providers from Samia, Bunyala districts.
2. IMCI clinical case managements training for 24 participants, targeting Mumias, Samia and Bunyala Districts.
3. Support immunization campaigns, Vit. A and de-worming in five districts.
4. Support logistic supply of gas for KEPI fridges.

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

Planned activities and accomplishments:

- Support 2 BCC advisory committee meetings. 1 BCC Advisory committee meeting was held. PSI, who were supposed to support the second meeting, did not honor their pledge.
- Support 1 BCC advisory committee field visit to MUMCOP Youth Peer education program in Mumias. A BCC supervisory visit to MUMCOP Youth Peer education program in Mumias was made.

Challenges & Recommendations:

- There has been over-dependence on APHIA to support the provincial BCC advisory committee; A discussion took place with NACC and all the BCC members to convene a meeting that will forge the role, involvement and the sustainability of the committee.

Planned activities next quarter

- Support 2 BCC meetings with the first aimed at discussing active involvement of all partners and the second aimed at giving them an update of the achievements of A2W for the last 4 years and handing over.

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

Planned Activities and Accomplishments

Field Facilitators monthly meeting:

There were 3 feedback meetings held between the FFs, their supervisors and A2W. The 14 field facilitators shared feedback from the 130 Sub-locational lead CHVs. A total of 2,602 Village CHVs and 130 S/Locational lead CHVs attended monthly feedback meetings at the sub-locational level. The purpose of the meeting was reporting and updates from the MoH by the PHOs/PHTs, DPHOs and DASCOs. The meeting recommended that the reporting tools should be reviewed to capture the outcomes.

Dialogue Discussions for CHVs, Peer families:

A total of 607,061 contacts were made through discussion groups on various health issues. Out of these, 106,091 new males and 159,994 new females were reached through dialogue groups.

Through the CHVs dialogue discussions, 96,904 persons were referred for different services using the standard referral forms. Men in these groups have now appreciated the benefits of using condoms as a dual protection for family planning and prevention of HIV and STIs and are now confident in requesting them from the community health volunteers partners. They confess using the condoms with their wives without any suspicion. A total of 372,866 condoms were issued.

In Misikhu sub-location and Mbakalo sub-location, through the dialogues, men in the dialogue groups are accompanying their wives for ANC and making birth plans together.

In Sirakaru sub-location, 18 member women's groups who were brewing local liquor and were involved in risky behavior have now formed a dialogue group and are educating each other on HIV, RH, TB, Malaria and MCH. After training the representatives of these women on resource mobilization, they decided to stop brewing alcohol and are now selling fish, vegetables, sugar, clothes and keeping poultry. However, this has also protected them from being harassed by the police. Referrals were also made for family planning services.

The number of peer family dialogue groups increased from the 500 to 607. This has consequently increased the number of families participating in the program from the initial 2,861 to 4,147. There are 1,286 new families participating in the program.

Mass communication

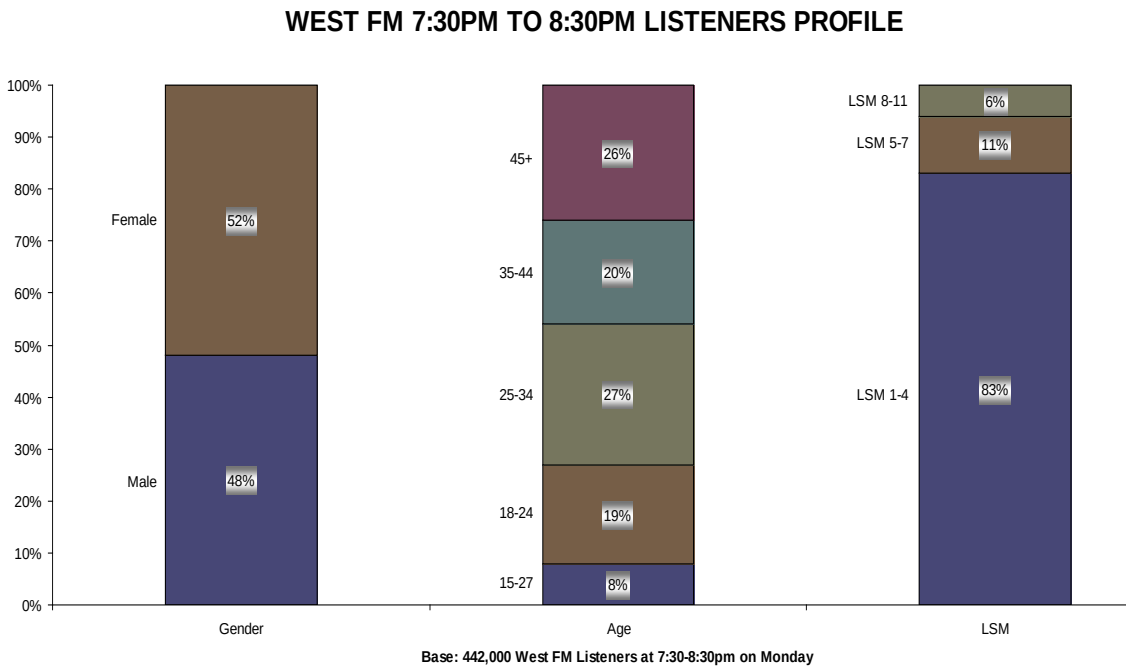
- **Train 192 Magnet Theatre troupe members**: The project trained 192 MT troupe members through the project-trained TOTs. The updates and mentoring process are continuously reviewed.
- **Support 432 MT performances**: There were 468 MT outreaches that were conducted in the quarter reaching 8,798 new people.
- **Magnet Theatre feedback meeting**s: There were 7 meetings held with the MT district coordinators from all over the province. In one of the meetings, there was update on leadership and group dynamics as some of the groups reportedly had some misunderstandings.
- **Produce 12 episodes of radio program**: The project produced and broadcasted 12 episodes of Jua Afya Yako Radio program on safe sexual practices, infant and young child feeding programmes, and prevention of mother-to-child transmission (PMTCT).The radio programme has been airing on West FM since July 2008 and recently concluded broadcasting the 56 episodes slated for the first year. Commensurable progress has been made to inform and educate the over 442,000 listeners who tune to the program. During the radio show, listeners are given an opportunity to share their opinions, ask questions related to the topic of discussion through call-ins and short text messages (SMS) which are aired live. In the July-September quarter, 6 episodes were pre-recorded with the remaining 6 being aired live. During the 12 shows, 98 SMS and 50 call-ins were received during the live sessions. The listeners asked questions on the topics that were being discussed and also shared ideas and suggestions related to the discussions. In the analysis of the SMS and call-ins, more women do send SMS during the radio programme, while men participate actively in the call–ins.

The provincial public health office was supported in broadcasting four topics on infant and young child feeding (IYCN), through which they interacted with the listeners through questions and answers.

The project supported the MOPHs in publicity for the measles campaign in Western province that ran from 19 Sept to 25 Sept, encouraging parents to take their children aged between 9 months to five years for the measles jab. West FM donated 30min airtime from Saturday 19 Sept to Tuesday 22 Sept – between 9am to 10am, with facilitations coming from the Ministry of Health officials.

The figure below shows the listenership of the Jua Afya Yako radio programme every Monday between 7.30-8.30 P.M by gender and age. *This a report from steadman*

Figure 22: Radio Listenership in WP



LSM-Living Standard measurement

The West FM radio station recently gave A2W the profile for listenership of the Jua Afya Yako radio program every Mondays between 7.30 and 8.30 PM from Steadman. According to the feedback received each Monday 442,000 people tune in to the radio program .See attached Chart: The chart outlines that the listenership for the radio programme is average between the ages of 18 and above. There is still minimal listenership to those aged below 17.The profile also shows that the listenership for JAY is higher among the women than the men.
Each quarter 12 radio episodes are broadcasted. 442,000 people tune in to each episode.442,

The West FM radio station recently gave A2W the profile for listenership of the Jua Afya Yako radio program every Monday between 7.30 and 8.30 PM from Steadman. According to the feedback received, each Monday 442,000 people tune in to the radio program. The chart outlines that the listenership for the radio programme is, on average between the ages of 18 and above. There is still minimal listenership to those aged below 17.The profile also shows that the listenership for JAY is higher among women than men. Each quarter, 12 radio episodes are broadcasted. 442,000 people tune in to each episode. However the frequencies for WEST FM go beyond Western province and cover Nyanza and Rift Valley.

Other Activities

- A radio assessment on the impact of the JAY radio programme. The results will be disseminated in year 4.
- Produced the Jua Afya Yako newsletter. The newsletter is produced to give further information to the community on the issue on health. The second issue is focusing on care and support for orphaned and vulnerable children.
- Produced the second issue of the Community Health Volunteers update.

