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**APHIA II
WESTERN**

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

Western Province

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

**Quarterly Project Report
October 1 – December 31, 2009
(Project Year 4, Quarter 1)**

Submitted January 29, 2010

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 OVC and PLWA.



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List of abbreviations

A2W	APHIA II Western
AAC	area advisory council
AIDS	acquired immune deficiency syndrome
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
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
COH	Channels of Hope
COPE	client-oriented, provider efficient
CORPS	community own resource persons
CT	counseling and testing
CTU	contraceptive technology update
Ctx	cotrimoxazole
CWC	child welfare clinic
DAOH	District Ambassadors of Hope
DASCO	district AIDS & STI coordinating officer
DBS	dry blood sample
DH	district hospital
DHMT	district health management team
DHRIO	district health records and information officers
DMLT	District Medical Lab Technicians
DMOH	District Medical Officer for Health
DNA	de-oxyridionucleic acid
DPHN	District Public Health Nurse
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
JAY	Jua Afya Yako
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
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
NACC	National AIDS Control Council
NASCOP	National AIDS and STIs Coordinating Program
NVP	Nevirapine
OJT	on-job-training
ORS	oral rehydration salt
OVC	orphans and vulnerable children
PAC	Post Abortion Care
PATH	Program for Appropriate Technology in Health
PCR	polymerearase chain reaction
PEPFAR	presidential emergency plan for AIDS relief
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
QA/QI	quality assessment and quality improvement
RDHC	Rural Demonstration Health Centre
RH	reproductive health
RRI	rapid response initiative
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
WRCCS	western region Christian community services
WESTCOBV	western community-based volunteers



I. Introduction

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

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

This is the twelfth quarterly report, covering the period October-December, 2009. This was also the first quarter of year four.

Executive Summary and Highlights

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

- 132,955 people tested in the quarter; this was due to the accelerated HTC campaign in the month of November/December
- 20,000 more OVCs were registered into the program, mainly from the PLHA support groups; their support will be accelerated in the next quarter
- HIV free generation activities successfully done at the District level

Implementation Challenges and Constraints

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

- Transitioning of site-supported staff to Capacity project affected service provision in the CCCs; some staff recruited did not report.
- There was a general lower service uptake for many of the services due to the December festive season.
- The number of OVC has increased by 20,000 who could not be reached with all the services in the period, hence lower overall coverage with comprehensive support.



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.
- USAID sent a team to evaluate the program strategy and implementation challenges to inform APHIA 3 development. This was done in 4 other Provinces.

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
- Supported the Malezi Bora campaign in the Province
- Supported the accelerated HTC week which focussed on PITC
- Supported World Aids Day activities

Key events

- World Aids Day Celebrations: 1st December 2009
- Accelerated HTC Campaign: November-December 2009
- Malezi Bora weeks: 2nd-13th November 2009

Technical meetings

- National Lung Health Scientific Conference in Nairobi. KICC-7th – 10th Oct 2009 - The Conference theme was – TB/HIV Care as an entry into Comprehensive Lung Health
- National Half Year Review meeting / Biannual Provincial TB/HIV Meeting – Naru Moru, 21st – 23rd Oct 2009
- Maternal Neonatal Road map and Maternal Death Neonatal Death Notification and Review Provincial Dissemination meeting – Sheywe Gust House Kakamega, 27/10/09
- Scaling up the implementation of focused Antenatal care in ECSA region workshop 23-25 November 2009, safari club, Nairobi, Kenya
- HBHTC Technical consultative meeting-Serena Hotel, November 2nd-5th 2009.
- Dissemination Workshop: What is Cool and New for the Youths;

Visitors to the project

Dan Laster- PATH Seattle
Emmanuel Wansi- MCHIP/USAID/Washington
Dr Rhitam- MSF Spain
Dr Kenneth Chebet- USAID APHIA II Evaluation
Muhoro Ndigu
Samson Mbutia
Steve Ndele
Dr Wamae Maranga
Dr Mary Nyamongo
Heidi Becher-MSF Spain
Carol Levin-PATH Seattle
Graham Thiele-CIP-LIMA
Cornelia Loedi-CIP-Kampala



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

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

1. Assess sites for ART and Basic Care provision, including the setting up of ART services in 2 TB clinics:

- Site Assessments were done in four (4) sites to determine their capacity in starting off as ART sites or Basic Care sites. These were: Mumias Sugar Company, Tanaka Nursing Home, Chimoi Mission Hospital and Jamia Medical Centre, Mumias.
- These sites have already started providing Basic Care
- Alupe and PGH Kakamega TB Clinics are now offering Basic Care to the HIV Positive TB clients.

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), Cohort analysis training, Conduct EMR training and QA/QI training

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	57
Prevention with Positives Training	64
Integrated Management of Adult/Adolescent Illness (IMAI)	98 HCWs (18 ToTs); 38 EPTs
ART Commodity management	56
Adherence Counseling Training	18
Laboratory training (Sample collection)	87
Laboratory Training on use of calorimeters	36

3. Site technical assistance including QA/QI supervision and support to the sites offering MCH model of care:

- Program staff continued to provide technical assistance to the ART sites during supervision and mentorship visits.

-
- Follow-ups to the QA/QI recommendations were done in the sites that had undergone assessments. Notable improvements were realized in Malava and Kimilili District Hospitals where the MCH model was put into practice as earlier recommended. Moreover, the latter improved on the keeping of client records.
- 4. Support monthly facility meetings and the monthly zonal clinical management meetings:**
- Monthly zonal clinical management meetings were held in the six zones of the province.
 - Alupe and Matayos were linked to the Mumias zone
 - The new staff hired by capacity project were inducted into these meetings
- 5. Support District Nutritionists to provide OJT and site mentoring of CCC staff in nutrition and HIV:**
- The Provincial Nutritionist was supported to conduct a baseline assessment of the status of Nutritional counseling in the CCCs. These assessments were done in six sites namely: Butere DH, Kakamega PGH, Mabusii HC, Likuyani SDH, Bungoma DH and Namasoli HC.
 - Some of the findings from this assessment were:
 - Most CCCs are well-equipped but some still lack anthropometric equipment.
 - Some staff in CCCs at District and Sub district hospitals are trained in Nutrition and HIV, FBP, etc.
 - The recommendations drawn henceforth are:
 - Carry out an inventory on anthropometric equipment in all CCs in the province.
 - Train staff in the smaller capacity and new CCCs on Nutrition and HIV.
 - Support the trained DNOs in their districts to update those who had earlier been trained on the new standards in use.
- 6. Continue site renovations, procure furniture to renovated sites**
- Site renovations were completed at ten (10) sites and continued in 3 other sites.
 - Six tenders were awarded for start of renovation works especially in the Laboratories
 - Refurbishment of the 8 containers continued
 - Procurements of furniture for the renovated sites was initiated
 - Stationeries including printing papers and printer cartridges were procured and distributed to the sites.
- 7. Strengthen facility support groups, facility-community linkages model and strengthen defaulter tracing**
- 5,464 clients accessed psychosocial and adherence support through 194 PSS groups (both facility and community). They attended group therapy sessions and health talks.

-
- All facility-based support groups were supported to hold their monthly meetings where positive living, condom promotion, family planning and early STI treatment were major themes during the quarter.
 - 24 support groups were supported to initiate community based nutrition demonstration gardens for their members. The support groups were also actively involved in defaulter tracing where 447 clients who had defaulted from treatment were returned back.

8. Support 53 HIV/TB committee meetings:

- Forty-nine (49) HIV/ TB committees were supported to hold monthly meeting as required by NASCOP.

9. Continue expanding, supporting and strengthening the Laboratory network

- Fifty-three (53) ART sites as well as 37 Basic Care sites and 278 PMTCT sites continued to benefit from the Lab network in the province.
- Following the upgrading of the all the Total CD4 FACS count machines with software to run CD4 percentage, an assessment to ascertain the uptake of this test was done in both central and satellite sites. This assessment took place in 6 central sites (that carry out CD 4 counts) and 6 satellite sites (that are linked to the central sites). The findings were that:
 - Health providers are aware of the availability of the CD4% test for
 - children < 5 years and are ordering for the test
 - Most of the central sites with FACS count machines had commenced CD4% testing in the month of October
 - Uptake of CD4% in all sites assessed was zero.

The project continued to support the MoH to conduct a Lab EQA scheme for CD4 testing and monthly Provincial Lab EQA committee meetings to discuss the results of the CD4 panels. This was followed by an OJT for the sites that scored unsatisfactorily. The Lab EQA team sent two sets of panels to eleven(11) laboratories doing CD4 counts in the province bringing to three (3) the total number of panels sent out so far. Below is a table showing how the sites have been fairing:

Table 2: Lab CD4 EQA Three (3) Panel results

Site	Panel 1	Panel 2	Panel 3
1. Busia	Satisfactory	Unrated	Unrated
2. Kimilili	Satisfactory	Satisfactory	Satisfactory
3. Lugari	Satisfactory	Satisfactory	Satisfactory
4. Bungoma	Unsatisfactory	Unsatisfactory	Unsatisfactory
5. Vihiga	Unsatisfactory	Unsatisfactory	Satisfactory
6. Alupe	Unsatisfactory	Satisfactory	Satisfactory
7. St. Mary's	Unsatisfactory	Unsatisfactory	Unsatisfactory
8. Butere	Unsatisfactory	Unsatisfactory	Unrated
9. Mukumu	Unsatisfactory	Unrated	Unsatisfactory
10. Emusanda	Unsatisfactory	Satisfactory	Satisfactory
11. Namasoli	Unrated	Unrated	Unrated
12. Kakamega PGH	Unrated	Unrated	Satisfactory

- Fifty percent (50%) and sixty percent (60%) of the sites reported satisfactory results in the second and third panels respectively as compared to thirty percent (30%) in the first panel send out. This improvement is related to the OJT done by the panelists after the first panel results.
- From the above table, it can be seen that two sites (St. Mary's Mumias and Bungoma DH) continued to perform unsatisfactorily in the three panel send outs despite the OJT offered to them by the panelists. It was recommended that these sites be subjected to a session of peer testing.
- The sites supported by the project have started being linked to the Alupe KEMRI Lab for EID sample processing. This is expected to streamline the routing of the DBS samples.

Not accomplished:

- Cohort analysis training and EMR training could not take place owing to the lack of completion of the ART data reconstruction exercise until the end of the quarter.
- The QA/QI and Paediatric Psychosocial trainings were postponed to the next quarter.
- The Procurement of Basic HIV care packs at CCCs for ART clients was put on hold as the same activity was being undertaken by PSI for the facilities in Western province

Other Activities:

1. Upgrade of the ART Dispensing tool/ OJT: Support was offered to the Pharmacist ToTs to install an updated version of the ART dispensing tool as well as conduct an OJT for the staff in select facilities. The sites that benefited include: PGH Kakamega, Butere DH, Malava DH, Kimilili DH, Likuyani DH, Sabatia HC and Malakisi HC. This is to continue in the next quarter in order to cover all the twenty (20) sites with dispensing tool.

2. Completion of the ART Data Reconstruction: This was being undertaken in 5 sites in the province. It came to a conclusion at the end of the quarter. A meeting to share the lessons learnt during this exercise so as to inform subsequent undertakings will be held in the next quarter. The pilot sites await roll out of EMR.

Analysis of indicators and targets

Table 3: Targets & Indicators for HIV Care and Treatment

Indicator	Yr 4 target	Accomplished Q1: Oct-Dec '09	%age Accomplished
			%
Number of service outlets providing antiretroviral therapy (includes PMTCT+ site)	53	53	100
Number of service outlets providing antiretroviral therapy (includes PMTCT+ site) - Adults	53	53	100
Number of service outlets providing antiretroviral therapy (includes PMTCT+ site) - Pediatric	53	53	100
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites (NEW CLIENTS) Total	5,000	1,176	24
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites (NEW CLIENTS) < 14 years	1,000	170	17
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites (NEW CLIENTS) > 14 years	4,000	1,006	25
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) (CUMULATIVE)	17,000	17,284	>100
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) (CURRENT CLIENTS) Total	14,450	14,628	>100
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) (CURRENT CLIENTS) <14 Years	2,890	1,494	52
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) (CURRENT CLIENTS) >14 Years	11,560	13,134	>100
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	300	416	>100
No. of service outlets providing HIV-related palliative care (excluding TB/HIV)	53	80	>100
Total number of individuals provided with HIV-related palliative care (including TB/HIV)	76,000	45,052	59
Total number of individuals trained to provide HIV palliative care (including TB/HIV/AIDS)	300	477	>100

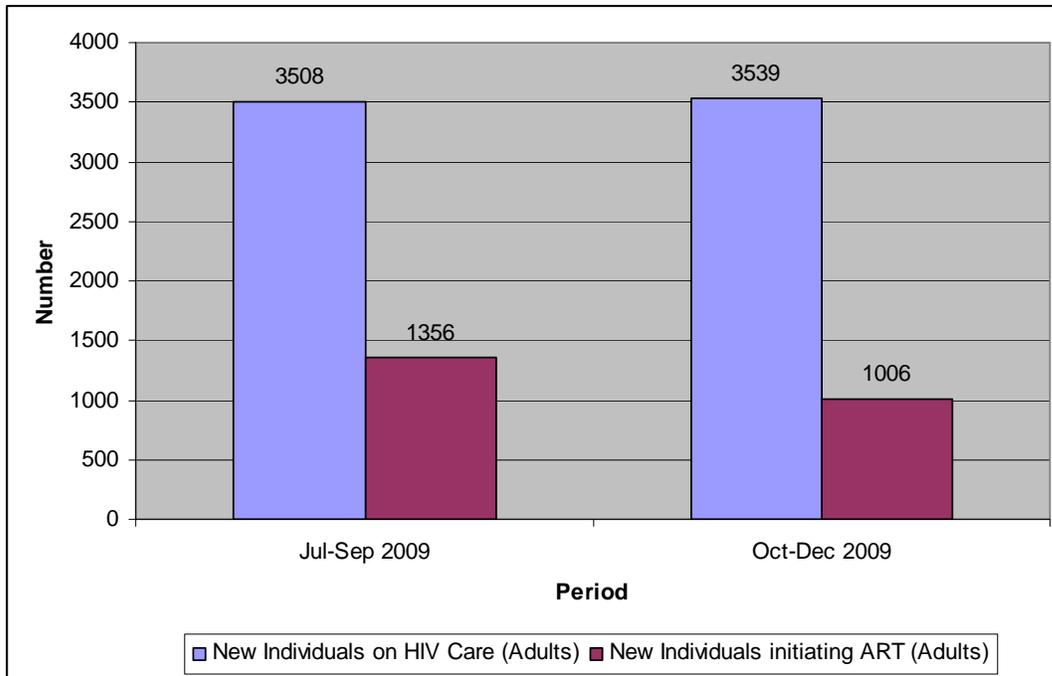
Adult HIV Care and Treatment services

HIV care and treatment:

40,497 adults are currently receiving HIV care in the eighty (80) HIV care and treatment sites (including the basic care sites).

Thirty-nine (39) percent (15,809/40,497) of those on HIV care have been put on ART, (against the national recommended percentage- 50% of those on care need treatment).

Figure 1: Graph showing the number of adults enrolled into care and started on ART between Year 3 Quarter 4 (Jul-Sep) and Year 4 Quarter 1 (Oct-Dec 2009):



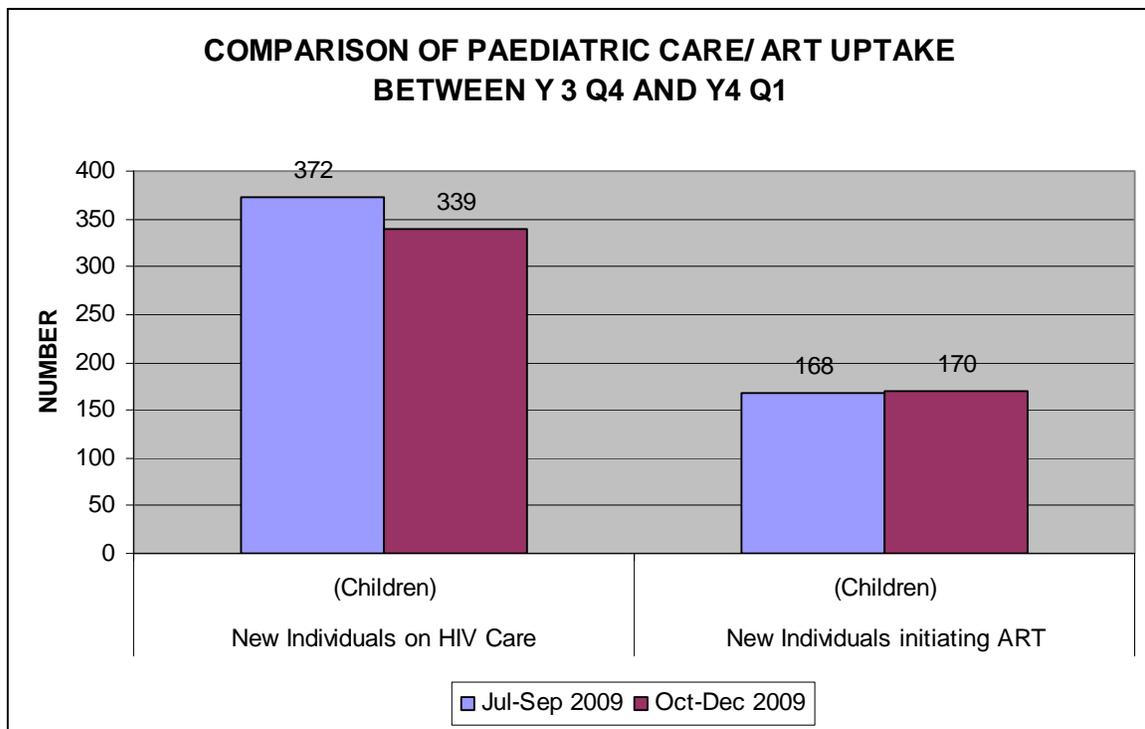
The number of adults enrolled into care increased slightly while a significant drop (of 26%) was noticed in the number of individuals >14 years started on ARVs in the period of Oct – Dec 2009. Some of the contributing factors include the lack of staff in the facilities in the months of November and December that was witnessed with the transfer of staff to the capacity project as well as the festivities that accompany this period.

Pediatric HIV Care and Treatment services

The project is currently supporting fifty-three (53) sites to provide pediatric ART services in the province.

HIV care and treatment: 4,555 children are currently receiving HIV care in the eighty (80) HIV care and treatment sites. Children represent 10% (4,555/45,052) of total number of patients on HIV care and treatment and 14.5 % (170/1,176) of those newly initiated on ART during the reporting period.

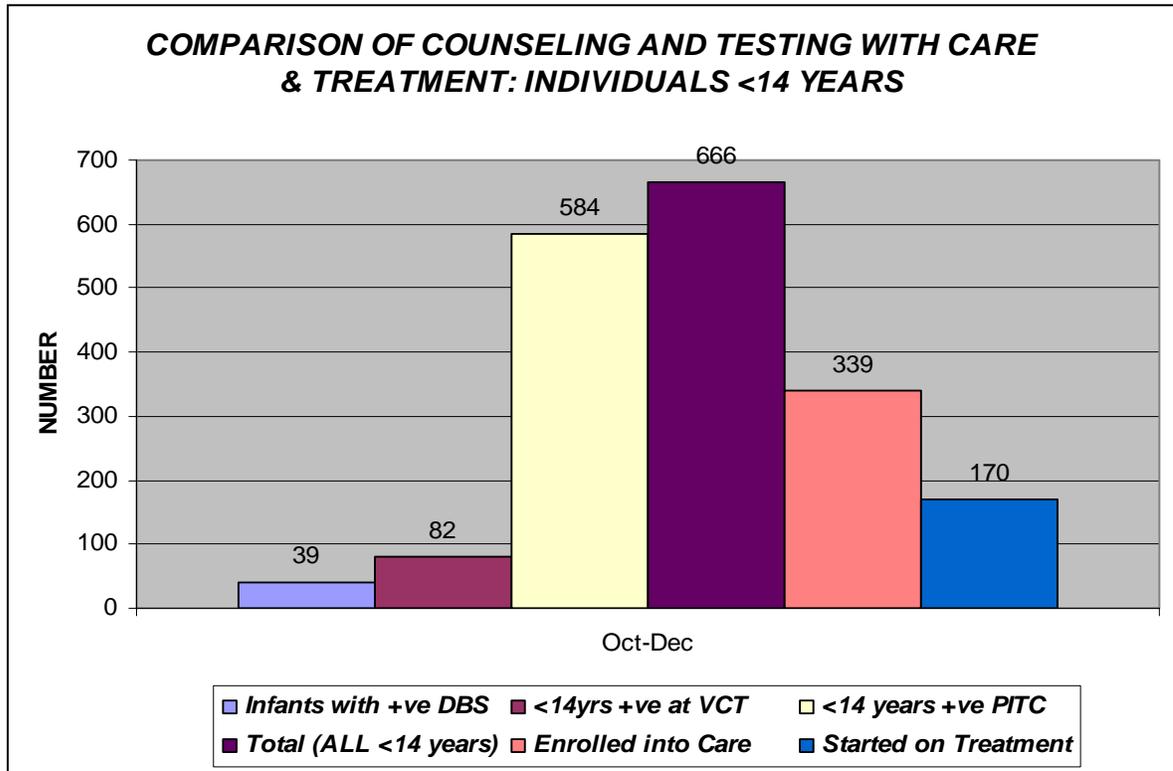
Figure 2: Graph showing the number of children enrolled into care and started on ART between Year 3 Quarter 4 (Jul-Sep) and Year 4 Quarter 1 (Oct-Dec) 2009:



A slight drop (8%) in the number of children enrolled in the current quarter is seen. However, the number put on treatment remained the same with an increase in the number of sites offering paediatric ART, but only 68% of the quarterly target (170 versus 250) was reached.

The graph below shows the number of individuals (<14 years) who tested positive through DBS, VCT and PITC versus those were enrolled into care at various facilities.

Figure 3: Graph showing comparison of Total Number of Individuals <14 year Tested and those transitioning to Care and Treatment in Year 4 Quarter 1(Oct-Dec) 2009:



From the above graph, it can be seen that about half (51%) of all children who tested positive, were enrolled into care (339/666) and similarly, half of these were put on ARVs (170/339).

Challenges & recommendations

- Some of the sites have no clinical personnel running the CCCs despite the deployment of (Capacity Project) staff in those areas
- Poor linkage of the Positive children to care and treatment

Planned activities for Quarter two

1. Conduct Trainings in: QA/QI, IMAI, Paediatric ART, ART Commodity Management, PwP, Adherence Counseling, Computer Training. Most of these trainings shall focus on the newly-recruited staff.
2. Continue providing clinical, pharmacy and laboratory supervision/mentorship.
3. Conduct QA/QI Baseline assessments in Khwisero HC, Alupe SDH and Likuyani SDH and do the 6-month reviews of Lumakanda DH, Butere DH and Matayos HC.
4. Continue with the zonal clinical case management meetings.
5. Support District Pharmacists to conduct updates in ART dispensing tool OJT and Refresher trainings for select facilities.
6. Continue with Lab EQA Follow-up (Panel preparation & Provincial EQA Meeting).
7. Conduct ART Data Reconstruction OJT Training for Sio Port CCC and begin Data Reconstruction.
8. Conduct Technical exchange meeting.

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

Planned Activities & Accomplishments

1. Supervision, Coordination and Mentorship:

- In the quarter, a total of 278 sites were offering PMTCT services, (33 CMMB and 88 PPP).
- All districts were visited; technical support to service providers offered and updates given in areas identified with service delivery gaps.

Observed achievements:

- Continuous data enhancement and OJT to specific facilities enhanced quality data capture and entry.
- The supply of prophylactic ARVs and test kits was stable with Syrup CTX available in the quarter under review.
- The HIV Basic Care sites improved in service delivery.
- Improved community-facility linkages.

2. Bi-annual facility meetings and inter-facility visits:

- One facility bi-annual meeting was held where participants shared their experiences and analyzed data based on PMTCT indicators. Each facility developed an action plan targeting identified service delivery gaps. There was marked improvement on data capture and entry. There was no inter-facility visit conducted in the quarter.

3. Improved site support

- 7 nurses were hired on locum basis
- Renovations for maternity were completed in 3 facilities.
- Supplied facilities with buffer stock of ARVs for prophylaxis, test kits, CTX and Multivitamin syrup.

4. Provision of Early Infant Diagnosis services:

- Out of the 278 PMTCT sites, 255 were offering EID services through DBS collection and transport.

-
- 1,240 samples were collected, 596 results received, 39 were HIV +ve translating to 6.5 % early MTCT rate.
 - DBS sample collection improved with 4 rejections out of 1,240 samples collected.
 - The HIV positive babies were referred to CCCs for initiation on ART.

5. Integrated outreaches:

- The Project supported outreach services for hard-to-reach areas. A total of 1,367 pregnant women attended the outreaches, 1,209 were counselled and tested and received their test results. 30 turned HIV positive and were referred to the nearest health facility for follow-up.
- Supported Malezi Bora PMTCT activities in 8 districts identified as being weak in PMTCT activities. The districts supported were Teso North and South, Butere, Khwisero, Emuhaya, Hamisi, Sabatia and Vihiga. Activities included; IEC materials distribution, road shows, health education on HIV prevention and care, and outreach service delivery.

6. Support to PSS Groups:

- 9 new PSS groups were established, bringing the total to 161 PSS groups.
- All the 161 PMTCT sites with PSS groups were supported to hold monthly meetings where they were updated on stigma reduction, infant and young child feeding, care and treatment and adherence.
- Total PSS group membership was 1,327. (627 pregnant while 700 have delivered).
- 1,327 members are enrolled into care.
- 1,037 (78%) have had at least one CD4 test.
- Of the 700 women who have delivered, 649 (93%) have had their infants tested for HIV and 567 (81%) exposed infants were started on CTX.
- Total of 186 peer counselors from the PSS groups were trained.
- Out of 596 DBS results received, peer counselors traced 39 HIV positive babies of which 24 are on treatment, in 2 cases the mother is yet to decide, and 13 are still being traced.

7. Male involvement:

I) 45 facilities offered male only clinic services.

