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

Western Province

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

**Quarterly Project Report
April 1 – June 30, 2010
(Project Year 4, Quarter 3)**

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List of abbreviations

A2W	APHIA II Western
AAC	area advisory council
AIDS	acquired immune deficiency syndrome
AMPATH	Academic Model for the Prevention and Treatment of HIV/AIDS
AMTSL	active management of third stage of labour
ANC	antenatal care
AOP	annual operations planning
APR	annual program report
ART	antiretroviral therapy
AZT	azidothymidine
BCC	behavior change communication
BDH	Busia district hospital
BTL	bilateral tubal ligation
CB-DOTS	community based directly observed treatment short course
CBO	community based organization
CCC	comprehensive care center
CD4	cluster of differential 4
CDF	constituency development fund
CHW	community health worker
CMMB	Catholic Medical Mission Board
COH	Channels of Hope
COPE	client-oriented, provider efficient
CORPS	community own resource persons
CS	child survival
CT	counseling and testing
CTU	contraceptive technology update
Ctx	contrimoxazole
CWC	child welfare clinic
DASCO	district AIDS & STI coordinating officer
DBS	dry blood sample
DH	district hospital
DHMT	district health management team
DHRIO	district health records and information officers
DMLT	District Medical Lab Technicians
DMOH	District Medical Officer for Health
DNA	de-oxyridionucleic acid
DPHN	District Public Health Nurse
DTC	diagnostic testing and counseling
DTLC	district TB and leprosy coordinator
DTLD	division of leprosy, TB and lung diseases
EDDC	Expanded Diarrhoea Disease Control
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EID	Early Infant Diagnosis
EOC	emergency obstetric care
FANS	focused antenatal care
FBO	faith based organisation
FP	family planning
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
KAPTLD	Kenya association of physicians for TB and lung diseases
KDHS	Kenya Demographic and Health Survey
KEMSA	Kenya Medical Supplies Agency
KMA	Kenya Medical Association
KOGS	Kenya Obstetrician and Gynecologist Society
M&E	monitoring and evaluation
MCH	maternal and child health
MDR	multi drug resistant
MFI	microfinance institutions
MOE	Ministry of Education
MOH	Ministry of Health
MSH	Management for Science and Health
NACC	National AIDS Control Council
NASCOP	National AIDS and SIns 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
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
VHC	village health committees
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 comprises 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 fourteenth quarterly report, covering the period April-June, 2010. This was the third quarter of year four.

Executive Summary and Highlights

During the reporting period and as we move towards the end of the project, a lot of focus was put on consolidating the gains made so far and preparing the Provincial, District and community teams for transition.

Some key highlights were:

- PMTCT: Maternal prophylaxis improved to 103% from 94% in Q2 while infant prophylaxis improved from 72% in Q2 to 85%
- OVC: Comprehensive support improved from 87% in Q2 to 91%
- HCT: Over 148,900 people were tested compared to 109,141 in Q2
- ART: 60% of children below 14 years testing HIV-positive were enrolled into care
- Community strategy: 24 Community Units were established and CHEWs and CHWs trained.



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 and progress.
- The project technical and management teams shared the report with the PHMT/DHMTs in the province.
- Q2 report presented and discussed with USAID in Nairobi.
- A USAID team led by the CTO conducted a supervisory and monitoring visit to follow up on the Tier hart FP policy implementation
- Program started documentation on best practices covering the entire project period.

III. Joint Planning, Collaboration and Networking with Stakeholders

During the quarter, the program continued to support and hold consultative meetings with the various stakeholders. 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.

The project also hosted 3 USAID delegations who visited the province for varied reasons as follows:

1. Documentation of best practices team from USAID: visited ADEO *boda boda* group and 2 magnet theatre groups in Kakamega and Busia
2. USAID Ethiopia: Visited PGH, Shibwe SDH and Vihiga HC to see RH/HIV integration practices
3. USAID/CDC, PEPFAR Coordinating office and HIV Free Generation teams visited Mumias Sugar Company to assess potential Public-Private Partnership for the HIV Free Generation activities.

Key Events:

- Africa Malaria Day: 25th April, 2010
- World OVC Day: 7th May, 2010
- Malezi Bora week: 3rd-15th May, 2010
- HTC RRI during the World Cup: 10th June-11th July, 2010

Technical Meetings:

- USAID FP Implementers Post-Kigali meeting: 15th April, 2010; Nairobi
- USAID Child Survival stakeholders meeting: 11th May, 2010
- UNICEF sponsored meeting on Bottleneck Analysis for accelerated Child Survival activities: 26th May, 2010; Kakamega

Visitors to Project:

- Maurice Maina: USAID Kenya; A2W AOTR
- Jerusha Karuthima: USAID Kenya; A2W Alternate AOTR
- Yoseph Gabriel: USAID Ethiopia
- Chinyere Omeugu: USAID Ethiopia
- Mengistu Asnake: Pathfinder International, Ethiopia
- Heile Wubne: MSH/USAID Ethiopia
- Isabella Yonga: USAID Kenya

- Alex Kinoti: USAID Kenya
- Emma Onsongo: USAID Kenya
- Catherine Wakinga: USAID Kenya
- Neil Thomas: USAID
- Corazon Sefu: USAID Kenya

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

- **Conduct Trainings:** The following trainings were conducted in the quarter:

Table 1. Trainings conducted in quarter three

<i>Training Event</i>	<i>Number trained (HCWs)</i>
QA/QI Training	28
Paediatric Psychosocial counseling Training	30
Computer Training	16

- **Conduct Nutrition in HIV/ Food by prescription (FBP) mentorship for staff in Kambiri, Iguhu, Malava, Khwisero, Manyala and Namasoli:**

Two participants from three sites (Kambiri, Iguhu and Malava) attended a five-day Nutrition counseling in HIV/ FBP mentorship at the Western Provincial General Hospital (W-PGH), Kakamega. As a result of this exercise, two sites (Iguhu and Malava) are now offering FBP products as satellites to W-PGH, Kakamega. There are now 9 central and 7 satellite sites offering FBP in the province.

Scale up to other sites will continue in collaboration with other partners who have been identified by the provincial nutritionist including AED.

- **Support clinical, pharmacy and laboratory supervision/mentorship:**

The program staff continued to conduct supportive supervision and mentorship to all ART and care sites, with focus on the sites that had low performance. The basic care sites were visited to improve the reporting of clients on care. The MoH staff were involved in these exercises so as to improve the ownership of the process and prepare them for the program's transition.

The program continued to support the laboratory network to the seven (7) central sites, including basic care and PMTCT sites with a total of 8,777 CD4 count specimens being processed in the quarter. As shown in Table 2, 64 percent of the specimens were from satellite sites through the laboratory network.

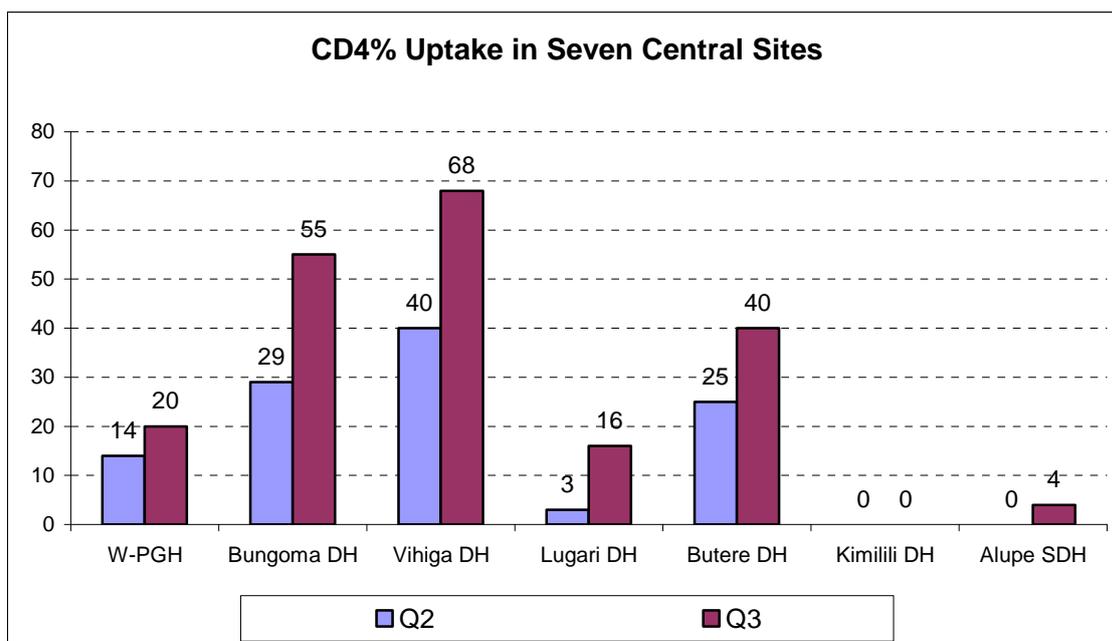
Table 2. Total CD4 count specimens processed in the quarter

<i>Laboratory</i>	<i>W-PGH</i>	<i>Bungoma</i>	<i>Vihiga</i>	<i>Lugari</i>	<i>Butere</i>	<i>Kimilili</i>	<i>Alupe</i>	<i>TOT</i>
<i>Nodal site specimens</i>	700	496	842	88	331	390	348	3195
<i>Satellite specimens</i>	1182	1379	1213	515	715	269	309	5582
Total	1882	1875	2055	603	1046	659	657	8777

CD4 reagent supplies were adequate during the period, while the lab equipment at Lumakanda and Butere district hospitals were serviced.

There was an improvement in CD4 percent (CD4%) utilization this quarter compared to the first and second quarters. The concerted efforts made by the program staff and laboratory mentors in sensitizing health care providers on the availability and importance of carrying out a CD4% in children led to this rise from 111 to 203 specimens, as seen in Figure 1. Kimilili DH was not able to carry out any CD4% test due to the machine's malfunctioning which is being sorted out by the BD, the manufacturer/supplier.

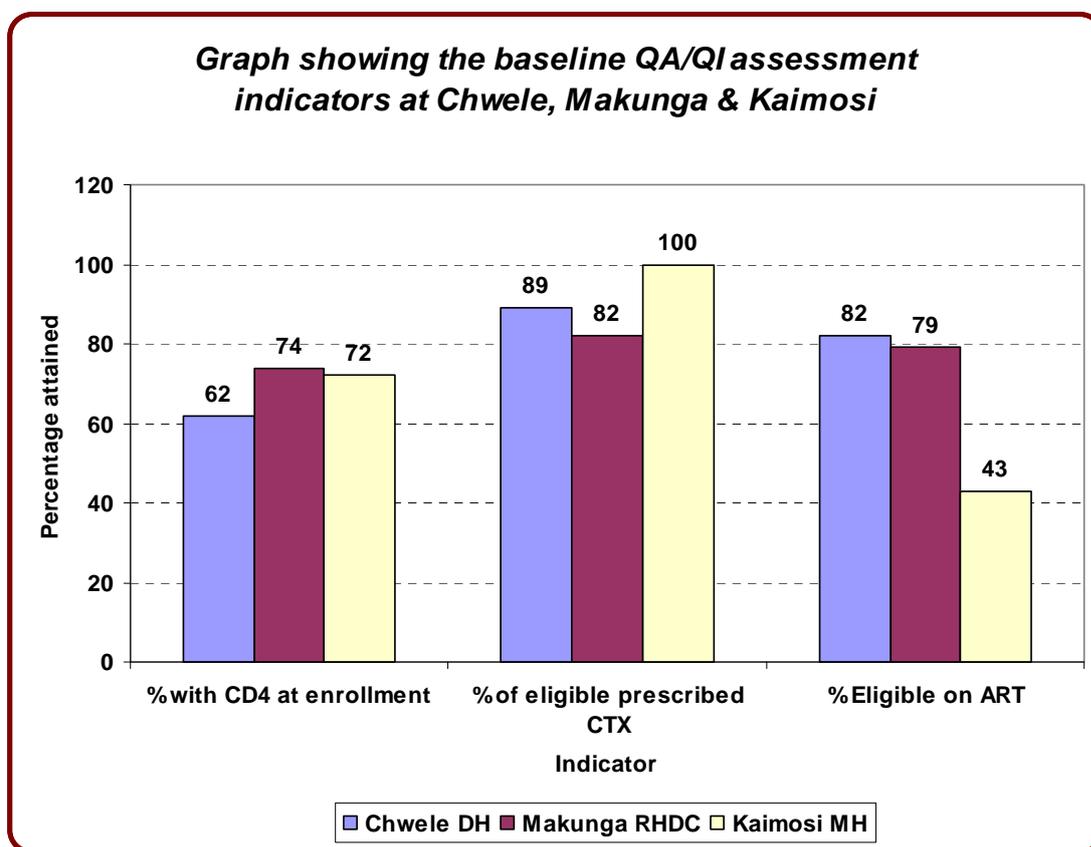
Figure 1. Graph comparing the CD4% done in the Y4Q2 (Jan-Mar '10) and Y4Q3 (Apr-Jun '10) in the seven nodal labs.



Conduct QA/QI baseline assessments in Chwele DH, Makunga RHDC and Kaimosi mission hospital; and the six-month reviews of Malava, Kimilili and Sabatia :

Baseline QA/QI assessments have now been conducted in a total of sixteen (16) sites within the province. Three of these were done in this quarter and Figure 2 captures the indicator outcomes of Chwele, Makunga and Kaimosi.

Figure 2. Graph showing baseline QA/QI assessment outcomes at Chwele, Makunga & Kaimosi



Results from the three facilities are comparable to other baseline assessments conducted in other sites. Most of the clients had a baseline CD4 (at enrollment) done and recorded in the files. Septrin was prescribed and recorded on most of the files that were reviewed. Kaimosi had the least number of clients eligible and on ART this is attributed to staff shortage in the CCC at the facility in the period under review.

The planned re-assessments at Malava, Kimilili and Sabatia will be done in the coming quarter.

Support the zonal clinical case management meetings.

In the quarter, two clinical meetings were held for each of the six zones. The participating ART and basic care sites continued to discuss challenging cases that were noted in the facilities. The teams also discussed their performances, especially in the identification of HIV Exposed Infants (HEI) and the treatment of the positive ones, as well as reporting.

Data Reconstruction at Sio Port Health Centre:

This exercise continued but the ART services at the facility were handed over to AMPATH after consultations with the PHMT. The staff had completed the transfer of client information to the blue cards and the MOH registers.