Promotion of communication within families

- **Peer family leaders monthly meeting:**

The project conducted 30 peer family facilitator's monthly feedback meetings, with 10 meetings per month and 3 peer family leaders. The meetings were used to provide more insight to different leaders on the progress of the different sites. The meetings also appreciated the importance of strengthening the peer families to form their own groups as a means of sustainability. It was noted that 7 peer family groups have been formed and registered with the ministry of culture and social services. The effort in strengthening the linkages between the community and the health facilities was also underscored. Peer family facilitators and family members have been identified and trained by the Ministry of Health as community health workers (CHW) while some are members of the community health committees (CHC). A total of 30 peer family facilitators were recruited and trained by MOH as community health workers in the larger Bungoma and Samia, and 7 of them have been nominated to the CHC.

Through the initiative, 201 couples accessed VCT within the community while others have been able to go to the facilities for VCT services on their own.

The peer families like other community members have varied needs and therefore have formed support groups for discordant couples, caregivers, OVC and self help group. In total there are 6 support groups that have been formed through the program. Improved communication within the family and Couple counseling and testing has also been realized. Peer families have been linked to other external resources to cater for their unmet needs especially in improving their livelihood, enhancing their nutritional status, basic needs for school going children both orphans and vulnerable children. Among the organizations families have been linked to are CREADIS, MOA, NALEP, SHOWMAP, CHOOSE LIFE, FAO, KECOCAST,CAMP, AGAPE, ST. JOHNS AMBULANCE, ACE AFRICA, ICFEM etc. These organizations provide wide range of services to these families including: school fees, clothing, bedding, books especially for children, farm inputs, HBC, SHEKEM for adults within the families

Planned activities for next quarter

- Support 50 community units for MOH community strategy
- Assist health facilities to integrated mobile health outreach
- Print referrals forms and reporting tools
- Produce T-shirts
- Conduct refresher courses for 300 troupe members
- Conduct peer family activities
- Produce and broadcast 12 episodes of radio programmes
- Produce JAY Newsletter
- Produce 2 technical updates for CHVs
- Introduce prizes for the radio programmes to help boost the listenership
- Document success stories

2.1.2: Establishing and strengthening formal and informal workplace programs

Planned Activities and Accomplishments

The following activities were conducted by the formal and informal worksites

1. Transport sector

Boda Boda cyclists

The project is working with 28 boda boda groups in Kakamega Municipality, Mumias, Bungoma, Nzoia, Webuye and Malakisi townships. Despite the high mobility of these teams, dialogue sessions are being done in designated places used by members. Reports from the groups indicate that they have reduced multiple sexual partners, practiced consistent use of condoms for safe sex and many of them go for VCT.

Truck drivers Moonlight VCT Busia

The project conducted Moonlight VCT in Busia. This was done in partnership with the Kenya Long Distance Truck drivers.

Figure 23: A couple being tested during the Moonlight Voluntary and Testing organized by the KLDTDU

The number of people tested during the Moonlight VCT were 270 and were segregated as below.

Table 20: Table tested during the moonlight VCT

	No. of participants during the Moonlight VCT							
Age	**1-14**		**15 -24**		**25 +**		**Testing positive**	
Gender	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**
Day 1	**-**	**-**	**29**	**5**	**31**	**2**	**3**	**1**
Day 2	**-**	**-**	**21**	**7**	**35**	**1**	**2**	**3**
Day 3	**-**	**-**	**10**	**3**	**41**	**3**	**4**	**-**
Day 4	**-**	**2**	**20**	**10**	**44**	**6**	**4**	**-**
Total	**-**	**2**	**80**	**25**	**151**	**12**	**13**	**4**
Grand total—Total tested-270, Males 231, Females 39 Positives- 13 Males, 4 Females							**Pieces of condoms distributed-3550**	

The truck drivers peer educators referrals for services as follow

Table 21: Truck drivers referrals

	VCT	ART	PMCT	ANC	MAL	TB	FP	IMMUN	CONDOMS
Truckers	206	-	-	-	64	35	-	-	2,426
Community		83	23	30			21	-	
Total	**206**	**83**	**23**	**30**	**64**	**35**	**21**		**2,426**

Soccer tournament:
The event was organized to reach out to the general public. Play-offs were held during the week and the main event took place on Saturday at the Busia Youth Polytechnic. The teams comprised of men truck drivers vs. community health volunteers and the women's match was between CSW and community members. The winners were: community health workers for the men and CSWs for the women. Health messages were passed during the tournament and one notable message was from a female referee who publicly shared her HIV status. She said "I tested positive for HIV in 1998, I got worried and started to think about the number of years I was going to stay alive. A thing which was hard but the health workers helped me to overcome it. Here I am very healthy, exercising and taking care of my health. No one can keep your health. If you have fowled in the match come forward, counselors are here and you can win the match. Know your HIV status"

2. **Sex Workers activities in Busia,**.

The project is currently reaching out to 486 Commercial Sex Workers and another 200 women within reproductive age in Busia Municipality. The team reached by the survivors CBO, a beneficiary of informal small grants, based in Busia at the Catholic Church.

The package for the team of 686 includes:

- FGD sessions in groups of 12-15 pax focusing on HIV, AIDS, STI, RH, Malaria, MCH.
- Making referrals to clients for STI treatment, VCT, and other illnesses such as malaria. Treatment is done at the dist hospital, Mwananchi Health centre or Tanaka Health Centre.
- Teams linked to microfinance institutions like K-rep, Jamii bora and Faulu Kenya, Access loans to start up small businesses out of CSW.
- Constant supply of condoms by PSI (free SURE type of condoms) and MoH through the PHO. Clients sometime would leave money with the girls to ensure they purchase condoms on time.

In Mumias and Bungoma, two groups of 109 and 67 CSWs are reached respectively. The teams are reached with the same package of activities as described above.

3. **Beach Community Workplace Activities**.

We are currently reaching out to 6 beaches on the Samia District stretch and 2 more along the Bunyala stretch through AVOCHE ACK youth group which had been sub-granted under a small grant. In addition to the activities, 15 motivators, trained along the first 6 Samia beaches, continue reaching out to fellow fishermen and the traders.

Dialogue Discussions: The 480 motivators trained have reached out to 38,101 persons in the current quarter. 3,399 referrals were made and 68,366 condoms distributed on demand. The workplace activities reached 11,765 new males and 17,945 new females.

Health outreaches: 16 Health Action days were carried out in main formal sites which include Kakamega Prison, Nzoia Sugar, Pan Paper, Mudete Tea Factory and Busia Prison. The activity enabled us reach out to 14,553 people with information on HIV/RH/FP and MCH.

Teachers as worksite

The remaining 154 teachers were trained in the implementation of the HIV in the workplace policy, totaling up to 400 teachers trained. They have been able to reach 2,228 teachers with BCC messages.

Monthly feedback meetings: In the quarter three feedback meetings were held at Worksite Motivators and Site Coordinator levels.

During these meetings, the following took place:

- Review of progress by site coordinator/ site specific
- Address challenging issues and problems encountered during the month
- Review of activities planned for the month, their achievements and make workplans for the following month
- Review Integrated Health outreach activities, the success and challenges
- Forge a way forward following the current trends in performance by each site coordinator
- Facilitation of Report Collection for compilation and raw data forwarded to M&E

Challenges & recommendations

1. Reduction of staff in MOCO and West Kenya; annual maintenance of Mumias Sugar and Nzoia Sugar within the reporting period resulted to two months of report lapses
2. Activities in Webuye have slowed following the closure of Pan Paper

Emerging issues/Case Studies/Success Stories

- The use of intravenous drugs is not common in Western province but the use of *bhang*, *busaa*, *changaa* and other legal brews is high, exposing both women and men to risk.

Planned activities next quarter

- Continue with dialogue discussions at various sites as conducted by the motivators
- 2 feedback meetings at both Worksite Motivators and Site Coordinators feedback
- Training for 200 motivators and refresher trainings
- Conduct 5 health outreaches in the formal sites
- Conduct 1 managers' review meeting
- Conduct teachers as worksite HIV activities
- Support the truckers' activities

Sub-result 2.2: Expanded prevention programs targeting the youth

According to the KAIS report, HIV peaks among the younger women compared to the men of the same age. The prevalence of HIV is 9.2% among women and 5.8% among men. The project is working with the Ministry of Education to reduce the age of sexual debut among the youth in school by promoting abstinence and being faithful for the youth out of school.

2.2.1: Developing life skills and healthy behaviors among youth

The focus is youth between 15-24 years with community outreach programmes that promote abstinence and /or being faithful. The main activities are peer education, interpersonal skills, IEC and behavior change communication to promote abstinence and being faithful. A total of 76,010 youth in school were reached with AB messages.

Planned Activities and Accomplishments

- **Conduct quarterly provincial youth committee meeting:**
  One quarterly provincial youth advisory committee meeting was held.

- **Orient 400 Principals on teacher-students program**:
  400 Principles were oriented on Life Skills program, the reporting tools, the schedules and their roles.

- **Teachers recruit 8,000 peer educators**
  8000 peer educators were recruited and trained on life skills.