- 1,459 males attended Saturday male clinic of which 840 attended the first time while 619 came for a repeat visit.
- 651 were counseled and tested.
- 36 turned positive and were referred to CCC.
- Majority of these men were spouses of pregnant women attending ante-natal clinics in the same facilities.

II) During routine MCH clinic visit 664 men accompanied their wives, 623 were counseled and tested and 58 turned positive and were referred to CCC.

A total of 2,123 men were reached against an annual target of 31, 708, translating to 7% coverage.

8. Training:

- 91 HCW trained on Stigma Reduction.
- 71 Peer Counselors trained.
- Produced peer counselors participants training manual, trainers manual and trainees.

Activities not Accomplished

1. Training of HWs on PMTCT: Awaiting the new NASCOP training curriculum.

Indicators & Targets

Table 4: PMTCT targets and achievements

Indicator	Yr 4 target	Year 4 Quarterly Accomplishments	
		Oct-Dec, 2009	%
Number of service outlets providing the minimum package of PMTCT services according to national or international standards.	300	278	93%
Number of pregnant women provided with PMTCT services, including counseling and testing.	158,538	29,261	18.5%
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting.	7,616	1,157	15%
Number of health workers newly trained or retrained in the provision of PMTCT services according to national or international standards.	180	0	0%
Number of infants accessing DBS for EID.	3808	1,240	33%
Number of spouses of pregnant women reached with counseling and testing services.	31,708	2123	7%

Table 5: PMTCT Program Performance Summary

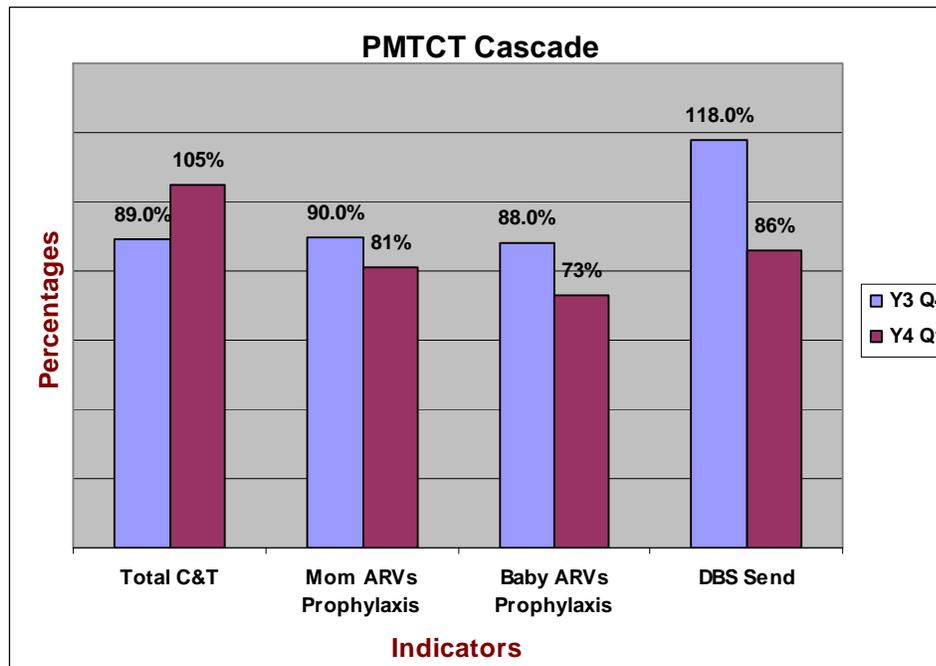
Performance summary	Oct-Dec 2009	Annual
First ANC visits	27,913	27,913
ANC clients tested	27,919	27,919
Maternity clients tested	1,342	1,342
Total tested	29,261	29,261
ANC positive	1,337	1,337
Maternity positive	97	97
Total HIV Positive	1,434	1,434
Maternal NVP only	14 sites	14 sites
Maternal AZT & NVP*	263 sites	263 sites
Maternal HAART*	8 sites	8 sites
Total Maternal Prophylaxis	1,157	1,157
Infant NVP issued ANC	804	804
Total Infant Prophylaxis issued	1,040	1,040
Infant prophylaxis administered Maternity	236	236
Total number of DBS samples sent	1,240	1,240
Total number of DBS results received	596	596
Total number of DBS positive	39	39
Total spouses tested	1,274	1,274
Total spouses positive	94	94

Overall Achievement:

- A total of 29,261 pregnant women tested in the quarter. This represented 18.5 % of the annual target.
- 1,434 were positive of which 1,157 received prophylaxis translating to 81%.
- 1,040 babies received prophylaxis, 73% achievement.
- 1,240 infants accessed DBS, representing 86% of the positive mothers identified during the quarter.

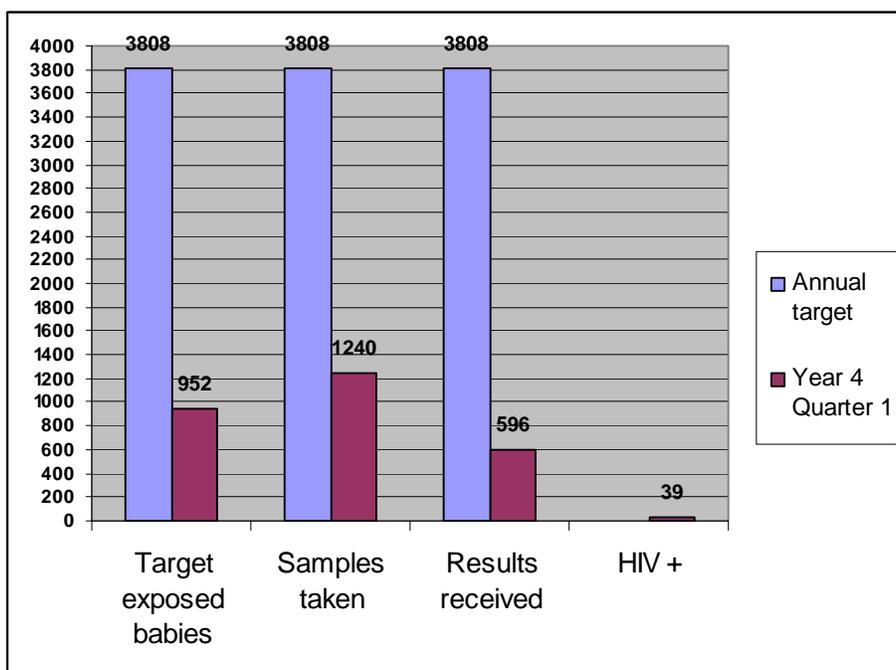
Service	No. of Clients	%
1st ANC	27,913	
Total C & T	29,261	105%
Found HIV+	1,434	5%
Mom ARV Prophylaxis	1,157	81%
Baby ARV Prophylaxis	1,040	73%
DBS	1,240	86%

Figure 4: PMTCT Cascade



All mothers that came for ANC 1 were tested, however there was a drop in the ARV prophylaxis for both mother and baby compared to Y3Q4.

Figure 5: EID samples collected and results received against exposed children



	Annual Target	Year 4 Quarter 1
Target exposed babies	3,809	952
Samples taken	3,808	1,240
Results received	3,808	596
HIV +		39

DBS coverage is encouraging. With Alupe now having a PCR machine, we are likely to perform more than this quarter.

Table 6: HIV Prevalence among Pregnant women and MTCT Rates

	Year 4 Qrt 1
Mom HIV Prevalence	5 %
MTCT Rate	7 %

Challenges & recommendations

1. **Staff shortages/reshuffles affecting service delivery:** Despite the staff hired by the Capacity project, service areas are still not adequately covered.
2. **Not all +ve babies reach the CCCs where they are referred:** Follow-up of babies in the community intensified through peer counselors. Tracking system on positive babies started on treatment initiated to ensure retention on treatment. These are initiatives aimed at alleviating loss to follow up on exposed and positive babies.
3. **Mixed feeding practices:** Exclusive breastfeeding is still not widely acceptable in the communities within the province.

-
4. **DBS:** Delay in getting DBS results was experienced. Introduction of logbook for tracking samples and transitioning to Alupe for PCR testing are expected to improve sample turn around time.

Planned Activities for Y4 Q1

1. Facility supportive supervision and mentorship
2. Support decentralization of care and treatment; HAART for prophylaxis in 20 facilities MCH setting and sensitization of health workers on Basic HIV care in 23 sites
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 and training of peer counselors
7. Support and strengthen male clinics
8. Train HCW and program staff
9. Support Bi-annual and Inter-facility exchange visits
10. Supplies: Purchase of Mama packs, medical equipment and furniture, printing of IEC materials and registers (ANC and Maternity), SMS printers

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

Planned Activities and Accomplishments

1. Capacity Building for Health Providers

- 61 Health providers were trained on TB/HIV Management, 29 from Mt Elgon and Teso North Districts and 32 from selected CCC/ART Sites using DLTLD /NASCO curriculum.

2. District TB/HIV Quarterly Committee Meetings

- 19 districts were supported conduct one-day District TB/HIV Committee meetings where they discussed referrals and linkages between TB/CCC and PMCT departments, promotion of early and increased case detection of TB cases, timely treatment, maintenance of high cure rates, reduce defaulter rates and MDR management and surveillance at district level.

3. MDR Surveillance.

- Out of 142 retreatment cases, a total of 109 specimens were sent for Culture and Sensitivity. Transportation of specimen from some facilities to District Laboratories or use of Courier services remained a challenge in screening all the retreatment cases.

4. Defaulter tracing

- 36 TB Defaulters out of 52 were traced in 5 Districts, Kakamega Central, South and East, Butere and Mumias, where Community Health Workers/ Volunteers were trained on Community Involvement in TB Care – CB-DOTS

5. Trainee follow up/ Mentorship for 60 H/providers.

- The activity was accomplished during routine support supervision with the Provincial team in 4 Districts – Busia, Bunyala, Samia and Bungoma West

6. Renovations

- Renovation at PGH Chest clinic was completed and 37 patients have been registered in the pre ART Register (*all HIV positive TB Patients*) and 17 are on ARVs.

Activities not accomplished

1. TB/HIV Sensitization guide finalization by the DLTLD/MOPHS Teams: Five out of the 6 review team members were not available as they were attending the World Lung Health Conference in Cancun, Mexico.

2. PwP training for 30 Health Providers: Due to competing tasks on the part of the MoH during the month of December.

Table 7: Analysis of indicators and targets

Indicator	Year 4 target	Q1 accomplished	Percentage performance
Number of service outlets providing treatment for TB to HIV-infected individuals	53	253	>100%
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB	5000	867	17%
Number of individuals trained to provide treatment for TB to HIV-infected individuals	300	61	20%

A total of 2,102 new TB cases were reported in the Quarter. Out of the total number, 1,926 were tested for HIV, 867 were co-infected, 865 were put on CPT (2 on Dapsone) and ARV therapy was initiated for 275 patients.

Figure 6: New Total TB cases

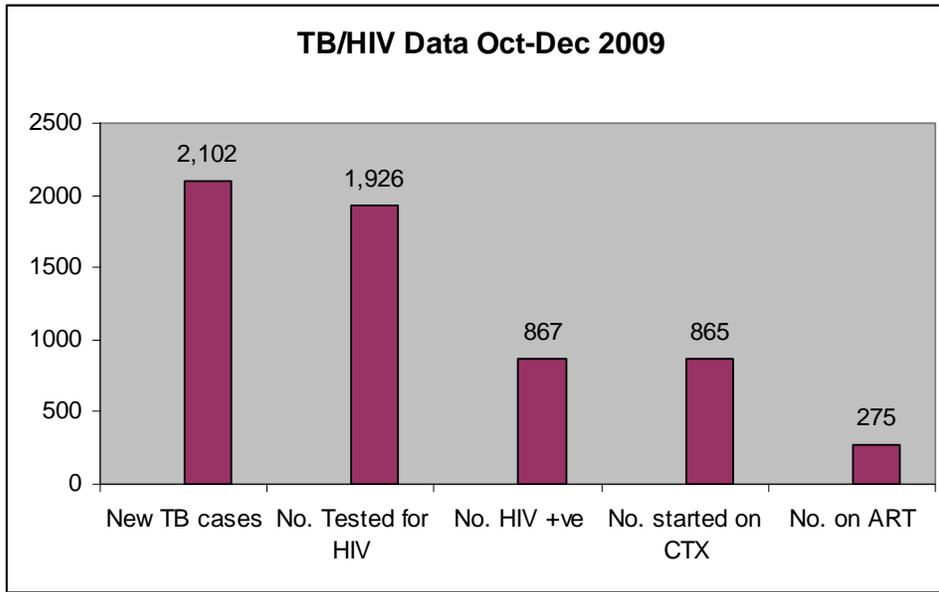


Figure 6: New Total TB cases (PPP Contribution)

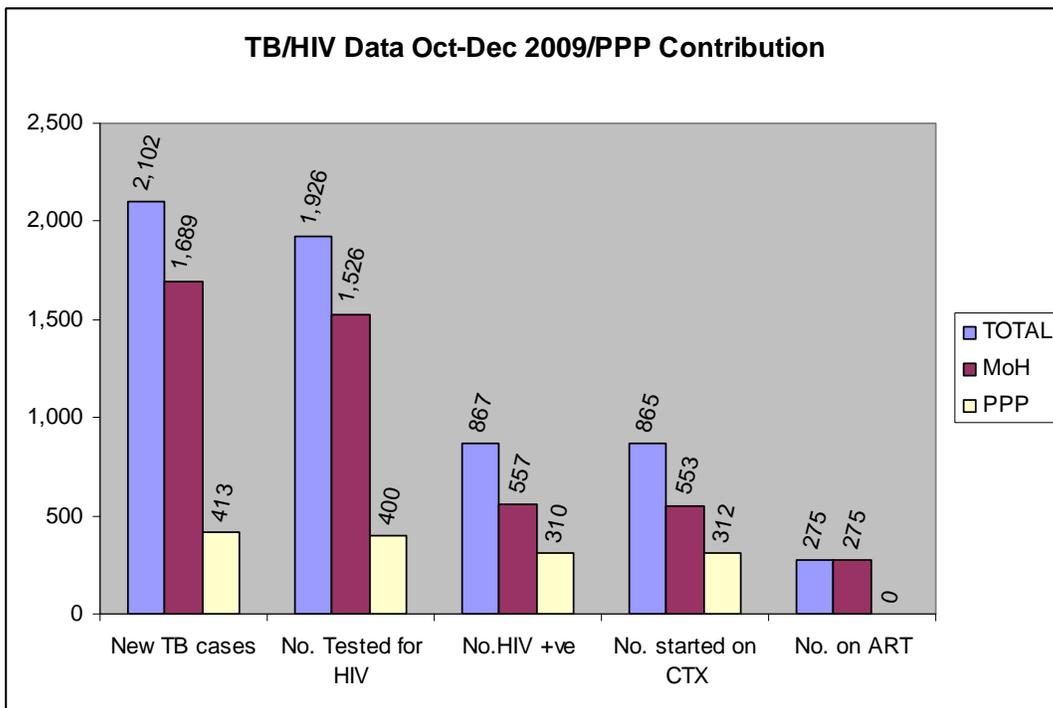


Table 8: MDR Surveillance

MDR SURVEILLANCE Oct-Dec 2009						
District	No. of Retreatment cases	Specimen send to CRL	Results received	Result not recieved	MDR cases to date	No. on Treatment
Kakamega Central	16	15	5	10	1	0
Kakamega East	12	4	3	1	0	0
Kakamega North	5	5	4	2	0	0
Kakamega South	3	3	0	3	0	0
Bunyala	8	5	1	7	1	1 (XDR)/MTRH
Busia	32	29	12	17	2	1
Samia	8	6	0	8	0	0
Bungoma North	7	5	2	3	0	0
Bungoma South	19	16	7	9	1	0
Bungoma West	12	7	3	4	0	0
Bungoma East	22	9	6	3	1	1 (KNH)
Lugari	5	2	0	2	0	0
Butere	8	5	4	1	0	0
Mumias	14	6	3	1	0	0
Teso South	3	2	0	2	0	0
Mt. Elgon	4	2	0	3	0	0
Vihiga	13	10	4	6	0	0
Hamisi	8	4	1	3	1	0
Teso North	8	4	2	6	0	0
Emuhaya	7	3	0	3	0	0
PROVINCE	214	142	57	85	6	3

Table 1

There are a total of 5 MDR cases in the province:

- 34 year-old female – on treatment at Khunyangu SDH
- 15 year-old school girl- Kakamega – not on treatment
- 26 year-old man- Bungoma Bondeni estate – not on treatment
- 32 year-old female from Hamisi - not on treatment
- One out-of-control/truck driver from Bungoma

Challenges & recommendations

1. Knowledge gap for the newly-employed staff.

2. **MDR Surveillance:** Transportation of specimen from some facilities to courier services remained a challenge during the quarter. Networking meeting planned to merge transportation of DBS and MDR specimens.

3. Use of MOH 711: Some facilities still omit section G while filling in the MOH 711, (TB Indicators).

Emerging issues/Case Studies/Success Stories

One out of the 4 MDR cases reported is a 15 year-old primary school girl in Kakamega. She is currently not on any treatment as she completed the re-treatment regime and her smear microscopy results are still positive. She stays with the sister who has two children aged 7 years and 9 months old; the girl attends the nearest primary school. The PTLC and the DTLC are awaiting direction from the Division of TB, Leprosy and Lung Disease.

Planned activities next quarter

1. Capacity Building

Table 9: TB trainings

Training Type	No. of trainings	Designation	No. of Participants
TB/HIV Training	3	Dr,Co, Nurses & Lab Tech	90
AFB Refresher	1	Lab Techs/ New Lab Staff	30
MDR Training	1	Health Providers	30
CHW Training	2	CHW/CHV/AOH	100

2. Finalization of TB/HIV Sensitization Guidelines for H/Providers and Community Health Workers – 20th – 22nd January 2010 – PATH Office – Nairobi.
3. Support the District TB/HIV Committee Meetings - All districts - February.
4. MDR Surveillance - Transportation of sputum smears to CRL from facility to courier service and merge with DBS transportation in ART sites.
5. Defaulter tracing - Number of defaulter traced per district and outcome.
6. Support for PMLT/DMLTs and DASCOS participation in DTLC’s Quarterly meeting.
7. Sensitization meeting for DPHOs and DTLC’s on Community TB care (CB DOTS).
8. TB/HIV Sensitization meetings.
9. Print, laminate and disseminate 1000 units of Pediatric score cards to all facilities.
10. Furnishing of PGH – TB/ART Site.
11. Hood installation at Alupe Sub District Hospital.
12. World TB Day – Support 20 Districts and the Provincial Event in Commemorations.

1.1.4 Increase number of individuals receiving CT

Planned activities and accomplishments

1. Conduct home-based HIV testing

Two approaches were used:

- **Door-To-Door HBHTC** was used in Mumias and Butere Districts targeting the population 2 km along either side of the Kakamega-Mumias highway. The community demanded for the services making it very difficult for the counsellors to move along the highway.
- A total of 16,745 clients were tested with 411 testing HIV positive. Two defaulters who had been attending CCC in Nakuru and Naivasha were identified in Butere and Mumias. Both had stopped taking ARVs after the post-election violence.
- **Positive client Index HBHTC** approach was employed in 12 facilities, to ensure that the positive clients attending our CCC had their families tested. Counsellors from 12 CCC were supported to accompany the clients to the homes for the HBHTC. A total of 4,983 clients were tested with **209** testing HIV positive. 129 couples were tested through their HIV-positive relatives, 2 were both positive and 11 were discordant. **6** HIV-positive clients under HIV care were in a discordant relationship and they had not disclosed to their spouses. A total of 784 families were visited during the exercise.

2. CT special out-reaches

- Joint workplace activities took place at 9 sites
- The MOH was supported to carry out the National RRI campaign using various strategies including accelerated PITC within the key facilities. A total of 152,115 clients accessed HTC during the RRI, 6,138 turning positive out of which 706 were children under 15 years.

3. Conduct moonlight VCT out-reaches

- 4 out-reaches were carried out at Busia Border, Malaba Border, Sio Port and Bumbe Beach in Samia District.
- A total of 538 clients received HTC. Male **362** and female **176** with **17** testing HIV-positive. 16 Couples were tested; 1 couple tested positive while **2** couples were discordant.

4. Support Quarterly CT service review meetings.

- The meetings were conducted in October 2009, all the DASCOS, DMLTs, Counsellor supervisors, Nursing Officers in charge of major health facilities and PITC coordinators attended. The forum was also used to plan for the National RRI Campaign.

5. Support the World Aids Day: The World AIDS Day celebrations were supported and celebrations held in Lugari district/ Iguhu DH. Twenty counselors were supported to offer services during the celebrations.

6. Conduct CT outreaches for children(focusing on OVCs)

Several out-reaches were conducted targeting OVCs. A total of 614 children were tested, with 16 testing positive.

7. Support monthly discordant couples support group meetings(15 groups)

A total of 30 meetings were supported during the quarter. This was aimed at ensuring that ongoing couple counseling to enhance better relationship within the families or couples in a discordant relationship. The discordant couples also play a significant role as ambassadors to promote couple HIV testing and counselors.

8. Support supervision for C&T

This was a continuous process including supporting all the DASCOS/ DMLTs to conduct supportive supervision during the National RRI Campaign.

9. Conduct facility / community injection safety sensitization meetings

Two-day training for health care providers and community health workers was conducted, 60 participants from PGH Kakamega (30 health care providers and 30 support staff) were trained in IP/IS/Medical Waste Management.

10. Trainings: The following trainings were conducted:

Table 10: PITC Trainings

Training event	No. of Trainings	No. trained
PITC Training	1	30 participants
Couple Counseling training	1	25 participants

11. Printing of T-Shirts and bags for Home based HIV-Testing providers: Orders placed and the tenders had been awarded.

Other Activities

- 1. Follow Up of HIV-Positive clients :** This was conducted in Hamisi District, Shire Division where **137** clients had tested HIV positive. **106** clients were traced, **61** are already attending various CCCs, some going as far as Osorio in Rift Valley. During the exercise, **84** clients were tested with 4 testing HIV-positive.
- 2. PITC Advocacy meetings:** The meetings were conducted in 14 major health facilities to advocate for the inpatient PITC services. Two meetings were conducted at PGH due to the large number of staff within the institution. There was overwhelming support from the facility management teams. PITC services were being offered in all the health facilities visited. E.g., in Alupe SDH, PITC was being offered even in the Pharmacy.
- 3. Supplies and commodity:** There was an erratic supply of test kits. Most of the health facilities lacked gloves.

Challenges

- 1. Shortage of VCT counsellors** following the closure of DSW which had employed 15 Counsellors in the Province leading to closure of some VCT centres, e.g., Iguhu D H and Bukura HC. Some facilities did not get replacements following the transition of staff to Capacity Project.

Indicators & Targets

Table 11: Targets & indicators table for CT

Indicator	Year 4 target	Year 4 Quarterly Accomplishments	% Accomplished
Number of service outlets providing counseling and testing according to national and international standards.	250	250 (re-check sites)	100%
Number of individuals who received counseling and testing for HIV and received their test results.	180,000	136,374	76%
Number of individuals trained in counseling and testing according to national and international standards.	300	86	28 %

Table 12: Data Analysis for CT uptake by entry Points (try charts)

CT Data Y4 Q1 Oct-Dec 2009						
PITC		<15 male	<15 female	>15male	>15female	Totals
Number counseled	Outpatient	8896	9845	25397	45809	89,947
	Inpatient	1488	1672	3018	4455	10,633
Number tested	Outpatient	8192	9542	22,997	42,950	83682
	Inpatient	1462	1700	2996	5572	11,730
Number HIV +ve	Outpatient	255	266	1281	2770	4572
	Inpatient	51	47	334	525	957
VCT						
No. counseled		2144	2433	16186	20361	41,124
Tested		2123	2433	16098	20,308	40,962
Positive		44	41	925	1563	2573
Couple tested						2178
Couple both +ve						128
Discordant						83
Door to Door						
No. counseled		3248	3722	5348	8927	21,245
Tested		3248	3722	5348	8926	21,244
HIV +ve		36	30	183	441	690
Couple counseled						470
Couple Tested						461
Couple both +ve						6
Discordant						30
Total counseled		12,528	13,650	44,601	70,625	141,402
Total tested		11,777	13,675	42,091	68,830	136,373
Total HIV +ve		350	698	2540	4858	8446
Couple tested						2178
Couple both +ve						128
Discordant						83
Total tested		15,239	16,932	40,628	79,416	152,115
Total HIV +ve		347	359	1702	3721	6138
PITC- Outpatient		3.0%	2.9%	5.5%	6.4%	5.4%
PITC- In patient		2.7%	2.2%	12%	9.7%	7.8%
VCT		2.4%	1.7%	5.8%	7.6%	6.3%
Door to door		1.1%	0.8%	3.4%	4.9%	3.2%

Analysis of the findings.

There was an increase in PITC service uptake from 35,328 in the previous quarter to 95,412 associated with the RRI campaign with PITC inpatient increasing from 3,788 to 11,730 this quarter. The positivity rate among the inpatient male above 15 years is higher (12%) compared to female inpatient at 9.7% contrary to normal perception.