Conduct a Western Province Laboratory Stakeholders Meeting

The project supported the MoH to conduct a three-day laboratory stakeholder’s workshop with the theme “*Sharing the Experiences in laboratory CD4 External Quality Assessment Activities: The Western Province Approach*”. The workshop was also attended by several partners including AMPATH, AMREF, CDC-KEMRI and others. Some of the highlights emanating from the discussions included:

- The improvement in the number of laboratories reporting satisfactory CD4 count results from 3 (at the inception of the EQA scheme) to 9 out of the 10 participating labs (after 7 panel send outs). This improvement was linked to the concerted efforts by the lab EQA team in undertaking corrective measures, such as focused supportive supervision on CD4; Monthly Lab QA meetings; and Lab Mentorship offered to the sites.
- There is a need to go beyond CD4 in EQA and address other areas such as Hematology tests (e.g., hemoglobin) and the biochemistry tests (e.g., liver function tests). The team from AMPATH promised to spearhead such an exercise at the W-PGH, Kakamega
- For sustainability of the program, the participants agreed to look at ways of off-setting the costs involved in the EQA exercise by drawing funds from sources such as the Facility Improvement Funds (FIF).

Complete the site renovations:

The eight containers in Matete, Kongoni, Kimilili, Ndalua, Bukura, Emuhaya, Vihiga h/c and Likuyani SDH were completed in the quarter. Shibwe health centre’s CCC was also completed, as were the MCH/OPD and laboratory renovations in Matungu DH and Kimilili DH, respectively. Works on the ten (10) water tanks that are to be used in the harvesting of rain water is halfway done.

Table 3 shows the number of sites renovated since the inception of the program while Figures 3 and 4 show the completed works in Kimilili DH Laboratory and the container at Hamisi DH.

Table 3. Renovation since inception of the program as per service area

Serial No.	Service area	No. of sites
1.	Maternity units	17
2.	CCC (including 8 containers)	22
3.	Laboratory	5
4.	MCH clinics	4
5.	Paediatric wards	2
Total		50



Figure 3. Completed laboratory and waiting bay at Kimilili DH



Figure 4. Completed container with a waiting bay at Hamisi DH

In addition, furniture (tables, chairs) were purchased and distributed to fifteen (15) renovated sites according to their demands.

Support the strengthening of facility support groups, facility community linkages model and defaulter tracing.

a. Support Groups

Monthly supportive supervision meetings for PSS group leaders continued to be supported to build their capacity in leading psychosocial group therapy sessions, supporting disclosure, promoting partner condom use and family HIV testing. The program partnered with the Constituency AIDS Control Coordinators (CACCs) in 4 constituencies to strengthen organizational systems in support groups in preparation for the NACC-TOWA funding cycle and other funding streams (e.g., Maanisha).

Twenty-three (23) new support groups were established bringing to a total of 1,015 to continue providing PSS and adherence support to clients on care and treatment.

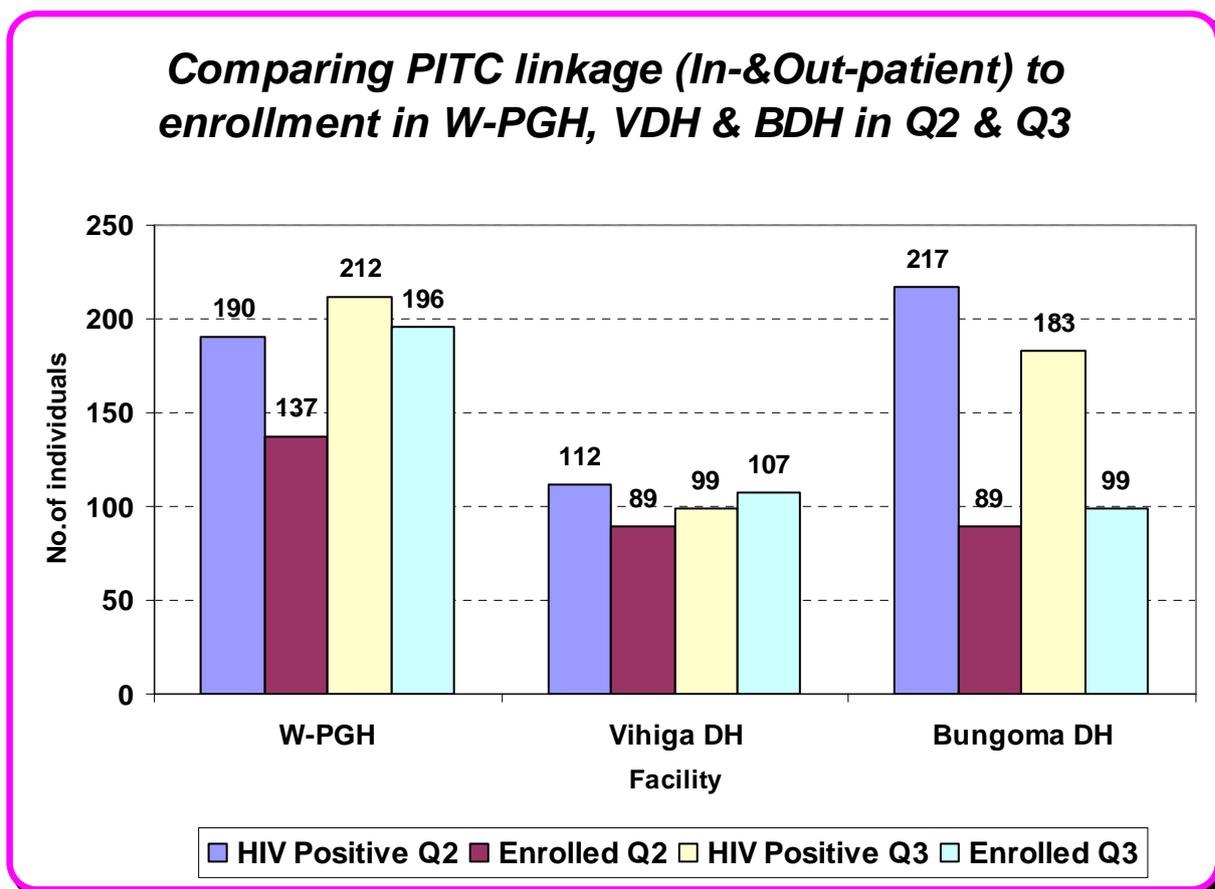
b. Kitchen Gardens

Currently, there are 38 ART sites with well-established demonstration kitchen gardens. The establishment of demonstration kitchen gardens at the facility has encouraged support group members to replicate these at home for both subsistence and commercial purposes.

c. Peer volunteers in linkages and defaulter tracing

The program continued to support 119 volunteers at 43 ART sites. The volunteers participated in the provision of psychosocial and adherence counseling to CCC clients; facilitated referrals for the newly tested clients and enhanced facility linkage with the community. This improved uptake of CT services at facility level and linkages for those clients. The program supported additional peer volunteers who were deployed to sixteen (16) facilities to enhance the linkage of clients who tested positive (in the in- and out-patient departments) through PITC to care and treatment. The figure below shows the outcome in the enrollment that was witnessed in three of these facilities (W-PGH, Vihiga DH and Bungoma DH) by comparing the previous quarter and that under review.

Figure 5. Graph comparing clients tested through PITC (In & Out-patient) with those enrolled to in W-PGH, VDH & BDH in Y4Q2 & Y4Q3



All three sites registered notable increase in the linkage rates comparing Q2 and Q3, with W-PGH improving from 72% to 92%, Vihiga DH improved from 79% to 108%, while at Bungoma DH, the linkage rates improved by 13% from 41% in Q2 to 54% in Q3.

A total of 873 defaulters were identified in the quarter with 52% (451) of these being returned to treatment while 476 have been labeled as lost to follow-up. Table 4 shows the number of people reached with health talks in the facility by the volunteers.

Table 4. Health talks offered in the facilities

Serial No.	Description	Adults	Youth	Total
1.	Total Attendance	4174	3627	7801
2.	No. of PLHA who shared their status	2621	1317	3938
3.	Referrals to community support group	1339	1552	2891

Analysis of indicators and targets

Table 5. Targets & Indicators for HIV Care and Treatment

	Yr 4 target	Year 4 Quarterly Accomplishments			Accomplished
		Oct – Dec 09	Jan-Mar.- 2010	Apr-Jun.- 2010	
Indicator Number of service outlets providing antiretroviral therapy (includes PMTCT+ site)	53	53	55	60	60 (>100)
Number of service outlets providing antiretroviral therapy (includes PMTCT+ site) - adults	53	53	55	60	60(>100)
Number of service outlets providing antiretroviral therapy (includes PMTCT+ site) – pediatric	53	53	54	56	56(>100)
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites (NEW CLIENTS) total	5000	1,176	1,447	1,563	4,186(84%)
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites (NEW CLIENTS) < 14 years	1000	170	185	156	511(51%)
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites (NEW CLIENTS) > 14 years	4000	1,006	1,262	1,407	3,675(92%)
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) (CUMULATIVE)	17,000	17,284	19,057	20,347	20,347(>100)
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) (CURRENT CLIENTS) total	14,450	14,628	16,799	17,777	17,777(>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	1,782	1,587	1,587(55%)
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) (CURRENT CLIENTS) >14 Years	11,560	13,134	17,275	16,190	16,190(>100)
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	300	416	223	134	773(>100)
No. of service outlets providing HIV-related palliative care (excluding TB/HIV)	53	80	80	91	91(>100)
Total number of individuals provided with HIV-related palliative care (including TB/HIV)	76000	45,052	46,865	54,727	54,727 (72%)
Total number of individuals trained to provide HIV palliative care (including TB/HIV/AIDS)	300	477	322	196	995(>100)

Table 5 gives a summary of the indicators with the corresponding percent achievements as of the end of the third quarter. Other than those of children, achievement on all the other indicators is more than 80 percent. Some challenges in this area included inadequate supply of paediatric ARV formulations that were witnessed in the quarter. This led to reluctance among the HCWs in starting new children on ARVs. As of the end of the quarter, there were 14 children reported as eligible for ARVs but not yet started.

Analysis of indicators and targets

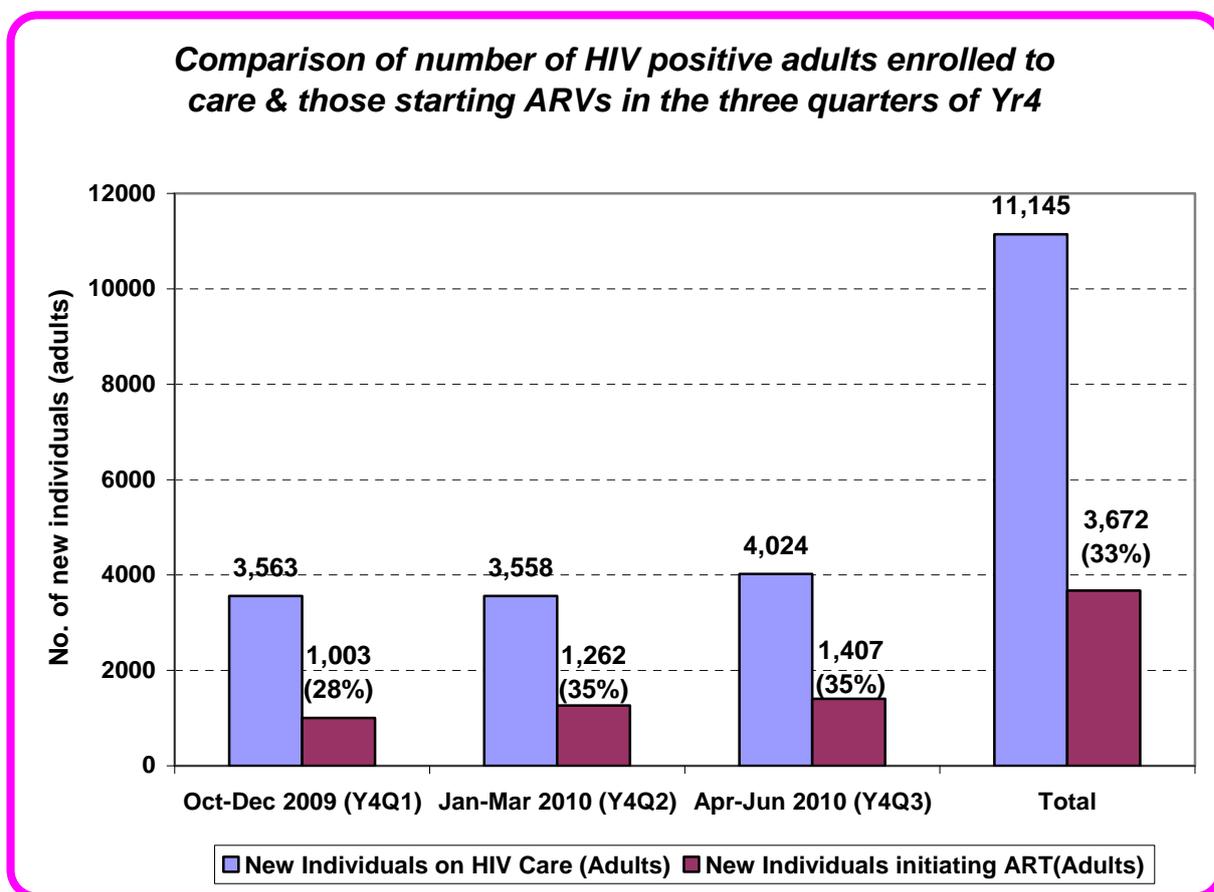
Adult HIV Care and Treatment services

HIV care and treatment:

The project is currently supporting ninety-one (91) HIV care and treatment sites (60 ART & 31 basic care sites) where 49,344 adults are currently receiving HIV care.

Thirty-eight (38) percent (18,519/49,344) of those on HIV care have been put on ARVs.