- **Train 400 teachers as trainers of trainers using the MOE life skill curriculum**
  446 teachers trained as ToTs using the MOE life skill curriculum and Tuko Pamoja manual for reference: The teachers would roll out the life skills activities in their schools according to the standards set by the Kenya Institute of Education (KIE)

- **Training of DEO and secretaries on data entry**: 38 DEOs and secretaries were trained on computer use and data entry process by A2W M&E team to strengthen reporting from the districts.

- **Issue 19 computers to 19 districts:** 19 computers were issued to the districts and one to the PDE office to facilitate school program data storage and monitoring.

- **DEOs' quarterly review and planning meeting**: The meeting was conducted where the school program was reviewed. Emphasis was laid on reporting tools and systems.

- **AEO and TACS supervision of activities**: The AEOs and TACs were facilitated to supervise school health activities.

- **Support to music festivals**- Supported the event with 2 trophies for the best RH and HIV/AIDS messages during the provincial music festival.

- **Issue 20,000 copies of comic book**: 16,390 comic books were distributed to schools implementing Life Skills program

- **Peer education program at MMUST and Eregi TTC**: The peer education at the two tertiary education institutions include dialogue discussions and one-on-one and outreaches.

YOUTH OUT-OF-SCHOOL

Quarterly Review for Youth organizations:

Quarterly meeting for the youth groups/organizations receiving grants was conducted. The meeting aimed to review performance of the groups in terms of the deliverables. The organizations granted were able to reach out to a total of 21,281 people, test 702 youth for HIV and issue 7,950 condoms. Through the youth anchor organizations at the district level 101,346 contacts were made with dialogue discussions.

Highway Youth activities:

8,567 youth were reached through the youth centres and 1,020 youth were reached through video shows in Malaba. There were 4 outreaches where 274 people were tested. The project also organized one sporting league where 3,450 people were reached with AB and OP

messages. Through the peer dialogue sessions, another 5,400 people were reached with messages. Through the youth cluster, 80 PLHAs accessed ART services by getting free rides to the ART centres.

Planned activities for next quarter

- Train 400 teachers to train peer educators
- Peer educators conduct activities/peer education in schools
- AEOs & TACs supervisor activities
- Quarterly provincial review meeting with MOE & other stakeholders
- Support 2 higher learning institutions
- Quarterly AEO, DEOs reports review meeting
- Support KGGA activities
- Provide grants to 13 youth organizations
- Conduct HIV-free generation activities
- Other youth activities such as outreaches, tournaments, talent shows, etc. continues
- Monthly feedback meetings continues
- Quarterly review meeting for anchor/youth grants
- Provide funds to youth groups for youth events
- Support Highway Youth activities
- Train 400 new youth

2.2.2: Reaching Married Adolescents

Planned Activities and Accomplishments

- **Facilitate 3 MA Mentors feedback meetings at their respective districts**.

All the District Married Adolescent Feedback meetings were held as planned. All 21 mentors attended the meetings.

- **Hold 3 District Team Leaders/ Coordinators feedback meetings to facilitate collection of reports:** the review meetings noted that the Married Adolescent mentors conducted discussions in their respective areas during group meetings, funerals, *barazas* and sporting gatherings. The dialogue discussions reached 129,751 people/ contacts. 13,390 persons were referred for various health services and 12,548 condoms distributed on demand. The following were achieved in different districts:

Bunyala District:

- 26 mothers attending ANC clinic
- 55 mothers on post-natal care and breast feeding their children
- Recorded 99 children under 5 years in their catchment
- 13 children have completed their immunizations
- Family planning, 2 MA mentors and 3 MA women took BTL considering the number of children they had
- 13 couples have taken CT jointly.

Bungoma East:

- 4 deliveries recorded at the health facility
- 3 MA mentors pregnant and attending ANC clinic
- Family planning with MA mentors ; 11 pills, 20 coil, 7 implants, 5 safe days (natural method) while MA women 50 on FP methods
- 3 HIV +Ve mentors on ARV treatment.

Vihiga District

- ANC for 3 MA mentors and 6 MA women
- Post-natal care clinics for 12 MA women
- 12 couples tested, 2 tested +Ve and put on PMTCT services. They are registered with support group
- 10 children on immunization
- 20 clients on different methods of FP.

Emerging issues:

There are more than 1,500 registered groups that have been formed by married adolescents and legally registered by the Ministry of Gender, Sports and Cultural Services Department. The groups have also linked with other development partners in micro finance, agricultural sector, and water sectors and well as the Office of the President for Women Empowerment Grants where they have been able to access funds to expand their activities.

Planned activities for next quarter

- Facilitate 2 MA mentors feedback meetings at their respective districts
- Hold 2 District Team Leaders/ Coordinators feedback meetings to facilitate collection of reports, review challenges facing the mentors in various designate districts
- Train 21 MA coordinators as safe motherhood ambassadors
- MOPHs conduct supervision
- Hold one church leaders meeting at district level

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

2.3.1: Strengthening community group networks

Planned activities and accomplishments:

Support one monthly Community Unit (CU) meeting

One CU meeting in Butere/Mumias was supported during this quarter with the participation of 40 CU members and 12 CHVs. This enhanced consultations with the MOH on community health issues.

In Bungoma South the project supported Bumula and Bukembe CUs which was attended by 61 and 65 people, respectively. This included RCO, PHO, Nurse in-charge, DPHO. Issues discussed included referrals, outreaches and challenges experienced by the CUs.

Kakamega south was supported to conduct a health action day in Emukaya sub-location where environmental and sanitation issues were addressed.

In Sichirai a meeting for CU members and the community was supported. This meeting discussed contribution of the community towards the spring protection.

Health education activities for women network groups

The women network representatives trained last quarter conducted various dialogue discussions with their groups as well as recruited new dialogue groups. A total of 524 discussions were conducted and 8,463 reached; 2,962 members were referred.

Other Activities

Quarterly dialogue meetings

The project supported 80 quarterly dialogue meetings under the community strategy that were held by the CHEWs/PHO.

Table 22: Dialogue Group Meetings

District	No. of meetings	Participants		Total
		Men	Women	
Bungoma North/East	16	241	355	596
Kakamega	14	180	286	466
Butere/Mumias	12	180	241	421
Vihiga	14	217	256	473
Bungoma West/South	13	223	275	498
Busia	11	135	174	309
Total	80	1176	1587	2763

Through this meeting at Khwisero, the Ministry has identified a nurse in the community to help in skilled deliveries.
In Butere the meeting was used by the DASCO to share widely about home testing for the activity to take place in October.

Household Visits
Household visitation is being done by the community health volunteers in the sub-locations where the CUs have been established. Chalkboard indicators include membership of the household, immunization coverage, sanitation, and defaulter tracing. Through the household visitation and giving of health talks, 130 pit latrines have been built in Bungoma East district and 13 in Bungoma West to address diarrheal disease control.

Planned activities for next quarter
Sensitize 425 women networks on PMTCT
Support quarterly dialogue meetings
Support 24 MOH Community Units
Conduct household visits by trained CHVs

2.3.2: Establishing sustainable links between communities and facilities

Planned Activities and Accomplishments

- **Conduct 132 Integrated Community Health Outreaches**: 125 outreaches were held around 40 facilities. Services offered during the activity were health talks being given by the CHVs and the PHTs, distribution of condoms, immunization, PMCT, and net distribution.

Challenges
- Lack of adequate personnel limits the number of community members who can access services during the outreaches.
- There was a general lack of VCT test kits, FP services and curative supplies in most facilities, therefore larger numbers were reported on immunizations for children compared to other services.
- There are few curative drugs for the outreaches.
- Shortage of ITNs for expectant mothers and children under 1 year.

Recommendations
- The following health facilities have a large catchment population and are recommended to be supported for outreaches: Mulele Disp, Musitinyi Disp, Lwesero, and Miluki.

Mainstreaming gender

The project continues to mainstream gender in its activities through strategies that address gender-based violence and male involvement.

Male Involvement: In Busia, through the Highway Project, activities were conducted towards empowering men to adopt safe sexual behaviours through enhancing their knowledge on HIV and AIDS and creating enabling environments for sustained behavior change. A total of 8,248 men were reached with peer education activities within their setting while 13,493 condoms were issued through the bars, hotels and one-to-one by the peer educators.

One orientation meeting reaching 50 bars /hotel owners was held in addressing HIV in their workplaces and the importance of having condom dispensers.

A total of 178 males derived from 6 male groups from Butere, Kakamega, Hamisi, Mt. Elgon, Teso and Lugari were trained for five days on reproductive health, family planning and gender mainstreaming with the support of the Young Men as Equal Partners (YMEP) project of Family Health Options of Kenya.

Women's empowerment: The project also provided small grants to 9 women's groups and the YMCA to strengthen their health education activities focusing on women.

The peer educators recruited from the low income women continue to conduct their peer education activities. They have reached 6,668 people with being faithful and other prevention messages.

APHIA HIGHWAY

Planned Activities & Accomplishments

- The project had a one-day mentoring meeting with the clusters on the different program areas and planned for year 4.
- One-day training was held for the clusters on reporting. They were later given the various reporting tools to use.