CT Service utilization

Figure 7: CT Uptake by Entry Point

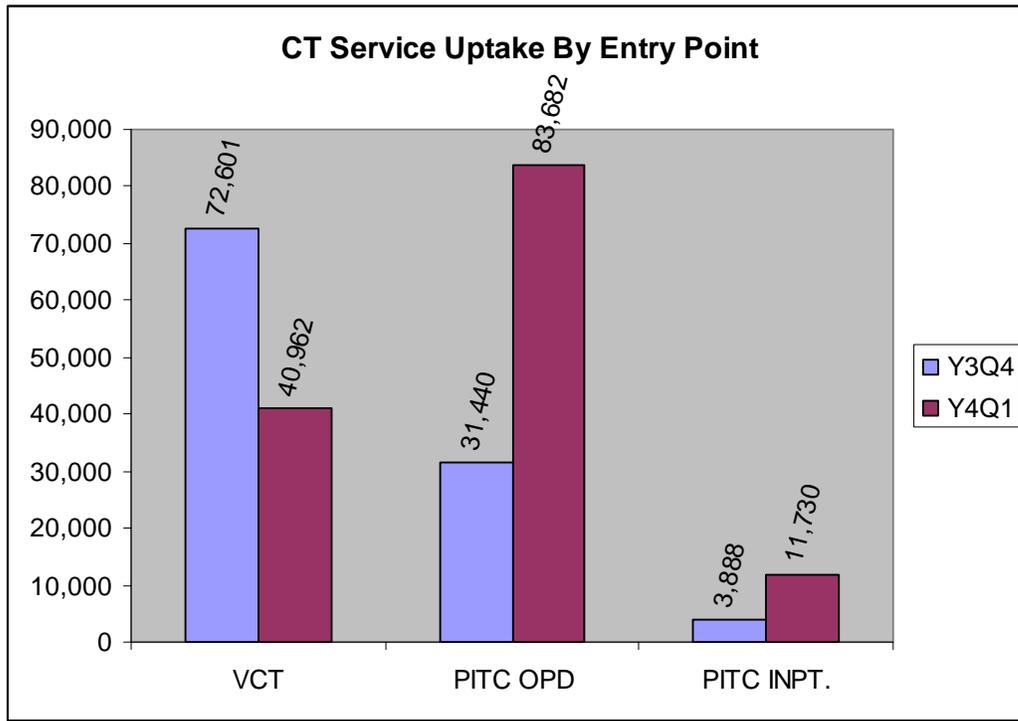


Figure 8: CT Uptake by Entry Point (PPP Contribution)

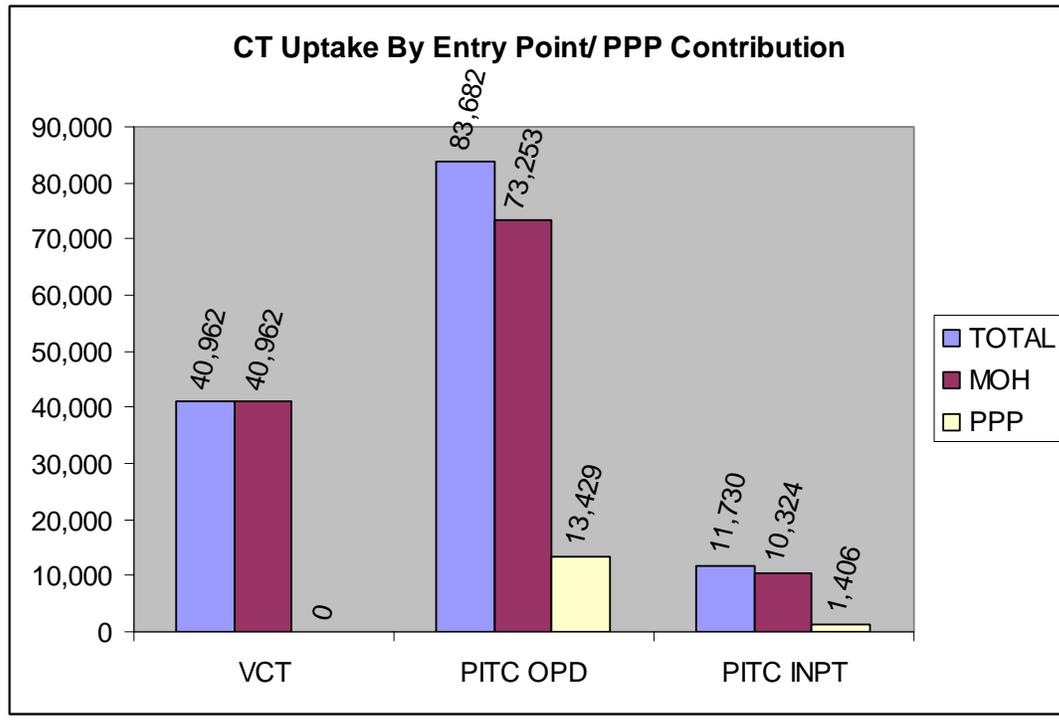
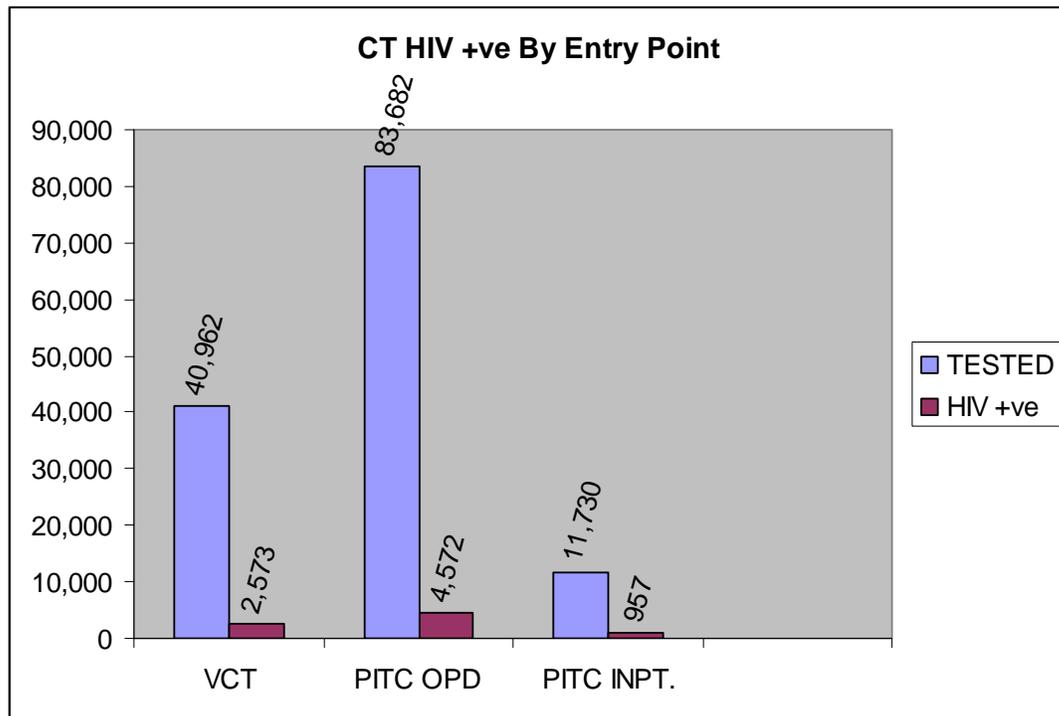


Figure 9: HIV Positive clients by Entry point



Emerging issues/Case Studies/Success Stories

In Mumias, a polygamous man with 5 wives accepted to be tested with all the five wives and they all tested negative. The third wife was initially reluctant to take the test as a group, but later accepted.

Table 13: HBHTC through Positive Client index

	<15yrs		15 - 24yrs		25 yrs		TOTAL
	M	F	M	F	M	F	
Counseled	645	696	458	654	675	1249	5035
Tested	645	691	451	645	580	1234	4983
HIV +	19	16	11	19	45	99	209
Counseled							136
Tested							129
Both HIV +							2
With discordant results							11
Prevalence	2.9	2.3	2.4	2.9	7.8	8.0	4.2

During the RRI, VCT counselors in 16 health facilities were supported to follow the HIV positive clients to their homes to offer HBHTC to their family members. A total of **5035** clients were counseled and **4983** were tested. **209** tested HIV positive.

In Iguhu, the PLHAs support group took up the role of community mobilization and they mobilized their colleagues for HBHTC. In most cases when the counselor visited the PLHAs homes, the latter invited the neighbours for an HIV test implying that the stigma associated with HIV infection is declining.

Lessons learnt:

- Involving HIV positive clients to mobilize the community for HBHTC can be very effective and they are highly motivated to do so.
- HBHTC using the positive client index can be very successful especially if the PLHAs support groups are involved.
- There are clients under HIV care yet their family members do not know they are HIV infected including the spouses.

Planned activities next quarter

1. Conduct HBHTC in two 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 one PITC training (1 trainings of 30 pax, 5 day).
6. Support Quarterly DASCOS/DMLT, Counselor supervisors quarterly review meetings.
7. Conduct CT outreaches for children(focusing on OVCs).

8. Support defaulter tracing of positive children by CHVs.
9. Train Providers in Supervising HIV/Aids services.
10. Support monthly discordant couples support group meetings(18 groups).
11. Train ToTs in HTC.
12. Dissemination meetings for HTC guidelines.
13. Conduct HTC Advocacy meetings.
14. Conduct CT supportive supervision.

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 PHMT, DHMT/MOMS to conduct RH support supervision:** RH supervision was done in Busia, Hamisi, Teso and Mt. Elgon districts. Mother Baby booklets and Community referrals notebooks distributed in Kakamega South District. SBM-R follow up was done in Vihiga, Busia, Webby and Bungoma District hospitals and Kakamega PGH.
2. **Support the IMCI focal persons to conduct IMCI follow up:** DHMTs of Busia, Samia, Bungoma East and West, Hamisi and Teso South districts were supported to carryout IMCI supervision. The PHMT and DHMTs of Samia, Teso and Hamisi were supported to supervise Malezi Bora activities.
3. **Support community-facility linkage meetings 10 facilities:** 9 Community-facility linkage/COMPAC meetings were held, reaching 270 people with RH messages.
4. **Trainings: Were conducted as shown in the table below:**

Table 14: RH/FP Trainings held

Training event	Number HWs trained
FANC/MIP/TB facility-based training	60
AMTSL and Newborn care	150
SBM-R Module 11	25
EPI refresher training	30
IMCI case management	24
Essential Obstetric Care for Community Midwives	30
Performance Quality Improvement	25
Standards-Based Management and Recognition	25
Clinical training Skills (Counseling and Testing, IUCD insertion and Removal and Implant insertion and Removal)	20

5. **Support Whole Site Trainings (WST) for Service providers on Maternal and neonatal Death notification and reviews:**
 - Provincial Maternal and Neonatal Death notification and Review committee formed

-
- All major GOK and FBO hospitals have formed Maternal and Neonatal death notification and Review committees
 - A meeting was held with DPHNs to address community issues that contribute to deaths.
- 6. Purchase Furniture for maternity and MCH clinics in 3 select facilities:** Furniture purchased for 4 sites (Khahoya, Madende, Shikunga and Khasoko).
 - 7. Site Renovations /Equipping and upgrades (Maternity and MCH Clinics) :** Tendering process ongoing.
 - 8. Purchase of 40 delivery packs for community midwives:** Purchased and distributed to facilities in Bungoma East, Kakamega north, Mt. Elgon, Hamisi, Bungoma South, Emuhaya and Busia.
 - 9. Support quarterly RH meeting for MOMS/MOPHS:** Meeting was held on 30/12/2009 at Kenafya hall and addressed maternal and neonatal deaths at facility and community level, improving EPI uptake in the Province among other issues.

Activities not accomplished

- 1.Support integrated and Long-term and Permanent contraception outreaches:** The project is weaning off this activity so that it becomes a routine MoH activity.
- 2. Sensitize Maternal Health Volunteers (MHVs) on referral package (Transport refund and Mama Packs):** Yet to agree on modalities with the PHMT/DHMTs.
- 3.Purchase and distribute 1,300 Mama Parks target districts – Mt Elgon, Bunyala, and Lugari:** The team deliberated on the content and quantities and procurement is underway.

Others activities

1. Meetings:

- Maternal Neonatal Road map and Maternal Death neonatal Death Notification and Review Provincial Dissemination meeting – Shieywe Guest House - 27/10/09.
- Scaling up the implementation of focused Antenatal care in ECSA region workshop, 23-25 November 2009, Safari Club, Kenya.
- Malezi Bora campaign launch – Nambale -Busia 5/11/2009 by MOPHS.
- Orange Fleshed Sweet Potato project dissemination meeting – Mabanga Farmers Training Center – Bungoma 4/12/09.

Analysis of indicators and targets

Table 15: Training Targets and Achievements for RH

Indicator	Yr 4 target	Year 4 Quarterly Accomplishments	% Accomplishment
		Oct-Dec 09	
Number of health workers trained by training topic (e.g., CTU, IUCD, EOC,ANC PNC, IMCI, PAC, etc.)	80	364	>100%
Number of health workers trained in management and supervision (COPE, FS, youth-friendly services, SBM-R)	50	25	50%

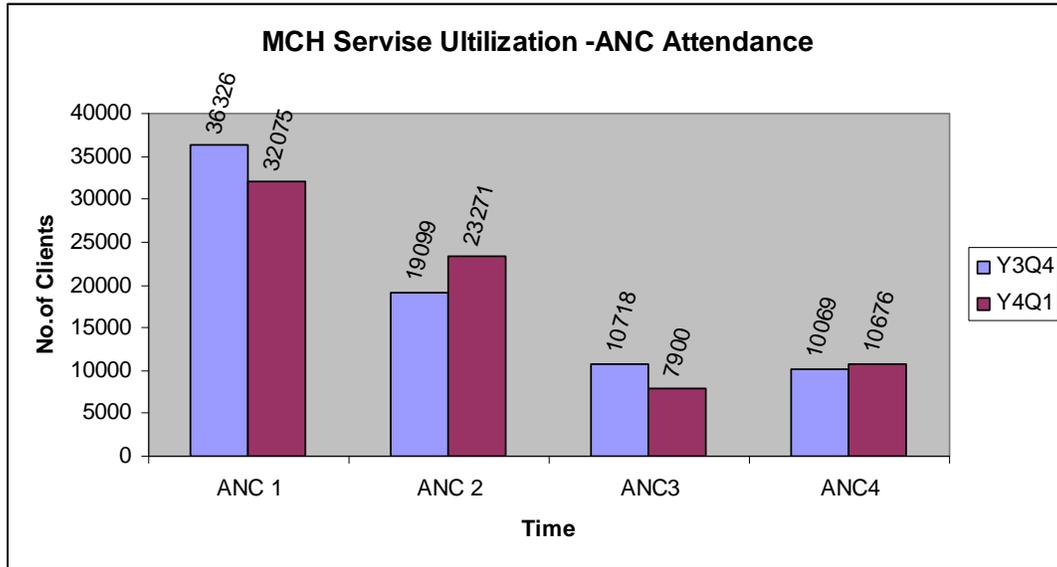
Analysis of indicators and targets

Table 16: Targets and Achievements for Integrated Services

Indicator	Year 4 Targets	Year 4 Accomplishments	% Accomplished
		Oct-Dec 09	
Number of outlets providing integrated FP/HIV services: HIV-related palliative care(incl. TB/HIV)	250	253	>100%
Number of ANC clients receiving presumptive malaria medication at the health facility	45,000	19,298	43%
Number of complicated deliveries successfully managed	6,000	1,097	18 %
Number of clients receiving PAC services	3,000	916	31%
Number of sites reporting RH/FP	350	374	100%

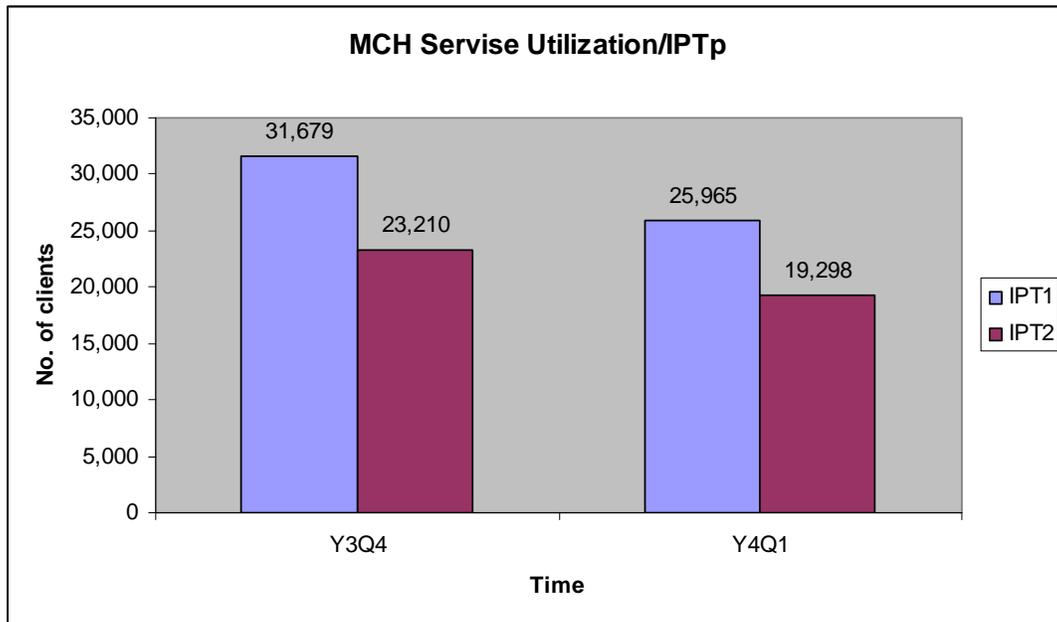
MCH service utilization

Figure 10: MCH service utilization/ANC Attendance



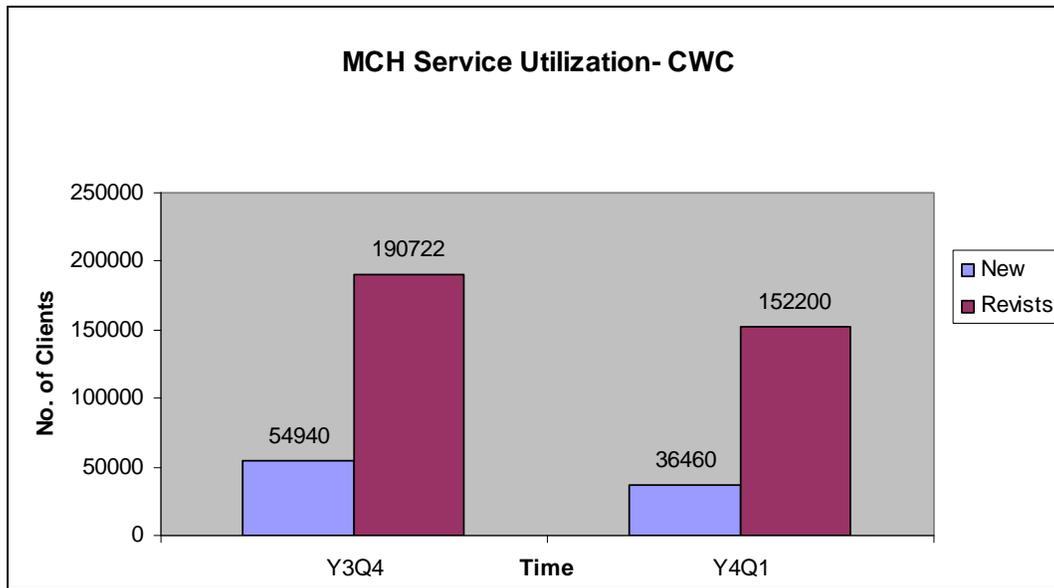
There is a slight increase in ANC4 and a drop in ANC1.

Figure 11: MCH service utilization/IPTp



There is a general decline in IPT 1 and 2 uptake comparing Y3Q4 and Y4Q1.

Figure 12: MCH service utilization/CWC Attendance



There was a significant drop in the number of new clients as well as revisits

Table 17: Maternity Services

Type of Services	Y3Q4	Y4 Q1
PAC	820	916
Total deliveries	12,030	11,334
SVD	9,987	9,995
C/S	885	890
Breech	213	207
Referrals	609	791
Maternal deaths	37	25
Neonatal deaths	148	109

RH Data from Private Facilities:

- 5 Maternal deaths (20%) and 21 Neonatal deaths (19%) occurred in Private Facilities.
- 3,002 deliveries (27%) and 35% C/Sections were conducted in Private Facilities.

Table 18: Family Planning Service utilization

District	Family Planning Method Mix Oct-Dec 2009								
	Pill Cycles	Depo	Implants	IUCD	Condoms	Postinor 2	BTL	Vasectomy	CYP
Bungoma E	3164	4848	77	27	73084	39	28	0	2623
Bungoma N	2181	1840	292	107	21760	41	85	2	2883
Bungoma S	4182	5248	167	22	43898	246	57	2	3111
Bungoma W	2333	3628	64	27	17160	7	92	1	2269
Bunyala	392	1044	16	6	40320	11	15	0	821
Busia	3249	7449	94	37	4847	108	7	2	2659
Butere	3093	4311	204	48	53746	69	2	0	2636
Emuhaya	1898	1075	200	19	62650	16	60	0	2165
Hamisi	1434	1190	105	10	8903	22	28	0	1096
Kak Central	3007	7281	86	151	10397	4	10	1	3025
Kak East	1117	1564	18	170	42335	20	2	0	1494
Kak North	3012	1699	0	10	36400	71	0	0	970
Kak South	1657	1450	36	1	24135	45	34	0	1079
Lugari	6667	5099	110	61	38880	60	65	0	3167
Mt. Elgon	2060	1885	54	26	10240	32	15	0	1097
Mumias	3432	3022	106	234	40595	188	55	0	2968
Samia	1545	1188	31	0	10720	5	22	0	774
Teso North	1480	4054	139	23	29395	28	55	0	2366
Teso South									
Vihiga	3016	4749	76	62	177597	33	13	0	3458
Provincial Total	48919	62624	1875	1041	747062	1045	645	8	40660

Community Midwifery: There were 104 deliveries conducted by community midwives reported in the quarter. Other services provided are as shown in the table below:

Table 19: Community Midwifery Activities

Service	Visit Type	No. of Clients
ANC	1	165
	2	91
	3	44
	4	57
IPTp	1	115
	2	82
CWC	New	319
	Revisits	575
FP	New	275
	Revisits	716
Deliveries		104
Referrals		36

Planned activities next quarter

1. Youth-Friendly service - for Adolescent and Child Health
2. Cancer Of Cervix screening using VIA/VILI
3. Essential Newborn Care training

-
4. SBM-R MODULE III for service providers
 5. AMTSL and newborn care
 6. Dissemination of the Maternal Child Health Road map and Maternal and Neonatal Death notification and Review guidelines to the Districts
 7. Support community-facility linkage committee meetings to enhance referral
 8. Advocacy and community mobilization for RH services
 9. Support comprehensive and integrated outreach services

CHILD SURVIVAL (Busia and Teso Districts)

Planned Activities and Accomplishments

1. **Conduct one refresher training on EPI for service providers from Samia, Bunyala Districts:** 60 HWs trained.
2. IMCI clinical case managements training for 24 participants target, Samia and Bunyala Districts: 24 HWs trained.

Planned activities next quarter

1. Support logistic supply of Gas for KEPI fridges
2. Support immunization campaigns, Vit. A supplementation and de-worming in five districts.

Activities not accomplished

1.Support immunization campaigns, Vit. A supplementation and de-worming in five districts:
The DHMTs had had a national immunization campaign and hence postponed.

Challenges:

1. Stock out of OPV

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 accomplishments

Support monthly facility-community linkage meetings:

- The meetings were conducted in 31 health facilities. The newly tested clients were referred to the community-based support groups after being counseled.
- The facilities gave lists of defaulters to the committee and members to facilitate defaulter tracing.
- Pediatric support group meetings went on in 26 facilities.
- The members encouraged each other to put more emphasis on IGA and to write TOWA proposals to their support groups.

Planned Activities next Quarter

1. To support facility-community linkages committees monthly meetings.
2. Support facility-community linkages meetings to enhance referrals.
3. Advocacy, Community mobilization for RH, COMMPAC and hospital delivery.

1.3.2: Manage public private partnerships

Overview of the period under review

1. Supported private facilities to participate in the accelerated HTC month
2. Two facilities initiated CCC services
3. Two facilities initiated basic care services
4. Three Public-Private Partnership Development meetings between Private Health Providers and MOH Officials were organized at the District levels.

Planned activities and accomplishments

1. Renovation one ART site: The renovation requirements for Kima were identified, scope of work developed and the contract awarded.

2. Install ART dispensing tool in Nzoia: The electronic ART dispensing tool was installed and the Project procured computers for the facility and the staff provided with the necessary skills and knowledge to use the tool in ART dispensing, inventory management and report generation.

3. Continue with follow up/supervision visits to 15 facilities: 27 supervisory visits were made jointly with DHMTs during the quarter reaching 71 facilities to ensure that staff are providing quality services to their clients, and that they have access to the necessary commodities. These visits were used to follow up the staff trained by the project.

4. Procure Delivery kits: The bids were floated and quotes have been received, analysis is complete and the kits will be received in quarter two.

5. Trainings: Were conducted as shown in the table below:

Table 20: Public Private partnerships Trainings

Training event	Number trained
PITC training	31
Business training	31
Commodity management training	29

PPP Contribution in Trainings:

- 51% of the HWs trained in PITC and 34% of those trained in Commodity Management Trainings were from the private sector.

6. Support three outreaches at workplaces and other private facilities: Three sites were supported to conduct ten outreach services through which 287 people were reached with curative services, 127 provide with ANC services, 151 provided HCT services and 207 attended child welfare clinic.

7. Continue supporting processes for the establishment of two ART sites and two care centers: ART services were initiated in Mumias and Tanaka, pre-ART registers opened and started enrolling patients. The HIV/AIDS care management sites were started in Chimoi and Jamia Clinic, Mumias. Both centers are currently offering services.

8. Support four stakeholder meetings at the district level: Three Stakeholder meetings were held during the quarter for Samia, Emuhaya and Bungoma South Districts. A total of 61 providers attended these joint meetings with the relevant DHMTs.

9. Introduce and institute referral forms in the private facilities: The Project continued to distribute referral forms to the facilities during the supervision visits and also during the stakeholder meeting.