Figure 6. Comparison of the number of new adults (>14yrs) enrolled to care & those started on ARVs in Year Four: Quarter one (Oct-Dec 2009), Quarter two (Jan-Mar 2010) & Quarter three (Apr-Jun 2010)



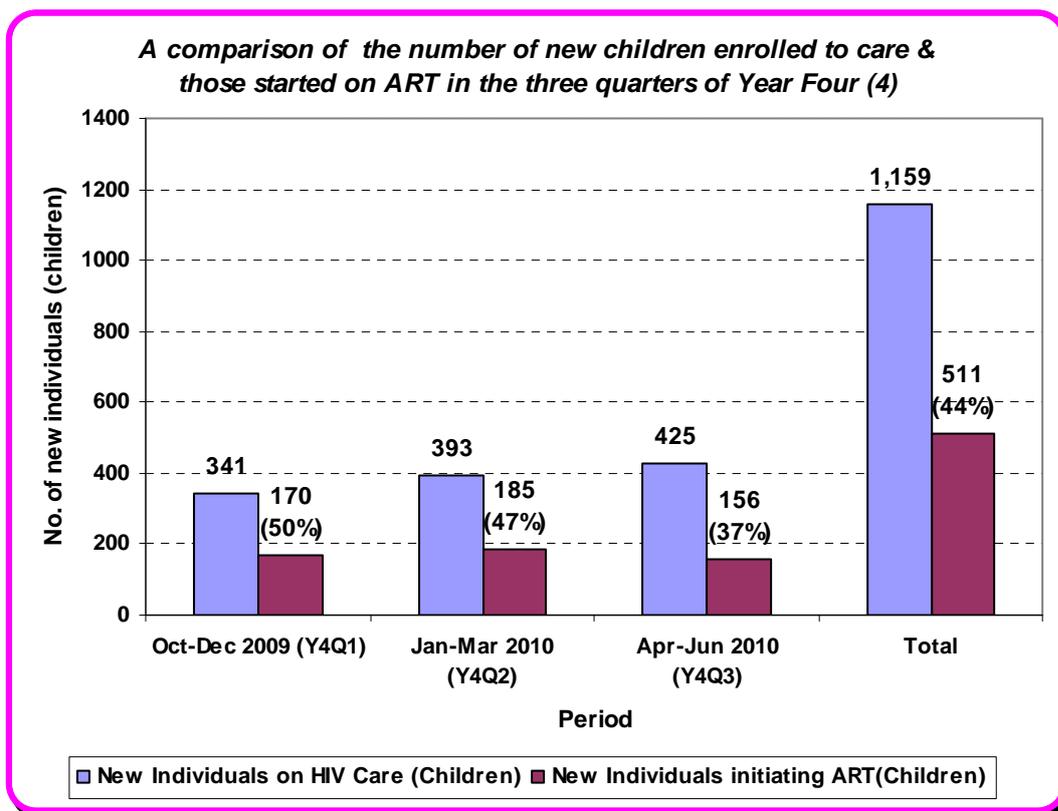
Comparing the three quarters, there has been an increase in new adults accessing care as well as those being put on ARVs. An increase of 13% was seen in the enrollment to care in quarter three compared to quarter two while 145 more adults were started on ARVs in quarter three compared to the second quarter. So far, 33% (3,672/11,145) of adults who were enrolled in year four were put on ARVs.

Pediatric HIV Care and Treatment services

There are 91 HIV care and treatment sites, fifty-six (56) of which offer paediatric ART services that are supported by the project in the province.

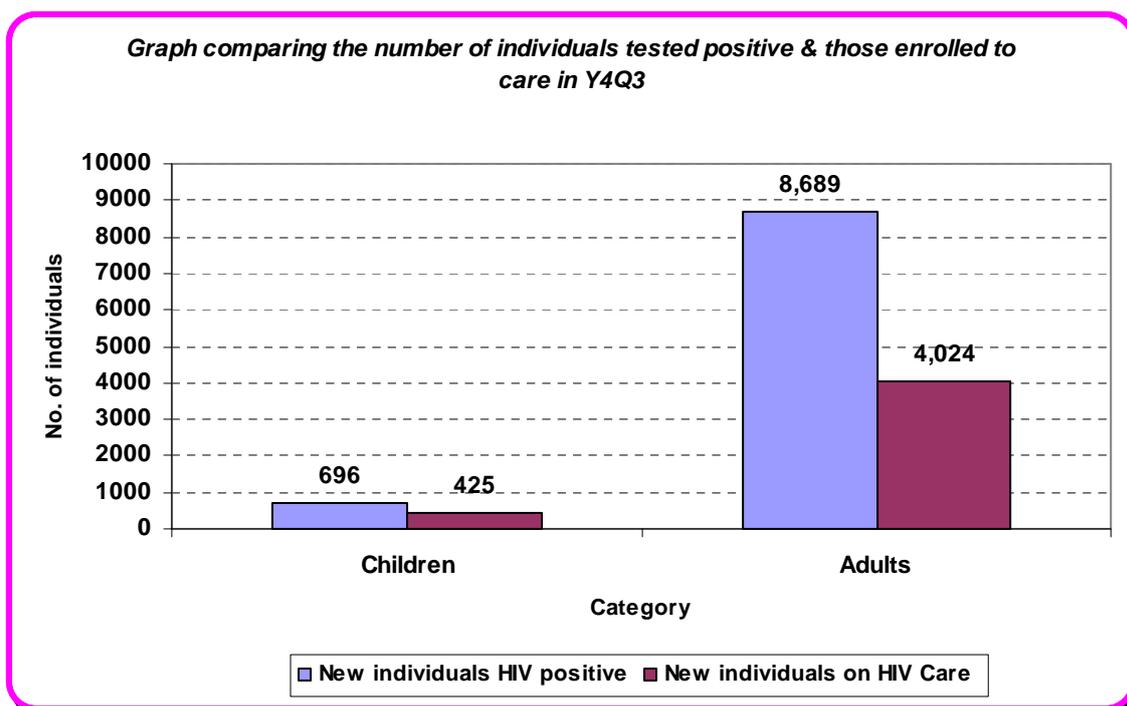
HIV care and treatment: 5,433 children are currently receiving HIV care in the ninety-one (91) HIV care and treatment sites. Children represent 10% (5,433 /54,777) of the total number of patients on HIV care and treatment and 10 % (156/1,563) of those newly initiated on ART during the reporting period.

Figure 7. Graph comparing the number of new children (< 14yrs) enrolled to care & those started on ARVs in Year Four: Quarter one (Oct-Dec 2009), Quarter two (Jan-Mar 2010) & Quarter three (Apr-Jun 2010)



The number of children enrolled to care continued to rise over the three quarters with a 6% increase seen in the third quarter compared to the second quarter. There was, however, a dip in children accessing ARVs.

Figure 8. Graph comparing the number of new individuals tested positive & those enrolled to care in Quarter three (Apr-Jun 2010)

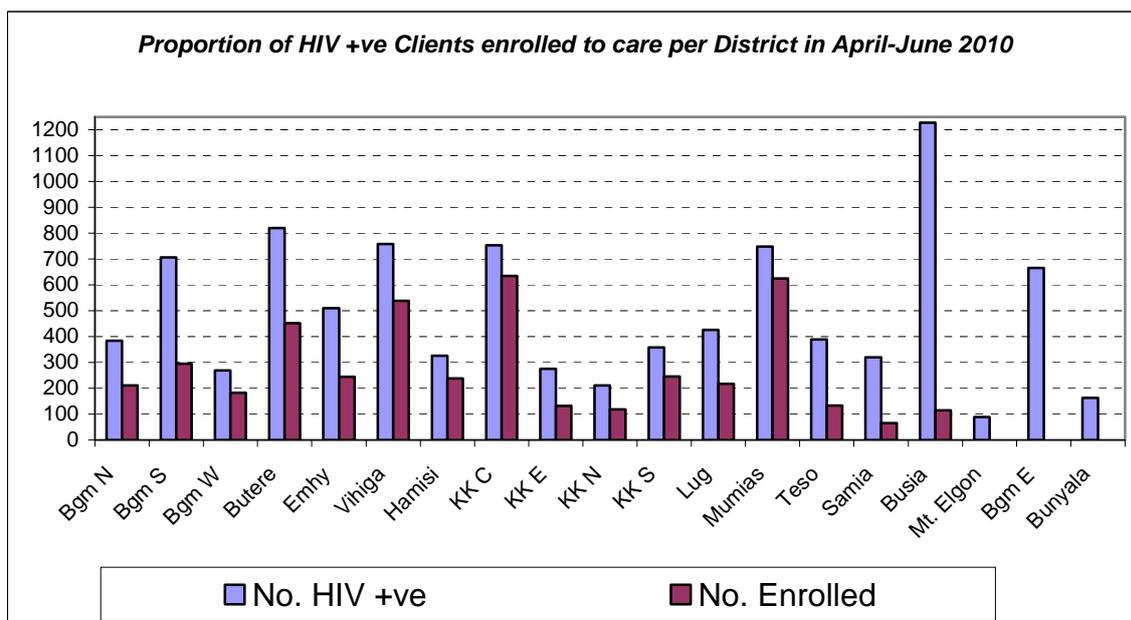


Sixty (60) percent of positive children were enrolled to care compared to 45% of adults. However, HIV-positive adults, especially women, in sites other than ART/ basic care are not captured as being on care as the sites do not keep pre-ART registers. Discussions are ongoing with the PHMT on the way forward.

District Analysis

An analysis of the clients tested positive and those enrolled to care per district is graphically represented in Figure 10. Overall, 49% of clients were enrolled in the ninety-one care and treatment sites supported by the project in the province.

Figure 9. Graph showing the proportion of the HIV positive clients enrolled to care per district in quarter three (Apr-Jun 2010)



Kakamega Central and Mumias districts recorded the highest enrollment at over 80 percent. Only 10 percent of the positive clients were enrolled in Busia district, which only has three care and treatment sites. Bungoma East, Bunyala and Mount Elgon do not have any care and treatment sites supported by the program.

Planned Activities

- Technical support, supervision/mentorship
- Support laboratory networks
- Support the zonal clinical case management meetings
- Conduct the six-month QA/QI reviews of Malava, Kimilili and Sabatia
- Support one CD4 EQA panel send out
- Complete the installation of the water tanks
- Support the strengthening of facility support groups, facility community linkages model and defaulter tracing.

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

Planned Activities & Accomplishments

1. Supervision, Coordination and Mentorship: PMTCT sites increased from 273 in the last quarter to 307, integrated support supervision was conducted jointly with DHMT and

program staffs in majority of the facilities .OJT, technical support, mentorship and updates on new PMTCT interventions given.

- 2. Support to bi-annual facility meetings:** Eight bi-annual district meetings were conducted and 28 districts participated, during which the new PMTCT guidelines were disseminated, the facilities shared their experiences and discussed their performance based on PMTCT indicators, and developed action plans to address the identified service delivery gaps.
- 3. Support decentralization of integrated care and treatment to other departments including MCH settings:** The program currently supports 14 sites implementing the MCH model of HIV care and treatment from the initial 8 pilot sites. Regular support supervision and mentorship has strengthened quality service delivery and confidence among health providers for scale up.
- 4. Support to Early Infant Diagnosis services:** The project continued to support EID services through TA, OJT and managing logistics and supplies. All the 307 PMTCT sites were empowered to offer EID services. 1,233 samples were collected, 1,231 results received, 102 were HIV +ve, translating to 8.25 MTCT rate.
 - The HIV-positive babies were referred to CCCs for care and treatment.
 - DBS sample collection improved and there were minimal sample rejections. The results of all samples sent to lab were received and turn around time improved from over one month to seven days on average.
 - The Peer Counselors tracked and traced defaulters, HIV+ve mothers and PCR +ve babies.
 - Out of 102 HIV+ babies, 54 are on treatment, 33 know their results but are yet to come for treatment while 5 are lost to follow-up.
 - 8 are still being traced.
 - 2 died (1 child before treatment and mother never got ANC prophylaxis. The other died in the ward.)

Challenges

1. Although results are released from Alupe to the districts on time, there is still delay from the districts to facilities and some results get misplaced causing delay to start the baby on treatment.
2. Some mothers of PCR positive babies still take time to go to CCC where referred compared to mothers enrolled in MCH.
3. The reshuffle and postings of new staff in the facilities has created increased demand for OJT

5. Commodities and site support

- There was adequate supply of Nevirapine and AZT.
- 8 nurses were hired on locum basis.
- Maternity and MCH renovations were completed in two facilities (Matungu Hospital and Kimilili District Hospital).
- Supported the printing and distribution of 200 PSS registers and 100 male clinic registers.
- Supported the province to print ANC and Maternity registers on demand.

6. Supported to Malezi Bora

- 1) Six districts were supported to conduct Malezi Bora. These were Butere, Khwisero, Matungu, Mumias, Lugari and Matete. The selection was based on districts with high prevalence and low facility utilization.
- 2) The aim was to use Malezi Bora, national exercise as means of reaching out to more mothers with PMTCT services.

7. Mama Packs

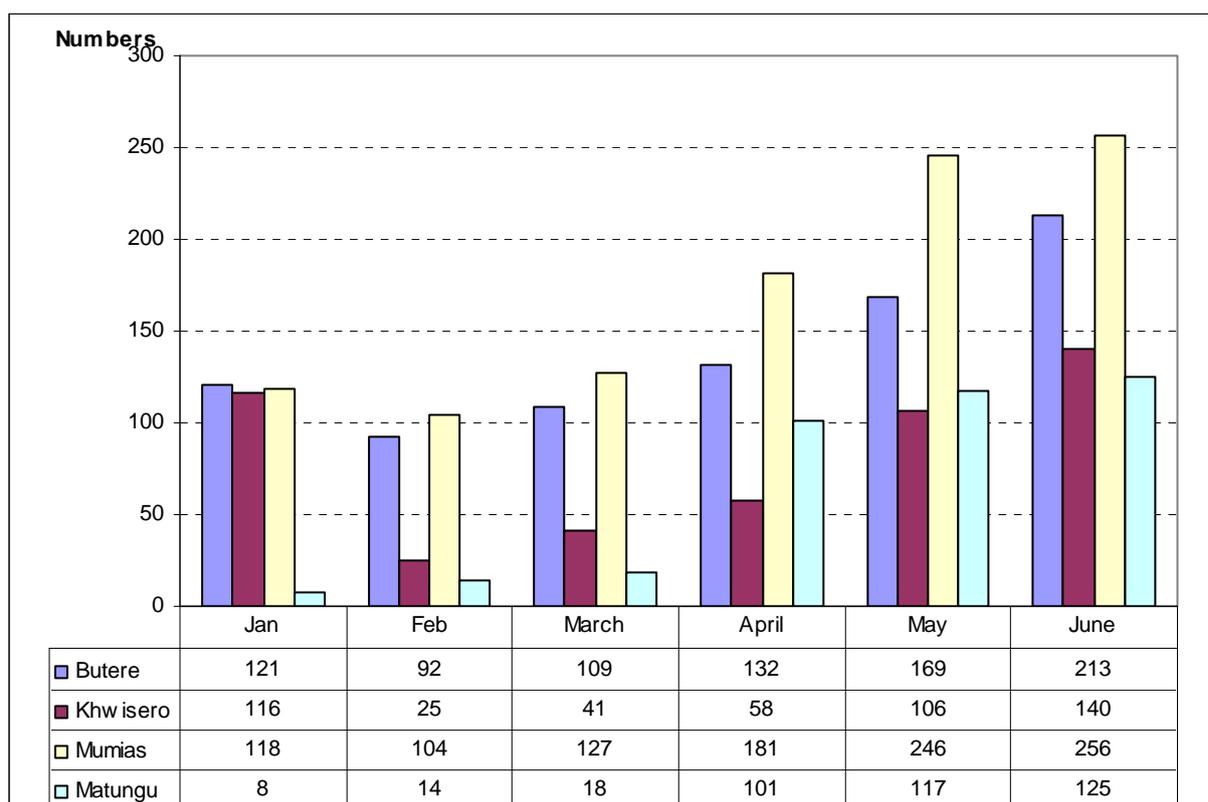
Social economic factors have been advanced as one the reasons why mothers prefer to deliver at home as they fear coming to the facility and, in the process, exposing their poverty. Many of the mothers will usually not have any warm clothing for the baby or even for the mother to change into after delivery. The Mama Pack is a package that contains a lesa, soap, towel, baby shawl, sanitary towels, cord clamp, napkin and baby dress that is given to the mothers that deliver at the facility. In the process, the ANC positive mothers benefit from quality intrapartum and post partum care.