Challenges & recommendations

- Out of the 5 clusters, only one has sent their reports according to the format.
- The cluster has a multipronged approach, therefore separating different components for reporting makes difficult. It is recommended that a template be created on the M & E systems for different clusters.

Planned activities next quarter

- Monitoring of cluster activities
- Strengthening reporting

Table 23: Targets and Indicators

Indicator	Year 3 Target	Year 3 Quarterly Accomplishments				Annual Accomplishment
		Oct08-Dec08	Jan09-Mar09	Apri-Jun09	Jul09-Sep09	
No of service outlets	500	3,464	3,464	3,464	3464	3464
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	60,000	0	202,906	0	42,112	245,014
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	6,000	0		0	21,056	21,056
Number of individuals reached through community outreaches that promotes HIV /AIDS prevention through other behaviour change beyond abstinence and or/being faithful by gender	118,875	1,039 (345 M 694 F)	207,068 (66485 M 140,583F)	34,861	325,064 (126,375 M 177,978 F Others: 20,711)	568,032 (193,205 M 319,255 F Others: 55,572)
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,042	64	1,438	35,779	2,236	39,537
Number of local organizations provided with technical assistance for HIV-related institutional capacity building (Through grants and Networks)	873	92	363	1,425	530	2,410
Number of individuals trained in HIV-related capacity building	6,000	8	270	3,512	2,794	6,576

MCH activities

1. Support mother-to-mother support groups: 20 new MtMSG were recruited and 40 facilitators, plus 14 FFs, trained from the larger Busia and Teso districts to carryout dialogue discussions within the groups while the FFs monitor the activities. Refresher training for facilitators from the already existing 40 groups within the provinces was carried out for 2 days. The mother-to-mother support group members are lactating mothers, pregnant women or caretakers. The group members practice exclusive breast feeding for six months and supplementary breastfeeding. The TOTs trained in these groups are making follow-up on mothers and recruiting new ones in the facility.

2. Safe water

Water and sanitation are key elements in the transmission of diseases. Diarrheal diseases are a major cause of morbidity and mortality mainly because of lack of safe water, inadequate excreta disposal facilities and poor hygiene. As part of preventing diarrhea and other diseases that may worsen the vulnerability of the under 5, the project is enhancing water access to the household with the under 5 and women who are lactating, the pregnant ones and those whose

immunity are compromised due to HIV, TB and Malaria. The project acquired 60,000 Aqua Tabs which are currently being issued through the health facilities by the identified Public Health officers in Teso and Busia. Along with the provision of the disinfection tablet, the public health office is also working with the community health volunteers to provide health education. A monitoring form has been developed that captures the total population per household, the water distribution methods, number of water tablets provided and the next distribution.

Protect 20 water springs: The communities have identified the sites for spring protection according to the set GOK standards. The owners of the springs have had a memorandum with communities and the local administration on their management and access. The 20 springs will be protected in the next quarter.

Install water tanks in 20 schools: The project initiated the procurement process of the tanks. However, there have been meetings with the schools to discuss the approach and their contribution. The schools have already defined their contribution, mainly labour and providing ballast.

Train 1,000 community health workers on immunization: 980 CHWs were trained on immunization from the larger Teso and Busia districts. The training was a build-up towards the immunization day. The community health workers were involved by the health facilities in the immunization campaigns.

Conduct health talks in schools: The school health talks on hygiene and sanitation will take place once the latrines have been constructed in the 5 districts.

Construct 10 demonstration latrines in each of 5 districts: The project has currently conducted meetings with the schools chosen for the sites for the latrines in the districts. The latrines will be constructed concurrently with the water tanks. The involvement of the school head is necessitated by the fact that they will be relied on for inspection and their maintenance therefore their contribution and involvement is significant.

Establish 35 ORT corners: Established 14 in larger Busia/Teso districts. During the quarter an assessment was made on the ORT sites in the facilities and meetings were held with the DHMT. In the next quarter, the project will start rehabilitating the sites and equipping them.

3. Improving Maternal and Child nutrition

Train 300 health workers on nutrition in HIV: 300 service providers were trained for 5 days using the MOH- USAID, UNICEF and NASCOP manual. These included Nurses, Nutritionists, PHOs, PHTs & Clinicians.

Train 150 health workers on IYCF: 128 service providers, 50 providers had been previously trained hence totaling to 178. WHO / UNICEF- Infant and Young Child Feeding Counseling manual was used for training.

Planned activities for the next quarter

- Provide reporting tools to the trained 1,000 CHWs
- Training 500 CHWs on newborn care, follow-up, ANC and delivery
- Follow-up meetings with 60 MtMSG ldrs & HWs
- IYCN training for PLHA support groups
- Establish/equip 15 ORT CORNERS
- Construct 10 schools tanks in every district
- Sensitize 240 on immunization by opinion leaders
- Quarterly review meetings with 270 HWS on MCH issues
- Health education in 5 schools
- Protect 20 springs
- Construct 50 pit latrines

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

HIV/AIDS

Sub-result 3.1: Expanded home and community support programs

3.1.1: Strengthening and building CBO/FBO HBC programs

Planned activities next quarter

- **48 monitoring visits to CBO/FBOs**: All 24 CBOs were visited at least once during the quarter by coordinators, while field facilitators spent at least one day per week with each of their assigned CBOs for mentoring and quality assurance. A total of 44 visits were made. There was noted improvement on CBO burn rate as a result of staff support.
- **Grants to 24 CBO/FBOs:** All 24 CBOs got their Q4 funding which amounted to Ksh 10,059,640 for a total of Ksh 49,178,718 against Ksh 50,190,721 to date.
- **FY2010 Planning and budgeting workshop for CBOs:** All 24 CBOs developed a 3 quarter workplan and budget, totaling USD 643,452.
- **Quarterly review meeting**: Quarter 4 review meeting was held in Kakamega for all 24 CBOs. St. John community centre was supported to get in partnership with 6 of our CBO to supplement OVC resources from A2W.
- **Support PHMT & DHMT monitor and supervise HBC activities:** 10 districts were supervised to enhance provision of quality care given to PLWHAs covering both the health facilities and the CBOs in the community.
- **Support HCBC quarterly meeting in the districts & support dissemination of HCBC framework:** In order to harmonize the provision of HCBC interventions in the province, review meetings were conducted for all the HCBC trained health workers where 308 health workers were reached. The new HCBC National framework was also disseminated during these meetings. Most of the health workers reported a lack of proper coordination from the districts and the facilities for HCBC services.
- **Support annual HCBC meeting for DHCBC coordinators:** This meeting reviewed progress of HCBC in the province and the districts with the view of scaling up the services and improving coordination and support.
- **Support CHVs with incentives and job tools:** As part of boosting the morale and motivating the CHWs, the project continued to support 2,635 CHWs with monthly stipends of Ksh 700, trainings, and recognitions during public functions as major resource persons in the community.
- **Procure and distribute HBC kits:** 1,000 HCBC kits were procured and distributed to the CBOs and health facilities to benefit the PLWHAs. The kits were restricted to those who are bedridden. The health workers work hand in hand with the community health workers to ensure quality of care is provided to the PLWHAs.

Table 24: MOH 726: HBC Activities during Quarter 4 yr III

	Females	Males	Total			
			Q4	Q3	Q2	Q1
No. of CHV providing HBC	3,750	1,035	**4,785**	4,270	4,578	3,529
No. of CHV reporting	2,619	680	**3,299**	3,344	3,407	2,468
No. of clients	21,862	12,802	**34,664**	29,549	21,509	26,685
No. of clients < 15 yrs	4,160	3,379	**7,539**	4,918	3,627	3,148
No. of clients 15yrs and over	17,564	9,620	**27,184**	24,527	17,571	23,733
No. of patients on ARV	11,735	6,145	**17,880**	17,278	12,597	12,398
No. of patients on TB treatment	2,072	1,969	**4,041**	2,327	1,475	2,035
No. of PLWHA receiving nutritional support	5,373	3,188	**8,561**	6,934	5,490	3,446
No. of HIV+ TB patients receiving ART and TB treatment	2,821	2,329	**5,150**	3,143	1,756	1,584
No. of deaths	98	86	**184**	219	102	168
No. of HBC kits supplied			1,965	1,232	427	
No. of HBC kits used			1,004	817	389	

Analysis of indicators and targets

Table 25: Palliative Care Targets and accomplishments

Indicator	Yr 3 target	Year 3 Quarterly Accomplishments				Year-to-date Accomplishment
		Oct-Dec08	Jan-Mar09	Apr-Jun09	Jul-Sep09	
Total number of CBO/FBOs providing HIV related palliative care	25	24	24	24	24	24
Total number of individuals trained to provide home-based HIV palliative care (CHV)	400	1,625	2,494	2,494	2,635	2,635
Number of primary care-givers mentored to provide HBC services	1,000	7,092	6,960	8,968	11,312	11,312
Number of supported PLWH receiving HBC services through nursing care, spiritual (Channels of Hope), counselling (IPT-G)	5,040	26,685	21,509	29,549	34,664	34,664
Number of PLWH referred from HBC to clinical	786	2,157	798	929	1,034	2,157

The report reflects general improvement, an indication that the enhanced provincial and district review meetings and supervision is bearing fruit.