Other Activities

1. National Accelerated HTC Month: The Project encouraged private health providers in the province to participate in National health campaign. A few facilities were supported to participate in the accelerated HTC campaign in November 2009 whereby a total of 2,552 clients were reached with HTC services as follows below:

Table 21: PPP Home Testing and Counseling by facility

	FACILITY	District	No Tested		Total	HIV +		Total
			<15	>15		<15	>15	
1	Equator Nursing Home	Emuhaya	0	53	53	0	1	1
2	Kima Mission	Emuhaya	50	240	290	1	15	16
3	Coptic Mission	Emuhaya	9	233	242	0	22	22
4	Chimoi Mission	K. North	19	332	351	0	4	4
5	Chebwai Adventist	K. North	39	116	155	0	4	4
6	Tanaka Hospital	Busia	1	27	28	0	3	3
7	Kaimosi Mission	Hamisi	60	83	143	1	3	4
8	St. Mary's Hospital	Mumias	57	246	303	2	18	20
9	Dreamland	Bungoma	9	52	61	0	0	0
10	Elgon View	Bungoma	5	113	118	0	3	3
11	St. Damianos	Bungoma	10	143	153	3	13	16
12	Nzoia Sugar	Bungoma	2	159	161	2	7	9
13	Mukumu Mission	K. East	58	341	399	1	37	38
14	Nabomboto	Samia	0	95	95	0	6	6
15	Chebon	Elgon	7	41	48	0	1	1
16	Cheptais	Elgon	25	45	70	0	1	1
	TOTAL		351	2319	2670	10	138	148

Number of Sites Supported by the Project

Table 22: Public Private Partnerships sites by Service area

Service Area	A2W Supported Sites	PPP Supported/ Reporting Sites	Total
ART	51	2	53
PMTCT	188	89	277
TB	220	33	253
CT	250	80	330
RH/MCH/FP	350	92	258

Activities not accomplished

- 1. Support one HIV/AIDS committee training:** due to unforeseen circumstances, the committee had personal commitments and requested that the activity be postponed.
- 2. Purchase infection prevention supplies:** The procurement process is underway.

Challenges emerging & recommendations

- 1. Shortage of test kits:** Most of the private facilities are not on the ACMS distribution list and were not supplied with the kits.
- 2. High staff turnover in the private sector:** The current recruitment efforts in the Province by the MOH, Capacity Project and Constituency development funds have greatly absorbed staff from private facilities.

Planned activities next quarter

1. Renovate and equip one ART site
2. Support one HIV/AIDS committee training
3. Continue with follow up/supervision visit to 15 facilities
4. Procure Delivery kits
5. Conduct one PMTCT training for Private Health Provider.
6. Support three outreaches at workplaces and other private facilities
7. Support three stakeholder meetings at the district Levels
8. Conduct one PITC training
9. Conduct one Pediatric ART Training
10. Purchase infection prevention supplies



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

Following the need to closely monitor BCC activities in the districts, the result area assigned each advisor the responsibility to oversee activities in each of the 8 larger districts. Despite this shift in tasks, the advisors continue to give technical input to their areas of expertise. Each of the advisors has been assigned a technical officer to assist in the district coordination.

During the quarter many activities were affected by the December festivities, *El nino* rains and school examinations but nevertheless the set targets were achieved.

BCC steering committee:

Planned activities/accomplished

The project planned to support one BCC meetings aimed at discussing active involvement of all partners, achievement of A2W for the last 3 years and handing over to NACC for coordination but only one BCC meeting was supported by APHIA HCM. The other meeting was not held due to competing tasks by the members.

Challenges:

The major challenge is sustaining the BCC committee due to overreliance on A2W coordination and support by the members.

Planned activities for next quarter:

A BCC meeting to transit the coordination of the committee to NACC and the Ministry of Public Health and Sanitations. The Change coordinator will provide technical support and guidance to the committee in the remaining 3 quarters.

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

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

Planned activities and accomplished

FF monthly review meeting: 3 monthly review meetings were held between the field facilitators, the community agency coordinators and the advisors to review the progress of activities in the districts. Reports were submitted from 2,732 community health volunteers and the field facilitators who participated in the district-focused meetings.

Community dialogue discussion

A total of 30,522 community dialogue discussions were conducted by 2,732 community health volunteers. These were attended by 71,822 males and 105,980 females. Out of the 177,802 individuals reached, 16,857 females and 32,294 males were new. This having been

a harvesting and short season for planting, there was low turnout compared to the previous quarter.

Assist health facilities to conduct integrated mobile health outreach:

The community outreaches in partnership with the Ministry of Public Health and Sanitation were planned to be mobilized around 36 sites every month 143 outreaches were conducted in partnership with the health facilities.



Figure 13: A community health volunteer facilitates a health dialogue session at Musikongo village, Kakamega central district

The following services were provided during the outreaches

Table 23: Clients Reached through Health facility/Community Outreach

Service	# people obtained service
Immunization	2604
Curatives	children 2358; adults 2294
PMTCT	375
ANC	123
VCT	1183
FP	288

**The above numbers are captured in the health facilities data*

Print referrals forms and reporting tools: There were adequate referral and reporting tools for the CHVs therefore there was no need to print more.

Produce T-shirts: Procured 300 T-shirts and radios to be used for prizes in the JAY radio campaign. The campaign will be launched next quarter.

Conduct Refresher courses for 300 troupe members: The trained TOTs from the Magnet Theatre groups continue to provide onsite refresher courses to the Magnet Theatre troupes.

Conduct peer family activities: The peer family activities aim at promoting communication between parent and child. The below were reached in the districts

Table 24: Peer family Activities

Districts	Total No. of participants						Total Male	Total Female
	0-14 years Male	0-14 years Female	15-24 years Male	15-24 years Female	25+ years male	25+ years Female		
Bungoma East	186	234	307	310	443	502	936	1046
Bungoma North	343	410	573	708	514	574	1430	1692
Bungoma South	1100	1216	1829	1829	2047	2174	4976	5219
Bungoma West	712	870	722	807	1055	1327	2489	3004
kakamega North	252	287	252	289	408	484	912	1060
Mumias	581	676	904	966	749	914	2234	2556
Samia	121	157	122	175	222	407	465	739
Vihiga	492	663	1031	995	981	1053	2504	2711
Total	3787	4513	5740	6079	6419	7435	15946	18027

The following referrals were also made

VCT	ART	PMTCT	ANC	MAL	TB	FP	IMMUNIZATION	CONDOMS issued
1168	184	383	522	1251	199	930	1150	20,833

Conduct peer family monthly meeting: Monthly meetings were held for the 10 Peer family leaders.

Peer family discussions: Peer family discussions continued at community level. Linkage with the facilities and the provincial administration is good in some groups, e.g., around Sabatia health centre, Mechimeru dispensary, Tamlega dispensary, Webuye district hospital, and Sio port health centre.



Figure 14: A peer family facilitator conducting a dialogue session at Kiluyi village, Chwele sublocation

In collaboration with result 1, the peer family facilitators were trained on community-facility linkages in enhancing skilled deliveries at health facilities. This took place around Sabatia health center, Mechimeru dispensary and Sio-port health centers.

Challenges:

- High demand from the community for expansion for peer family program.
- The referral systems from the community to facility is still weak.

Produce and broadcast 12 episodes of radio programs: Twelve (12) radio episodes were produced and broadcasted on Diarrhea, Counseling and Testing and enrollment of children below the ages of 14 on pediatric ART which brought to total number of radio episodes aired on WEST FM since July 2008 to date to 77.

During the radio shows 105 short messages (sms) -- (see appendix) and 60 callers also got the privilege to ask questions or share their opinions on the show.

The G-pange Campaigns for HIV Free generation was also broadcasted. The spots provided publicity for the talent search at the District level, besides calling upon the youth to know their HIV status. The radio spots were broadcast in two stations, mainly Radio Mambo in Webuye and WEST FM in Bungoma. The GATE event in Bungoma was broadcast live on radio mambo. QFM along side with other stations mentioned conducted live interviews with participants and broadcasted some of the items presented during the event. The G –amini talent explosion enhanced the reach of the youth with HIV and RH messages through the radio.

Produce JAY Newsletter: A total of 170,000 copies of the Newsletter were produced and circulated to community members through existing structures.

Produce 2 technical updates for CHVs: 3,500 copies of the second issue of update on violence against women was printed and circulated to community health volunteers.

Introduce prizes for the Radio programme to help boost the Listenership: The prizes for the Radio programs that have been acquired are T-shirts and small portable radios. A strategy has been developed for delivering prizes after a question and answer sessions.

Document success stories: The following success stories have been documented

- The role of provincial administration in ensuring that mothers deliver at a health facility
- How systemic child counseling is assisting children infected and affected by HIV and AIDS cope in their daily lives
- Male support towards family planning
- Nzoia sugar company HIV workplace activities

The success stories have been published in the Project Newsletters.

Challenges/Emerging issues

- Addressing emerging needs of the community outside health activities

-
- There is still generally low male participation in project activities
 - Inconsistency in documentation of some activities at the community level
 - Competition from other projects working in the same communities and especially those that gives handouts to community members
 - Cultural inclinations hinder effective facilitation of some health topics especially on Reproductive Health and Sexuality.

Recommendation

- Capacity building of groups to properly document their work
- There is need for a clear phase-out strategy and sustainability plan for the formed groups/structures. The groups have been encouraged to develop proposal for funding from other development agencies.

Planned activities

- Support MT performance by Magnet Theatre groups
- PF facilitators conduct monthly sessions with 2 family groups
- Conduct Dialogue Discussion sessions on health issues
- Issue condoms through community health volunteers
- Refer clients for services
- Support women network activities
- Peer family discussions
- Peer family facilitators' monthly feedback meetings
- Refresher training for the peer family facilitators
- Continue to broadcast the JAY radio program
- Introduce prizes for the radio program to help boost the listenership
- Produce CHV update
- Produce JAY newsletter
- Hire consultant for documenting success stories
- Video documentation for the project.

2.1.2: Establishing and strengthening formal and Informal Workplace Programs

The workplace program focuses on companies, ministries and institutions and the Most at Risk groups like the commercial sex workers, Fisherfolk, truck drivers and *boda boda* riders are also reached through the informal worksite activities. A total of 46,180 males and 51,692 females were reached out of which 11,147 males and 990 females were new.

Planned activities and accomplished

Conduct dialogue discussions: Health discussions continued at the worksites and in the community. The CSW groups in Mumias district have initiated IGAs to improve their livelihood alongside the dialogue discussions. Some motivators trained in HBC have initiated HBCS and are able to link up with the St. Marys hospital where they help in ARV defaulter tracing. 3 clients out of the 33 have been traced back to the treatment regimen.

Feedback meetings: The workplace motivators attended joint monthly district meetings with the rest of the R2 components.

Teachers as worksite: A total of 949 male and 1,208 female teachers were reached by the peers with behavior change communication messages. While the activities are ongoing,

inconsistency and non-commitment was noted in its implementation that could be a result of high expectation and competing tasks. Therefore the project intends to work closely with Kenya Network of Positive Teachers (KENOPOTE) to strengthen the implementation of teachers' worksite activities.

Provide grants to informal worksites/groups: The project continued to provide grants to the informal worksites including self help groups and CBOs.

Survivors, a CBO that works with the sex workers in Busia secured an office that they intend to use as an outreach site for health care. This is as a result of delayed services wherever they refer clients to the facilities. During the quarter they achieved the following:

- 205,567 male condoms were given out.
- 203 males and 1,407 females were trained on condom use and disposal.
- 240 males and 508 females were reached with messages on HIV/AIDS through community outreaches.
- 4 cases of human right violations were reported at the police station.
- 5 sex workers began taking their children to hospital for immunization.
- Successfully applied for Kshs. 457,800 from AMREF Maanisha to carry out activities in 2010 due to the ongoing institutional strengthening by A2W.
- Reached 198 males and 1,064 females through the radio group meetings with trained peer educators.

They also referred clients to the district hospital being their nearest health facility

- VCT: 43,
- ART; 62,
- PMTCT; 32
- ANC: 5,
- MAL; 13,
- TB; 15,
- FP: 62,
- Immunization: 6

Indangalasia Community HIV/AIDS Resource Centre formed by the *Boda Boda* group was also supported to work with the *Boda Boda* riders. At the beaches of Port Victoria, AVOCHE ACK was supported to work with fisher folk community. Through the groups activities a total of 641 males and 2979 females were reached. Wadada Self group had leadership problems, therefore they were not provided with grants in the quarter.

Truck drivers:

The KLDTU was supported to continue work with the truck drivers, turn-men and communities along the borders to address HIV. The union works in collaboration with Africa Development and Emergency Organization targeting community men (money changers, *boda bodas*, and clearing agents) and FLEP Care and Support Cluster for OVC and PLWHA's.

The below table shows the number of people referred using the referral tools and type of services.

Table 25: Truck Drivers referrals

	VCT	ART	PMCT	ANC	MAL	TB	FP	IMMUNIZATION	CONDOMS issued
Truckers	184	96	102	18	402	10	19	16	5340
Community	26	6	2	6	50	3	10	16	
Total	210	102	104	24	452	13	29	32	5340

During the quarter the coordinator attended KPSAN (KENYA PRIVATE SECTOR ADVISORY NETWORK) which was held in Kisumu. The purpose of the meeting was to meet the stake holders and share the objectives as pertaining the proposal writing, introduction of KPSAN and its role in HIV/AIDS interventions, sector introductions, strategic plan and role of participants in the program.

Others

NIDU

The alcoholic anonymous in Busia conducted the following activities shown in the table

Table 26: NIDU Activities

Activity	M	F	Total
Meetings	419	263	682
Awareness campaign	561	294	855
GBV	34	31	65
PLHA support groups on drugs and substance	635	663	1298

There was an exchange programme between the programme staff of Pand-Pier Catholic Centre in Nyanza and FLEP on sharing experiences on working with the Alcohol groups. This was supported by AED and all the monitoring tools were reviewed and the clinical staging shared. Both the programmes had strengths. Mainly Pand-Pier had very good monitoring systems while the FLEP program was rich in community ownership. It was agreed that FLEP should visit Pand –Pier to adapt the tools.

Training of Nzoia water Service Company

Nzoia Water Service Company, in collaboration with DED Germany was able to finance training of 22 peer educators where A2W provided technical assistance and facilitation during the exercise.

Challenges/Emerging issues:

- Inconsistency in conducting sessions at Mumias Sugar Co. resulting from changing shifts and staff retirement.
- CSWs are highly mobile and keep changing their area of operation/town.
- High expectations and competing tasks by teachers trained as peer educator for the teachers HIV in the worksite activities.
- Lack of female condoms
- Physical abuse of sex workers

-
- Clients who have defaulted taking drugs are scolded in some facilities therefore they stop taking their drugs for fear of being harassed.

Sub-result 2.2: Expanded prevention programs targeting the Youth

2.2.1: Developing life skills and healthy behaviors among youth

The component targets both youth in and out of school between ages 14 and 24 years.

Train 400 teachers to train peer educators: The training was not conducted in view of changing the strategy to supporting Tuko Pamoja health corners as a means of reaching the students more effectively. This change of strategy was informed by a rapid assessment that showed competing tasks between the teachers trained and other health education projects in schools. The corners will be piloted in 50% of schools the project is currently working with.

Peer Educators conduct activities/peer education in schools: The youth continued conducting peer education in schools. The teachers trained in August reached 15, 812 boys and 17,751 girls, giving a total of 33,563 reached. However, most activities for the youth in school were affected due to exams and the December holidays.

AEOs and TAC Supervisors activities: The AEOs and TACs continued to conduct their supervisory activities to schools with the support of APHIA. The project facilitated them with airtime and transport to collect reports. It was noted that there was laxity in submission of returns.

Support 2 higher institution of learning: The project continued to work with Masinde Muliro University in reaching out to the Youth. According to the AIDS Control Unit and the Masinde Muliro University clinic, the students have been very useful in health education and making referrals for VCT. The projects will initiate activities in Eregi TTC in the next quarter given that October-December was a busy period for most of the students and the college was closed.

Quarterly AEO, DEO reports review meeting: A one-day meeting was held with the AEOs and DEOs to review reporting from the schools. It was noted that there were delays in reporting and some reports were not done properly. It was agreed that the reports should be submitted to the DEOs office by 5th of every month for data entry. The meeting was attended by 60 officers with the support from Provincial Director of Education.

Support KGGA activities: Kenya Girl Guide Association mapped out schools with active members in 5 districts of western province for implementing the Life skills activities for the girl guides. A sub agreement has been signed with the association and an implementation plan developed.

HIV Free-Generation Youth activities:



Figure 27: Right; A youth performs a choreographed dance and left: a youth group being awarded during the district GATE competitions

G-Amini/G-jue events were held in the 8 districts where 4,002 youth were reached with BCC messages, 497 youth were tested for HIV during the event. The events (registration, vetting, competition and post-event meetings) were planned and implemented in partnership with Ministries of Youth affairs, Medical services, Public Health and Sanitation, Education, Social services and other youth serving organizations such as PSI, DSW, KANCO, MMUST and A2W-supported youth organizations. The partners formed district coordination committees (DOC) to oversee the events at the district and a Regional steering committee (RSC) for overall coordination of the events in the province. Provincial and National talent explosions are planned for January and February 2010 respectively.

Provide grants to 13 Youth groups:

The project renewed sub agreements with 12 sub-grants to conduct BCC activities including peer education, sports, outreaches and review meetings. In Bungoma, Muslim Youth group has recruited the young girls involved in sex work to change their behaviour.

Other Youth activities including outreaches, talents shows, and tournaments: The youth out of school reached a total of 39,938 male and 43,580 females using multiple activities and events. Youth referred for the following services:

Service	Total reached
VCT	2466
ART	245
PMCT	538
ANC	703
MAL	2240
TB	814
FP	1582
IMMUN for children	1142
CONDOMS issued	103,479

Monthly Feedback meetings: The youth attended the 3 monthly feedback meetings held in their respective districts through the coordination of the A2W advisors.

Quarterly Review meeting for anchor organizations and Youth grants: There was no quarterly review conducted with the youth anchor organizations and youth grants because of the December holidays.

Support Youth Highway activities: The project supported Central Youth and ADEO to conduct Health Education along the Malaba and Busia Highways.

Train 400 New Youth: This was not done due to budgetary constraints and reallocation. Priority was given on HIV free Generation activities.

Others

Health Education for Mumias Deaf Youth Group

The project identified a strong youth group for people with hearing challenges and 83 of them were tested for HIV during the outreaches and 238 referred for various health services.

Youth centres: A total of 2,010 youths were reached in the month in umoja and Akimorasit center through videos. A total of 43 males and 47 females were tested through outreaches conducted by the Centers.

Circumcision for the Youth in Shikusa Borstal institution: In December the youth in the Shikusa Borstal institution were provided by life skills education, tested for HIV after which 68 of them were circumcised. During the sessions it was emphasized that circumcision was not a surest way of preventing HIV but was a way of minimizing it. Emphasis was put on abstinence, knowing partners' status and using condoms. The graduation day was attended by the Director of Medical Services for the prisons, the Provincial Prisons officer and a team from Nyanza Reproductive Health.



Figure 15



Figure 16

Figure 15: Circumcision procedure in Borstal

Figure 16: Boys display Certificates and Gpange bands

Case studies/Lessons Learnt

Case study of a Youth group reaching out to young sex workers through Dialogue Sessions

Muslim youth group is a faith-based organization situated in the suburbs of Bungoma town. Through the small grant program within the A2W project, the group has been able to train a total of 41 peer educators, both male and female, on different approaches to behavior change. The 41 peer educators have then formed 17 groups of youth with whom they conduct dialogue sessions on various health topics. Of the 17 groups is one special group composed of commercial sex workers who, through the efforts of this group, attend regular meetings every Sunday at the groups' office. Out of the 17 CSW's, 4 have completely reformed and are now doing small scale businesses such as charcoal selling through support from Muslim business men in Bungoma town and other well wishers. One such beneficiary is 24 year-old Zainabu Abdallah, who, due to family wrangles, only attained class 4 education. The tough living conditions made her get into the street to look for a source of livelihood. However, through MYG, she has moved out of the street, doing her small charcoal business while encouraging her other colleagues to follow suit. Her message to the young CSW is to shun that kind of business, get into organized groups, source for funding and get into better business. Zainabu breaks in tears as she express her wish to get back to school.

Challenges/Emerging issues

- MT audience ask for prompt VCT services after performance rather than referrals
- 30 metre noise restriction is a barrier during outreaches
- Attrition in the youth groups
- Other YCHV activities apart from the dialogue discussions were minimal in the festive season
- G-amini festivals were time constrained. This affected duration for mobilization and turn up for the event
- Inadequate counsellors trained in sign language.

Recommendations:

- Change strategy for peer education activities to avoid duplication with the life skill activities in schools
- Involve more interactive and diversified activities to reach out to more youth out of school.

Planned activities next quarter

- Conduct orientation/refresher for teachers and peer educators in schools on Tuko Pamoja corners
- Peer educators conduct activities/peer education in schools
- AEOs & TACs review meetings
- Provincial review meeting with MOE & other stakeholders
- Support 2 higher learning institutions
- Support KGGA activities
- Conduct HIV Free generation activities-Provincial and National festival
- Health education for the youth
- Monitor Youth grants activities
- Monitor G-Inue activities for the youth
- Conduct provincial the G-Amini talent explosion at the provincial level

- Participate in the National GAmimi talent explosion
- Other youth activities such as dialogue discussions, outreaches, tournaments, talent shows etc continues
- Monthly feedback meetings continues
- Quarter meeting for anchor organizations
- Support Highway Youth activities

2.2.2: Reaching Married Adolescents

Planned activities and accomplished

The program continues to reach out to married adolescent girls with their husbands and mothers-in-law. These discussions have been fostered to enhance Reproductive Health, HIV, AIDS, Malaria and TB messages. To enhance linkages, quality and sustainability, all feedback meetings by the mentors are attended by a staff from the nearest Health facility that is supported by A2W. The mentors groups have also linked with other development partners in micro finance, agricultural sector, and water sectors and well as Office of the President for Women Empowerment Grants, etc., where they have been able to access money to expand their activities. A total of **36,718** young married women, their husbands and mothers-in-law were reached through regular dialogue group discussions.

Facilitate 2 MA Mentors feedback meetings at their respective districts: The 2 MA feedback meetings to discuss progress reports, existing linkages with the government health facilities and collaboration with other stakeholders were conducted and facilitated by the MoH staff and the District MA Mentors.

Facilitate 2 District Team leaders/ Coordinators feedback: The 2 districts meetings were attended by all the 21 District MA Mentors where the participants shared their district plans, challenges and solutions suggested.

The following services were provided to the MAs

VCT	CCC	ANC	MAL	TB	FP	IMMUN	Total Ref.	Condoms issued
297	63	64	166	100	126	213	1,029	6,666

Train 21 MA as safe motherhood

A five-day refresher training was carried out with the team with a focus on MCH, Resource Mobilization and Review of HIV/AIDS issues. During the training, the 21 Dist MA Mentors were accompanied by the team of 8 Site Coordinators.

MOPHS conduct supervision: The Public health officers and the incharges of health facilities at level 1 are involved in supervising the MA activities and providing technical updates to the MA mentors.

Hold one church leaders meeting at the district level: This was not conducted.

Planned activities for next quarter

- Facilitate 2 MA Mentors feedback meetings at the district level

- Hold 2 District Team leaders/ Coordinators feedback meetings
- Hold one church leaders meeting at district levels

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

2.3.1: Strengthening community group networks

Planned activities/accomplished

Sensitize 425 women’s networks on PMTCT: The women’s network representatives conducted various dialogue discussions with their groups as well as recruitment of new dialogue groups and were sensitized to PMTCT. The networks reached 27,391 participants. 3,260 members were referred for different services.

Support quarterly dialogue meeting: The quarterly dialogue days by the MOPHs were not supported, however the CHV in Lugari were involved in the mobilization for measles campaign in Likuyani Health Centre and VCT mobilization during Kenyatta Day Celebration.

In Butere Mumias the CHVs have worked closely with the CHEWs. Various CHEWs have been engaged in the different activities and most especially during the sublocational and district feedback meetings; this improved the networking with the health officers and also helped in updating the CHVs with various health issues.

Support 24 MOH community Units: The list of the 24 units to be supported have been provided by the PPHO. The detailed budget and workplan for implementation will be availed in the next quarter.

Conduct Household visits by the trained CHVs: The CHWs trained in immunization, MCH and IYCF in Bunyala, Busia, Samia and Teso North, Teso South continue conducting household visits and submitting reports to the CHEWS and the PPHO in the districts.

Others

Resource mobilization:

LINKAGES/ COLLABORATIONS

Table 28: Linkages and Collaborations

Organization	Collaborator	Resource/Purpose
Kimilili rural CHVs	CACC	350,000 for BCC
Zendukeni ANIMATORS CBO in Ebusiratsi	AMREF and CACC	Funds to mobilize for mobilize intergrated outreached
Mwangaza women group in Butere district	Kenya alliance Advancement of children’s	Ksh: 100,000 for OVCs
Bushamba Vhcs in Emukai	PALM OF HOPE ORGANIZATION	65% partnership for protection of water points
Balekhwa women group in Bungoma East	GOK	31,000 shillings for poultry
Dialogue Groups in Kimilili	SWAP under APHIA HCM	mosquito repellent soaps and water guard to treat water for drinking
women networks in Bungoma	VI Agro forestry Staff (Tree	Creation of good environment practices and IGAs

South and Teso	Planting	
	Social services	Advising importance of Groups registration
	International Fund for Agricultural Developments (IFAD)	Creating opportunities for Dairy Farming
	Equity Bank	Train Groups in business and offer credit
	Kenya Industrial Estates (KIE)	Train Groups in business and offer credit
	K-Rep Development Agency (KDA)	Train Groups in business and offer credit
	Table Banking	Own community effort initiated to sustain groups

Other Health concerns

In the covered period of time there has been an increase of jiggers attack which resulted to several meetings to mobilize for more house hold visitations by the CHV in conjunction with Ministry of Public Health and Sanitation officers as they were doing spraying of houses.

In Bungoma East and North district through these meetings, a mobilization strategy was developed for enhancement of proper sanitation. A total of 33 pit latrines have been constructed.

Challenges

Emerging issues:

- There is need to integrate other activities in the health component especially regarding issues to do with food security, environmental conservation and human rights, in addition to the dialogue discussions outreaches and referrals.
- There were stock-outs of the ITNs to give to pregnant women or infants in the month of December.
- The Establishment of Women's Group Networks both at sub location and location level of Bungoma South has made women more empowered, not only with health knowledge and skills involved in table banking.

Recommendations:

- The Community members participating in the dialogue discussions should be guided to come up with their own health action plans to help them identify and solve their own health priorities. This would be only possible if the existing program can expand its mandate to allow infusion of new programs.
- The MTMSG to expand its mandate beyond infant feeding.
- There is urgent need to re-orient the service providers on the referrals forms or reinforce their acceptance.