The concept was well received.

- 3,000 Mama Packs were purchased and distributed to the facilities in Butere, Khwisero, Mumias and Matungu as pilot districts.
- 41 facilities in the districts were issued with Mama Packs based on their delivery targets.
- Pregnant mothers who delivered in these facilities were given one Mama Pack each, as a motivation.
- There was increased facility delivery reported.

The graph below shows achievements attributable to Mama Packs:

Figure 10. Comparison of facility deliveries three month before and three months after issuing Mama Packs



8. Support to integrated outreaches:

- The project supported integrated outreach activities where pregnant women in the hard-to-reach areas benefited.
- 2,233 pregnant women attended.
- 1264 were counseled and tested and received their test results.
- 22 were found HIV-positive.
- Positive mothers received ARVs for prophylaxis and were referred to the nearest health facility for follow-up.

9. Support to PMTCT PSS Groups:

- In order to strengthen and maintain the PSS group, the project continues to encourage and support new and existing psychosocial support groups at the MCH setting.
- 7 new PSS groups were initiated, bringing the total number of PSS groups to 203.
- The groups were supported for monthly meetings where updates on stigma reduction, infant and young child feeding, care and treatment and adherence was given.
- Total PSS group membership was 4,812 (1,449 pregnant while 3,363 have delivered).
- 4,025 (88%) members are enrolled into care).
- 3,223 (70 %) have had at least one CD4 test done at enrolment.
- Of the 3,363 women who had delivered, 2,543 (76%) have had their infants tested for HIV.
- Total of 222 peer counselors from 196 PSS groups covering 189 facilities were trained and are active.

10. Support to male clinic:

- i) 45 facilities offered male clinic services.
 - 784 males attended Saturday male clinic, of which 368 attended the first time, while 416 came for a repeat visit.
 - 428 were counseled and tested.
 - 13 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
 - 505 men accompanied their wives.
 - 581 were counseled and tested.
 - 60 turned positive and were referred to CCC.

11. Trainings:

- 60 Health workers were trained on PMTCT using the 10-day new revised training curriculum.

12. Support to inter-facility exchange.

- One exchange visit conducted.
- 17 poorly performing facilities from Bungoma North district visited Kakamega South district – Savane Health Centre. They shared experiences on best practices and finally developed action plans for follow up of identified gaps for improvement.

13. Overall Achievements:

- Total of 39,339 pregnant women were tested. 1,386 women tested HIV positive. 1,440 received prophylaxis translating to 103%.
- 92.3% of positive mothers received dual prophylaxis.
- 5% received HAART.
- 2.7% received SD NVP.
- 1,182 babies received prophylaxis, 85.2% achievement.
- 1,233 infants accessed DBS and 1,231 received results translating to 99.8%

Indicators & Targets

Table 6. PMTCT targets and achievements

Indicator	Yr 4 target	Year 4 Quarterly Accomplishments			Accomplished
		Oct - Dec 09	Jan- Mar.- 2010	Apr- Jun.- 2010	
Number of service outlets providing the minimum package of PMTCT services according to national or international standards.	300	273	273	307	307 (>100%)
Number of pregnant women provided with PMTCT services, including counseling and testing.	158,538	28,072	34,982	39,334	99,938 (63 %)
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting.	7,616	1,191	1,308	1,442	3,941 (51.7%)
Number of health workers newly trained or retrained in the provision of PMTCT services according to national or international standards.	180	0	0	60	60 (33%)
No. of infants accessing DBS for EID	3,808	920	850	1,233	3,003 (78.8%)
Number of spouses of pregnant women reached with counseling and testing services	31,708	639	491	581	1,711 (5.4%)

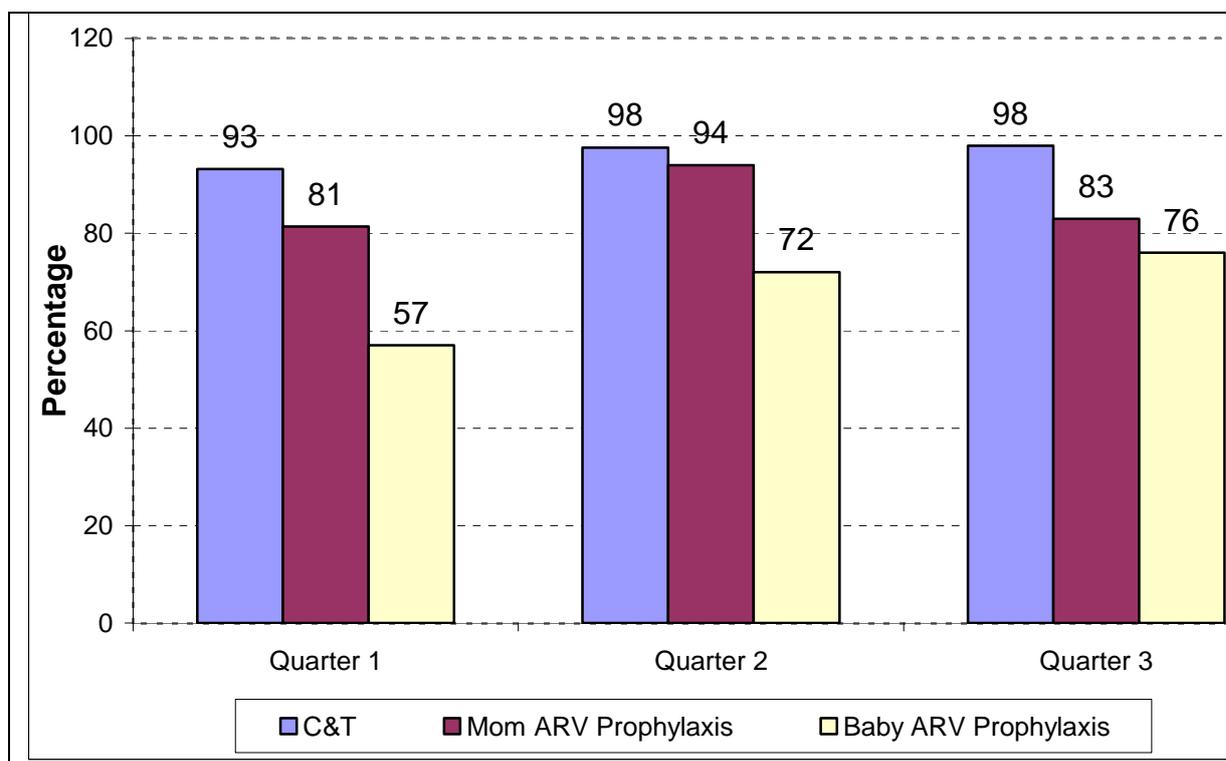
Table 7. PMTCT Program Performance Summary

	Oct-Dec 2010	Jan-Mar 2010	Apr-Jun 2010
Performance summary			
First ANC visits	28,751	34,583	37,986
ANC clients tested	26,822	33,782	37,258
Maternity clients tested	1,250	1,195	2,028
Total tested	28,072	34,982	39,286
ANC positive	1,365	1,273	1,259
Maternity positive	98	113	134
Total HIV Positive	1,463	1,386	1,393
Maternal NVP only			39
Maternal AZT & NVP*			1329
Maternal HAART*			72
Maternal Prophylaxis ANC	1,191	1,308	1,151
Maternal prophylaxis Maternity			291
Total Maternal Prophylaxis			1,442
Infant NVP issued ANC	837	991	1,047
Total Infant Prophylaxis issued	874	991	1,047
Infant prophylaxis administered Maternity	238	264	157
Total DBS samples sent	1,240	1,100	1,233
Total DBS results received	596	1,074	1,231
Total number of DBS positive	39	75	118
Total spouses tested	639	491	581
Total spouses positive	59	51	60

Table 8. PMTCT Cascade

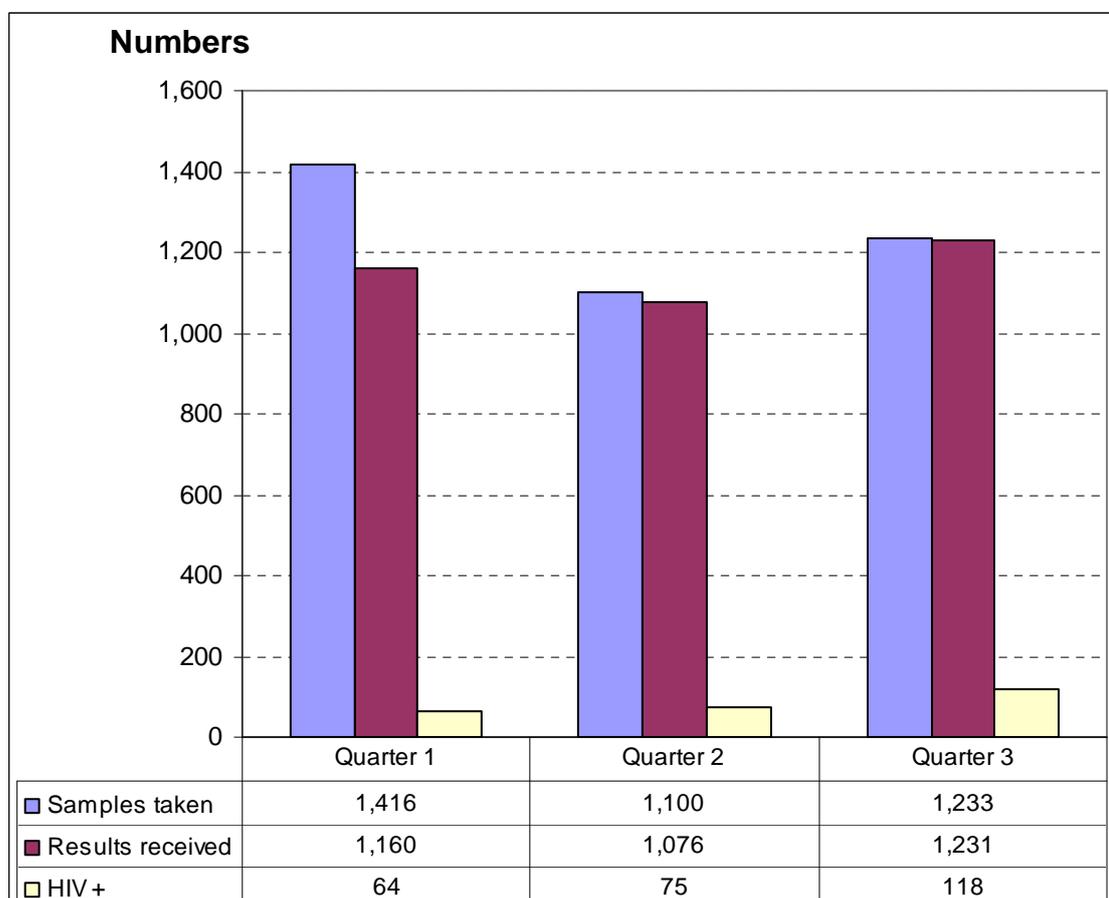
Indicators	Year 4 Quarter 1		Year 4 Quarter 2		Year 4 Quarter 3	
	No	%	No	%	No	%
1st ANC	28,751		34,583		37,986	
ANC C & T	26,822	93%	33,782	98 %	37,258	98.1%
Tested HIV+	1,463	5.5 %	1,386	4.1%	1,393	3.7%
Mother ARV prophylaxis uptake	1,191	81.4%	1,308	94.3%	1,151	82.6%
Infant ARV prophylaxis uptake	1,112	76%	991	71.5%	1,047	75.2%
Infant receiving EID (Tested)	1,240	84.7%	1,100	79.3%	1,233	88.9%

Figure 11. PMTCT uptake



Infant prophylaxis improved from 72% last quarter to 85% and maternal prophylaxis 93%. Improvement is attributed to intensified support supervision with OJT on data capture and entry. The ministry also employed more staff.

Figure 12. EID Samples Collected, Results received and PCR +ve



Almost all results of the samples sent to lab were received (99.8%). The Alupe lab has maintained timely release of results with turn-around time averaging 7 days, compared to over

a month before. The delay being experienced in some districts occurs between the district to the facilities. Negotiation is under way to have G4S from Alupe to facilities of sample source.

Table 9. District coverage by C&T and ARV Prophylaxis

District	1 st ANC	C&T	UPTAKE %	HIV +VE	ARV PROPHYLAXIS MOTHER		ARV PROPHYLAXIS BABY	
					NO	UPTAKE %	NO	UPTAKE %
Bungoma East	1789	1781	99.5%	53	52	98%	59	111%
Bungoma North	2513	2456	97.7%	68	97	142.6%	52	76.4%
Bungoma South	4150	3801	91.5%	123	124	100%	127	103%
Bungoma West	2658	2725	102.5%	68	62	91.1%	47	69%
Bunyala	154	154	100%	8	13	162%	12	150%
Busia	2960	2906	98.1%	129	105	81.3%	102	79%
Butere	2091	2147	102%	128	123	96%	237	107%
Emuhaya	995	993	99.7%	76	85	112%	82	107%
Hamisi	958	936	97.7%	39	36	92%	34	87%
Kakamega Central	724	651	89.9%	19	18	94.5%	18	94.7%
Kakamega East	176	116	65.9%	4	4	100%	14	350%
Kakamega North	2093	2021	95.3%	51	57	111%	38	74.5%
Kakamega South	4734	4652	98.2%	200	256	128%	265	132.5%
Kimilili	32	33	103%	0	0	0	0	0
Khwisero	26	30	115%	0	0	0	0	0
Lugari	2641	2651	100%	88	71	80.6%	58	65.9%
Mt Elgon	1382	1345	97.3%	15	10	66.6%	10	66.6%
Samia	418	415	99.2%	41	18	43.9%	35	85.3%
Teso	1547	1609	104%	51	52	101%	62	121.5%
Vihiga	2014	2027	100.6%	109	125	114.6%	118	108%
Mumias	3909	3823	97.7%	123	133	108%	132	107%

Challenges & Recommendations

- Delay in DBS results from the district to facilities. This causes delay to have PCR positive babies put on treatment on time.
- Some mothers still take a long time to reach the CCCs when they are referred: Follow up through peer counselors on-going and intensified.
- Mixed feeding practices is still a challenge with positive mothers: Mothers hardly exclusive breastfeed however, continuous counseling is done at facility level and health workers are providing regimen targeting baby prophylaxis during breast feeding as per the new guidelines.

Planned Activities for next quarter.