Challenges & Recommendation

- Slow use of money meant for registration of birth and deaths was noted and the project intervened by bringing together civil registrars for a one-day meeting to address the challenge.
- Irregular pattern in HCBC reporting from both the CBOs and the health facilities.

Planned activities next quarter

- Organizational capacity building (OCB) trainings for CBO/FBO focal persons
- Grant 24 CBO/FBOs for 1st quarter administration support to CBO/FBO to implement HBC/OVC care and support activities
- 48 support supervision and monitoring visits of CBO/FBO activities
- Support to CBO/FBO COPBAR roll-out
- CBOs quarterly review meeting
- Support PHMT & DHMT monitor and supervise HBC activities
- Support HCBC quarterly review meetings in the districts
- Train CHV on HCBC

3.1.2: Expanding support services for PLWA

Planned activities & accomplishments

- **Bi-weekly supervision meetings in Vihiga, Shinyalu, Butere and Matete for the IPT-G group leaders**:. Four (4) biweekly supervisions were carried out in each of the four (4) districts. Groups were sampled for visit during group sessions for quality assurance and six groups picked were visited during the quarter and the IPTG leaders demonstrated mastery of the therapy.
- **Quarterly debriefing for the IPT-G leaders**. Seventy-six (76) ITPG leaders attended the quarterly debriefing. The group leaders were trained on Systemic Child Counseling during the debriefing. The Psychosocial Coordinator attended the mandatory supervision with his supervisor in mental health.

Figure 24: Girls from Matete who have successfully completed IPT-G sessions

Figure 25: Boys from Matete who have successfully completed IPT-G sessions

These girls and boys are OVC. To most of them life was such a big hurdle having lost one or both parents and finding themselves living with relatives or well wishers. They were exhibiting depression-like symptoms according to their head teacher before the IPT group leader visited their school, and took them through the IPT sessions after assessing them. They used to keep to themselves, sad, crying easily, absenteeism, truancy, irritable and others had even thought that life was meaningless and thus no need to live. After going through the therapy sessions, these boys and girls have had their lives transformed and they now are able to interact with others, play during games time and according to their head teacher, their performance has improved remarkably with some of them being put into leadership positions either as class prefects or 4K club leaders. According to the head teacher, IPT has transformed the lives of the children who have undergone the therapy and he expressed optimism that more children will benefit from the therapy.

- **Community mobilizers' quarterly review and capacity building meeting:** The meeting was conducted and participants shared their experiences in OVC recruitment and agreed on how they are going to track them and the benefits they are going to receive in year 4. Various cases were shared, current tools were reviewed and new ones developed.
- **Public disclosure session for stigma reduction by AOH.** These took place at the facility and in the community for stigma reduction. They also assisted other PLWHIV who were not able to disclose their status to the family to do so. They reached a total of 15,329 people (male: 5,174, female: 7,390, boys: 907, girls: 1,858)
- **Public disclosure sessions for stigma reduction by DAOH:** DAOH carried out 286 outreaches within the facility and in the community and reached a total of 8,982 people (male: 2,895, female 4,946, boys: 351, girls: 590).
- **Formation of male-only support groups:** 11 male-only support groups were formed in the districts within the quarter. Two youth groups were also formed in Hamisi and Mabusi while three CSW support groups were formed in Hamisi and Emuhaya. Three mixed support groups were formed in Bungoma.
- **Support groups meetings for enhancement of positive living:** The meetings were held in 40 support groups.

Figure 26: Support groups members listen attentively during support group health talk.

- **Monitoring meeting held with AOH:**. AOH monitoring meetings were conducted in 9 districts and the following information was captured:

Table 26: AOH activities Q4

		M	F	Total
No. of ambassadors		80	145	235
Discordant ambassadors		25	25	50
No. of people reached	Adults	11,213	20,996	32,209
	Children	1,006	1,629	2,635
Referrals	VCT	1,064	2,030	3,094
	PMTCT	133	925	2,064
	TB	182	200	382
	HBC	341	592	933
	Support Group	395	667	1,062
	CCC	431	382	813
	STI Clinic	179	212	391
	Legal	29	68	97
	FP	6	29	35
	Children's department	198		
	Education office	274		

- **Monitoring meeting held with DAOH:** The following information was captured from discordant couples' activities:

Table 27: DAOH activities Q4

		M	F	TOTAL
Discordant ambassadors		25	25	50
DAOH Support groups formed		68		
DAOH Outreaches		286		
No. of people reached	Adults	2,895	4,946	7,841
	Children	351	590	941
Referrals	VCT	189	341	530
	PMTCT	78	242	320
	TB	38	41	79
	HBC	27	97	124
	Support Group	159	253	412
	CCC	154	196	350
	STI Clinic	7	4	11
	Legal	9	12	21
	Others	30	60	90

Analysis of indicators and targets

Table 28: Targets and accomplishments of PLHAS

Indicator	Yr 3 Target	Year 3 Quarterly Accomplishments				Year3 accomplishment
		Oct-Dec08	Jan-Mar09	Apr-Jun09	Jul-Sep09	
Number of PLWH and caretakers of OVCs belonging to support groups	1,200	8,750	3,525	11,750	13,750	13,750
Number of PLWH who share their status with others in the community	288	388	603	7,901	8,446	8,446

Planned activities next quarter

- Bi-weekly supervision meetings in Vihiga, Shinyalu, Butere and Matete.
- Quarterly debriefing for IPT leaders.
- Community mobilizers quarterly review and capacity building meeting.
- Public disclosure sessions for stigma reduction by AOH and DAOH
- Formations of 40 male-only support groups.
- Support groups meetings for enhancement of positive living.
- Monitoring meetings with AOH and DAOH.

Sub-result 3.2: Expanded support for OVC

3.2.1: Comprehensive support for OVC

Planned activities & accomplishments

- **Register additional 20,000 OVC:** The project has registered 18,631 (7,705M, 10,926F) OVC whose guardians are in support groups affiliated to CCC.
- **Support and care for OVC to access 3 or more benefits in health, education, nutrition, protection, shelter & psychosocial support:** Three or more benefits were scaled up from 31,904 OVCs to 40,930 which is 90% of the 45,629 children currently supported. The table below provides a summary of the type of support provided.

Table 29: OVC support /benefits during the quarter (Achievements for Q4 (YR2) VS Other quarters of YR 3)

Gender	**1 or 2 Benefits**				**3 or more Benefits**				TOTAL			
	Q1	Q2	Q3	**Q4**	Q1	Q2	Q3	**Q4**	Q1	Q2	Q3	**Q4**
MALES	3,359	3,853	3,111	2,448	16,065	16,373	16,730	21,254	19,324	19,926	19,841	23,702
FEMALES	2,872	3,360	3,166	2,251	14,678	15,008	15,174	19,676	17,550	18,368	18,340	21,927
TOTAL	6,231	7,213	6,277	**4,699**	30,743	31,381	31,904	**40,930**	36,874	38,294	38,181	**45,629**
Proportion of children receiving 3 or more benefits									82%	81%	82%	90%
Proportion of children receiving 1 or 2 benefits									17%	19%	16%	10%
Proportion of children who did not receive any benefits									2%	1%	2%	0%

Health Care

The children received health services through Ministries of Health. 9,779 received routine immunization and national measles campaign. In addition, 29,026 children have received counseling and testing for HIV and 452 who are HIV-positive are linked to CCCs care and treatment.