Mainstreaming gender:

The project continues to mainstream gender in its implementation. A GBV outreach conducted in Teso reached 879 (312M & 567F).

The project trained 33 gatekeepers in Busia as resource persons to reach out to the persons with disability, especially the women. In total, 75 persons with special needs were provided with life skills and reproductive health education.

At the Bunyala beach a total of 424 women and 369 girls were reached through peer education activities. Male interest in the program also grew with 271 men accessing information through the program. 33 peer educators and 5 project staff were trained in reproductive health during the period under review to effectively work with the women and girls whose vulnerability has been compounded by the fishing environment.

Challenges/Emerging Issues

- Deep-rooted cultural practices like inheritance without knowing partners status
- Use of unsterilized knives during circumcision

MCH

EDDC sensitization and dissemination training

Training was conducted for 39 health providers from Busia and Teso on Diarrhea to refocus on new strategies for Diarrhoea, mainly on Zinc in diarrhoea control and effectiveness of low Osmolar ORS.

Establishment of ORT Corners

The project established ORT corners in the following 15 health facilities:

- Busia District.—Busia District Hospital
- Matayos Health Centre
- Samia District - Sio Port Health Center
- Nangina Dispensary
- Bunyala District - Port Victoria District Hospital
- Budalangi Dispensary
- Sirimba Mission Dispensary
- Butula District - Khunyangu SDH
- Bumala B Health Center
- Butula Catholic Mission Hospital
- Teso South - Alupe SDH
- Amukura Health Center
- Teso North - Kocholia SDH
- Malaba Dispensary
- Kolanya SA Dispensary

Water treatment

A total of 2,417 households were served with 311,073, Aqua tab tablets for water treatment. In total 6,221,460 liters of water was treated coupled with comprehensive hygiene and sanitation education. It is reported that diarrheal cases have reduced around facilities where Aqua Tab were used.

The communities have identified the sites for protecting water springs and have formed water management committees for their protection. The owners of the springs have signed agreements and leased the springs to the community for water access.

The spring protection and water treatment activities are coordinated by the public health officers seconded by the MOPHs to undertake MCH activities.

Mother to Mother support Group

The project works with 8 facilities in Teso at Alupe SDH, Amukura DH, Lukolis HC, Obekai Disp, Kocholia DH, Malaba Disp, Akichelesit Disp, and Aboloi Disp. There are two MTMSGF attached to the facilities which held 183 health discussions. A total of 976 referrals were done.

No Reached by MTMSGF

0-14 males		15-24		Above 24	
M	F	M	F	M	F
433	509	762	1813	822	3853



Figure 16: A mother breastfeeds her baby at Eshirembe village in Butere district during the MTMSG meeting.

Vitamin A promotion (Sweet Potato)

The SASHA project conducted a stakeholders' sensitization workshop in Bungoma for the province. The SASHA project will work in two divisions, in its initial stage to promote vitamin A uptake using the Orange Fleshed Sweet Potatoes (OFSP) in Bungoma and Busia.

Construction of VIP toilets

There are 50 latrines that are scheduled to be constructed in the next quarter. The pit latrines have been dug and the community has committed 10% contribution in kind.

Water tanks

There were 20 water tanks that were bought to be put up in the schools in the next quarter.

Table 29: Result Two Target and Indicators

	Year 4 targets	Oct 09- Dec 09	Comments
No. of condom service outlets	500	3,464	
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	33,562	These were peer educators reached in schools after the training of teachers in August
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	6,000	-	There are no new individuals trained but in the last year we superseded the targets by 21,056
Number of individuals reached through community outreaches that promotes HIV /AIDS prevention through other behavior change beyond abstinence and or/being faithful by gender	118,875	45,514 male and 22,602 female	These are only new numbers reported
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6,000	68	
Number of local organizations provided with technical assistance for HIV-related institutional capacity building (Through grants and networks)	0	33	
Number of individuals trained in HIV-related capacity building	500	60	



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

Sub-result 3.1: Expanded home and community support programs

3.1.1: Strengthening and building CBO/FBO HBC programs

Planned activities & accomplishments

- **Organizational capacity building (OCB) trainings for CBO/FBO focal persons:** All the 24 CBOs participated. The training agenda were COBPAR reporting, Business plan development and sustainability of CBO/FBO after APHIA Project.
- **Grant CBO/FBOs for 1st quarter administration support to CBO/FBO to implement HBC/OVC care and support activities:** All the twenty-four CBOs got their Q1 funding which amounted to Ksh 21,339,060.
- **Support supervision and monitoring visits of CBO/FBO activities:** A total of 46 visits were made where CBOs were mentored and supported in implementation of project activities.
- **Support to CBO/FBO COPBAR roll out:** A follow-up review meeting where NACC office brought together all CACCs to meet with CBO directors was held where harmony in working and reporting was discussed.
- **CBOs Quarterly review meeting:** Main theme for this review was inventory management in CBOs where they identified their gaps in tracking which were addressed. NACC clarified how partner CBOs can access HIV and AIDS devolved funds and promised to support them get funding in the future to ensure continued support to OVCs and PLHIVs.
- **Support PHMT & DHMT monitor and supervise HBC activities:** Support supervision was carried out in Teso, Busia, Samia and Bunyala. Lugari, Mt Elgon Bungoma North and Bungoma West districts.
- **Support district HBC annual review meeting between HF-based HBC coordinator and District HBC Coordinator:** From the annual review meeting done, activities for HCBC are running smoothly and areas for strengthening are referral systems and CBO-HF linkage. ARV adherence was a concern as it leads to defaulting.

Table 20: MOH 711: HBC Activities during Quarter 1 yr IV

	Females	Males	Total	
			Q1 yr 4	Q4 Yr3
No. of CHV providing HBC	2,946	676	3,622	4,785
No. of CHV reporting	2,351	509	2,860	3,299
No. of clients	17,434	9,649	27,285	34,664
No. of clients < 15 yrs	2,869	2,692	5,561	7,539
No. of clients 15yrs and Over	14,565	6,976	21,541	27,184
No. of patients on ARV	9,875	5,007	14,882	17,880
No. of patients on TB treatment	1,332	942	2,274	4,041
No. of PLWHA receiving nutritional support	3,865	2,830	6,695	8,561
No. of HIV+ TB patients receiving ART and TB treatment	1,367	898	2,265	5,150
No. of Deaths	78	59	137	184
No. of HBC kits Supplied			1,007	1,000
No. of HBC kits Used			547	1,000

The quarter's HBC report was much lower than previous quarter. This is attributable to delays in data reaching the district HRIO resulting in this under reporting.

Analysis of indicators and targets

Table 31: Palliative Care Targets and accomplishments

Indicator	Yr-4 target	Year 4 Quarterly Accomplishments	Year-to-date Accomplishment
		Oct-Dec 09	
Total number of CBO/FBOs providing HIV-related palliative care	24	24	24
Total number of individuals trained to provide home-based HIV palliative care (CHV) (cumulative)	2,635	2,635	2,635
Number of primary care-givers mentored to provide HBC services	6,894	11,312	11,312
Number of supported PLWH receiving HBC services (through nursing care, spiritual (Channels of Hope), counselling (IPT-G))	15,000	27,285	27,285
Number of PLWH referred from HBC to clinical	606	988	988

Planned activities next quarter

- Grant CBO/FBOs for 2nd quarter to implement HBC/OVC care and support activities
- Conduct support supervision and monitoring visits of CBO/FBO activities
- Support CBO 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

IPT-G

- **Bi-weekly supervision meetings in Vihiga, Shinyalu, Butere and Matete:** Four (4) bi-weekly supervisions in each of the four (4) districts were carried out. Three groups were sampled for Quality Assurance during the quarter. These had completed their therapy sessions and had started some income-generating activities
- **Quarterly debriefing for IPT leaders:** All seventy-nine (79) IPTG leaders attended the quarterly debriefing. The leaders were trained on para-legal skills to help them understand the dynamics of law in relation to helping abused children and how they can be advocates for justice in their own communities.
- **Community mobilizers' quarterly review and capacity building meeting:** Was not held due to unforeseen circumstances.
- **Public disclosure sessions for stigma reduction by AOH and DAOH:**
 - *Public Disclosure sessions for Stigma reduction by Ambassadors of Hope:* The public disclosure sessions were carried out in 9 larger districts in the community through learning institutions, public gatherings and organized meetings. The following information was captured: Number of outreaches: 1,557. Number of people reached: 37,735 (Male: 15,482, Female: 18,469, Boys: 2,047, Girls: 1,737).
 - *Public Disclosure sessions for stigma reduction by DAOH:* Public disclosure sessions were conducted by DAOH within the facility and in the community. The number of outreaches captured by DAOH was as follows: Number of outreaches: 323. People reached: 6,654 (Male: 1,772 Female: 3,624, Boys: 445, Girls: 818).

Significant story: Artemisia Growing generates income for men in Vihiga
--

Men in Vihiga who have completed the IPT-G sessions in their Artemisia garden with the regional psychosocial advisor.



The men in the picture successfully underwent the sixteen weeks IPT-G therapy. Before joining the group, they were exhibiting depression like symptoms which included extreme sadness, grief, loss of interest in life, suicidal thoughts, feeling that everything in life is an effort among others as a result of death of significant others in their lives, loss and changes in their life status.

When the IPT-G leader visited them for assessment for depressive-like symptoms and gave them feedback on their status, the men were a bit reluctant to join the group. One of them during the interview said “I did not believe that men can just sit in a group without busaa (local brew) like women and talk about their problems...men are supposed to be strong and

not show emotions...After attending three sessions, I realised that men also have issues and I decided I will stay and learn from my fellow men...”

Upon completion of the therapy sessions, the men decided to engage in an income generating activity to keep them together. They raised some Ksh 2000 and leased a piece of land where they started growing Artemisia which is a plant used by pharmaceutical companies to manufacture an anti-malarial drug. In the last four months, the group has been able to sell more than 1000 kilos and they opened a savings account where they have saved over Ksh 30,000. The money they have been getting has helped them meet and supplement their resources which has improved their living standards by being able to attend to their basic needs.

The other men in the village have expressed a desire to join them because they say they are amazed at the transformation of the lives of these men. One of the men said “..I did not know that I was ‘sick’ in my mind, now I realise that there are many people out there like me who are ‘sick’ and are not aware...this sickness had rendered me useless but now I am fine, the sadness, feeling that everything is an effort and even suicidal thoughts that I used to have are no longer there, I feel happy and useful to myself and my children....I thank the people who came up with this ‘talk therapy’ and hope many more men will be able to accept to be helped by this therapy..”

- **Formations of 40 male only support groups:** Was not held due to unforeseen circumstances.
- **Support groups meetings for enhancement of positive living:** Was not held due to unforeseen circumstances.
- **Monitoring meetings with AOH and DAOH:** AOH activities continued in 9 districts and the following information was captured:

Table 32: AOH activities Q1 yr 4

		M	F	Total
No. of people reached	Adults	3,784	5,832	9,616
	Children	633	1,877	2,510
Referrals	VCT	1,336	5,431	6,767
	PMTCT	270	1,053	1,323
	TB	133	164	297
	HBC	633	1,208	1,841
	Support Group	633	1,436	2,069
	CCC	622	1,147	1,769
	STI Clinic	80	100	180
	others	304	423	727
	Children department	107		
	Education office	82		

- **Monitoring meeting held with discordant couples:** The Discordant couples monitoring took place and various topics were shared during their meetings. The following information was captured from their activities:

Table 33: DAOH activities Q1 yr 4

		M	F	TOTAL
Discordant ambassadors		25	25	25
No. of people reached	Adults	760	1,221	1,981
	Children	170	321	491
Referrals	VCT	269	569	838
	PMTCT	115	465	580
	TB	62	65	127
	HBC	290	481	771
	Support Group	241	394	635
	CCC	324	565	889
	STI Clinic	60	67	127
	Legal	16	23	39
	Others	32	59	91

- **Support group leader's committees' monthly meetings:** The support group leader's committee meetings were conducted at 31 health facilities. The members discussed on how they are going to handle the OVC recruited from support groups. They agreed to open functional offices with OVC and support group data. They provided the following information:
 - Number of defaulter traced: Male: 23 Female: 51
 - Number enrolled at CCC: Male: 56 Female: 62
 - Referrals made to health facility: Male: 23 Female: 50
Boys: 16 Girls: 20
 - Referrals received from health facility: Male: 30 Female: 63
Boys: 21 Girls: 26

Analysis of indicators and targets

Table 34: Targets and accomplishments of PLHAS

Indicator	Yr 4 Target	Year 4 Quarterly Accomplishments	Year 4 accomplishment
		Oct-Dec 09	
Number of PLWH and caretakers of OVCs belonging to support groups	15,000	12,000	12,000
Number of PLWH who share their status with others in the community	15,000	5,236	5,236

CHALLENGES

- No feedback on referrals made to health facilities.
- The ability to reach all who have been referred to community support group.

Planned next Quarter

- Bi-weekly supervision meetings in Vihiga, Shinyalu, Butere and Matete
- Quarterly debriefing for IPT leaders
- Visit sampled on-going groups for quality assurance
- Public disclosure session for stigma reduction by AOH
- Public disclosure sessions for stigma reduction by DAOH
- Sensitize PLHA in support group - PWP
- Monitoring meeting with AOH
- Monitoring meeting with DAOH
- Support group leaders monthly meetings

Sub-result 3.2: Expanded support for OVC

3.2.1: Comprehensive support for OVC

Planned activities & accomplishments

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.):** Three or more benefits increased from **40,390** to **42,518** accounting for **64.3%** of the **66,085** children currently supported.

Table 35: OVC support /benefits during the quarter (Achievements for Q1 YR4 VS previous quarters of YR 3)

Gender	1 or 2 Benefits		3 or more Benefits		TOTAL	
	Q4 Yr3	Q1 Yr 4	Q4	Q1 Yr 4	Q4 Yr3	Q1 Yr 4
MALES	2,448	11,525	21,254	22,454	23,702	33,979
FEMALES	2,251	12,042	19,676	20,064	21,927	32,106
TOTAL	4,699	23,567	40,930	42,518	45,629	66,085
Proportion of children receiving 3 or more benefits					90%	64.3%
Proportion of children receiving 1 or 2 benefits					10%	45.7%
Proportion of children who did not receive any benefits					0%	0%

Health care: 3,169 accessed HIV counseling and testing in the quarter for a total of 32,195, accounting for 53% of all OVC tested. 145 were HIV + and were linked to CCC for care and treatment. Jigger campaign was carried out in Likuyani location in Likuyani division Lugari District. 18 OVC and their guardians were treated and their compounds disinfected.

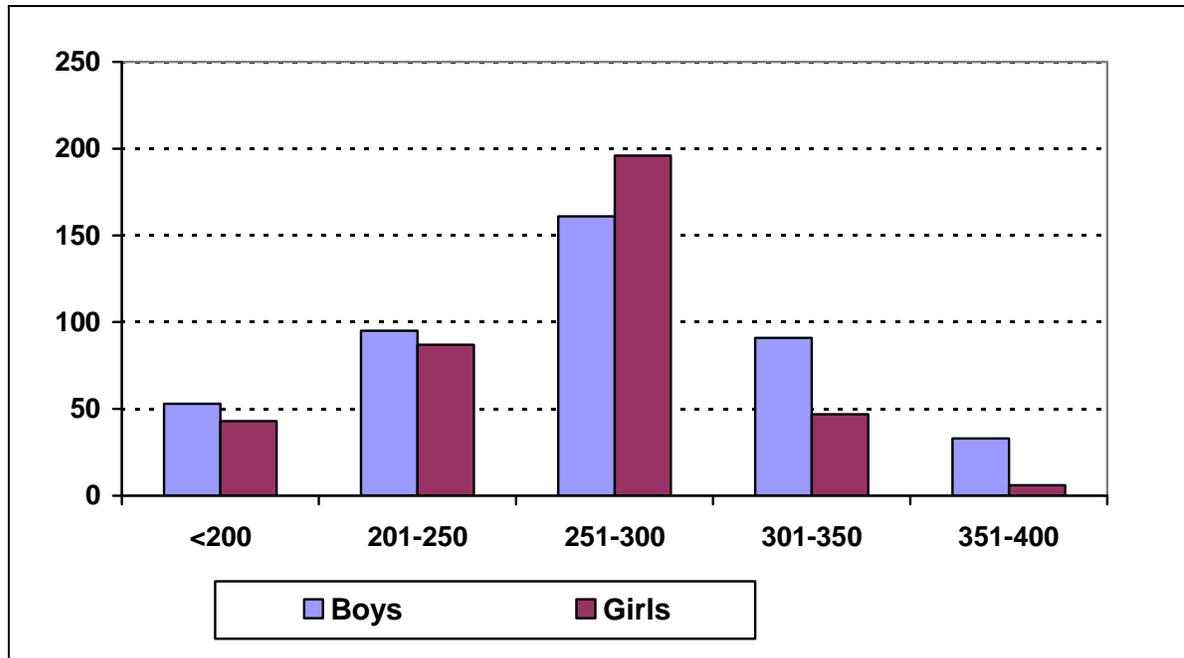


A child being tested after sensitization OVC receive bed nets.

Figure 17: A child being tested after sensitization & OVC receive bed nets

Education: Partners visited OVC in secondary schools to track their performance and this has improved the morale of the children in knowing there are people who care for them. Interactive sessions were held with OVC in schools over December holidays to discuss problems that could contribute to poor performance and how to overcome them. 714 OVC (279F, 434M) sat for KCPE in 2009 and their results are displayed in the bar graph below.

Figure 18: OVC KCPE Performance 2009



Boys performed better compared to girls.

Shelter and care: Provision of home clothing during the December season made the OVC emotionally gratified as they were just the same with other children in the community who had new clothes during this festive season.

Protection: The project is working with various government departments to ensure children are protected especially in cases of child rape, defilement and in recovery of property taken from them.

Psychosocial Support: Continuous home visits, building of compassionate relationships with the CHVs and addressing immediate OVC needs has substantially improved their psychosocial well being. Some children are able to freely interact with others and share their problems openly than before.

The table below provides a summary of the kind of support reached in the various support areas.

Table 40: OVC benefits targets and accomplishments during q1 of yr 4

BENEFIT		MALE	FEMALE	TOTAL	
		Q1 YR4		Q4 Yr3	
Health	Medical Check up	685	719	1,404	13,751
	Deworming	1,487	1,525	3,012	11,642
	Treatment for any ailment	584	551	1,135	3,604
	Long-lasting insecticide treated nets	13,599	12,498	26,097	26,147
	Routine and missed immunisations	1,547	1,465	3,012	9,779
	Vitamins and mineral supplements	785	728	1,513	4,206
	Medical outreaches	1,429	1,435	2,864	3,726
	HIV counselling and/or Testing	16,503	15,692	32,195	29,026
	HIV prevention and life-skills	3,590	3,286	6,878	19,163
Access to clean water	12,469	11,762	24,231	23,497	
TOTAL NUMBER OF OVC WHO RECEIVED A HEALTH BENEFIT		17,473	16,767	34,240	31,291
Education	Uniform	8,806	7,759	16,565	19,781
	School fees/ levies	999	1,008	2,007	1,358
	Schooling items	6,341	6,791	13,132	23,219
	Sanitary towels	0	2,580	2,580	13,335
	School feeding programmes	600	1,122	1,722	2,399
	Child now in school	1,153	924	2,077	691
TOTAL NUMBER OF OVC WHO RECEIVED EDUCATION BENEFIT		11,343	11,219	22,562	29,031
Nutrition	Kitchen garden	6,377	5,829	12,206	11,277
	Livestock	3,031	2,617	5,648	6,698
	Poultry	20,713	18,841	39,554	40,743
	Food relief and donations	3,998	4,224	8,222	10,447
TOTAL NUMBER WHO RECEIVED NUTRITION BENEFIT		21,061	19,236	40,927	43,003
Shelter and basic care	Beddings	17,555	16,958	34,513	34,102
	Kitchen set	16,541	15,329	31,870	26,837
	Home clothing	10,491	12,148	22,639	20,760
TOTAL NUMBER OF OVC WHO RECEIVED SHELTER AND CARE		19,393	17,916	37,309	35,501
Protection	Registrations of births and deaths	1,047	939	1,986	15,172
	Protection and access to parents property	1,540	1,453	2,993	4,344
	Referral & linkages for legal services	156	154	310	92
TOTAL NUMBER OF OVC WHO RECEIVED PROTECTION		3,032	2,902	5,934	16,968
Psycho-Social Support	Home visit by CHW	23,000	20,883	43,903	39,729
	Spiritual counselling	10,757	9,968	20,725	16,225
	Child, community & bereavement counselling	2,081	1,930	4,011	3,869
TOTAL NUMBER OF OVC WHO RECEIVED PSYCHOSOCIAL SUPPORT		23,000	20,883	43,903	45,629
Livelihood & Economic Support	Vocational training	436	309	745	546
	Business skills training	73	58	131	93
	Business start up kitty	41	52	93	77
	Linkages and support from MFI	22	11	33	17
TOTAL NUMBER OF OVC WHO RECEIVED ECONOMIC SUPPORT		467	322	789	649
CAREGIVER TRAINING		4,828	7,123	11,951	16,645
TOTAL NUMBER RECEIVING 1 OR 2 BENEFITS		11,525	12,042	23,567	4,699
TOTAL NUMBER RECEIVING 3 OR MORE BENEFITS		22,454	20,064	42,518	40,930
Total number of OVC				66,085	45,629

- **Support AAC activities within the Province:** The project supported AACs quarterly meetings in Kakamega central, North and East, Vihiga, Lugari, Mt Elgon and Busia districts.

- **Train caregivers on child care and support:** 11,951 caregivers were trained and mentored by CHVs to enable them address and respond to OVC needs, thus strengthening their relationship.
- **Procure business start-up kits for OVCs:** The project has procured various items that will be distributed to the OVC next quarter after receiving trade test results.
- **Conduct Provincial OVC stake holders meeting:** Activity was not done as the children department was not ready.
- **Support MOE, G&C to monitor OVC in schools:** Activity shelved from work plan due to its heavy logistic involvement.

Analysis of indicators and targets

Table 3: OVC Targets and Accomplishment

Table 41: OVC Targets and Accomplishment

Indicator	Yr 4 Target	Year 4 Quarterly Accomplishments	Annual accomplishment
		Oct-Dec 09	
Number of OVC served by OVC programs	60,000	66,085	66,085
Number of OVC served in 3 or more care areas by gender	45,000	42,518	42,518
Male		22,454	22,454
Female		20,064	20,064
Number of OVC served in one or two care areas by gender	15,000	23,567	23,567
Male		11,525	11,525
Female		12,042	12,042
Number of OVC care-givers trained in caring for OVCs	1,200	11,951	11,951
Male		4,828	4,828
Female		7,123	7,123

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.
- Distribute business start-up kits for OVCs.
- Train CHV TOTs on life skills.

3.2.2: Strengthening child protection for OVC

Planned activities & accomplishments

- **Monitoring meeting for systemic child counselors:** The monthly meetings and outreaches went on in 8 larger districts. The following information was captured:

Table 42: Total Number of Children by Service

	Male	Female	Total
Number of children Counseled			5,481
Number of children Tested	460	624	1,024
Number of cases handled	754	1,138	1,892
Number of children cases handled	438	576	1,014
Number of PLHA cases handled	316	562	878

Table 43: Cases Handled by systemic child counselors

	Nos. of Cases		Ongoing Cases		Cases Referred		Cases Completed		Cases Defeated	
	M	F	M	F	M	F	M	F	M	F
Gender										
Defilement	23	49	6	14	7	13	8	15	2	6
Child Labour	105	126	32	41	29	32	38	44	6	9
Child Trafficking	13	19	2	9	4	4	4	3	1	3
Neglect	104	126	40	44	28	28	27	51	9	3
Abandonment	29	43	9	16	8	12	9	13	3	2
School Dropout	81	114	23	48	29	21	23	40	6	5
Pregnancy	0	44	0	19	0	15	0	17	0	4
Assault	7	32	5	13	2	7	6	9	0	3
Rape	0	41	0	12	0	13	0	12	0	4
Drug abuse	66	20	16	6	11	6	30	6	9	2
Abortion	0	35	0	9	0	8	0	14	0	4
Family Conflict	79	121	20	26	29	29	23	58	4	8
Divorce	50	74	24	19	13	20	10	26	3	9
Separation	39	56	13	18	11	12	14	22	1	4
Theft cases	17	8	4	2	5	2	6	2	1	1
Land/Property inheritance	76	118	25	34	15	42	32	35	4	7
Domestic Violence	65	112	19	39	19	33	22	33	5	7
TOTAL	754	1,138	238	369	210	297	252	400	54	81

- **Monitoring meeting for memory book writers CHV:** The following information was captured from memory book writer's monthly meetings: (Tabulate)
 - NOS. of memory books written: 362
 - NOS. of memory books in progress: 646
 - NOS. of children reached: Boys:337 Girls:506
 - NOS of people reached and talked to on memory book writing: Male:1,981 Female: 4,105
 - Currently writing memory book: Male: 2,111, Female: 3,940
 - Written their wills: Male: 79, Female: 45

Planned next Quarter

- Monitoring meetings with systemic child counselors.
- Monitoring meetings with memory book writer CHV.

Analysis of indicators and targets

Table 44: Targets and achievements on OVC/PLWA

Indicator	Yr4 target	Year 4 Quarterly Accomplishments	Annual accomplishment
		Oct-Dec 09	
Number of OVC referred to legal services, food and credit programs not funded by Global HIV/AIDS initiative funds	10,000	1,676	1,676
Number of PLWA referred to legal services, food and credit programs not funded by Global HIV/AIDS initiative funds	15,000	7,794	7,794

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

- **CoH Sensitization workshops:** 38 religious leaders from Butere district were sensitized. The CHATT team has already held two monthly meetings from the time they were sensitized and are establishing an FBO.
- **Training of Congregational HIV and AIDS Task Teams (CHATT):** 90 CHAT team members from Kakamega and Bungoma Districts were trained.
- **Quarterly meeting of CHATT at district level:** The meetings were held for Bungoma districts, Khwisero district, Butere district, Mumias district, Mt. Elgon district, Kakamega central district and Vihiga district. The Quarterly meetings discussions with the CHATTs were mainly on project proposal development, Business skills and IGAs, project sustainability and Advocacy. The CHATTs are caring for and supporting 1,521 boys and 2,118 girls, totaling 3,431. The care includes psychosocial support, shelter, nutrition, education protection from abuse and health. In addition, they care for and support PLWHA (366 men and 770 women, totaling 1,136). 43 churches have support groups established within their churches. They meet within the churches and are supported to start IGAs, given psychosocial support, among others.