- Facilitate supportive supervision and mentorship
- Supply commodity buffer and IEC materials to the districts with short supply
- Support integrated outreach services
- Support and strengthen PMTCT PSS groups
- Support Peer Counselors for monthly meeting, facility health talk

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

Planned Activities and Accomplishments

- **Capacity Building:**
The following trainings were conducted in the quarter

Training Type	Designation/Titles	Number Trained
TB/HIV Training	MOs, COs, Nurses and Lab Tech.	62
Nutrition in TB Training	Nutrition Officers	30
PWP Training	MOs, COs, Nurses and Lab Tech	30
CHW Training	CHW/CHV/AOH	102
Commodity Management TOT Training	DTLCs, DASCOS and Pharm. Techs	30

- **Support Quarterly District TB/HIV Committee Meetings:** 21 Districts were supported to conduct the quarterly meetings. One new district, Kwishero, formed and launched the committee. Reports indicate that this activity has assisted the districts in collaborative activities within the facilities and districts.
- **Defaulter tracing:** 62 out of 74 defaulters (in four districts) were traced by the trained community health volunteers. The outcome of 12 clients could not be established by the CHVs and the clinic in charges were not able to reach them on the cell phone numbers they provided at the pegging of therapy.
- **Support for PMLT/DMLTs and DASCOS participation in DTLC's Quarterly meeting:** Two officers from the PDPHS / PDMS offices and 21 DMLTs / 18 DASCOS were supported to participate in this meeting. District teams made presentations and discussed data of the quarterly reports and discussed collaborative TB/HIV activities in the districts.
- **Sensitization meeting for DPHOs and DTLCs on Community TB care (CB - DOTS):** 24 DPHOs, 4 DTLCs from new districts(Matete, Kakamega South, Matungu and Khwisero) and 2 PHMT members participated in the meeting. School health activities was the main agenda and the teams from new districts planned to visit all the schools in their districts, with the divisional PHTs taking lead supported by the AEOs.
- **Support (TB component) school health sensitization in 4 Districts:** Sensitization meeting for the DPHOs and PHTs from 4 districts was held. They did not visit the schools since the questionnaires to be used by the pupils were not ready.
- **Support Supervision and Trainee follow up:** A total of 24 sites were visited. The key issues discussed with the teams included the need to improve on the numbers and percentage of TB clients counseled and tested for HIV and HIV positive clients screened for TB, as well those with co-infection initiated on CPT, ART and the referral system. The issue of staff turnover and need for training the new capacity and CDF staff was noted.
- **Print and Laminate paediatric score cards:** 1,000 paediatric score cards were printed and distributed with each facility getting ten each.

Table 10. Analysis of TB/HIV indicators and targets

Indicator	Year 4 Target	Q1 Accomplished	Q2 Accomplished	Q3 Accomplished	Year 4 accomplishment
Number of service outlets providing treatment for TB to HIV-infected individuals	251	253	253	276	276 (>100%)
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB	5,000	867	922	1,297	3,086 (62%)
Number of individuals trained to provide treatment for TB to HIV-infected individuals	300	60	159	122	341 (>100%)

Analysis of indicators and targets

A total of 2,672 new TB cases were reported in the quarter. Out of the total number 2,489 were tested for HIV, 1,297 were co-infected, 1,296 were put on care. CPT and ARV therapy initiated in 638 patients.

Figure 13. TB/HIV Data

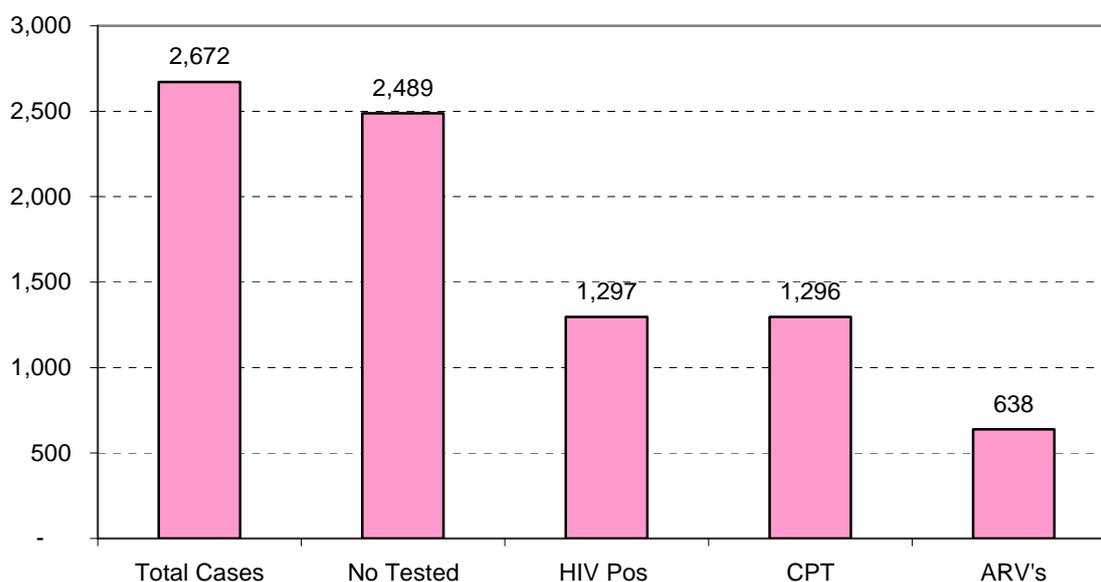


Table 11. MDR SURVEILLANCE – APRIL – JUNE 2010

DISTRICT	No of Re RX Cases	Specimens sent to CRL	Results Received	No Of MDR cases in the Quarter	No of MDR Cases to date	No. on Treatment
Kakamega Central	17	12	8	0	1	1
Kakamega North	7	5	2	0	0	0
Kakamega South	4	3	1	0	0	0
Kakamega East	11	9	4	0	0	0
Bunyala	7	7	1	0	0	
Busia	15	7	6	0	1	1
Samia	4	4	4	0	0	0
Butula	17	15	0	0	0	0
Bungoma North	9	2	0	0	0	0
Bungoma South	16	16	10	0	1	1
Bungoma West	17	8	4	0	0	0
Bungoma East	21	9	4	0	0	0
Bungoma - Kimilili	5	4	1	0	0	0
Lugari	13	9	2	0	0	0
Butere	6	4	0	0	0	0
Mumias	14	6	2	0	0	0
Khwisero	4	2	1	0	0	0
Matungu	4	1	1	0	0	0
Mt -Elgon	5	2	2	0	0	0
Vihiga	12	8	4	0	0	0
Hamisi	9	4	4	0	0	0
Emuhaya	9	6	1	0	0	0
Sabatia	3	2	1	0	0	0
Teso South	10	9	0	0	0	0
Teso North	9	6	0	0	0	0
Matete	6	6	1	0	0	0
PROVINCE	254	166	64	0	3	3

Emerging issues/Case Studies/Success Stories

Two MDR- TB patients died while on treatment. One was a 36 year-old female, co-infected, from Hamisi district, also on ART who died two months after initiation on MDR treatment from what was thought to be drug toxicity. The other was from Khunyangu SDH and had been on treatment for 14 months. The patient with XDR-TB that had been on treatment at MTRH also died.

The other 2 MDR patients are doing very well on treatment, based on monthly reviews. The 15 year-old school girl is now smear negative after two months of MDR -DOTS Plus therapy. She is being managed using the Ambulatory model, which entails the patient visiting the hospital for daily treatment observation in the morning and a visit from the community health worker for daily evening dose. The project supports her daily transport to and from the facility by a motorcycle.

Table 12. Outcome /Progress of MDR cases to date:

Patient	District	Age	Sex	HIV status	Smear after 2 months Rx	Outcome
1	Hamisi	36	F	+ve	-ve	Dead
2	Busia	35	F	-ve	-ve	Dead
3	Busia	46	F	+ve/(XDR)	-ve	Dead
4	Kakamega	15	F	-ve	-ve	Doing well on treatment
5	Bungoma	34	M	+ve	Not done	Doing well on treatment



Figure 14. MDR-TB patient being transported home after treatment at WPGH Kakamega.

The former truck driver is also responding well on therapy using community model which entails the health provider visiting the patient and administering treatment at home for both morning and evening doses. The project supports daily transport and lunch for the health providers.

Planned Activities next quarter

1. Capacity Building

Training Type	Designation/Titles	Number of Participants
TB/HIV Training	MOs, COs, Nurses and Lab Techs	30
Nutrition in TB Training	All Cadres	30

2. Support Quarterly District TB/HIV Committee Meetings – 22 Districts
3. Support PMLT/DMLT's and DASCO's participation in DTLC's Quarterly meeting
4. Continue with sensitization meetings at all levels
5. Support school health sensitization in 4 Districts
6. Support Supervision and trainee follow-up in the ART Sites with the Provincial District and ART Team
7. Continue with monthly transport and upkeep for the two MDR patients
8. Follow up and regularly support supervision at TB/ART satellite site at PGH with the ART team.

1.1.4 Increase number of individuals receiving CT

Planned Activities and Accomplishments

1. **Conduct home-based HIV testing in 3 Districts:** The activity was carried out as part as part of the rapid results initiative (RRI) in three sites; i.e., Vihiga (Mbale), Emuhaya (Luanda Market) and Bungoma South (Kanduyi). A total of 9,655 people were tested (4,485 male , and 5,270 female).
2. **CT special out-reaches, (Workplace, Youth friendly services):** Several outreaches were conducted in various sites, including Mt Elgon and Bungoma East, as part of support of Lugulu Mission hospital during the free medical camp. Also several counseling and testing outreaches were conducted as part of RRI activities, which included formal and informal workplace outreaches.
3. **Conduct moonlight outreaches:** This was done in Busia Border and Port Victoria. A total of 237 clients were tested (194 male, 43 female), with 3 male and 4 female clients turning HIV positive.
4. **Support Quarterly DASCOS/DMLT CT review meetings:** Two meetings were held during the quarter. One was conducted in April and looked at the counseling and testing data. It was noted that staff shortage in most of the facilities was impacting negatively on PITC service provision.
5. **Conduct CT outreaches for children (focusing on OVCs):** One outreach was conducted in Lugari district (Mabusi), during which 88 (32 male and 56 female) clients were tested, 6 found to be HIV positive. 46 of them were below 15 years of age.
6. **Train providers in couple counseling training:** 25 participants were trained.
7. **Support monthly discordant couples support group meetings (18 groups):** A total of 18 discordant couple support group meetings were held in the 8 larger districts. They provide psychosocial support to each other and share their challenges and achievements.
8. **Conduct HTC Advocacy meetings:** Twelve meetings aimed at increasing uptake of PITC services were held in 12 health facilities. The role of the VCT and community volunteers was emphasized and the health care staff were encouraged to support them.
9. **Conduct CT supportive supervision:** Supportive supervision was done jointly with the PHMT to all the key health facilities in the Province. In addition all 28 DASCOS and the DMLTs were supported to conduct supportive supervision during the RRI.
10. **Conduct District counselors' supervision meetings:** All the districts were supported to hold the meetings. A total of 36 meetings, aimed at bringing together all the counselors to share progress, challenges, lessons learned were held.
11. **Support defaulter tracing of positive clients:** 32 VCT counselors and community health volunteers were supported in select facilities to carry out defaulter tracing as well as strengthening referrals and linkages of HIV positive clients from the testing point to the care and support sites.

Other Activities

1. Rapid Results Initiative (World Cup RRI): The project supported the PHMT and DHMTs to carry out HTC RRI during the World Cup targeting men. Several strategies were used and included:

1. **RRI planning meetings** were held at district level and one provincial level meeting that involved all the DASCOs, DMLTs, PASCO and PITC coordinators to strategize for the RRI. Key issues discussed included logistical and technical support necessary for the RRI activity.
 2. **Three HBHTC planning meetings** were conducted in Vihiga, Emuhaya and Bungoma South to plan for home-based HIV testing and counseling. In attendance were the DHMTs, provincial administration (i.e., Chiefs, sub-Chiefs, village elders and community health workers). The aim of the meetings was to strategize for HBHTC, community mapping and mobilization.
- A. Home-based HIV Testing and Counseling:** This was done in Mbale and Luanda market in Vihiga and Emuhaya Districts respectively and in Bungoma (Kanduyi) for the first three weeks of the RRI. A total of 9,655 clients were tested including 863 males and 892 females below 15 years of age. There were 75 HIV positive males and 172 females. The HIV prevalence for HBHTC varied from districts to district, with Bungoma and Emuhaya having 3.2% and 1.1 %, respectively.
- B. Counseling and Testing outreaches:** Took place both at the formal and informal workplaces. Some districts carried out accelerated PITC services at the facility level. As of 30th June 2010, a total of 90,014 clients (39,435 male & 50,579 female) had been tested with 3,101 turning HIV positive. The activity targeted men and only 44% of those tested were men. The RRI was meant to focus more on outreach activities, but due to logistical issues and failure to avail the TV screens, other strategies were used with more clients being tested through PITC (41,259) as compared to other HIV testing strategies. In areas where there were commercial screens, the same people turned up for the matches and so the testing yield was poor.
- C. Supportive Supervision:** All the DASCOs were supported to conduct supportive supervision for RRI.
- D. Commodity Supply:** The supply of test kits was adequate though there was shortage of gloves in all the districts and the project supplemented by buying some.

Table 13. Targets & indicators table for CT

Indicator	Year 4 target	Year 4 Quarterly Accomplishments			Year 4 accomplishment
		Oct-Dec 09	Jan-Mar 10	April-June 10	
Number of service outlets providing counseling and testing according to national and international standards	250	268	285	280	280 (>100%)
Number of individuals who received counseling and testing for HIV and received their test results.	180,000	130,955	109,141	148,900	388,996 (>100%)
Number of individuals trained in counseling in counseling and testing according to national and international standards.	300	55	203	25	283 (94%)

Analysis of the findings.

The number of clients tested increased from 109,141 in the previous quarter to 148,900. This was associated to the World Cup RRI initiated by NASCOP and supported by the project in the province. A total of 8,009 clients tested HIV positive – 5,286 (66%) female and 2,723(34%) male.