Table 30: OVC benefits targets and accomplishments during q4 of yr 3

BENEFIT		MALE	FEMALE	TOTAL			
		Q4			Q3	Q2	Q1
Health	Medical Check up	**7,347**	**6,404**	**13,751**	10,853	12,952	12,952
	Deworming	**6,070**	**5,572**	**11,642**	13,405	7,020	16,822
	Treatment for any ailment	**1,622**	**1,982**	**3,604**	2,465	3,158	7,625
	Long lasting insecticide treated nets	**13,803**	**12,344**	**26,147**	23,194	24,604	24,572
	Routine and missed immunisations	**4,969**	**4,810**	**9,779**	4,675	9,758	9,694
	Vitamins and mineral supplements	**2,147**	**2,059**	**4,206**	2,983	4,178	11,517
	Medical outreaches	**1,929**	**1,797**	**3,726**	4,497	3,724	9,409
	HIV counselling and/or Testing	**14,858**	**14,168**	**29,026**	6,622	4,846	17,171
	HIV prevention and life-skills	**9,884**	**9,279**	**19,163**	15,842	17,475	17,475
	Access to clean water	**11,972**	**11,525**	**23,497**	6,644	0	26,061
TOTAL NUMBER OF OVC WHO RECEIVED A HEALTH BENEFIT		**16,395**	**14,896**	**31,291**	27,301	23,706	32,092
Education	Uniform	**10,267**	**9,514**	**19,781**	13,476	12,744	18,478
	School fees/ levies	**635**	**723**	**1,358**	1,360	604	3,299
	Schooling items	**10,590**	**12,629**	**23,219**	2,820	3,464	10,972
	Sanitary towels	**0**	**13,335**	**13,335**	13,821	15,422	15,336
	School feeding programmes	**899**	**1,500**	**2,399**	2,399	2,399	8,318
	Child now in school	**388**	**303**	**691**	6,457	737	2,620
TOTAL NUMBER OF OVC WHO RECEIVED EDUCATION BENEFIT		**14,112**	**14,919**	**29,031**	19,776	17,702	28,531
Nutrition	Kitchen garden	**5,668**	**5,609**	**11,277**	7,431	9,048	18,549
	Livestock	**3,335**	**3,363**	**6,698**	6,698	6,569	6,698
	Poultry	**20,910**	**19,833**	**40,743**	36,872	36,209	35,183
	Food relief and donations	**5,330**	**5,117**	**10,447**	5,097	7,287	16,907
TOTAL NUMBER WHO RECEIVED NUTRITION BENEFIT		**22,496**	**20,507**	**43,003**	33,706	31,780	35,342
Shelter and basic care	Beddings	**17,190**	**16,912**	**34,102**	21,438	11,976	22,976
	Kitchen set	**13,711**	**13,126**	**26,837**	16,865	16,500	16,091
	Home clothing	**9,805**	**10,955**	**20,760**	19,489	17,058	15,910
TOTAL NUMBER OF OVC WHO RECEIVED SHELTER AND CARE		**17,753**	**17,748**	**35,501**	25,065	23,657	29,268
Protection	Registrations of births and deaths	**8,330**	**6,842**	**15,172**	11,559	15,022	14,932
	Protection and access to parents property	**2,251**	**2,093**	**4,344**	4,391	4,344	3,873
	Referral & linkages for legal services	**51**	**41**	**92**	1,168	98	1,884
TOTAL NUMBER OF OVC WHO RECEIVED PROTECTION		**8,626**	**8,342**	**16,968**	9,703	11,544	19,034
Psycho-Social Support	Home visit by CHW	**20,858**	**18,871**	**39,729**	36,293	36,092	36,432
	Spiritual counselling	**8,550**	**7,675**	**16,225**	23,199	17,098	1,506
	Child, community & bereavement counselling	**2,121**	**1,748**	**3,869**	5,807	3,650	2,643
TOTAL NUMBER OF OVC WHO RECEIVED PSYCHOSOCIAL SUPPORT		**23,802**	**21,827**	**45,629**	34,446	37,601	36,507
Livelihood & Economic Support	Vocational training	**303**	**243**	**546**	726	537	522
	Business skills training	**48**	**45**	**93**	370	93	93
	Business start up kitty	**32**	**45**	**77**	244	77	15
	Linkages and support from MFI	**11**	**6**	**17**	82	17	9
TOTAL NUMBER OF OVC WHO RECEIVED ECONOMIC SUPPORT		**357**	**292**	**649**	946	580	580
CAREGIVER TRAINING		**6,906**	**9,739**	**16,645**	12,770	9,520	6,827
TOTAL NUMBER WHO RECEIVED NO BENEFIT		**0**	**0**	**0**	610	197	679
TOTAL NUMBER RECEIVING 1 OR 2 BENEFITS		**2,448**	**2,251**	**4,699**	6,277	7,009	6,231
TOTAL NUMBER RECEIVING 3 OR MORE BENEFITS		**21,254**	**19,676**	**40,930**	31,904	31,381	30,743
Total number of OVC				**45,629**	38,791	38,791	37,653

- **Support AAC activities:** The project supported quarterly meetings in Vihiga, Lugari, Kakamega central, North and East, and Mt Elgon districts.
- **Train caregiver on child monitoring care and support:** A total of 150 new CHVs were trained over the quarter. These and the older CHV have in turn trained and mentored 16,645 care givers on OVC care to enhance family bonds.

Challenges & Recommendation

- Ensuring adherence to treatment of HIV+ OVC taken care of by elderly guardians.

Planned Activities for Next Quarter

- Support OVCs to access care and support in core service areas (health care, nutrition, protection, psychosocial support, shelter and care, education and livelihood support).
- Support AAC activities within the province.
- Train caregivers on child care and support.
- Procure business start up kits for OVCs.
- Conduct provincial OVC stake holders meeting.
- Support MOE, G&C to monitor OVC in schools.

Analysis of indicators and targets

Table 1: OVC Targets and Accomplishment

Table 31: OVC Targets and Accomplishment

Indicator	Yr 3 Target	Year 3 Quarterly Accomplishments				Annual accomplishment
		Oct-Dec08	Jan-Mar09	Apr-Jun09	Jul-Sep09	
Number of OVC served by OVC programs	40,000	37,653	37,653	38,791	**45,629**	**45,629**
Number of OVC served in 3 or more care areas by gender	**35,000**	**30,743**	**31,381**	**31,904**	**40,930**	**40,930**
Male		16,065	16,373	16,730	**21,254**	**21,254**
Female		14,678	15,008	15,174	**19,676**	**19,676**
Number of OVC served in one or two care areas by gender	**5,000**	**6,231**	**7,009**	**6,277**	**4,699**	**4,699**
Male		3,359	3,853	3,111	**2,448**	**2,448**
Female		2,872	3,360	3,166	**2,251**	**2,251**
Number of OVC caregivers trained in caring for OVCs	**1,200**	**6,827**	**9,520**	**12,770**	**16,645**	**16,645**
Male		2,801	4,102	5,440	**6,906**	**6,906**
Female		4,036	5,418	7,330	**9,739**	**9,739**

3.2.2: Strengthening child protection for OVC

Planned activities & accomplishments

- **Conduct children's clubs activities:** The children's clubs meetings were conducted in 9 districts in the months of August and September. The children enjoyed the play therapy, interpersonal counseling and interaction as well as life skill information sessions. 363 children received CT during these events.
- **Quarterly monitoring meeting for child counselors:** The monitoring meetings went on in 8 larger districts. The following information was captured:

  Number of children counseled: 3,336.

Number of children tested: 714
Number of cases handled: 1,522 (girls, 843; boys, 679)

The systemic child counselor in Vihiga successfully handles a case of a girl of age 12 years who was taken to Nairobi to work as a maid. The case was reported by her sibling who was missing her company. The child counselor took the matter to the children's department and the parents were ordered to return the girl back so that she can go back to school. The child came back and she is now in school.
A girl age 17 years was always sick and she was missing lessons most of the time. During children's club activities, she volunteers to go for testing. The result came out that she was positive and it was not easy for her to accept the results. Continuous counseling has enabled her to accept her status and she is currently on ARV. She is steady, and ready to learn more on positive living.

Table 32: Cases Handled by systemic child counselors

	Nos. of Cases		Ongoing Cases		Cases Referred		Cases Completed		Cases Defeated	
Gender	M	F	M	F	M	F	M	F	M	F
Defilement	6	36	2	15	2	14	2	12	0	5
Child Labour	116	132	45	47	25	31	39	49	7	6
Child Trafficking	58	60	18	20	19	18	16	14	5	8
Neglect	204	212	65	57	52	58	75	95	13	18
Abandonment	24	38	4	10	4	11	13	15	1	0
School Dropout	100	104	35	35	23	29	28	31	7	7
Pregnancy	0	62	0	19	0	16	0	21	0	6
Assault	15	20	5	9	6	7	0	4	0	0
Rape	0	18	0	5	0	5	0	2	0	6
Drug abuse	37	17	7	4	8	5	19	4	3	4
Abortion	0	20	0	5	0	7	0	7	0	1
Family Conflict	28	27	6	6	5	6	15	14	2	1
Divorce	8	9	2	2	3	0	3	6	0	1
Separation	10	12	2	0	2	2	6	3	0	4
Theft cases	15	2	4	0	2	1	7	1	2	0
Land/Property inheritance	21	38	7	18	7	11	6	7	2	1
Domestic Violence	27	36	7	13	6	6	11	12	4	4
TOTAL	679	843								

Systemic child counselor in Bungoma was called to go and assist a child who is HIV+ and the aunt had given up because of her condition. The girl was admitted at St. Domiano and she didn't improve at all. The aunt left her to die. The paralegal took her to Bungoma DH since she was having chest problems. TB screening was done and she was found to be suffering from TB. She was put under medication and currently she has improved a lot. The aunt is very happy and she has promised never to neglect her again.

- **Quarterly monitoring meeting for memory book:** The following information was captured from memory book writers' monthly meetings;

Table 33: Monitoring meeting for memory book writing CHV:

	Total
No. of memory books written	1,129
No. of memory books in progress	1,634
No. of wills written	152
No. of people reached on memory book	12,594

Figure 27: Memory book writing by inmates

The inmates are not left behind in memory book writing. They are listening keenly to the memory book writer talk to enable them to write to their children when they go home.