SIGNIFICANT STORY

Organic Farming Project in Bungoma District CHATT

The CoH sensitized pastors did their research and realized that organic food is highly recommended for people living with HIV/AIDS (PLWHS) due to its high level of nutrition that is believed to improve the immune system of the body quicker. It is for these important reasons that Hope Transformation FBO under Grace Community Fellowship Ndengelwa church formed the project, “Organic for Orphans” in order to help promote good farming practice that can

improve the lives of 48 members of support group coming from six different villages within Ndengelwa Sub-location. They are taking care of 227 orphans.

The main goal of the project is to have a community that promotes suitable farming practices that are environmentally sound and sustainable with high quality food. The CHATT encourages the target groups to be more sustainable.

Figure 19: CHATT Activities



- **Monitoring meeting for community counselors CHV:** The community counselor's monthly meetings were carried on and the following information was captured:
 - NOS. of people reached: 31,757
 - Male: 6,499, Female: 12,820 , Boys: 4,627, Girls:7,811
 - Total families counseled: 3,033
 - Support groups Visited: 178, Male: 1,912, Female: 3,137

Table 45: Referral made by Community Counselors

Referral Point	Adults		children		Total
	Male	Female	Male	Female	
VCT	583	966	236	371	2156
PMTCT	156	564	0	43	763
TB	41	38	5	9	93
STI	98	126	11	9	244
HCBC	200	337	0	3	540
CCC	292	501	21	37	851
Support Group	547	726	49	71	1393
Legal	51	79	13	17	160
CBO/FBO	250	360	8	10	628
Others	27	26	5	8	66

- **Monitoring meeting for bereavement counselors:** The bereavement counselors carried their outreaches and conducted their monthly meeting. The following information was captured:

- People reached: 10,529 (Male: 2,390, Female: 3,643, Boys: 1,882, Girls: 2,614)
- Families counseled: 1,038

Table 46: Referral Made By Bereavement Counselors

Referral Point	Adults		Total
	Male	Female	
VCT	395	588	983
PMTCT	17	361	378
TB	54	83	137
STI	121	117	238
HBC	129	173	302
CCC	155	201	356
Support Group	141	237	378
Legal	21	41	62
Others	40	49	89

CHILDREN REFERRED TO:

- Children department: 42
- Education office: 65
- Local Administration: 51
- Rescue centers: 81
- Relatives: 91

CHALLENGES

- Most abused children fear to say the truth of what happened to them, especially when the perpetrator is somebody well known to the child.
- Child counselors are few compared to the number of children cases.

Planned activities next quarter

- Organize 1 Sensitization workshops for religious leaders
- Organize 2 CHATT Trainings
- Organize 8 quarterly review meetings for CoH CHATTs
- Meeting for community counselors
- Meeting for bereavement counselors

3.3.2 Providing livelihood activities for PLWHA

Planned activities & accomplishments

- **Monitoring support groups with IGAs, Support PLHA/ OVC households and Support groups to start IGA:** 24 Support groups which were funded were visited to see how they are fairing on. 23 of them are doing well and they undertake various agricultural activities, soap making, sewing, basket weaving, poultry, car wash and animal husbandry. Tuungane support group in Kakamega harvested their fish. The harvest was not very good since most of the fish were stolen. 30 support groups were linked to MFI. Currently they are undergoing training to qualify for loans. Support

groups in Lugari, Bungoma North & Butere were supported with 13 dam liners/ water pans to support passion fruit and vegetable orchards. Each of the 14 demonstration farms were supplied with posts and wire for staking the passion fruits. Five green houses were constructed in Butere district to boost horticulture farming. IPTG & COH groups trained on poultry in Lugari and Matete Districts.

Figure 20: Tuungane Support Group Fish project



3.3.2.4 Linking of support groups/ household with MFI for credit and business skills programs

- **Facilitate CBO/ Support group tours & exchange visits:** 24 Exchange visits achieved involving 24 support groups in Lugari, Bungoma North, Matete, and Mt. Elgon & Busia. Learning lessons included passion fruit production for income generation, horticulture farming, and resource mobilization.
- **Hold a Quarterly review meeting with MFI & support groups for review and sharing of ideas:** Four review meetings were held in Lugari, Teso, Mt. Elgon & Busia where MFI including KWFT, K- Rep, Faulu Kenya, Equity bank, Cooperative bank and KADET.
- **Support Line Ministries in Agribusiness activities:** One-day meeting for all district agriculture officers in the province and the CBO Directors held to strengthen partnership in agricultural activities which include passion fruit farming, greenhouse horticulture and local vegetable value addition.
- **Monitoring meetings for paralegal CHV:** The paralegal outreaches and monthly meetings continued in 8 districts and the following information was gathered:
 - Number of outreaches held: 259
 - Number of people reached: 13,943 (Male: 3,822 Female: 4,628, Boys: 2,222, Girls: 3,271)

Table 47: Cases handled by Paralegals

Type of cases	No. of cases		Ongoing cases		Referred cases		Completed cases		Defeated cases	
	M	F	M	F	M	F	M	F	M	F
Defilement	8	34	2	11	4	10	2	10	0	3
Child Labor	33	57	11	17	13	14	10	17	2	2
Child Trafficking	14	4	3	1	5	1	6	2	0	0
Neglect	50	41	20	13	16	9	13	16	1	5
Abandonment	35	40	13	14	10	11	10	14	2	3
School dropout	44	65	14	24	14	19	14	20	2	2
Pregnancy	0	55	0	14	0	14	0	20	0	7
Assault	10	32	2	11	4	10	4	10	0	1
Rape	0	22	0	6	0	9	0	7	0	0
Drug abuse	45	30	16	10	16	7	12	11	1	2
Abortion	0	19	0	1	0	10	0	7	0	1
Family Conflict	53	78	17	19	17	14	14	38	5	7
Divorce	7	18	1	8	3	5	3	3	1	2
Separation	41	47	11	13	11	6	22	23	4	5
Theft cases	13	4	4	2	2	1	7	1	0	0
Land/property inheritance	48	47	11	13	11	6	22	23	4	5
Domestic violence	45	135	12	37	17	30	14	55	2	13
total	446	728	137	214	143	176	153	277	24	58

Planned Activities for next quarter:

- Facilitate Support groups start IGAs
- Facilitate CBO/ Support group tours & exchange visits
- Facilitate linkage of support groups to MFI and other grants institutions
- Hold Quarterly review meetings with MFI & support groups for review and sharing of ideas
- Support Line Ministries in Agribusiness activities
- Monitoring of IGA activities in the support groups
- Linking support groups/ household to MFI for business skills and soft loans
- Monitoring meeting for paralegal CHV



Monitoring & Evaluation

Planned activities and accomplishments

1. Data collection, processing and analysis

Facility Data

The data from the facilities was submitted to the M&E team through the DHRIOs on a monthly basis. In the month of October and November, the data was submitted on time but for December some delays were experienced. This is attributed to the holidays towards the end of the month and early January.

Data validation, particularly the ART data, was done with the DHRIOs and the facility service providers. There were challenges here especially with cumulative and current patients on care and treatment. These sections were, however, corrected and data summaries processed.

The project data system installed at the DHRIOs offices facilitated the availability of data electronically from two districts that are far from Kakamega the provincial head quarter.

Community Data:

- Submission of community data by the CHVs for the first part of the quarter was on time, but the last month (December 2009) there were delays that impacted negatively on the timely processing of summaries for the quarter.
- The DEOs from the province were trained during the previous quarter and the data base installed in the computers at their offices. In some districts data was submitted on time but in others the project officers had to follow up.

2. M&E support supervision

The project team and District HMIS teams facilitated the supervision in facilities. Each of the districts was visited during the quarter. NACC had other commitments that the officers were not available to be part of the team in supervision.

The District Education Officers were visited to support the use of the data base in compiling the monthly data for schools.

3. Disseminate and Facilitate the distribution of COBPART tools

The dissemination of the tools was carried with 24 CBOs and the copies distributed. The CBOs used the tools and the reports were submitted to CACC.

4. Capacity building for stakeholders on M&E

The 24 CBOs were introduced to the COBPART tools. They were also facilitated in using the tools. OJT for 70 health care providers, MOH staff, on data tools was conducted in facilities within the project sites. This had to be done as most of the staff are new having been employed recently. There were 27 laboratory staff trained on HMIS tools.

5. Support to districts on reporting

The project supported the districts through the DHRIOs to facilitate reporting. Data quality checks and verification among the project staff, DHRIOs and the service providers at the facility were engaged during the quarter to enhance reporting.

The facilities frequently run out of the MOH registers and tools. During the quarter, 5 districts had to be supplied with the MOH 711 tool and the ART/Pre-ART registers.

6. Conduct DQA and QA/QI

This was conducted in 13 facilities of Mt. Elgon and Bungoma North districts. The facilities had continued to show errors in the monthly data collected.

7. ART data reconstruction

Data reconstruction for the five facilities was completed in the quarter. All the PRE and ART registers were successfully filled out. The reconstructed files provide up to date information on active patients; those who died; defaulters; exposed children and lost to follow up.

8. Quarterly reports

One technical review meeting was held to discuss the A2W quarter 11 Report. Issues discussed included: integration within and with others; reporting at the community level; community-facility linkages and follow-up of the trained staff.

9. Facilitate data collection by DHRIOs

MOH staff were facilitated to collect data from the facilities. District meetings were organized and held where DHRIOs and DASCOS were the lead officers and attended by the DMOH and the facility in-charges to review the monthly data.

10. Purchase internet access gadgets for DHRIOs

Twenty bambanets were purchased this quarter. It is hoped this will solve the problems associated with access of internet in reporting to the project, province and nationally.

Table 48: PMTCT Reporting Rates July- September 2009

PMTCT Reporting Rates	N=278 Facilities					
	District	Period	Oct	Nov	Dec	Overall
Bungome East	Oct-Dec 2009	100%	100%	100%	100%	100%
Bungoma North	Oct-Dec 2009	100%	91%	100%	100%	97%
Bungoma South	Oct-Dec 2009	100%	95%	100%	100%	98%
Bungoma West	Oct-Dec 2009	100%	100%	100%	100%	100%
Bunyala	Oct-Dec 2009	100%	100%	100%	100%	100%
Busia	Oct-Dec 2009	100%	100%	100%	100%	100%
Butere	Oct-Dec 2009	100%	100%	100%	100%	100%
Emuhaya	Oct-Dec 2009	100%	92%	92%	92%	95%
Hamisi	Oct-Dec 2009	90%	100%	100%	100%	97%
Kakamega Central	Oct-Dec 2009	89%	78%	89%	89%	85%
Kakamega North	Oct-Dec 2009	100%	100%	100%	100%	100%
Kakamega South	Oct-Dec 2009	96%	92%	96%	96%	95%
Kakamega East	Oct-Dec 2009	100%	100%	100%	100%	100%
Lugari	Oct-Dec 2009	100%	100%	97%	97%	99%
Mt. Elgon	Oct-Dec 2009	100%	100%	100%	100%	100%
Mumias	Oct-Dec 2009	100%	95%	100%	100%	98%
Samia	Oct-Dec 2009	100%	100%	100%	100%	100%
Teso	Oct-Dec 2009	100%	77%	85%	85%	87%
Vihiga	Oct-Dec 2009	100%	89%	100%	100%	96%

Kakamega Central and Teso the rates are below 90%. November and December months had the data submission to DHRIOs delayed.

Table 49: RHP Reporting rates Oct-Dec 2009

District	Total expected	Oct	Nov	Dec	Average
Bungoma E	18	94.4%	94.4%	94.4%	94.4%
Bungoma N	13	92.3%	92.3%	84.6%	89.7%
Bungoma W	19	100.0%	100.0%	100.0%	100.0%
Bungoma S	24	66.7%	100.0%	75.0%	80.6%
Bunyala	7	100.0%	100.0%	100.0%	100.0%
Busia	26	92.3%	88.5%	84.6%	88.5%
Butere	19	84.2%	94.7%	100.0%	93.0%
Emuhaya	22	100.0%	100.0%	100.0%	100.0%
Hamisi	14	92.9%	92.9%	92.9%	92.9%
Kakamega Central	34	94.1%	100.0%	82.4%	92.2%
Kakamega East	15	80.0%	80.0%	73.3%	77.8%
Kakamega North	16	75.0%	75.0%	81.3%	77.1%
Kakamega South	13	84.6%	100.0%	100.0%	94.9%
Lugari	43	88.4%	83.7%	90.7%	87.6%
Mt. Elgon	16	93.8%	87.5%	93.8%	91.7%
Mumias	26	65.4%	84.6%	73.1%	74.4%
Samia	9	100.0%	100.0%	100.0%	100.0%
Teso	18	94.4%	100.0%	94.4%	96.3%
Vihiga	22	95.5%	95.5%	100.0%	97.0%
Total	374	88.2%	92.5%	89.3%	90.0%

Kakamega East and North underreported. By the time the reports were being compiled not all facilities had submitted the reports.

Community Reporting

Table 50: Community Agency

Organization	Expected Reports	Reports Received	Reporting Rate
Westcobv			
October 2009	1670	1627	97.4
November 2009	1670	1587	95.0
December 2009	1670	1619	96.9
WRCCs			
October 2009	1062	741	69.8
November 2009	1062	697	65.6
December 2009	1062	888	83.6

On monthly basis not all the CHVs submit reports on activities accomplished.

Table 51: Youth CHV reporting rates Oct-Dec 2009.

District	No of expected reports	Oct-09	Nov-09	Dec-09	Total
Bungoma	100	82.0%	0.0%	87.0%	56.3%
Busia	40	67.5%	60.0%	67.5%	65.0%
Butere-Mumias	68	91.2%	0.0%	0.0%	30.4%
Kakamega	120	42.5%	46.7%	0.0%	29.7%
Lugari	60	63.3%	66.7%	50.0%	60.0%
Mt. Elgon	90	82.2%	91.1%	76.7%	83.3%
Teso	60	70.0%	95.0%	91.7%	85.6%
Vihiga	52	96.2%	96.2%	94.2%	95.5%
GRAND TOTAL	590	72.2%	52.4%	53.7%	59.4%

Generally, reporting by Youth Anchor organization has been low during the reporting period.

Table 52: Peer Family Reporting Rate (Oct - Dec 2009)

District	Site	No of reports expected	No. of reports received		
			OCT	NOV	DEC
Vihiga	Mudete	27	21	20	22
Kakamega North	West Kenya	26	25	20	25
Bungoma East	Webuye	28	22	25	20
	Mihuu	25	23	23	16
Bungoma North	Kimilili	25	22	21	15
Bungoma West	Chwele	25	20	24	14
	Malakisi	21	21	20	20
Bungoma South	Nzoia	21	20	19	12
Samia	Sio Port	24	20	20	19
Mumias	Mumias	28	28	22	20
Total		250	222	214	183

Table 53: MT Reporting rates October - December 2009

Distict	Month	Expected Reports	Reports received	%
Bungoma	October	18	16	89%
	November	18	18	100%
	December	18	17	94%
Busia	October	18	18	100%
	November	18	18	100%
	December	18	7	39%
Butere Mumias	October	18	18	100%
	November	18	17	94%
	December	18	8	44%
Kakamega	October	18	18	100%
	November	18	19	106%
	December	18	6	33%
Lugari	October	18	19	106%
	November	18	18	100%
	December	18	10	56%
Mt. Elgon	October	18	18	100%
	November	18	18	100%
	December	18	18	100%
Teso	October	18	18	100%
	November	18	11	61%
	December	18	7	39%
Vihiga	October	18	15	83%
	November	18	18	100%
	December	18	18	100%

Analysis of indicators and targets

Table 54: Targets & Indicators Strategic Information

Indicator	Yr 4 target	Year 4 Quarterly Accomplishment	Annual accomplishment
		Oct-Dec 09	
13.1: Number of local organizations provided with technical assistance for strategic information activities	41	24	24
13.2: Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS).		97	97

Activities not accomplished

1. Hold one meeting each in 8 constituencies

This activity was to involve CACC who unfortunately had other commitments.

Other activities

Four (4) M&E Officers were trained in data for decision making during the quarter.

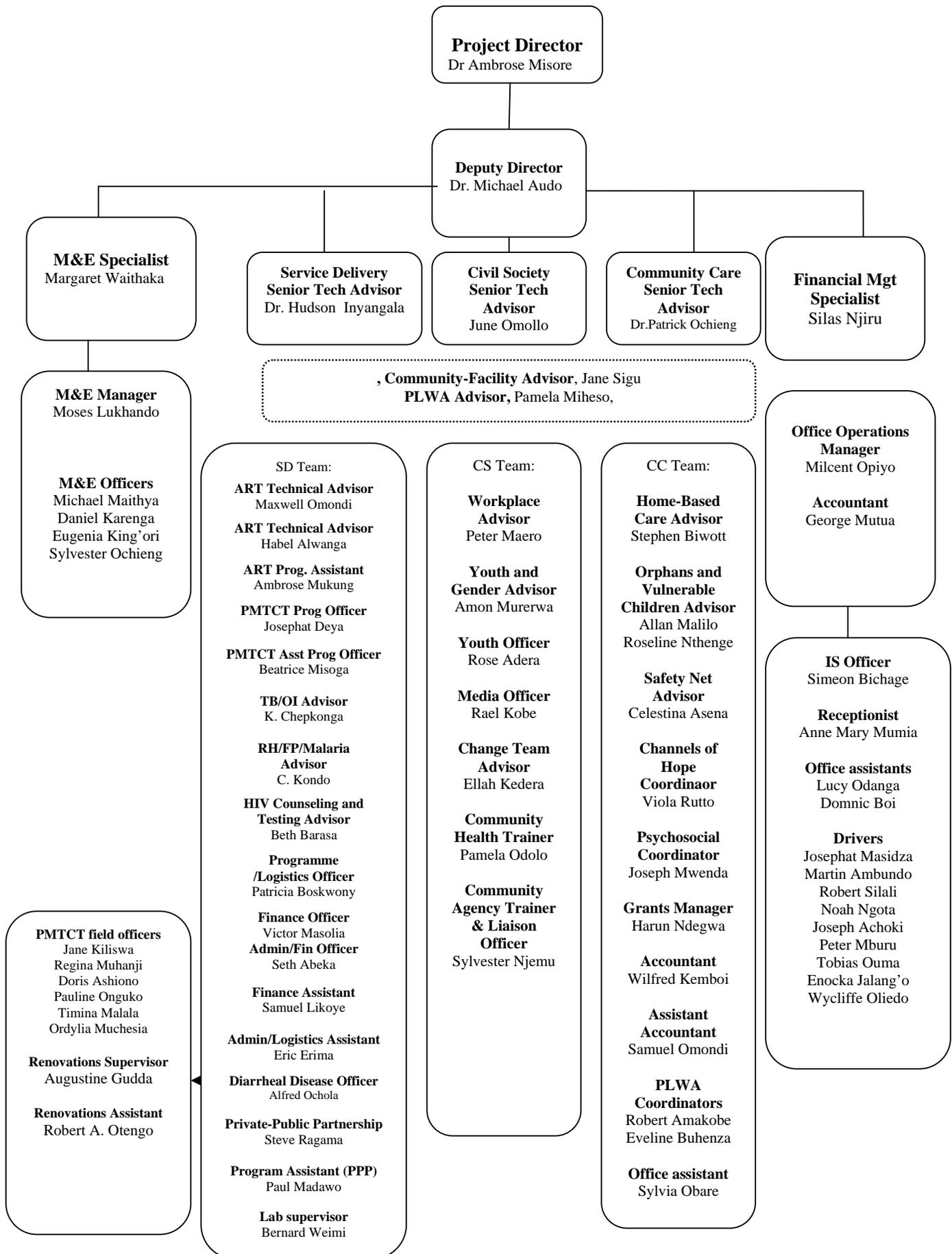
Planned Activities for next quarter

1. Community-Based Management Information Meetings
2. Data collection Strengthening among A2W affiliated CSOs
3. Support and strengthen the COBPAP reporting
4. Support Supervision
5. Internal project review (Data audit for communities)
6. OJT for HMIS staff
7. Support districts on Reporting
8. Validation of OVCs
9. Quarterly Meeting for health facilities
10. Data reconstruction-Cohort Analysis

Operations and Finance

Table 55: Financial Report

Organogram



Annex

Table 56: PPP MCH/PMTCT Activities report

PPP OCTOBER-DECEMBER 2009 DATA (MCH: ANC PMTCT)									
Nature of Facility	No of ANC clients			No of mothers C& T	No of mothers HIV +Ve	No. issued with preventive ARVS	No of infants tested		Infants Issued with ARVs
	New	Re-visit	Total				At 6wks	After 3 months	
Private	2,602	3,010	5,612	2,333	75	57	13	27	39
Missions	2,831	3,954	6,785	2,809	114	101	85	94	70
CBO	120	160	280	122	4	3	2	7	3
Provincial Total	5,553	7,124	12,677	5,264	193	161	100	128	112
No reporting									
Private	51								
missions	34								
CBOs	4								

Table 57: Counselling and Testing PPP contribution

CT	Nature of Facility	No counselled					Number tested					Number of HIV positive				
		0-14 Years		>14 Years		TOTAL	0-14 Years		>14 Years		TOTAL	0-14 Years		>14 Years		TOTAL
		Male	Female	Male	Female		Male	Female	Male	Female		Male	Female			
Private	Out patient	574	566	2,145	3,886	7,171	316	356	1,954	3,596	6,222	12	9	89	183	293
	Inpatient	29	30	129	213	401	26	30	90	173	319	1	0	15	11	27
Missions(FBOS)	Out patient	779	846	2,054	3,176	6,855	779	833	1,947	3,042	6,601	34	44	134	333	545
	Inpatient	105	140	391	612	1,248	92	131	350	514	1,087	6	11	57	70	144
CBOs	Out patient	24	38	246	303	611	24	38	243	301	606	0	1	9	48	58
	Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Provincial Total		1,511	1,620	4,965	8,190	16,286	1,237	1,388	4,584	7,626	14,835	53	65	304	645	1,067
Private		44														
missions		32														
CBOs		4														
		80														

Appendix 1

Condoms uptake: *Communities continued to take up condoms as a means of adopting positive behavior in terms of HIV and AIDS prevention. The female condom is still raising discussions in terms of its efficiency, acceptability and access. A total of 377,743 condoms were distributed and 96,798 persons referred for various health services in the Public health facilities. However, there generally was low condom uptake as most clients accessed condoms during outreaches. In Kakamega South, the CHVs have resolved to put condoms at the Assistant Chief's offices for easier collection and distribution by CHVs to increase their uptake. In Teso District, PSI has parted with us in the distribution of condoms. Our well-formed structures on the ground have become a very good avenue for condom distribution. In fact, as a result of our community health education through dialogue discussions the demand for condoms is so high that we cannot be able to meet it because of where to source especially this holiday season. The demand is cutting across both the youths and the old alike. In Rwatama sub location for example 4,800 condoms were distributed in one hour. Even the local administrators were rushing for them. In other sub locations because of our CHVs being youth-friendly so many youths are reported to be secretly coming for them.*

Table 58: Workplan Tracking

APHIA II Western Province												
Act Ref	PEPFAR Ind Ref		Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
No	No(s)	Activity description	TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
RESULT 1: Improved and expanded facility-based HIV/AIDS, TB, RH/FP, malaria and MCH services												
Sub-Result 1.1 Expanded availability of HIV/AIDS prevention, care and treatment services												
1.0.1		Support and strengthen existing 51 ART sites establish 2 new sites	EGPAF/BRCH	51	X	X	X	X	X	53	Project reports	on going /2 new sites established
		Establish additional 10 new care sites to offer standard/ minimum package of HIV care	EGPAF/BRCH	45	X	X				60	Project reports	4 sites established
1.0.2	1,7, 12	Complete on going renovations at 9 sites and support maintenance at other ART sites	EGPAF/BRCH		X	X	X					complete
1.0.5	S1, M2, S3, S5, 1,5, 6, 7, 9, 11, 12, 13	Purchase and distribution of furniture to the 6 sites supported with containers and 2 new sites in work sites	EGPAF	3	X	X				5sites	Project reports	pending
		Purchase and distribution anthropometric equipment in 2 new work sites	EGPAF/BRCH		X					2	Project reports	complete
Increase number of individuals newly initiating Antiretroviral treatment (ART)			Baseline	TBD	1000(250Paeds)	1000(200paeds)	1000(250paeds)	1000(250paeds)		4000(1000 paeds)	facility reports	

1.1.2	11.1 11.2, 11.3, 11.4	Initiate 11 new Paediatric ART sites and maintain the existing 42 sites so as to have 1000 new children on ART	EGPAF	42	X	X	X	X	X	53	Project reports	complete
1.1.4	6.1, 6.2, 7.1, 7.2, 11.1 11.2, 11.3, 11.4	Expanding and supporting Lab network including viral load tests access to include HIV care sites; reagents-CD4; Haemogram, Biochem	EGPAF		X	X	X	X		113 sites	Project reports	on going
1.1.6	6.1, 6.2, 7.1, 7.2, 11.1 11.2, 11.3, 11.4	Support provision ART in TB clinics	EGPAF/ PATH		X	X	X	X	X	53 sites	Project reports	53 sites supported
		Support MCH model of care in 15 High volume sites	EGPAF		X	X	X	X	X	15		7 sites
1.1.8	6.2, 7.2, 11.2, 11.3, 11.4,12.1, 12.3	Support reagents buffer stock for ART sites for pre-ART tests (including viral load tests) including HIV positive pregnant women	EGPAF		X	X	X	X	X		Project reports	on going
1.1.9	6.2, 7.2, 11.2, 11.3, 11.4,12.1, 12.3	Purchase and distribution of laboratory equipment to support lab network (Purchase centrifuges)	EGPAF		X	X					Project reports	on going
1.1.10	6.2, 7.2, 11.2	Repair & maintenance of ART-related laboratory equipment	EGPAF		X	X	X	X	X		Project reports	on going
Site support to increase no. of patients ever received ART			Baseline	8,000	9,000	10,000	11,000	12,000		16,000		