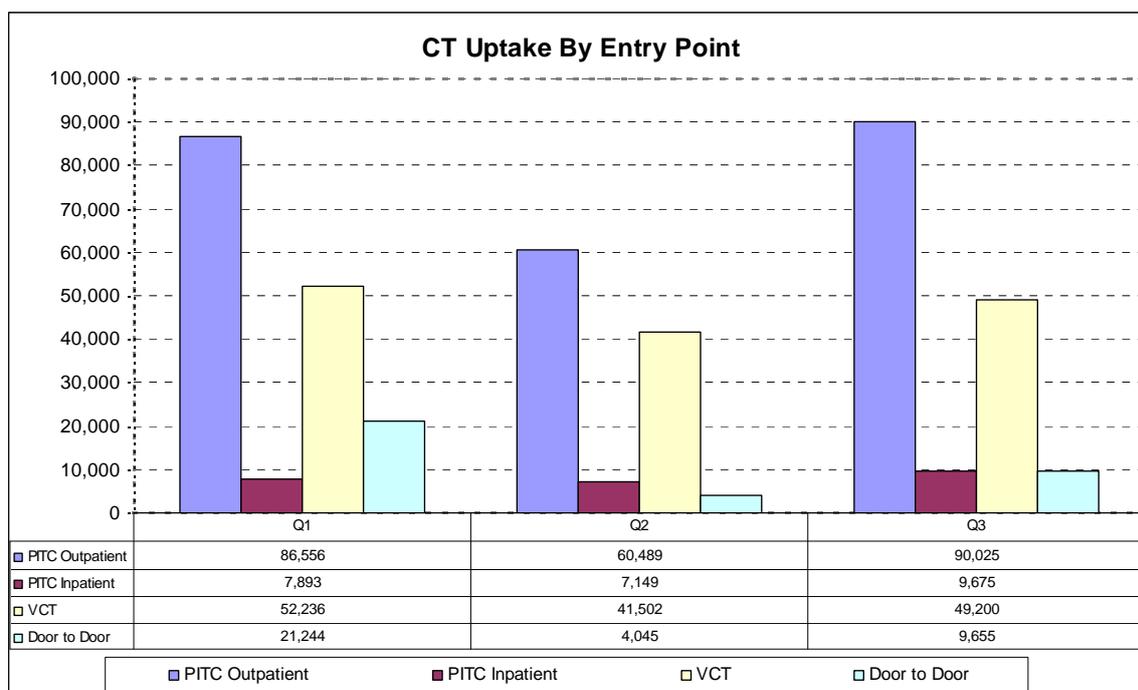
Table 14. CT uptake by entry Points

CT Data Y4 Q3 April-June 2010						
PITC		<15 male	<15 female	>15 male	>15 female	Totals
No. counseled	Outpatient	8,243	9,096	27,321	48,280	92,940
	Inpatient	1,045	1,139	2,582	5,113	9,879
Number tested	Outpatient	7,967	8,440	26,418	47,200	90,025
	Inpatient	1,009	1,126	2,528	5,012	9,675
Number HIV +ve	Outpatient	214	283	1,329	2,644	4,470
	Inpatient	46	54	242	479	821
VCT						
No. counseled		2,278	2,104	20,525	24,427	49,334
Tested		2,250	2,099	20,500	24,351	49,200
Positive		40	59	852	1767	2,718
Couple tested						1,392
Couple both +ve						78
Discordant						78
Door to Door						
No. counseled		872	889	3,558	4,440	9,759
Tested		863	892	3522	4378	9,655
HIV +ve		5	10	70	162	244
Couple counseled						192
Couple tested						192
Couple both +ve						4
Discordant						4
Grand Total		11,566				
Total Counseled		11,566	12,339	50,428	77,820	152,153
Total tested		11,226	11,665	49,446	76,563	148,900
Total HIV +ve		300	396	2,423	4,890	8009
Couple tested						1392
Couple both +ve						78
Discordant						78
Prevalence by entry point						
PITC- Outpatient		2.6%	3.3%	5%	5.6%	4.9%
PITC- Inpatient		4.5%	4.7%	9.6%	9.6%	8.5%
VCT		1.7%	2.8%	4.2%	7.3%	5.5%
Door to door		0.6%	1.1%	2%	3.7%	3%

CT Uptake by Entry Points

There were a total of 90,025 clients tested through PITC outpatient setting, with 4,459 (4.9 %) testing HIV positive. In the inpatient setting, 9,675 clients accessed PITC services, with 821 clients testing positive, translating to a prevalence rate of 8.5%.

Figure 15. CT Uptake by Entry Points



HIV Prevalence by Entry point

The HIV positivity rate among the inpatient PITC clients was 8.5 %, and 4.9% among the OPD clients. The prevalence in HBHTC setting varied from district to district with Bungoma and Emuhaya having 3.2% and 1.1 %, respectively.

Figure 16. HIV Prevalence by Entry point

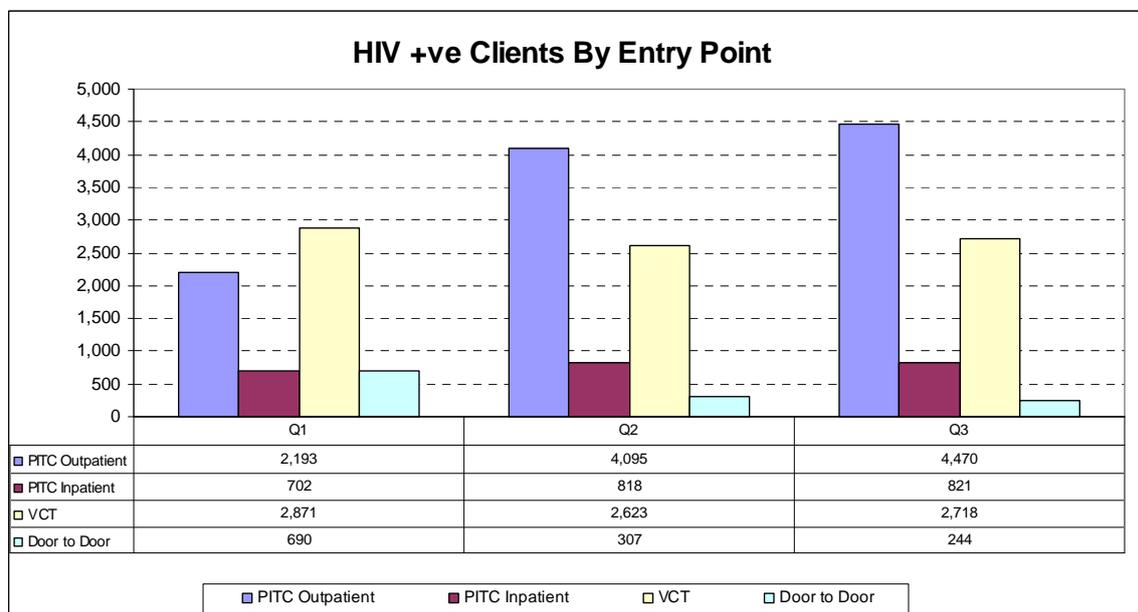
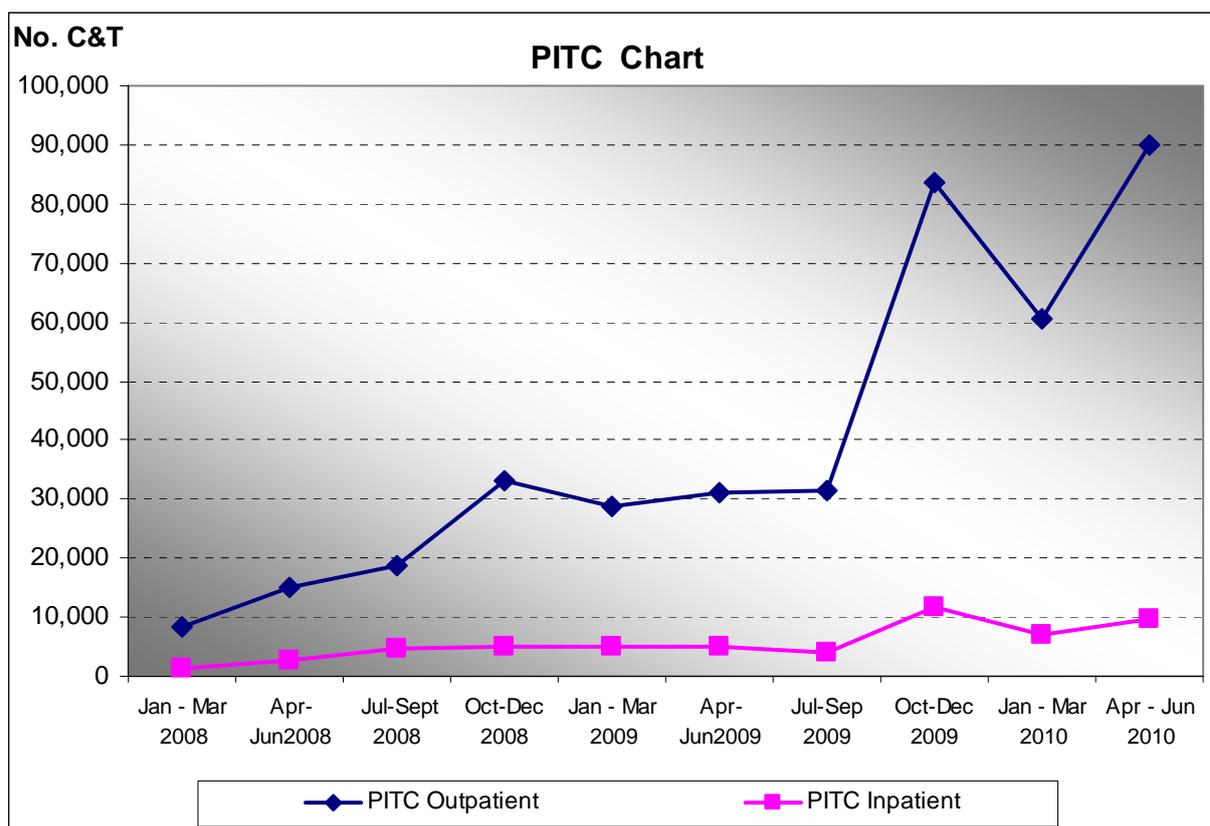


Figure 17. PITC Trends



Emerging issues.

The newly created districts are experiencing challenges, especially of transport, when conducting supportive supervision and have to rely on the mother districts. Transfers affecting C&T-trained health care providers to newly created districts has affected PITC services negatively. There are many newly employed staff that need training.

Planned activities next quarter

- Conduct home-based HIV testing in 2 districts.
- CT special outreaches (workplace, youth-friendly services).
- Support quarterly DASCOS/DMLT, counselor supervisors quarterly review meetings.
- Support CHVs to defaulter trace positive children.
- Train providers in couple counseling training (1 training).
- Train providers in PITC (4 trainings).
- Support monthly discordant couples support group meetings (18 groups)
- Conduct HTC advocacy meetings
- Conduct CT supportive supervision.
- Conduct district counselors' supervision meetings.

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

Training event	Number HWs trained
Youth-friendly training	27
SBMR module 3 - training	25

2. Support PHMT, DHMT/MOMS to conduct RH support supervision: Supervision jointly done with the DHMTs of Bungoma South, Matungu and Kakamega East Districts. It was noted that the newly posted staff need support in EPI/HIV AIDS care and treatment and updates on the use of the various data tools/registers.

3. Support community-facility linkage meetings at health facilities: The meetings are meant to strengthen community-facility communication and improve partnership. The CHWs and facility staff are able to share reports and targets and discuss the way forward. The CHWs support the facility staff in conducting health education sessions at facility level. Recognition of CHWs by the staff is still an issue in some facilities. The project continues to strengthen this partnership and enhance the recognition.

4. Sensitize Maternal Health Volunteers (MHVs) on referral package in Mt Elgon District: The project supported community health volunteers in Mt. Elgon district to improve on referral. Through the volunteers, a total of 70 mothers have been referred to the facilities. Some of the challenges faced are long distances between facilities, the terrain and insecurity.

5. Support quarterly RH meetings for MOMS/MOPHS: 35 Nurse Managers attended the meeting which reviewed maternal death review committee activities in the province. The maternal death review committees in various facilities regularly meet and share reports with the province for review and follow up. Some hospitals lack basic newborn resuscitation equipment. The meeting focused on hospitals and 24 hospitals were represented.

The teams presented their 3 month data on maternal mortality/ neonatal death audits and ranked the major causes of maternal mortality as:

- Hemorrhage (APH, PPH, ruptured uterus, retained placenta)
- Puerperal sepsis
- Complications relating to abortion
- Eclampsia
- Ectopic pregnancies
- Malaria

The teams expressed late referrals, lack of blood in the blood banks and inadequate oxygen supplies as major challenges to quality service delivery. The meeting recommended strengthening team work in the maternal death review committees, especially between the two ministries, improving on ambulance services and establishing a regional blood transfusion centre in the province as a way forward to address maternal deaths.

Activities not accomplished:

- **Cancer of cervix screening training using VIA/VILI for 20 service providers:** Delayed delivery of cryotherapy machines which were defective and been recalled by the manufacturer.

- **Site Renovations/Equipping and upgrades (maternity and MCH Clinics) PGH and Madende Dispensaries:** Not accomplished.
- **Conduct PPIUCD training for family planning staff:** Awaiting high delivery season in September when there is high case load.

Other Activities:

Distribution Furniture: Furniture was procured and distributed to Khalumuli and Malanga dispensaries in Bungoma East District.

FP legislation and Policy guidelines: The USAID team visited the province to monitor family planning policy compliance. The Project team was asked to be more proactive in monitoring the activities and do further discussions and follow up with MoH.

Distribution of MIP training materials: Books, brochures and posters were distributed to 24 districts

Bottle neck Child Survival Analysis by UNICEF: A meeting was held to discuss the various ways of assessing bottlenecks and to agree on activities with maximum effect and impact.

Maternal Child Health booklets: Received 50,000 copies donated by CDC, distribution to the districts is ongoing.

Supported Lugulu MH Health week: Lugulu MH was supported to carry out health week activities during which five sites were covered with curative, lab, eye, dental, and cancer of the cervix screening, HTC and FP services. A total of 3,003 clients were seen (746 males, 1190 females, 1064 children).

Printing of EPI supervision manual: The printing process of 2,000 copies of EPI supervision manual is ongoing.