Analysis of indicators and targets

Table 34: Targets and achievements on OVC/PLWA

Indicator	Yr3 target	Year 3 Quarterly Accomplishments				Annual accomplishment
		Oct-Dec08	Jan-Mar09	Apr-Jun09	Jul-Sep09	
Number of OVC referred to legal services, food and credit programs not funded by Global HIV/AIDS initiative funds	20	142	135	240	240	757
Number of PLWA referred to legal services, food and credit programs **not** funded by Global HIV/AIDS initiative funds	850	1,481	1,650	1,473	1,73	6,77

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 Priests and Muslim Imams facilitators (TfT) in CoH:** The training was attended by 12 Muslims and 15 Christians (22 men and 5 women). It provided a foundation for the various denominations and doctrines and an opportunity for open dialogue, challenging incorrect information and attitudes on HIV, and leading towards action appropriate to each unique situation.
- **Organize CHATT training:** CHATT training for Khwisero District was undertaken; 45 members from the CHATTs attended the training.
- **Hold a quarterly review meeting for district CoH team representatives**: The meetings were held in seven districts. The CHATTs are caring and supporting 1,422 boys and 2,009 girls, totaling 3,431.
- **Quarterly monitoring meetings for community counselors**: The community counselors reached 27,843 (male: 5,115, female: 13,940, boys: 3,580, girls: 5,208). A total of 2,660 families were counseled while 186 support groups composed of 1,659 males and, 3,462 females were visited.

Table 35: Referrals made by Community Counselors

Referral Point	Adults		Total
	Male	Female	
VCT	1,472	2,108	3,580
PMTCT	320	579	899
TB	40	33	73
OI	208	151	359
HBC	455	1,243	1,698
CCC	590	919	1509
Support Group	605	1,114	1,719
Legal	77	122	199
Others	110	210	320

- **Monitoring meeting for bereavement counselors**: Bereavement counselors were monitored in Busia, Butere, Bungoma, Lugari, Kakamega, Teso, Vihiga, and Mumias. They reached 19,679 people (male: 3,333, female: 7,889, girls: 6,651, boys: 1,806) and counseled 902 families.

Table 36: Referrals Made By Bereavement Counselors

Referral Point	Adults		Total
	Male	Female	
VCT	835	1,168	2,003
PMTCT	37	174	211
TB	47	115	162
STI	56	50	106
HBC	69	135	204
CCC	133	223	356
Support Group	40	59	99
Legal	40	59	99
Others	31	94	125

Analysis of indicators and targets

Table 37: Targets and accomplishments on people trained on bereavement counseling

Indicator	Yr3 target	Year 3 Quarterly Accomplishments				Annual accomplishment
		Oct-Dec08	Jan-Mar09	Apr-Jun09	Jul-Sep09	
Number of community members trained on bereavement counselling	25	0	25	0	0	25
Number of community members trained in community counselling	25	0	25	0	0	25

Planned activities next quarter

- CoH sensitization workshops
- CHATT trainings
- Quarterly review meetings for CoH CHATTs
- Monitoring meeting for community counselors CHV
- Monitoring meeting for bereavement counselors

3.3.2 Providing livelihood activities for PLWHA

Planned activities & accomplishments

Monitoring and expanding the capacity of 24 groups which were given funds for IGA: 24 project-funded support groups were supervised. Some groups have harvested their produce and kept them in stores. 13 groups were trained in business skills and we expect them to do well in both individual businesses and group business activities.

Figure 28: Tuungane support group members selling their produce. portable garden.

Figure 29: LEFT: The pediatric support group holding their chickens while they are in their vegetable garden.

Figure 30: RIGHT: A support group in Bungoma shelling the maize they harvested.

- **Linking support groups/ household to MFI for business skills and soft loans.** 37 support groups were linked to MFI. 10 of them were linked to one acre fund project in Kakamega south district.
- **Facilitate training of OVC/ PLWA on poultry farming as a business:** 105 households in Bungoma East & Butere districts, trained through practical demonstrations on improved poultry production. Action plan included all trainees each putting up a poultry house and starting poultry rearing with 10 hens and one cock.

- **Facilitate completion of demonstration farm establishment in 8 groups in Lugari & Bungoma North districts:** A total of 13 demonstration farms established (8 Lugari, Bungoma North & 5 in Butere districts). 72 households were trained on passion fruit production in Butere district during the quarter.
- **Follow up on progress of project goats in 8 remaining CBOs**: Follow-up carried out in collaboration with Ministry of Livestock Development
- **Carry out CBO/ support group tour to Rift Valley**: Tour achieved with 35 participants (28 drawn from the support groups undertaking passion fruit farming and 7 from A2W staff). APHIA 2 Rift Valley, passion fruit and horticultural crops production groups & farmers, AMPATH demonstration farm & Valley Orchards fruit factory were visited.
- **Hold one-day review meeting with linked support groups, MFI and other support institutions to explore stronger linkages**. One-day meeting held with 83 participants including CBO and support group representatives from all districts. MFI present were KWFT, K-Rep, Faulu Kenya, KADET, & Equity. Ministry of Agriculture & Ministry of Gender and Sports represented other support institutions.
- **Monitoring meeting for paralegal CHV**: The following information was collected from paralegal activities;

  No. of outreaches held: 243
  Number of people reached:15,007
  Male: 4,665, Female: 4,960, Boys: 2,593, Girls: 2,789

LIFE WORKS FARM

Planned activities:
- **Produce high quality vegetables and eggs**: Produced **5,478 Kgs** of assorted vegetables, **4,340 eggs** and fruits.
- **Distribute the farm produce to A2W cluster groups:** Distributed the farm produce to **1,083** index client's households with **6,498** beneficiaries with each household getting between 1-12kg of vegetables and 12 eggs per collection day.
- **Maintain the demonstration farm for purposes of training:** Done through weeding, pest control, crop protection.

Challenges:
- The poultry section experienced health problems leading to a drop in egg production and eventual disposal of the layers.

Emerging issue:
The orchard is not performing well, there is very low production.

Recommendations: (Based on activities)
- Replace the disposed layers with new birds to continue egg production.
- Seek appropriate guidance from Ministry of Agriculture on orchard.

Planned activities for the next quarter
- Increase vegetable production
- Buy cows for milk
- Raise new layers birds.
- Commence agricultural training activities of key persons of A2W cluster groups.
- Lay out strategies to make the farm self-sustaining in the near future.
- Start subsidized sale of farm produce to cluster groups geared towards making the farm self-sustaining the in future.

- Training cluster group in modern farming technologies.

- **Support quarterly paralegal network meetings at district level:** The paralegal network meetings were held in 8 districts. The network members reviewed how they have been working with the paralegals. They agreed on the following:

SUCCESSFUL CASE

A man was mistreating his wife and the wife went away with her two daughters. After staying away for 3 years she decided to come back. When the man discovered that she was back, he decided to demolish her house. We advised her to take legal action through the chief. The chief was very supportive and the man was commanded to build a house for her. At the moment, she is living peacefully in her house and the man is not violent as he used to be.

Table 38: Targets and accomplishments in training of communities in legal protection

Indicator	Yr3 target	Year 3 Quarterly Accomplishments				Annual accomplishment
		Oct-Dec08	Jan-Mar09	Apr-Jun09	Jul-Sep09	
Number of community members trained in legal protection	20	0	25	0	0	25

Challenges:

It is hard to arrest the culprit while using police vehicle. In most cases, when they see police vehicle they run away.

Planned Activities for next quarter:

- Monitoring support groups with IGAs.
- Monitoring meeting for paralegal CHV.
- Facilitate support groups start IGAs.
- Facilitate CBO/ support group tours & exchange visits.
- Hold a quarterly review meeting with MFI & support groups for review and sharing of ideas.

Monitoring & Evaluation

Planned activities and accomplishments

1. Data collection, processing and analysis

Facility Data:

Data from facilities was submitted to the DHRIOs who then provided copies of the forms to the project for each month between the 5th and 10th. The project M&E team ensured the data was verified and validated. The monthly review meetings organized by the DHRIOs for the facility in-charges including the private and mission facilities were used to facilitate the verification and validation of the data before handing it over to the districts. A total of 12 meetings were held. Data entry at the project offices was handled by the M&E team who also queried and validated the data.

The project data system is designed to populate summaries for each of the service areas and indicators on the tools. Summaries for the quarterly report are produced monthly to reflect on the trend in achievements.

Community Data:

- The CHVs through the affiliate CBOs submitted the community data on the prescribed tools. The summaries were made for report writing through the data base.
- M&E team worked with the data clerks to clear the back log of the community data. The school data collected from schools was entered by the DEOs Secretaries at their offices.

2. ART data reconstruction

ART data reconstruction commenced during the quarter in five high-volume sites after completion of the training of a team from each of the facilities. The initial focus was on files using the MOH 257 card. Most files did not have these cards. More time was spent on reconstructing the files. A total of 17,010 files are expected to be reconstructed from the five facilities. At the end of the quarter, 16,750 files had been reconstructed and the teams proceeded with filling the Pre and ART registers.