1.1.7	6.2, 7.2, 11.2, 11.3, 11.4,13.2	Maintain 81 staff on previous hire (capacity project), One additional for Private facilities	EGPAF/BRHC	81	X	X	X	X		81	Project reports	transitioned to Capacity
		Support locum for short term staff hire (10)	EGPAF	10	X	X	X	X	X	10	REDUCED FROM 20	none /there is need
		Support 3 volunteers/Peer counselors for every ART site	EGPAF/SWAK		X	X	X	X	X	160		pending
1.1.8	6.2, 7.2, 11.2, 11.3, 11.4,13.2	Support EMR Role out; maintenance of computers	EGPAF/PATH	5	X	X	X	X	X	20	Project reports	pending
		Train 30 health providers on basic computer skills including ART dispensing tool	EGPAF		X	X				30	Project reports	pending
		Training of 60 medium and high volume site staff in selected management courses - MDI	EGPAF		x		x			60	Project reports	pending
		On site training on ART dispensing tools in 3 private sites	BRHC			x				3	Project reports	
1.1.9	6.2, 7.2, 11.2, 11.3, 11.4,13.2	Facilitate printing and distribution of stationaries,NASCOP data collection tools	EGPAF/PATH		X	X	X	X	X		Project reports	on going
1.1.10	6.2, 7.2	Buffer stocks for Opportunistic infection drugs	EGPAF/BRHC		X	X	X	X	X		Project reports	on going
1.1.12	6.2, 7.2, 11.2, 11.3, 11.4	Technical exchange, biannual meetings/technical exchange visits between facilities and monthly facility meetings	EGPAF/BRHC		X	X	X	X		4 meetings held (2 per quarter)	Project reports	none
		Support the establishment of Kitchen gardens at 15 ART sites	EGPAF, WV,SWAK	5	X	X	X	X		20		on going
1.1.14	6.2, 7.2, 11.2, 11.3, 11.4	Site Technical assistance	EGPAF/BRCH		X	X	X	X	X	113sites ,	Project reports	on going

	6.2, 7.2, 11.2, 11.3, 11.4	Facilitate PHMT and DHMT supervisory visits	EGPAF		X	X	X	X		25 districts and PHMT/DHMT	Project reports	on going
		Support PHMT/DHMTs in AOP monitoring- review meetings			X	X	X	X				on going
1.1.15	6.2, 6.3, 7.2,7.3, 11.2, 11.3, 11.4, 11.5	Pediatric ART Training including private practitioners	EGPAF/BRHC		30	30	30			90	Project reports	60 trained
1.1.16	6.2, 6.3, 7.2,7.3, 11.2, 11.3, 11.4, 11.5	Pediatric HIV psychosocial Counseling training	EGPAF		30	30				60	Project reports	pending
1.1.17	6.2, 6.3, 7.2,7.3, 11.2, 11.3, 11.4, 11.5	PwP training for Health Workers	EGPAF		30	30	30			90	Project reports	60 trained
1.1.18	6.2, 6.3, 7.2,7.3, 11.2, 11.3, 11.4, 11.5	Integrated Management of Adolescent/adult Illness training including private practitioners	EGPAF, JHPIEGO		40	40	40			120	Project reports	2 trainings done
1.1.20	6.2, 6.3, 7.2,7.3, 11.2, 11.3, 11.4, 11.5	ART commodity management training	EGPAF/BRHC		30	30	30			90	Project reports	60 trained
		Train health workers on adherence counseling	EGPAF/BRCH			30	30			60		20 trained
		Support district nutritionists in OJT and site mentoring of CCC staff in nutrition and HIV	EGPAF		x	x	x	x	X			on going
		Other site support trainings (eg new guidelines)			X	X	X	X		60		on going
		Support to conferences(MoH staff)	EGPAF		X	X	X	X		10	Trip reports	pending

CONTINUOUS QUALITY IMPROVEMENT												
1.1.21	6.2, 7.2, 11.2, 11.3, 11.4	Site Mentorship (Pediatric ART, Adult ART , pharmaceutical , lab, Data, M&E)	EGPAF/BRHC		X	X	X	X	X	53 paed ART sites mentored	Project reports	on going
		Institute quality assurance/ quality improvement systems	EGPAF		X	X	X	X	X	53 sites	Project reports	on going
		Assess and support quality HIV treatment for pediatric cohort	EGPAF		X	X	X	X	X	41sites		on going
		Support a Hot line service for consultation- Uliza	EGPAF		X	X	X	X				pending
1.1.26	6.2, 7.2,11.3, 11.4	Strengthen facility PLWH support groups and facility-community linkages model-including pediatric PSS groups	EGPAF,PATH, SWAK		X	X	X	X	X	53 sites	Project reports	on going
Increase number of individuals continuing with ART			Baseline	8000						14,450		
		Strengthen defaulter tracing using various mechanisms	EGPAF		X	X	X	X	X			on going
		Link malnourished HIV exposed and infected infants and young children to FbP programmes	EGPAF/BRHC		X	X	X	X	X	53		on going
Increase the number of pregnant women receiving HIV counseling and testing in PMTCT			Baseline	100,000						158,538		
1.1.27	1.1, 1.2, 1.3	Increase number of facilities providing package of PMTCT services according to national and international standards-including FP, reproductive health, MCH and management of Oise	EGPAF	250	260	X	X	X	X	300	District HMIS	18 new sites
1.1.28	1.4	Train Health care workers on provision of comprehensive package of PMTCT services according to national and international standards-including FP, reproductive health, MCH and management of Oise	EGPAF, BRHC		60	60	60			180	training reports	pending

		Train PMTCT HCWs on stigma reduction	EGPAF/BRHC		30	30	30			90		60 trained
1.1.29	1.2	Support five outreaches per district per month to increase number of mothers receiving C&T (R2 R3)	EGPAF, SWAK,JHPIEG O,PATH,BRHC		285	285	285	285		1,140 outreaches	Project reports	on going
1.1.30	1.3, 1.4	Avail IEC materials/job aids / new guidelines	EGPAF/BRHC		X	X	X	X	X		Project reports	on going
		Support couple counseling sensitization meetings to enhance partner/ spouse testing within MCH setting	EGPAF		X	X	X	X	X	31,708 spouses tested		on going
		Support ANC couple counselling and testing through community and facility based outreaches	EGPAF		X	X	X	X	X			on going
Increase the number of women receiving and adhering to ARV prophylaxis			Baseline	4,000						7616		
		Support provision of SDNVP (at 47 sites)			X	X	X	X	X	2,285	District HMIS	on going
		Support provision of AZT /NVP (at 200 sites)			X	X	X	X	X	3,808	District HMIS	on going
		Support provision of HAART (at 53 sites)			X	X	X	X	X	1,523	District HMIS	on going
1.1.31	1.2, 1.3	Supply buffer stocks (Nevirapine, test kits, dispensers, pouches), Cotrimoxazole and AZT and supplies for DBS, ANC reagents, strips for haemoques)	EGPAF		X	X	X	X	X		Project reports	on going
Increase hospital deliveries												

		Improve infrastructure in Maternity wards in 5 sites	EGPAF		X	X	X			5	project reports	3 sites complete
		Purchase and distribute mama packs	EGPAF		x	x	x	x	X	5000 packs		pending
		Appreciation with reward to one Health Centers performing best in conducting deliveries(bi annual)	EGPAF		X	X	X	X	X	60 facilities	District HMIS	pending
		Purchase furniture and equipment for 5 new sites	EGPAF			X	X			10	Project reports	complete
Improve Continuum of Care for the HIV+ mother and exposed infant												
		Support existing 150 and establish 150 new PMTCT support groups for PMTCT clients & family	EGPAF	150	X	X	X	X	X	300	project reports	on going
		Support 300 facilities to have peer counselors in the PSS meetings and clinics for psychosocial support and referral to HIV care for HIV infected mother, and HIV exposed and infected babies	EGPAF / SWAK	150	X	X	X	X	X	300 facilities	project reports	on going
		Support defaulter tracing of HIV infected and exposed babies/mothers in all facilities	All partners		X	X	X	X	X			on going
1.1.33		Support facilities carry out EID.on HIV exposed infants(transportation, supplies and DMLT supervision)	EGPAF		X	X	X	X	X	3808 infants tested	project reports	on going
		Support electronic network system for following up DBS results and feedback to facilities	EGPAF		X	X	X	X	X	300 facilities	PCR results	pending
		Support post natal testing for those of HIV unknown status and HIV negative previously in antenatal	EGPAF/JHPIEGO/BRCH		X	X	X	X	X			on going
		Sensitization of health workers on stigma reduction/ burnout reduction/ stress management, customer care	EGPAF		X	X	X	X	X	10 sites	project reports	

1.1.36	1.2, 1.3	Support male clinics	EGPAF	45	X	X	X	X	X	60	project reports	on going
		Strengthen PMTCT sites to offer basic HIV care services	EGPAF/BRHC	45	X	X	X	X	X	60		on going
		Purchase and distribute 40 Haemoque for HB testing	EGPAF	90	X	X	X	X	X	130	procurement documents	complete
Support DHMT/health providers to improve quality of services												
1.1.37	1.2, 1.3	PMTCT counselor supervision meetings for every District on a quarterly basis	EGPAF/BRHC		57		57			114 meetings	minutes of meetings	
1.1.38	1.2, 1.3, 1.4	Biannual district facility meetings	EGPAF/BRHC			X		X		50	minutes of meetings	complete
1.1.38	1.2, 1.3, 1.4	Support Provider Mentorship activities	EGPAF/BRHC		x	x	x	X	X	15		on going
1.1.39	1.2, 1.3	Bi-annual District (DHMT) PMTCT meetings	EGPAF		X			X		2	minutes of meetings	complete
1.1.40	1.2, 1.3	Disseminate/Print PMTCT logistics and data collection tools.	EGPAF, PATH		X	X	X	X	X		project reports	on going
1.1.41	1.2, 1.3, M2	Purchase medical equipment-examination couches, weighing scales, BP machines for new PMTCT sites,	EGPAF, JHPIEGO, BRCH		X	X	X				procurement documents	on going
		Purchase and distribute TV & Audio visual equipment to PMTCT sites	EGPAF/BRHC		X	X				20 Sites	procurement documents	complete
		Support inter-facility technical exchange visits (2 per quarter)	EGPAF		2	2	2	2		10 Visits	trip reports	pending
		Support DHMTs to carry out facilitative supervision	EGPAF/BRHC		X	X	X	X	X			on going
		Integrate PMTCT interventions in Malezi Bora week - bi-annual for all Districts	EGPAF/JHPIEGO/PATH		X		X					complete
		Support to regional conferences	EGPAF		X	X	X	X	X	10 Persons	trip reports	on going
Increase number of individuals receiving CT			Baseline	120,000	37,500	37,500	37,500	37,500		150,000	Facility reports	

Number of individuals who received counseling and testing for HIV and received their test results												
		Conduct home-based HIV testing in 6 Districts(15 days monthly)	Jhpiego		X	X	X	X		6 Districts	Activity reports	on going
		Printing of T-Shirts and bags for Home based HIV-Testing providers	Jhpiego		X					300 bags & 500 T-Shirts	Purchase receipts	complete
		CT special out-reaches, (workplace, Youth friendly services)	Jhpiego/PATH		X	X	X	X	X	All Districts	Activity reports	on going
		Conduct moonlight VCT out-reaches	Jhpiego/Path		X	X	X	X	X	9 outreaches	Activity reports	on going
		Support Quarterly DASCOS/DMLT, Counsellor supervisors quartely review meetings	Jhpiego/BR		1	1	1	1	1	5 meetings	minutes of meetings	1 held
		Support 1 counsellor supervision meetings at the 19 districts per quarter	Jhpiego			19		19		38	minutes of meetings	
		Conduct regular Supportive supervision with DASCOS/DMLT & counsellors (1visit per district per quarter)	Jhpiego		X	X	X	X	x	108 supervision visits	trip reports	on going
		Purchase buffer stocks of HIV test kits and filter papers	Jhpiego		X					kits and filter papers purchased	procurement documents	pending
		Support the World AIDs DAY	Jhpiego		X				x		Activity reports	complete
		Support logistics for DBS transportation to validation site, monthly	Jhpiego		X	X	X	X	X	10 Districts	project reports	on going
Number of children accessing C& T (0-14 years)												
1.1		Conduct CT outreaches for children(focusing on OVCs)	Jhpiego/WV &SW	18,541	X	X	X	X	X	54,000	Outreach reports	614 OVCs tested
		HTC Advocacy facility meetings	Jhpiego/EGPAF		X	X	X	X	X	28 meetings	minutes of meetings	on going

		Support CHV's to defaulter trace positive children	Jhpiego/ &SW		X	X	X	X	X			on going
Number of individuals trained in counseling and testing according to national and international standards												
		Conduct PITC training for 3districts (3 trainings of 30 pax each ,5 day)	Jhpiego		30	30	30			90 providers	training reports	30 trained
		Conduct dissemination meetings to roll out new HTC guidelines	Jhpiego		X	X	X	X	X	5 meetings		pending
		Train ToT using the new HTC curriculum(1 training of 25 pax)	Jhpiego				x			25 trainees	training reports	pending
		Train providers in couple counselling(2 trainings of 25 each)	Jhpiego		25		25			50 trainees	training reports	25 trained
		Train providers using the new HTC curriculum(4 trainings of 25 pax each)	Jhpiego			25	25			50 providers	training reports	
		Train supervisors using PQI model(1 training, 25 pax)	Jhpiego			25				25 providers	training reports	
		Support regional conferences	Jhpiego		X	X	X	X	X		Trip reports	on going
		Conduct FP/HIV integration training forservice providers (5 day trainings for 25 providers each)	Jhpiego				25			25 providers	training reports	
Sub-result 1.3: Reinforced networking between levels of care and between clinical services and communities												
		Support monthly discordant couples support group meetings(15 groups)	Jhpiego/SWAK		X	X	X	X	X	180 meetings	minutes of meetings	on going
Increase number of HIV infected individuals diagnosed and treated for TB												
		Train health workers, including private practitioners, on TB/HIV management	PATH/BRCH		105	105				210 trainees	Training reports	61 trained
		AFB refresher course training for Lab staff/ Microscope Maintenance	PATH			30				30 trainees	Training reports	
		Prevention with Positives Training (PwP) for HWs	PATH				30			30 trainees	Training reports	

		Community-based DOTS and defaulter tracing training for CHWs/HBC in line with community strategy	PATH		50	50				100	Training reports	36 traced
		Support Quarterly District TB/HIV committee meetings 25 districts	PATH		X	X	X	X		100 meetings	Minutes of meetings	on going
		Support to PMLT/DMLT/DASCO participate in DTLC's quarterly meeting	PATH		1	1	1	1		4 Meetings	Reports	1 meeting supported
		Purchase furniture /equipment for renovated TB/ART site	PATH			X						
		Strengthen Defaulter tracing / follow up for smear positive contacts - (10% of total cases per quarter)	PATH		X	X	X	X	X	904	project reports	on going
		Sensitization meetings with 25 DPHO /25 PHO/25 CHEW on TB/HIV	PATH			75	75			150	minutes	
		School Health Sensitization meeting- All primary schools in 17 Districts	PATH			X	X				Total Number	
		Sensitization meetings for CCC and MCH staff on TB recognition , referral and reporting of HIV Patients screened for TB (incl. TB in children)	PATH		x	x	X	X	X	53 facilities	Meeting reports	on going
		MDR Surveillance - Support transportation of specimens to CRL for drug resistance TB testing (25 districts)/from facility to courier offices.	PATH		x	x	x	x	X		Number of specimens	on going
		World TB Day Commemorations - 24 Districts and the province(24th March)	PATH			X					Reports	
		Strengthen Data flow - Reporting on number of HIV Clients attending CCC that are receiving TB Treatment , Incl - DTLC Participation in DHRIO'S	PATH		X	X	X	X	X	25 DTLC'S	Data Reports	on going

		meetings .										
		Support to conferences - H/providers	PATH		X	X	x	X	X			on going
		Sensitization Meetings at all levels -PHMT/DHMT/HMT and Community			X	X	X	X	X			on going
		Support intergrated outreach activities.			X	X	X	X	X			on going
		Review and Develop HWs and CHWs sensitization guide				X	X					
		MDR training for HWs			30	30				60 HWS		30 trained
		Purchase conical flask, measuring cylinders, reagents and weighing scale for 5 New District Labs				X						
		Support Transportation of Thyroid Function Tests specimen for MDR - TB Patients on Treatment to monitor Drug toxicity			x	x	x	x	x			on going
1.2 Expanded availability of FP and MCH services												
1.2.0		Develop RH trainers through CTS training (DHMT & PHMT),5days	Jhpiego		25					25	training reports	complete
1.2.1		FANC/MIP/TB/PMTCT training (Facility based training) ,5days	Jhpiego		30					30	training reports	complete
1.2.3		Support PHMT /DHMT and Facilities to notify and Conduct regular Maternal Death Reviews(10 focus Districts)	Jhpiego/PATH		x	x	x	x	x		MDR reports	on going
1.2.6		AMSTL and Newborn care training,5 days ,residential	Jhpiego			25				25	training reports	
1.2.7		Training of Community Midwifery to support Skilled delivery	Jhpiego				28			28	training reports	

1.2.8		Enhance delivery by skilled attendant by strengthening CHW (Maternal Health Volunteers) referrals-Transport refund)	Jhpiego/PATH/SWAK		X	X	X	X	X		project reports	pending
1.2.17		Post Natal Care / Family Planning (PP-IUCD)	Jhpiego			25				25	training reports	
		Youth friendly RH training	Jhpiego			25	25				50	
1.2.19		Purchase of Furniture for Maternity and MCH clinics/5 districts	Jhpiego			x					procurement documents	
1.2.20		Site renovations/equipping and upgrades 2 sites(Maternity and MCH)	Jhpiego		x						project reports	pending
1.2.15		Integrated outreach services(incl Malezi Bora), 3 per district per month/19 districts	Jhpiego		X	X	X	X		342	HMIS reports	on going
1.2.16		Support RH supervision , 1per quarter per district (PHMT and DHMTs)	Jhpiego		x	x	x	X	X		supervisory reports	on going
1.2.19		Standards Based Management and Recognition training(SBM-R)	Jhpiego			25				25	training reports	
1.2.20		Quarterly RH coordinators meetings	Jhpiego		1	1	1	1	1	5	Minutes	1 meeting held
1.2.22		Regional conferences support for PHMTand DHMTs(Obstetric/Nurses/Paeds)	Jhpiego		X	x	x	X	X	participan ts	Conference reports	on going
		IMCI support supervission	Jhpiego		X	X	X	X	X		Event reports	on going
		Purchase of theatre equipment for Teso DH and Lugari theatres	Jhpiego		x	x					procurement documents	pending
1.2.23		PQI Training for Supervisors	Jhpiego			25				25	training reports	
1.2.24		Cervical cancer screening training(one trainings of 20 pax, 6 day residential)	Jhpiego			20	20			40	training reports	
1.2.25		Purchase basic Mama packs (Sample districts)	Jhpiego/EGPAF		3,000					3,000	procument Documents	pending

1.2.28		Support celebrations for International days(UN)- Malaria,Population,Mothers days.	Jhpiego		X	X	X	X	X		HMIS reports	on going
1.2.26		Purchase of delivery packs for Community midwives	Jhpiego		40						procument Documents	complete
1.3 Reinforced networking between levels of care and between clinical services and communities												
1.3.0		Support facility/community linkage meetings to enhance referral	Jhpiego/SWAK/PATH		X	X	X	X	X	150 Persons	Event reports	on going
1.3.1		Advocacy ,Community mobilisation for RH, COMMPAC and Hospital delivery	Jhpiego /SWAK/PATH		X		X			150 trainees	Event reports	on going
Sub-Result 1.1 Child Survival Activities (Teso and Busia Districts)												
1.2.36		Refresher training on EPI	Jhpiego			25				25 HWs trained	Training reports	
		Essential Newborn care/community based maternal and neonatal care training	Jhpiego			25				25 HWs trained	Training reports	
1.2.37		Logistic support (Gas Deposit for Health facilities)	Jhpiego		X						Procurement documents	complete
		Purchase of furniture for maternity and MCH clinincs	Jhpiego		X							complete
1.2.39		Support Immunization campaigns/Vit A/Deworming	Jhpeigo		X	x	X	X	X		Event reports	on going
1.2.40		IMCI case management training,10 days/residential	Jhpiego		24		24			48HWs	Training reports	24 trained
1.2.41		Orientation of Health Workers on Kangaroo Mother Care approach	Jhpiego		25	25				50	20 HWs	pending
Act Ref Nos.	Ind Ref Nos.	Activity description	Resp Party	Year 4					Project targets	District targets	Q1 activity Tracking	
				Oct-Dec 09	Jan-Mar 10	April-Jun 10	July - Sep t 10	Oct-Dec				
RESULT 2: Improved and expanded civil society activities to increase healthy behaviors												

2.01	All	BCC Steering Committee Meetings	PATH		1	1				2 mtgs	Provincial	One meeting was supported and held
2.02	All	BCC Steering Committee conduct supervision visits for activities	PATH			1		1		2 visits	Provincial	
2.03	All	R2 Strategic Planning Retreat	PATH		1					1 retreat	Provincial	Meeting held for the team
2.1 Expanded and strengthened community and workplace interventions												
2.1.1 Improving and expanding community-based prevention & outreach activities												
2.1.1.1	2.1, 5.2	Field Facilitators (17) have and attend meetings (6 per year)	PATH		2	1	2	1		6 mtgs	Provincial	3 monthly meetings held
2.1.1.2	2.1, 5.2	S/L CHVs (159) have 6 meetings with CHVs	PATH		318	159	318	159	See District meetings	954 mtgs	24 districts	The meetings were held in the communities
		CHV conduct DGD	x		x	x	x	x	14080 SESSIONS		24 districts	
		CHV issue condoms	x		x	x	x	x	100000 issued	100,000	24 districts	Condoms were issued to communities in the quarter. Demand for female condoms is on the increase

		Health talks at public places	x		x	x	x	x	7040 sessions	7040	24 districts	Conducted through the FFs and other meetings
		Field Facilitators (17) have attend meetings (6 per year)	x		x	x	x	x	2	2	24 districts	
2.1.1.3	2.1, 5.2	CHW contacts	PATH		375,000	387,936	387,936	387,936	375,000	1.5 m contacts	24 districts	New contacts made in the quarter
2.1.1.4	2.1, 5.2	Support 50 Community Units for MOH Community Strategy	PATH			24	x	x	x	24 (480new CHVs)	District to be decided by MOH and roll over activities	
2.1.1.6		Assist health facilities to mobilize for integrated health outreaches	PATH		x	x	x	x		132 outreaches supported	All districts	Integrated outreaches held
		Magnet Theatre Troupes										
2.1.1.7	2.1, 5.2	Theater performances by 24 groups to general youth population	PATH		228	228	228	228	98	912 performances	24 districts	Performances by the MT done
		Support performances of new troupes for 6 months						3 mths X 3 loc X 8 grps (for both this qtr and next			Busia and Teso	

2.1.1.9	2.1, 5.2	Theater performances by 6 groups to transport communities	PATH		36	36	36	36	x	144 performances	2 districts: Busia & Teso	The activity was carried out for the transport groups
2.1.1.10	2.1, 5.2	Monthly feedback meetings with MT Coordinators	PATH		2	1	2	1	2	6 meetings	24 districts	The meeting was held.
		Radio										
2.1.1.11	2.1, 5.2	Production & broadcast of weekly radio program	PATH		12	12	12	12	12	60	All districts	They were produced and broadcasted on different health issues
2.1.1.12	2.1, 5.2	Radio spots/sponsorship of other radio programs on health issues	PATH		x	x	x	x	x		All districts	The radio spots with specific messages done.
		Peer Family Groups										
2.1.1.14	2.1, 5.2	Peer Family Leaders (22 pax) monthly meetings	PATH		2	1	2	1	2	8 mtgs	Provincial	Peer family meetings were conducted
2.1.1.15	2.1, 5.2	PF facilitators (250) conduct monthly sessions with 2 groups	PATH		1500	1500	1500	1500	1000	7000 group meetings	24 districts	Monthly sessions held
		IEC materials										
		Community health newsletter	PATH			x				150,000 copies	24 districts	
		CHV Updates: 2 issues	PATH		x		x			6000 copies	24 districts	One issue of the newsletter done.
2.1.2 Establishing & strengthening formal and informal workplace programs												

2.1.2.1	2.1, 5.2	Training 200 worksite motivators at 5 new worksites	PATH		200					200 motivators trained	10 districts	Training for worksite motivators held
2.1.2.2	2.1, 5.2	Worksite Managers review meeting	PATH		1			1		2 mtgs	10 districts	
2.1.2.3	2.1, 5.2	Feedback meetings with site coordinators to A2W	PATH		2	1	2	1	2	8 meetings	10 districts	Done
		Sex workers conduct one to one talks with peers										
		Sex workers conduct one to one talks with peers	x		x	x	x	x	x			Done
		Sex workers refer clients to the facilities	x		x	x	x	x	x			Done
		Sex workers conduct Dialogue discussions	x		x	x	x	x	x			Done
		Health outreach at the beaches							x			
2.1.2.4	2.1, 5.2	Worksite motivators conduct activities in formal & informal worksites (1 event per month, i.e.dialogue groups, outreach, some outreaches will include TB screening, etc)	PATH		1200	1800	1800	1800	x	6600 events	10 districts	Done
		Exchange visit for worksite managers				1						
		Implementation of activities of teacher worksites for MOE HIV/AIDS policy	PATH		x	x	x	x	x		All districts	Done
IR 2.2 Expanded prevention programs targeting the youth												
2.2.1 Developing life skills and healthy behaviors among youth												