Analysis of indicators and targets

Table 15. Training Targets and Achievements for RH

Indicator	Yr 4 target	Year 4 Quarterly Accomplishments			Accomplishments
		Oct-Dec 09	Jan-Mar 10	April-June 10	
Number of health workers trained by training topic (e.g., CTU, IUCD, EOC, ANC PNC, IMCI, PAC, etc.)	215	110	50	150	310 (>100%)
Number of health workers trained in management and supervision (COPE, FS, youth-friendly services, SBM-R)	50	6	29	25	60 (>100%)

Table 16. Targets and Achievements for Integrated Services

Indicator	Year 4 Targets	Year 4 Accomplishments			Accomplishments
		Oct-Dec 09	Jan-Mar 10	April-June 10	
Number of outlets providing integrated FP/HIV services: HIV related palliative care (incl. TB/HIV)	250	253	217	217	217 (>100%)
Number of ANC clients receiving presumptive malaria medication at the health facility	45,000	19,298	25,180	28,540	73,018 (>100%)
Number of complicated deliveries successfully managed	6,000	1,097	582	1,199	2,878 (48%)
Number of clients receiving PAC services	3,000	916	1,572	1,298	3786 (>100%)
No. of sites reporting RH/FP	300	374	396	396	396 (>100%)

Figure 18. MCH service utilization/IPTp: Comparison between Y4 Q1, 2&Q3

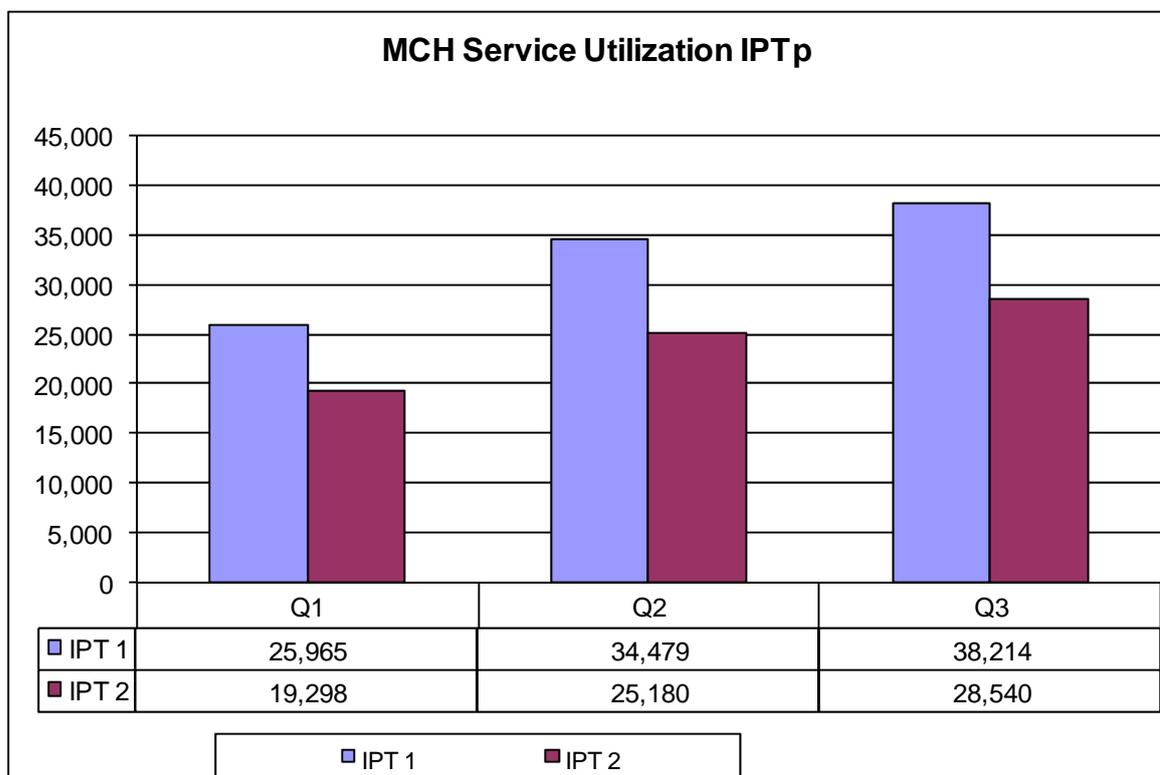


Figure 19. MCH service utilization/CWC Attendance: Comparison between Y4 Q1, Q2 & Q3

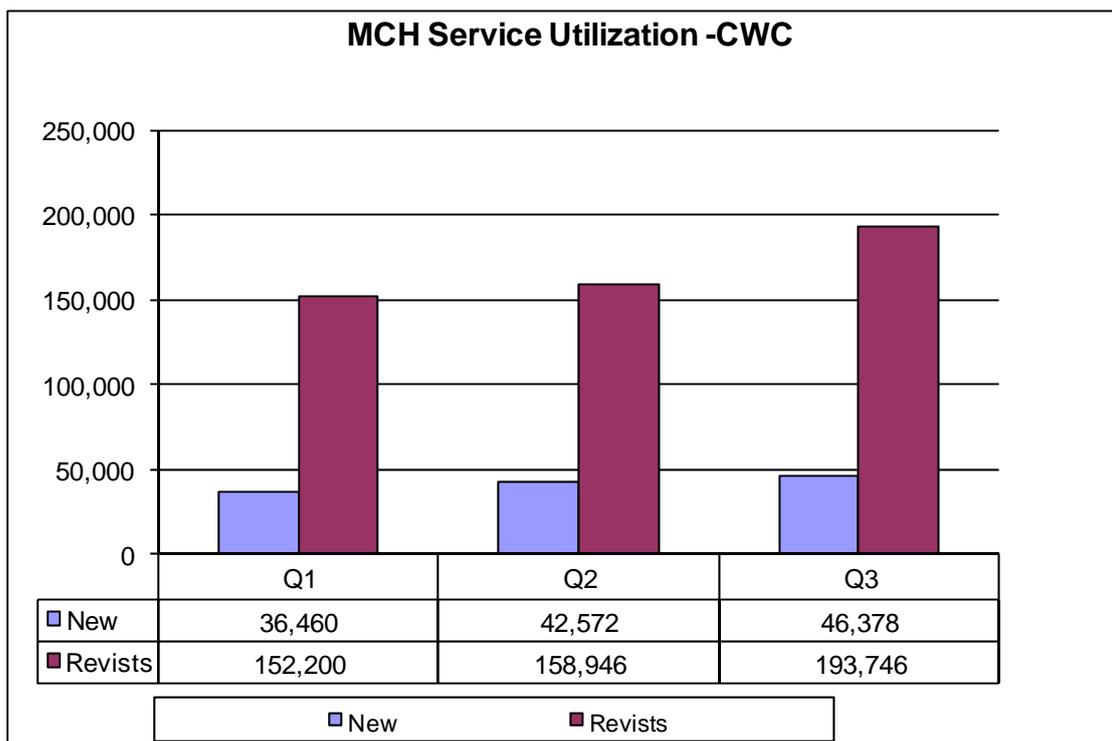


Table 17. Maternity Services

Type of Services	Oct-Dec 09	Jan-Mar 10	Apr – Jun 10
PAC	640	803	1,298
Total Deliveries	11,334	11,150	12,820
SVD	8,949	10,160	11,612
C/S	890	990	895
Breech	207	582	304
Referrals	791	754	852
Maternal deaths	25	23	36
Neonatal deaths	148 (1.3%)	120 (1%)	171 (1.3%)
CYP	40,660	45,658	57,434
Implants	1,875	1830	1,900
BTLs	645	781	811
Vasectomy	8	2	11

Table 18. Community Midwifery

Service	Jan- March	April –June
CWC		
New	296	150
Revisit	751	226
ANC		
1	751	76
2	186	39
3	155	23
4	80	20
IPT1	79	39
IPT2	118	66
FP		
New	345	166
Revisit	352	463
PAC	3	8
Deliveries	72	57

Table 19. Family Planning service utilization and trend Analysis April-June 2010

	Pill Cycles	Depo	Implants	IUCD	Condoms	Postinor2	BTL	Vasectomy	CYP
Bungoma E	2769	6423	94	61	69992	38	52	1	3343
Bungoma N	3887	2921	279	23	24200	0	72	2	2840
Bungoma S	7293	9900	259	205	434572	162	38	0	8524
Bungoma W	2280	4316	51	31	234000	10	68	0	4013
Bunyala	368	1192	3	1	2840	14	0	0	361
Busia	2804	7101	95	44	270800	114	5	2	4771
Butere	2217	5171	60	121	30078	65	29	0	2562
Emuhaya	1032	1958	78	17	28639	36	38	0	1436
Hamisi	2511	1840	31	11	8640	50	40	2	1187
Kak Central	5195	9039	158	128	132800	8	105	0	5554
Kak East	1597	2464	11	181	36931	20	30	0	1944
Kak North	3641	4183	44	36	345600	0	6	0	4496
Kak South	1743	1881	29	1	17681	31	24	0	1033
Lugari	5931	6490	213	89	51520	0	100	1	4312
Mt. Elgon	1124	3243	87	19	22607	61	24	1	1650
Mumias	3137	3702	118	206	28331	184	75	0	3120
Samia	1078	1768	41	7	3920	7	32	0	971
Teso North	1297	5200	85	17	20610	32	31	2	2182
Teso South									
Vihiga	2601	4758	172	97	74983	97	42	0	3273
Provincial Total	52505	83550	1908	1295	1838744	929	811	11	57575

CHILD SURVIVAL ACTIVITIES

Planned and Accomplished

1. Support the IMCI focal persons to conduct IMCI follow up: The project supported three districts (Kakamega Central, Vihiga and Lugari) to conduct IMCI supervision. The main activities were trainee follow-up and care taker interviews. Arising issues related to the revised ORT policy and Zinc prescription. The trained staff have not been given orientation on the revised IMCI guidelines and there is a need to train the new staff. Referrals of sick children is a big challenge, especially from lower-level facilities.

Supportive supervision of the EDDC activities in the two districts was done and a total of 15 facilities were visited jointly with the provincial IMCI focal person.

2. Support Malezi Bora Activities: Supported the PHMT to supervise the Malezi bora activities in Busia, Bunyala, Butula and Samia districts. It was noted that there was little advocacy done for the weeks, little IEC materials in the field for the activity and the majority of the essential drugs, supplies and other health commodities were lacking. To remedy this, DHMTs were asked to form Malezi boras steering committees and counseled on the need to involve the community in planning and implementation of Malezi bora activities.

3. Train service providers in essential newborn care and IMCI clinical case management:

Trainings were conducted as shown below:

Training event	Number HWs trained
Essential newborn care	75
IMCI Clinical case management	48
Training on EDDC/LOORS/Zinc	83

Comprehensive and integrated outreach is one of the ways of reaching children with services. During the quarter, 42 outreaches were conducted in the target districts of Bunyala, Samia, Teso North/ South and Busia.

4. Support Accelerated Immunization campaigns: Data from the Greater Busia and Teso districts.

Table 20. MCH Data Q2 and Q3

MCH Data Q2 and Q3			
<i>Early Childhood (2 weeks to 5 years)</i>	Oct –Dec 09	Jan-March 10	April –June 10
Number of children under one year vaccinated against measles	4,936	8,331	7,806
Number of children under one year fully immunized	4,474	7,860	7,369
Number of newborn received BCG	5,974	11,904	8,887
Number of underweight among under five attending CWC	1,710	4,926	3,211
Number of children under five attending Growth Monitoring Clinic (New visits)	18,191	38,612	28,237
Number of children under five receiving Vitamin A	19,489	34,134	30,325
Number of LLITNs distributed to children under 5 years	5,516	11,460	8,143
Number of under five years treated for malaria	39,681	89,929	67,840
Number of health facilities providing treatment as per IMCI guidelines	78	27	68
Total number of admissions for < 1year	1065	4,061	1,872
Number of < 1 deaths occurring at facility	52	69	154

Challenges & recommendations

1. Limited EPI support (especially gas).

Planned RH Activities

- Support PHMT, DHMT/MOMS to conduct RH support supervision
- Support community facility-linkage meetings at health facilities
- Cancer of cervix screening training using VIA/VILI for 20 service providers
- Distribution of Mama Packs to Teso North and South Districts

Planned Child Survival Activities

- Conduct 4 IMCI trainings
- Conduct 2 Essential Newborn Care trainings
- Support the IMCI focal persons to conduct IMCI follow-up
- Support immunization campaigns in Busia and Teso Districts

1.3.2: Manage public private partnerships

Planned activities and accomplishments

1. Trainings: Trainings were conducted as shown in the table below:

Training event	Number of HWs trained	Remarks
PMTCT training	30	19 HWs from private for profit, 7 from FBO facilities and 4 from GoK
EOC training	33	19 from Private for profit
IMAI training	36 HWs, 25 EPTs, 10 ToTs	19 from GoK, 14 from FBOs, 11 from Private for profit, 2 from A2W

2. Procure ART site commodities: Computers, drug and file cabinets, file folders and files were procured and supplied to Mumias Sugar Company Clinic and Tanaka Nursing Home.

3. ART site committee meetings support: The project supported Nzoia Sugar Company Clinic to hold two one-day HIV/AIDS Committee meetings. Key issues discussed included the need to enhance strategic support to HIV/AIDS activities in the company, entailing hiring a full time staff member to coordinate all HIV/AIDS and related activities.

4. Support four outreaches in workplace/facilities: Six facilities (Chimoi, Nzoia Sugar Company Clinic, Tanaka, Eregi, Chebukaka and Chamakanga) were supported to conduct a total of eleven outreach services through which a total 7,229 people were reached with various health services as presented below:

Table 21. PPP Integrated Outreach support

Outreaches support April 1- June 30								
Facility/ Outreach Site	Services Area						No. reached with health messages	Condoms distributed
	Curative	Immunization	ANC/ PMTC	PITC/ VCT	FP			
Tanaka/Mayenje	437	116	19	63	36	588		
Nzoia Sugar	177	28	24	316	17	2235	1805	
Chebukaka/Nelima	6	8	2	0	8	26		
Chamakanga	32	55	13			108		
Eregi	39	13	6	11		76		
Chimoi	347	600	221	146		1314		
Total	1038	820	285	536	67	4347	1805	

6. Mentorship: A clinical officer from Tanaka Hospital and Emusanda were supported to undergo clinical mentorship at Bungoma and Iguhu District hospitals, respectively.

7. Facilitate three DHMT supervision visits to private facilities: Four DHMTs (Lugari, Kakamega Central, Bungoma South and Bungoma East) were facilitated to conduct support supervision visits targeting private facilities. A total of forty-six facilities (35 Private for profit, 9 FBO and 1 NGO) were visited. Facilities identified to have serious challenges were prioritized for follow-up visits and training opportunities.

8. Conduct six supervision/trainee follow up visits: A total of 8 supervisory visits were conducted jointly with the DHMTs, reaching 26 facilities. Previously trained personnel were

mentored in the various areas that they had received training. Most of those visited reported lack of HIV testing kits.

9. Conduct three stakeholder meetings at the district level. Four stakeholder meetings were held during the quarter for Kakamega East, Mt. Elgon, Lugari and Mumias Districts. A total of 67 providers attended these joint meetings with the relevant DHMTs. The teams discussed issues relating to the referral systems, supply of test kits, reporting tools and other commodities to private practitioners. The private practitioners expressed the desire for a consistent forum for continuous professional development as well as participation in national campaigns. Strict adherence to quality assurance procedures and applicable regulatory requirements of delivery of health services was emphasized.

10. Purchase infection prevention supplies: The commodities were procured and distribution, targeting facilities with staff trained in IP, is ongoing.

Other activities

- **National Accelerated HTC Month:** The project supported private health providers in the province to participate in HTC RRI during the World Cup. A total of 9,324 clients were reached with HTC services as shown in the table below:
- **TB Performance:** A total of 290 new TB cases were reported in the quarter. Out of the total number, 233 were tested for HIV, 121 were co-infected, and 111 were put on care CPT and ARVs.