Periodic supervisory visits were conducted to ensure quality of the work.

NASCOP organized a 3-day seminar on data reconstruction in Mombasa. A2W participated. Different forms of EMRs used by different partners and an HMIS system on the same that would be developed nationally were shared. The emphasis was on HIV/AIDS care and treatment but also covering HMIS data sources.

3. M&E support supervision

The DHRIOs were facilitated to visit facilities that encountered data-related problems. The DHRIOs supervised 47 facilities including the private facilities. The facility staffs were guided on data quality, accurate reporting and completeness. As facilities get new staff, the opportunity was used to orientate them on recording and reporting. MOH registers that were missing in the facilities, especially the private facilities, were provided. The project database was installed at 2 CBOs in order to strengthen the reporting.

The District Education Officers were provided with computers and trained on the use of the project database. Forty DEOs and their secretaries were trained on basic excel computer skills and the A2W database. The data for the quarter was entered at the district level and submitted to A2W as summaries.

4. Provincial HMIS review meeting

This meeting was shelved as the DHRIOs provided the guidance to facilities through their monthly meetings. The PHRIO however, continued to consult with A2W staff on issues relating to HMIS strengthening and consolidating the efforts on improving data collection. The team and province participated in some of the district meetings.

5. District review meetings

A total of 33 district meetings were held. The DTLCs have also been brought on board. The focus of discussions was on key service areas on how to increase service provision that would result in more clients being served. The numbers reflected in the result area report sections is partly attributed to these meetings. One particular case in point is the TB data. The reporting of TB by district and facility has had notable changes. During the meetings, data reviews were carried out. Each facility represented in the meetings presented data from their facilities. Ownership of what comes from these facilities was reinforced.

The District Medical Officers from the districts attended the meetings as they showed interest in what comes from the facilities under them. Their presence made the meetings very useful to the districts and the project team. Their participation influenced the attendance from the facilities.

Apart from improved reporting, the quality of reports has improved,including increased service provision and issues affecting facilities discussed by the districts.

6. Data Quality Assessments (DQA)

The M&E team held a review in August that looked at issues related to DQA. The team was motivated to undertake DQA in facilities. Data audit was thus conducted in one facility in Lugari on PMTCT, three facilities in Busia, one facility in Mumias on ART. This was as a result of misreporting of patients currently on care and those on treatment. Data audits were also carried out to support the facilities initiating ART services.

The process has helped to address the glaring problems encountered, especially in filling the PRE ART and ART registers.

7. Quarterly reports

One review meeting was held with the PHMT to discuss the A2W quarter 10 Report. Issues that were pertinent included: increased maternal deaths that were attributed to late referrals; staffing. It was therefore resolved that facility meetings be intensified to address the problem. Other issues were mentorship; community strategy; malaria program coverage support supervision to districts and renovations in facilities.

Table 39: PMTCT Reporting Rates July- September 2009

PMTCT Reporting Rates July-September 2009

	July	August	Sept	July-Sept
Bungoma East	100%	100%	100%	100%
Bungoma North District	100%	100%	89%	96%
Bungoma South District	100%	94%	94%	96%
Bungoma West District	100%	100%	100%	100%
Bunyala District	100%	100%	100%	100%
Busia District	97%	97%	93%	95%
Butere District	100%	100%	100%	100%
Emuhaya District	100%	92%	100%	97%
Hamisi District	100%	90%	100%	97%
Kakamega Central District	100%	100%	100%	100%
Kakamega East District	100%	100%	100%	100%
Kakamega North District	100%	90%	90%	93%
Kakamega South District	100%	96%	85%	94%
Lugari District	78%	84%	81%	81%
Mt Elgon District	93%	93%	93%	93%
Mumias District	91%	100%	100%	97%
Samia District	100%	100%	100%	100%
Teso District	100%	100%	85%	95%
Vihiga District	95%	100%	89%	95%
Province	**97.5%**	**96.6%**	**99.9%**	**96.3%**

The facilities in the respective districts reported within the stipulated time period of between the 5th and the 10th of every month. Lugari district facilities were lower in PMTCT reporting and this is attributed to some logistical and personnel issues.

Table 40: VCT reporting rates

VCT Reporting Rates July-sep 2009

	July	Aug	Sept	Jul-Sept
Bungoma East	100%	100%	100%	100%
Bungoma North District	75%	75%	50%	67%
Bungoma South District	89%	78%	89%	85%
Bungoma West District	100%	100%	100%	100%
Bunyala District	100%	100%	100%	100%
Busia District	100%	100%	100%	100%
Butere District	100%	100%	100%	100%
Emuhaya District	100%	100%	100%	100%
Hamisi District	100.0%	100%	100%	100%
Kakamega Central District	100%	100%	75%	92%
Kakamega East District	100%	100%	75%	92%
Kakamega North District	50%	50%	67%	56%
Kakamega South District	92%	100%	100%	97%
Lugari District	67%	83%	68%	73%
Mt Elgon District	100%	100%	100%	100%
Mumias District	75%	82%	88%	81%
Samia District	100%	100%	100%	100%
Teso District	60%	100%	40%	67%
Vihiga District	100%	100%	100%	100%
Province	**89.3%**	**92.6%**	**86.2%**	**89.4%**

Teso had a few facilities reporting late especially for the months of July and September.

Table 41: RHP Reporting

	RHP Reporting rate July-September 2009					
		Total expected	**July**	**August**	**September**	**Average**
1	Bungoma E	17	76%	100%	100%	**92.2%**
2	Bungoma N	12	100%	100%	100%	**100.0%**
3	Bungoma W	18	94%	100%	100%	**98.1%**
4	Bungoma S	17	94%	94%	100%	**96.1%**
5	Bunyala	7	100%	100%	100%	**100.0%**
6	Busia	30	87%	87%	100%	**91.1%**
7	Butere	19	84%	95%	100%	**93.0%**
8	Emuhaya	21	100%	100%	100%	**100.0%**
9	Hamisi	14	93%	93%	100%	**95.2%**
10	Kak Central	30	90%	93%	100%	**94.4%**
11	Kak East	15	87%	87%	100%	**91.1%**
12	Kak North	17	100%	100%	100%	**100.0%**
13	Kak South	12	100%	100%	92%	**97.2%**
14	Lugari	46	91%	98%	93%	**94.2%**
15	Mt. Elgon	17	94%	94%	100%	**96.1%**
16	Mumias	25	80%	84%	95%	**86.4%**
17	Samia	9	100%	100%	100%	**100.0%**
18	Teso	18	89%	94%	100%	**94.4%**
19	Vihiga	22	95%	95%	100%	**97.0%**
	Total	**366**	92%	95%	99%	96%

Most districts have reported on time for the RH in the quarter.

Analysis of indicators and targets

Table 42: Targets & Indicators Strategic Information

Indicator	Yr 3 target	Year 3 Quarterly Accomplishment				Annual accomplishment
		Oct-Dec08	Jan-Mar09	Apr-Jun09	Jul-Sep09	
13.1: Number of local organizations provided with technical assistance for strategic information activities	75	3	0	0	14	17
13.2: Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS).	75	6	55	32	28	121

Activities not Accomplished

Provincial quarterly meeting was not held as the focus was on the monthly meetings at the district level.

Planned Activities for next quarter

1. Hold one meeting with MOH, NACC, A2W M&E, AMREF in support of Community-Based Management Information
2. Hold one meeting each in 8 constituencies
3. Support supervision by M&E, NACC and MOH
4. Disseminate and facilitate the distribution of COBPAR tools
5. Capacity building for stakeholders on M&E
6. OJT for HMIS staff on data tools
7. Conduct DQA and QA/QI
8. Support to districts on reporting
9. Support one quarterly meeting for health facilities in each district
10. Facilitate data collection by DHRIOs
11. Hold one provincial quarterly meeting for PHMT and DHMT
12. Train 1 staff per CBO on use of CMIS
13. Purchase internet access gadgets for DHRIOs

Finance & Operations

During the quarter, USAID issued modification 5 to APHIA II Western agreement. The purpose of the modification was to obligate an additional $8.05 million, thereby increasing the total obligated amount from $23.61 million to $31.66 million.

Total actual/reported expenditure for the quarter ended September 30 2009 was $3,862,758. The cumulative actual/reported expenditure from project start date to September 30, 2009 was US$23,661,571. Total cumulative reported cost share was US$2,385,594.

Total cumulative reported and accrued expenditure was $25,998,451 representing a burn rate of 82% of the total obligated funds and 61% of the total estimated project cost.

Based on the reported obligation burn rate of 82%, the project requires an additional obligation to fully cover activities budgeted in year 4.

Organogram

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Dr. Hudson Inyangala

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June Omollo

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Sylvester Njemu

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Stephen Biwott

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Allan Malilo
Roseline Nthenge

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Celestina Asena

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Annex