2.2.1.1	2.1, 5.2	Train teachers as peer educators	PATH		400					x	400 teachers	Remove & reallocate funds for new program idea: Tuko Pamoja Health Corners. Total budget: \$80,778 (does not include Masinde & Eregi costs nor KGGGA)	Done
2.2.1.2	2.1, 2.2, 5.2, 5.3, 14.5, 14.6	Teachers conduct meetings/events with student peer educators & mentor/coach Pes	PATH		x	x	x	x	x	x	1600 teachers	All districts	Done
2.2.1.3	2.1, 2.2, 5.2, 5.3, 14.5, 14.6	Peer educators conduct activities/peer education in schools	PATH		x	x	x	x	x	x	32000 peer educators	All districts	Done
2.2.1.4	2.1, 2.2, 5.2, 5.3, 14.5, 14.6	AEOs & TACs supervise activities	PATH		x	x	x	x	x	x	54 AEOs, 14 TACs over 6 trips	All districts	Carried out
2.2.1.5		Provincincial Youth Committee Meetings conducted	PATH		1	1	1			x	3 meetings	Provincial	Done
2.2.1.6		Provincial review meeting with MOE & other stakeholders	PATH						1		1 meeting	Provincial	
2.2.1.7		Support to higher learning institutions	PATH		x	x	x	x	x	x	2 institutions	1 district	Done
2.2.1.8		Support KGGGA activities	PATH		x	x	x			x		5 districts: Teso, Busia, Lugari, Emuhaya, Butere	

2.2.1.9		Provide grants to youth organizations	PATH		25	25				50 small grants given	All districts	Done
2.2.1.10	2.1, 5.2	HIV Free Generation: Economic grants to youth	PATH		x	x				14 grants given for economic empowerment, ITC		Started
		Monitor HIV free Geration activities	x		x	x	x	x	x			Ongoing
2.2.1.11		Talent Extravaganza (HIV Free Generation)	PATH			1				1 talent extravaganza	Provincial	
2.2.1.13		Quarterly review meeting for anchor youth organizations	PATH		1	1	1	1		4 meetings	All districts	
2.2.1.14		Contribute support to school music & drama festival	PATH				1	1		2 festivals	Provincial	
2.2.1.15		Develop & distribute comic book (1 issue)	PATH			x				20,000 copies of 1 issue distributed	All districts	
2.2.2 Reaching married adolescents and disordant couples												
2.2.2.1		MA mentors (850 pax) conduct dialogue groups	PATH		2550	2550	2550	2550	x	10200 group meetings	All districts	Done
2.2.2.2		MA mentors have feedback meetings with MA coordinators	PATH		2	1	2	1	2	850 mentors meet for 8 meetings	All districts	Done
2.2.2.3	2.1, 2.2, 5.2, 5.3, 14.5, 14.6	District MA Coordinators (19 pax) have feedback meetings with project	PATH		2	1	2	1	1	6 mtgs	All districts	Held
2.2.2.4	2.1, 2.2, 5.2, 5.3, 14.5, 14.6	Train 19 MA coordinators as safe motherhood ambassadors to track preg. Women, deliver in facility; follow up	PATH		19					To be removed funds used for training under MCH	All districts	Done

2.2.2.5		19 MA coordinators train 850 mentors on safe motherhood initiatives	PATH			850				To be removed funds used for training under MCH	All districts	
2.2.2.6		Supervision trips to monitor activities by MOPHS	PATH		x	x	x	x	X	4 trips	Provincial	
2.2.2.7		District level meetings with FBO leaders	PATH					x	X	24 district meetings with 40 leaders each	all districts	Done
IR 2.3 Reinforced networking between communities and clinical services												
2.3.1 Strengthening community group networks												
Child Survival Activities												
2.3.1.1		Feedback meetings between HF staff & 1000 CHWs	PATH		100	50	100	50	X	300 mtgs total (6 mtgs per HF)	Busia & Teso	Done
		CHV training on pregnancy follow up, ANC, delivery	PATH			1000				1000 CHVs	Busia & Teso	
2.3.1.2		Conduct follow up meetings with 10 chiefs trained on immunization, defaulter tracing	PATH		1	1	1	1		4 meetings	Busia & Teso	Done
		Defaulter tracing							x			
		Production of MCH IEC materials							x			
2.3.1.3		Purchase of water treatment tablets for 2000 households for 12 months	PATH		2000	2000	2000	2000		2000 households reached	Busia & Teso	Done
		Follow up on safe water activities within households							x			
2.3.1.4		Conduct follow up meetings with 60 MiMSG leaders.	PATH		1	1	1	1		60 groups in 4 meetings	Busia & Teso	
		Vitamin A - sweet potato project	PATH								Busia & Teso	
		IYCN training for PLH	PATH			120				120 PLH	Busia & Teso	

		ORT corner/review meetings	PATH		x	x	x	x	x	x	Busia & Teso	Done
		Training of CHWs on diarrhoea	PATH			x				1000 Trained	Busia & Teso	
		School tanks	PATH		x						Busia & Teso	Procured ready for installation
		Water treatment products	PATH				X				Busia & Teso	
		Toilets	PATH		X	X					Busia & Teso	
		Spring protection and maintainance	PATH		X	x	x	x	x		Busia & Teso	Process started
		Follow up and monitoring of MCH activities										
		Live works Farm community transitional strategy	PATH /Highway		x	x	x	x		20 grps	Busia	2600 kg of vegetables per week; 1540 kg per week
		Training of clusters members on modern agricultural skills	PATH /Highway								Busia	
		weekly production of eggs and Vegetables	PATH /Highway		x	x	x	x	x		Teso	
		Production of vegetables	PATH /Highway		x	x	x	x	x		Teso	
		Purchase of 4 dairy cows for 4 clusters	PATH /Highway							4 cows	Teso	
		Low income women and OVC activities in Malaba	PATH /Highway		x	x	x	x	x		Teso	
		Peer educators meeting	PATH /Highway								Teso	
		Magnet theatre outreaches	PATH /Highway		x	x	x	x	x		Teso	
		SDD outreach activities	PATH /Highway								Teso	
		Revolving loan fund to low income women	PATH /Highway		x	x	x	x	x		Teso	

		Address norms surrounding GBV, alcohol abuse, & related taboo	PATH /Highway		2	2	2	2	x	8	Teso	In progress
		GBV task force planning meeting	PATH /Highway		3	3	3	3		12	Teso	
		Cluster management planning meeting	PATH /Highway		3	3	3	3		12	Teso	
		OVC activities in Malaba	PATH /Highway		12 groups					46 women women have been given loans. This is part of CORP in addressing womens vulnerability	Teso	
		Provide Education support to OVC in primary school	PATH /Highway		60	60	60	60		240	Teso	
		Sanitary towel for female OVC	PATH /Highway		2	2	1	1		6	Teso	
		Educational support to secondary school	PATH /Highway		2	2	2	1		6	Teso	
		Vocational training	PATH /Highway								Teso	
		Medical camps for OVCs	PATH /Highway			300				300	Teso	
		Support for food production for OVCs and guardians	PATH /Highway		200	200	200	200		200	Teso	
		OVC birth registration	PATH /Highway			30					Teso	
		Monthly meetings	PATH /Highway			25					Teso	
		Succession planning meeting	PATH /Highway		1	1	1	1		4	Teso	
		Youth activities	PATH/Highway		x	x	x	x			Teso	
		Video Education outreaches out of school	PATH/Highway		X	X	X	X	x		Teso	
		Youth sporting activities	PATH/Highway		4	4	4		x	12	Teso	

		Monthly meeting for mentors and facilitators	PATH/Highway				20					Teso
		quarterly experience sharing on ODSS	PATH/Highway		4	3	3	2				Teso
		Busia	PATH/Highway		1		1			2		Teso
		Addresss norms surrounding alcohol abuse, gender based violence and other taboo topics in Busia	PATH/Highway				32					Busia
		GBV task force monthly meetings	PATH/Highway		x	x	x	x	x			Busia
		Advocacy and monitoring	PATH/Highway									Busia
		Weekly support group meetings for alcoholics	PATH/Highway									Busia
		PLHA	PATH/Highway		2	2	1	2		6		Busia
		PLHA Monthly support group meetings	PATH/Highway		3	3	2	2		9		Busia
		Public speaking by AOP	PATH/Highway		9	9	9	9		39		Busia
		HBC kits	PATH/Highway		3	2	2	2		9		Busia
		Cluster and health providers review meeting	PATH/Highway									Busia
		Paralegal activities	PATH/Highway		3	3	3	3		12		Busia
		Advocacy and monitoring of paralegal activities	PATH/Highway		260	x	x	x	x			Busia
		Cluster group monthly steering meeting	PATH/Highway				1					Busia
		OVC	PATH/Highway									Busia
		Nutrition	PATH/Highway		x	x	x	x		x		Busia

		Health	PATH/Highway		3	2	2	2		9	Busia	
		Education	PATH/Highway		x	x	x	x	x		Busia	
		School uniforms	PATH/Highway		400						Busia	
		Shelter	PATH/Highway		670						Busia	
		Monthly meetings	PATH/Highway			80					Busia	
		Volunteers quarterly meeting	PATH/Highway			400					Busia	
			PATH		1						Busia	
		Youth	PATH/Highway		3	2	2	2		9	Busia	
		GBV and Alcohol Abuse Awareness Workshop	PATH/Highway		1	1	1				Busia	
		GBV Task Force monitoring and advocacy Activities	PATH/Highway		x	x	x	x	x		Busia	
		Refresher training for Training nodes	PATH/Highway								Busia	
		Peer Educators monthly meetings (For men at risk & players & coaches	PATH/Highway		x	x	x	x	x		Busia	
		Support to Youth sportting activities	PATH/Highway		1		1			2	Busia	
		Magnet theatre performance	PATH/Highway		x	x	x	x			Busia	
		Magnet theatre monthly meeting	PATH/Highway		7						Busia	
		Puppeteers performance	PATH/Highway		2	2	1	1		6	Busia	
		Barazas for MAPS	PATH/Highway		2	1	1			4	Busia	
		Outreach at Drinking clubs	PATH/Highway		12	12	12	12		48	Busia	

		Cycling races with Health education and raffles	PATH/Highway		2	2	1	1		6	Busia	
		Business and entrepreneurial skills	PATH/Highway		12	12	12	12		48	Busia	
		Training of leadership and group dynamics	PATH/Highway		1	1	1	1		4	Busia	
		Training on proposal writing	PATH/Highway		1	1	1	1		4	Busia	
		Steering committee meeting	PATH/Highway		1	1	1	1		4	Busia	
		Resource Centers activities	PATH/Highway		x	x	x	x	x		Busia	
		Kenya Truck Driver Activities	PATH/Highway		x	x	x	x	x		Busia	
											Busia	
2.3.4 Mainstreaming Gender												
2.3.4.1		support women to conduct Health education activities	PATH		X	x	x	x	x	Reports from woemn groups		
2.3.4.2		Support Elwesero male group to conduct GBV and Health education activities	PATH		x	x	x	x	x	Reports from Elwesero male group		
2.3.4.3		Community health workers sensitize communities on GBV	PATH		x	x	x	x	x			
2.3.4.4		Educate the community Health workers on GBV through Jua Afya Yako Update	PATH			x				2 meetings	All districts	
2.3.5		Broadcast and play radio spots on GBV	PATH		x	x	x	x	x	75 pax trained	All districts	
Act Ref No	Ind Ref	Activity description	Responsible Party		Oct 2009 - Sep 2010				Data	Project	District	

	No		TA(s)	IP(s)*	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10	Source	Targets	Targets	QI achievements
RESULT 3: Improved and expanded care and support for people and families affected by HIV/AIDS						-						
IR 3.2 Expanded support for OVC												
3.1.1 Strengthening and Building CBO/FBO HBC Programs												
3.1.1.1	8.1, 8.2, 14.1, 14.4	Conduct 2 Organisational capacity building (OCB) trainings for CBO/FBO focal persons (2)	WVK	CBO/FBO	24		24		training report	48	104 participants from 24 CBO in all districts	all 24 CBO trained
3.1.1.2	6.1, 6.2, 8.1	Provide administration and office running support to CBO/FBO to implement HBC/OVC care and support activities	WVK	CBO/FBO	X	X	X	X	cbo/fbo financial and activity reports	24	25 CBOs in all districts except Samia & Hamisi	all 24 CBO granted
3.1.1.3	8.1, 8.2	conduct monthly support supervision and monitoring visits of CBO/FBO activities	WVK	CBO/FBO	72	72	72	72	activity reports	288	24 CBO/FBO in all districts visited	46 supervisory visits made
3.1.1.4	8.1, 8.2	Conduct Quarterly meetings with CBO/FBO leaders & line minisries provincial heads	WVK	CBO/FBO	1	1	1	1	meeting reports	4	24 CBOs from all districts	done
3.1.1.5		Support to CBO/CBO COPBAR	PATH	WVK/PATH	12	12			training report	24		24 CBO trained and so target met

3.1.1.6	14.2, 14.4	Print and distribute HBC, OVC, CoH, IPT-G, AoH, child counsellors, standard PLHA package bereavement and community counselling monitoring and reporting tools	WVK/SWAK	MOH/ NASCO OP	10,000	5,000			stores inventory	15,000	All districts	tools printed
3.1.1.7	14.2, 14.4	Support district HCBC quarterly review meeting between MOH and HCBC providers	WVK	MOH	25	25	25	25	activity reports	25	all districts	9 districts were supported. Others were not ready due to competing tasks
3.1.1.8	6.2	Support CBO-based CHW with incentives (transport facilitation, T-shirts and badges)	WVK	MOH CBO/ FBO	2,700	2,700	2,700	2,700	stores inventory	2700	2700 CHW from all districts supported with various components	all CHW supported with monthly stipend. 3000 T-shirts and bags procured
3.1.1.9	6.2	Support PHMT & DHMT to hold annual HBC coordinators meeting	WVK	DHMT				1	supervis ory reports	1	50 participants from all districts	meeting done in this quarter thus fully accomplished
3.1.1.10	6.2	Support PHMT/DHMT conduct one supervision of HCBC activities in each district	WVK	DHMT	26	26	26	26	supervis ory reports	26		PHMT supervised 8 districts
3.1.1.11	6.2	Train CHVs on HCBC for PLWHA	WVK	MOH	60	60	60		Training reports	180		180 trained thus completing years target
3.1.1.12	6.2	Train caregivers on PLWHA care and support	WVK/SWAK	MOH	120	200	180		Training reports	500		500 trained accomplishing target
3.1.1.13	6.2	Conduct community mobilisers quarterly review and capacity building meeting	SWAK	SWAK	1	1	1	1	activity reports	4	1 community mobilizer from each district and 3 supervisors	not done
3.1.2 Expanding Support Services For PLWHAs												
3.1.2.1	6.2	conduct monthly support supervision session for IPT-G	WVK	CBO/ FBO	9	9	9	9	activity reports	24	4 districts	done

		group leaders											
3.1.2.2	6.2	conduct quarterly debriefing session for IPT-G group leaders	WVK	CBO/FBO	1	1	1	1	activity reports	4	5 day debriefing meeting for 90 IPT-G group leaders in 2 sessions	done	
3.1.2.3	6.2, 2.1, 5.2	conduct public disclosure sessions for stigma reduction by Ambassadors of Hope	SWAK	SWAK	480	480	480	480	AoH outreach monitoring forms	all districts	19 districts	done in all districts	
3.1.2.4	6.2, 2.1, 5.2	conduct training on going public for discordant couples	SWAK	SWAK	25 Couples	25 Couples			training report	50 couples from 8 districts	19 districts	not done	
3.1.2.5	6.2, 2.1, 5.2	conduct public disclosure sessions for stigma reduction by discordant couples	SWAK	SWAK	200	225	250	300	Discordant couples outreach monitoring forms	1600 disclosure sessions in 8 districts	19 districts	done in all districts	
3.1.2.6	6.2, 2.1, 5.2	conduct training on going public for youth	SWAK	SWAK	50	50			training report	100 youth from 4 districts	19 districts	not done	
3.1.2.10	6.2, 2.1, 5.2	Support group leaders monthly meetings	SWAK	SWAK	51	51	51	51	meetings reports	270 support groups	19 districts	not done	
3.1.2.13	6.2	conduct Quarterly Meetings with all Ambassadors of Hope	SWAK	SWAK	280	280	280	280	Participants registration	280	19 districts	done in all districts	
3.1.2.14	6.2	conduct meetings held with discordant couples(merge)	SWAK	SWAK	50	50	100	150	Participants registration	100 (couples)	19 districts	done in all districts	
IR 3.2 Expanded support for OVC													

3.2.1 Comprehensive Support For OVC												
3.2.1.5	8.1	Provide for and support OVC in the programme to access 3 or more benefits in health, education, nutrition, protection, shelter & psychosocial support	WVK/SWAK	CBO/FBO	40,000	45,000	50,000	60,000	receipts/school reports	60,000 OVC receive 3 or more benefits at the end of year	all districts	66,085 children supported
3.2.1.1		Mobilise Children for HIV counselling & testing during	WVK/SWAK		8,500	8,500	8,500	8,500	number tested	34000		3,169 mobilised
3.2.1.6		Facilitate Registration of Births of children and Deaths certificates acquisition for deceased parents/guardians	WVK		26	26	26	26		25 Districts & provincial team		done
3.2.1.7	8.1	Support MOE G& C dept to monitor children OVC in schools	WVK		26	26	26	26		26 Districts & provincial team		activity dropped
3.2.1.8		conduct quarterly child status index (CSI) monitoring in health, education, nutrition, protection, shelter & psychosocial support in 3 district for 3,000 children	WVK/PATH		3,000	3,000	3,000	3,000		3,000		activity dropped
3.2.1.10	8.1	train caregivers on child care and support	WVK	CBO/FBO	2,700	2,700			training report	5400	all districts	11 951 trained
3.2.2. Strengthening Child Protection For OVC												
3.2.1.2	8.1	support one provincial OVC stakeholders meeting	WVK/SWAK	PCO/DCO	1		1		meetings reports	1 stakeholder meeting	all districts represented	not done
3.2.1.3		support children department hold quarterly AAC meetings at district level in all districts	WVK		25	25	25	25	meetings reports			7 districts supported

3.2.2.1	8.1	vocational skills training for out of school OVC	WVK	DEO/ DSDO		300				training report	300	400 from all districts	ongoing
3.2.2.2	8.1	Support the OVC trained in vocational training with business start-up kits	WVK	CBO/FBO	200					stores inventory	200	support 300 who complete training to form groups to be facilitated with start up tools	kits procured for 240 children
3.2.2.3	8.1	Support to childre's club interaction meetings for counselling & lifeskill information sessions	SWAK	SWAK	24	24	24	24	Children club register	9 clubs supported	9 children clubs supported from 9 districts		not done
3.2.2.4	8.1	conduct Quartely Monitoring Meeting for child counselors CHW	SWAK	SWAK	230	230	230	230	Participants registration, monitoring forms	230 trainees in 19 districts monitored	all districts		done
3.2.2.5	8.1	conduct Quartely Monitoring Meeting for memory book CHW	SWAK	SWAK	151	151	151	151	Participants registration, monitoring forms	151 trainees from 17 districts	17 districts		done
IR 3.3 Reduced stigma and establishment of safety nets for PLWHA and families													
3.3.1. Reducing Stigma And Strengthening Community Safety Nets													
3.3.1.1	2.2, 5.3, 14.5, 14.5	conduct sensitisation meetings for religious leaders on Channel of Hope (CoH)	WVK	FBO	40						40	all districts	38 sensitised
3.3.1.2	2.2, 5.3, 14.5, 14.7	Conduct training of Congregational HIV and AIDS Task Teams (CHATT)	WVK	FBO	100	100				training report	200	all districts	90 trained

3.3.1.3	2.2, 5.3, 14.5, 14.8	conduct quarterly meeting of CHATT at district level			8	8	8	8	meetings reports	32 meeting reports	all districts clustered in 8 regions	done
3.3.1.4	2.2, 5.3, 14.5, 14.6	conduct one day quarterly review meetings with district CoH team leaders	WVK	FBO	1	1	1	1	meetings reports	4	30 participants from all districts	done
3.3.1.5	6.3, 14.5, 14.6	Conduct Quartely Monitoring Meeting for community counsellors	SWAK	SWAK	194	194	194	194	Participa nts registrati on	194 monitore d	154 from 19 districts	done
3.3.1.6	6.3, 14.5, 14.6	Conduct Quartely Monitoring Meeting for bereavement counselors	SWAK	SWAK	189	189	189	189	Participa nts registrati on	189 monitore d	189 from 19 districts	done
3.3.1.7		Support to positive living day	SWAK	SWAK	7	7	5				all districts	not done
3.3.2 Providing Livelihood Support Activities for PLWHA/OVC households												
3.3.2.1		Support Support groups to start IGA	WV/SWAK		25	25			number of groups supporte d	50		not done
3.3.2.2		Support Line Ministries in Agri-Business to monitor IGAs by support groups/OVC households activities	WV/SWAK		x	x	x	x	activity reports			done
3.3.2.3	6.2	facilitate educational tours for CBO/FBO/support groups to other APHIA/community development projects	WV/SWAK	CBO/FBO	1	1	1		activity reports	2 trips of 10 represen tatives of model CBO/FBO/Suppo rt groups	all districts	done
3.3.2.4		support CBO/FBO/Support groups to conduct exchange visits fbetween themselves	WV/SWAK		50	50	50	50	2Youth groups & 4CBO	2 visits/gro up/year	all districts	done

3.3.2.5	6.2	Link support groups to MFI & other grants institutions/organisations for business skills training and credit	WVK/SWAK	SWAK	25	25	25	25	assessment & funding reports	100 groups	all districts	35 linked
3.3.2.6		conduct quarterly review meetings with MFIs linked to support groups for progress reports	WVK/SWAK		1	1	1	1		4 meetings	all districts	done
3.3.2.9		conduct training for organisational Capacity building for support groups	SWAK	SWAK	x	x	x	x		300plha Leaders	all districts	not done
3.3.2.10	6.2	conduct Paralegal Training for PLHA	SWAK	SWAK	50	50			Trainee registration, paralegal monitoring forms	60	60 from 3 districts	not done
3.3.2.11	6.2	conduct Quartely meetings for paralegals	SWAK	SWAK	217	267	267	267	meeting reports	217 trained paralegals monitored	all districts	done in all districts
3.3.2.13	6.2	facilitate quarterly meetings for paralegal networks at district level	SWAK	SWAK	6	6	6	6		3 networks formed	6 districts	not done
Monitoring and Evaluation Year 4 Activities and Budget												
			Activity	IP	Oct-Dec 09	Jan - Mar 10	Apr - Jun 10	Jul - Sep 10	Oct - Dec 10			Activity Tracking for the quarter
Improved Reporting rates for CSOs from current 16% to over 50%												
		Support the Community Based Management Information System team (PHRIO,NACC, PPHO, A2W M&E, AMREF, PASCO,)	PATH		X							Team formed but meeting not held because the main player NACC had other commitments
		CBMI Meetings	PATH		X	X	X					Meeting not held

												as above
3		Data collection strengthening among A2W affiliated CSOs	PATH		X	X	X	X	X			Activity carried out
22		Support and strengthen the COBPAP reporting through meetings with the CACCS in all the 24 constituencies	PATH/ WV		8	8	8					The CACCS were involved in registration
		Support supervision by M&E, CACC and MOH	PATH		X	X	X	X	X			Support to MOH
18		Harmonizations of CBOs and Youth Anchor Organisations' reporting	PATH		X	X	X	X				In progress
		Disseminate and Distribute COBPAP tools	PATH		X	X	X	X	X			24 CBOs supplied with the tools and are using to report
Improved Data quality												
6	13.2	Capacity building for stakeholders on M&E (CBOs and individuals working with project teams)	PATH		X	X	X					24 CBOs supported in capacity building.
10		Internal project reviews (Data audits for facilities, communities and CBOS)	PATH			X	X		X			
12		On the job training of HMIS staff	PATH		X	X	X	X				97 staff on OJT in the quarter
16		Supportive supervisory visits by DASCOS/Records officers	PATH			X	X					DHRIOs visited the facilities with data errors
		Support printing of and distribution of MOH registers and data tools	PATH		X	X						Distribution of registers and tools to facilities that had inadequate supplies
		Conduct periodic DQA and QA/QI			X	X	X	X	X			DQA conducted in 13 facilities
		Install the Database at the Province, in Districts and CSOs	PATH/ WV		10 Districts 15 CSOs	10 Districts 13 CSOs						

		Support to Districts on Reporting			X	X	X	X	X			All the DHRIOs were supported
21		Validation of OVCs within the OVC program	PATH/ WV		X	X	X	X	X			Planned to start next quarter
		Train providers on tools			X	X	X					On going as new providers are posted to facilities
25		Quarterly meetings for Health facilities in 20 districts	PATH		X	X	X	X	X			Meetings held with facility in-charges the DMOHs and DHRIOs
		Support Provincial Children's Database system	PATH/ WV			X	X					
Data Collection, Analysis and enhanced data Use/utilization												
		Facilitate data collection by DHRIOs in the districts	PATH		X	X	X	X	X			Was carried out for the quarter.
15		Temporary staff for Data entry				X	X	X	X			
7		Provincial Quarterly Review meeting (PHMT 6, DHMTs 3, and NACC)	All partners		X	X	X					One meeting held with the PHMT/DHMTs
		Comprehensive data analysis and share with MOH and partners			X	X	X	X	X			Processes started and Planned for next quarter.
		Generate and Disseminate feedback reports at the community level			X	X	X		X			
11		Create performance review charts for facilities Quarterly	PATH		X	X	X					Continuing
20		Hiring of 20 data clerks in support of District Hospitals	PATH		X							Capacity project did the recruitment.
		Design data use tool with PHRIO and use in the districts	PATH		X	X	X					
26		Training of 1 staff per CBO on use of CMIS (project data base)	PATH		X							3 CBO staff trained.
Improved reporting by Districts to national level												

		Training of A2W M&E team on FTP			X							
		Purchase internet access gadgets for DHRIOs in support of the officers in reporting through the FTP.			X							20 Bambanets purchased for the DHRIOs.
		Maintaince of internet access gadgets			X	X	X	X	X			
23		Training 10 ART sites on Data reconstruction.	PATH		10							Planned for next quarter as we were finalizing with the initial 5 facilities.