Table 22. PPP Contribution to Service Delivery^t

Indicator	Total Achievement	PPP Contribution		Percentage
		Private	FBOs	
PMTCT service outlets	307	58 (19%)	42(14%)	33%
Pregnant women provided with PMTCT services	39,334	3,569 (9%)	3,495(9%)	18%
Pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1442	76 (5%)	122(8%)	13%
Infants accessing DBS for EID	1233	75 (6%)	85(7%)	13%
C&T service outlets	280	61 (22%)	37(13%)	35%
World Cup RRI	89,962	9,224 (10.3%)		10.3%
Clients Counseled and Tested	148,900	14,243 (9.6%)	18,085(12%)	22%
Deliveries	12,820	547 (4.3%)	1,462(11.4%)	15.7%
Maternal Deaths	36	0	4 (11%)	11%
Neonatal Deaths	171	3 (1.7%)	13(7.6)	9.3%
Service outlets providing treatment for TB to HIV-infected individuals	276	13 (5%)	27(10%)	15%
HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB	1297	64 (5%)	803(6%)	11%

Planned activities next quarter

- Install ART dispensing tools in the computers supplied to Mumias and Tanaka hospitals

- Conduct one PMTCT training
- Support ART site committee meetings at two sites
- Support three outreaches in workplace/facilities
- Support five practitioners to a technical exchange meeting
- Support mentorship programs for two facilities
- Facilitate four DHMT supervision visits to private facilities Vihiga/Sabatia, Kakamega South and Bungoma South
- Conduct six supervision/trainee follow-up visits
- Conduct three stakeholder meetings

Challenges

- Shortage of test kits for the private practitioners, since most of them are not on the distribution list.
- High staff turnover.



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

Result 2 continues to partner with the community health volunteers to take lead in behavior change by mobilizing their own communities to adopt positive health seeking behaviors and address issues that would make them more susceptible to HIV, malaria, TB and other reproductive health complications. The community groups participated in mobilizing the community during Malaria Week in partnership with MOPHs. A total of 929,043 condoms were issued to the community.

Planned activities/accomplished

BCC advisory committee members visit to APHIA Nyanza: This activity was not done because the BCC committee in Nyanza was not in a position to host the meeting.

Training of the BCC committee members: This training was supposed to have been done by NACC but it was not due to lack funds.

Development of terms of reference for the district BCC committees: The TOR for BCC committees is yet to be developed by NACC.

Others not planned: As a result of not being able to achieve the activities that were planned during the quarter an impromptu meeting was called to discuss why the activities did not take place and the way forward for the committee in the quarter. It was resolved that APHIA/HCM will support the BCC field visit in the next quarter. NACC will follow up on the tasks that were not completed.

Planned activities for next quarter

Support to one supervision visit by the BCC committee

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

Support MT performance by magnet theatre groups

There were 382 magnet theatre health education outreaches, reaching 63,179 individuals (30,498 males and 32,681 females) conducted in the quarter. Stage Media, Life Transformation, Living Generation and Matunda Jua Kazi magnet theatre groups mobilized the communities for counseling and testing during the World Cup.

Stage Media MT group in Bungoma held an outreach integrated with C&T services where 24 people were tested while Mulembe Thespians in Emuhaya extended its health education outreaches to secondary schools through invitations.

In total, 55,518 condoms were issued during MT performances in public places by request.

Conduct peer family discussions

Peer family facilitators held health dialogue sessions in households of identified families and reached 33,750 (15,275 males, 18,475 females) individuals out of which 10,340 were adolescents and youth. There were 12,001 referrals made for different health services and 37,522 condoms issued. During the C&T RRI 39 family members were tested for HIV. One couple tested HIV positive in Webuye and a discordant case reported in Chwele.

The peer family program continues to have good relationships with the provincial administration, health facilities and other structures in the community and as a result, 8 peer family groups were trained by an organization called Western Pressure Group on Agriculture. Also, the peer family groups in Sabatia worked closely with Vozoli Youth group to transfer health education knowledge and skills acquired during peer family discussions. The older youth from peer families are transferred to existing youth groups.

Conduct Dialogue sessions on health issues (community agency)

A total of 32,751 community dialogue discussions were conducted by 2,732 community health volunteers reaching 490,748 contacts (176,829 males, 313,919 females) community members. During the discussions, 3,074 ITN's were sold to the discussion group members at a subsidized rate.

Condoms uptake through community health volunteers: There were a total of 543,871 condoms issued.

Refer clients for services: There were referrals made during by the community health volunteers as follows; VCT 142,839, ART 3,877, ANC&PMTCT 21,543, malaria 29,538, TB 6,049, FP 18,227, maternity 768, and immunization 18,707.

Continue broadcast the JAY radio program: In the quarter, 12 live episodes were broadcast covering topics on drugs and substance abuse, malaria in pregnancy and children below 5 years and family planning. The guest speakers for these live broadcasts were community members and health service providers. In total, 100 sms and 30 calls were registered during these sessions.

Introduce prizes for the radio program to help boost the listenership. Sony radio cassettes and the USAID/APHIA II Western branded t-shirts were introduced for question and answer sessions for the radio shows. There were sixty-seven winners who have won the radio prizes through SMS as categorized below:

First 3 listeners who send in correct answers receive a radio cassette player and a t-shirt
The remaining 7 winners are awarded t-shirts.

Produce CHV update: 3,500 copies of the CHV update on understanding PMTCT were produced and have been distributed to the community members.

Document success stories: The project has initiated documentation of the success stories with the support of a consultant.

Video documentation for the project: The video documentation is part of success stories documentation.

Planned activities

- BCC supervisory visit
- District feedback meetings
- Conduct dialogue discussion sessions on health issues
- Issue condoms through community health volunteers
- Support 24 community units
- Peer family facilitators' monthly feedback meetings
- Assist health facilities to mobilize for outreaches
- Support 228 MT performances
- Support 36 MT performances in Busia and Teso
- Produce 12 episodes of radio program
- CHV update-2 issues
- Continue with JAY radio promotion
- Documentation for best practices and success stories

2.1.2: Establishing and strengthening formal and Informal Workplace Programs

Planned activities and accomplished

Work place dialogue sessions continue: There were 66,496 (28,532 males and 37,964 females) contacts made.

Work place health outreaches

A one-day sporting and health education activity was conducted at the Bunyala Beaches. The following were achieved:

- 375 people (193 males and 182 females) were reached with health messages
- A total of 49 (34 males and 15 females) people accessed VCT services with none turning HIV positive
- 13 children and 19 adults accessed curative services
- In Mudete tea factory, 226 males and 146 females were tested for HIV during the outreach that was held. One man and one woman tested HIV positive and were referred to Sabatia district hospital.
- In Nzoia a total of 216 people tested for HIV, out of which 142 were company employees and 74 community members. Two males and two females tested positive and were referred to the company CCC. The company has linked up with Mechimeru dispensary to offer CT services to community members and, as a result, 380 community members were tested.

Motivators' monthly feedback meetings.

In Nzoia Sugar Company, a HIV/AIDS committee meeting was held to look into means of ensuring efficient and effective functioning of the company clinic and all involved in implementing the workplace HIV/AIDS policy

Monitor motivators dialogue group discussions: The project continued to monitor the motivators dialogue discussions.

Prevention with the positives: Mumias Sugar Company has initiated a support group of 29 composed of 17 company employees and 12 community members. Nine of the 29 are on ART.

Most at Risk Population (MARPS)

- **Beaches**

A total of 40 members of the beach Management Units in Samia District underwent a five-day training in peer education. The training was aimed at strengthening the BMU in the area of health promotion. The outcomes of this training were;
Formation of health sub-committees within the BMU and defining its roles
BMU commitment to supporting the peer educators and partnering with health facilities on health matters

- **Sex workers**

Survivors and Wadada groups in Busia and Mumias continued with their dialogue sessions. They reached 2,154 (458males and 1,696 females). The group distributed 33,800 condoms. The SW referred 645 for various services—172 VCT, 107 FP and 126 TB, 48 malaria, 103 ANC, 82 ART and 7 immunizations.
In Mumias, 58 SW's tested for HIV during the RRI for CT
15 cases were referred for STI treatment
SW's in Mumias linked to K-Rep for registration and further support.

- **Support for Prison workplace activities (Busia)**

Dialogue discussions were held reaching 1,279 inmates in the prisons. There were 109 referrals made for VCT, 24 malaria and 42 TB. In addition, the outreach program at the prison achieved the following results:
Tested 401 (393 males, 8 females) clients out of which 17 tested HIV positive
All those testing positive were enrolled to CCC.

Sub-result 2.2: Expanded prevention programs targeting most-at-risk populations

2.2.1: Developing life skills and healthy behaviors among youth

AEO's & TAC's review meetings

The review meetings were held in all 19 districts in the view of strengthening the Peer Education Programme in schools. Challenges in the program were highlighted during these meetings. The challenges highlighted and addressed included:

- Personnel and work load
- Other competing tasks
- Support at different levels
- Partnership.

Conduct *shuga* activities in all districts; The *shuga* video was shared with 34 boys and 30 girls. The video elicited a lot of discussion on risky behavior and how to reduce youth susceptibility to negative influences. This video is part of 'HIV free generation' activities.

Health education for youth in school; In the quarter a total of 58,011 males and 58,308 females were reached with health messages by peer educators in school. The project also supported the provincial music festival at Lwanya girls' secondary school by donating 2 trophies for the best HIV and RH messages. Through a deliberate effort of inviting one guest singer and a Youth Ambassador of Hope, speakers on HIV messages 23,468 youth, both primary and secondary students, were reached, while 244 students all were tested during this event.

In Bungoma West and East total of 3,627(2,340 boys and 1,287 girls) students were tested from 10 schools and none turned positive.

The students from schools that have benefitted from the life skills education program have come up with innovative ways of reaching out to other students in schools, without the

program, through health symposiums and gender days. Through such activities, 250 new students were reached with health messages.

Due to poor reporting, the project held a two day meeting/update for 131 teachers from Emuhaya district for 2 days for both the youth and teachers programs.

The project is currently in the process of acquiring spin wheels (Tuko Pamoja Chanuka challenge) which be used to reinforce peer education in school. The wheel will have different topics for discussions and will cut across different existing peer education and life skills programs in schools. Head teachers from Busia and Teso and the PDE contact person were oriented on the Tuko Pamoja corner concept and they all appreciated the teaching aid that combines education and entertainment. There are 200 schools that have been identified for rolling Chanuka Challenge wheel.



Figure 20. APHIA II Western officers review how the Tuko Pamoja Chanuka Challenge wheel works to promote peer education in schools

Monitor youth grants activities and Gjue Plus

Soet youth group in Mt.Elgon District conducted 4 mobile VCT outreach activities and tested 139 people (81 males and 58 females). All those tested were HIV negative. In addition, the group held 6 health outreaches and distributed 3,000 condoms to youth under 25 years.

KEHASO post test group in Busia trained 460 people, comprising of 67 parents and 393 adolescents below 17 years of age, on parent–child communication.

Vozoli horticultural group in Vihiga District reached 3,000 young people through peer education. The group is also reaching out to a group of 20 CSW in Mbale.

Muslim Youth Group Peer educators carried out 12 community outreaches, with the following topics being covered: TB, malaria, FP, and HIV. Through these outreaches, a total of 27 referrals were made; 16 for malaria, 4 TB, 7 VCT. 2,912 condoms were distributed.

Soy AIDs Resource Centre conducted 32 health talks through video presentations reaching 560 youth.

The Mumias Deaf SHP has kept its team going and engaging their members in dialogue sessions and organizing for health outreaches in collaboration with the MOPHS staff. In the reporting period, the group reached 345 deaf persons, spread throughout Mumias, Bungoma, Webuye, Nzoia, Mumias and Matungu. A VCT outreach was held in St. Angela Secondary Vocational for the deaf girls and a total of 89 deaf youths, as well as their teachers and support staff, were tested and took their results. 3 persons tested positive during the exercise. The

previous exercise had reached 73 deaf persons. The group also carried out home visits to deaf persons residing in Harambee and Mumias Institute for Spiritual Counseling and Encouragement. A total of 8 clients were visited during the exercise. The use of visual aids during sessions provided by the facilitators for use in handling HIV/AIDS and STIs session enabled the deaf participants to ask many more question than before.

Monitor G-Inue activities for the youth: Through the G-Inue activities, the following achievements shown in table were made.

Table 23. G-Inue Activities for the youth

District	Group	Project	Status	Future plans
Kakamega	Jijazie Hybrid	Poultry 500 birds purchased	361 birds disposed	Re-stocked 100 birds
		Brick molding 20,000	10400 bricks sold	Embarking on second phase of molding
		Tree nursery(4500 seedlings)	3000 seedlings sold donated some seedlings to schools	Establishing new seed beds
Kakamega	Murhanda	Maize selling Horticultural farming	Bought and sold maize Horticultural project failed	
Kakamega	Emukaba	Tailoring	Identified 22 youth to benefit from the skill	
Kakamega	Lunyinya	Dairy farming	Established structure. Not purchased dairy cow	
Kakamega	EDDO	Mushroom growing Poultry farming Goat rearing	200 birds(Layers) Mushroom ready for harvest Constructed shed for the goat- goat not yet purchased	
Lugari	SOY AIDS resource centre	Brick making	10,000 bricks moulded, awaiting kilning	
Teso	CEGHA	Brick making	Still under preparation	
	Kumekucha	Poultry farming	Structure under preparation, 10 members trained in poultry management	
Bungoma	Muslim youth	Poultry farming	Prepared structure for 600 birds. Birds not yet purchased	
Mt. Elgon	SOET	Tailoring and dress making	Purchased 6 sewing machines and materials. Trained 6 girls in tailoring for 3 months	
Busia	Kehaso	Brick moulding and organic farming	Purchased machine for brick moulding	

Monthly feedback meetings continues: Two monthly feedback meetings per district were carried out with the sub-locational lead community health from various components in all districts.

Quarter meeting for anchor organizations: The youth organization implementing grants attended a meeting where progress and reporting was discussed. The youth CHV's under the youth anchor continued dialogue sessions with the other youth in the province. A total of 50,557 contacts youth were reached—24,234 males and 26, 303 females. Referrals: 1,605 VCT, 287 ART, 479 PMTCT, 403 ANC, 1,577 malaria, 691 TB, 924 FP immunization 578.

Amateurs youth, ADEO and KEHASO

- In total, 1,370 males and 1,727 females of under 24 years and 883 males and 1,261 females of over 25 years reached with various health messages
- 35,099 condoms were distributed
- A total of 755 people were referred for various health services

KEHASO

Trained 460 people on parent–child communication, comprising of 67 parents and 393 adolescents below 17 years of age. Sensitized 186 people on parent–child communication. These included 120 parents and 66 adolescents between ages of 12 to 17 years

ADEO

Held 3 district feedback meetings with sub-location leads to discuss emerging issues and challenges in implementing their activities and plan on the way forward

KENYA RED CROSS.

- 102 dialogue sessions were held with the youth groups, reaching out to 4,243 youth, 2,057 males and 2,186 females.
- The CHV's are promoting safe motherhood by encouraging accessibility and acceptability of ANC, especially among young expectant mothers.
- A total of 14 expectant mothers were followed up, 5 had safe deliveries, while the remaining 9 are still being monitored. This initiative is meant to enhance Prevention of Mother to Child Transmission of HIV and to reduce the number of deaths to mothers and infants related complications during child birth.
- The CHV's distributed 95 pieces of brochures with literature on *child health* particularly on *breast feeding*. This information was to encourage and enlighten mothers on the importance of breastfeeding their children for the first six months and related issues. A total of 123 mothers were reached.
- A total of 367 packets of condoms were distributed by the YCHV.

Others: A meeting was held for teachers as worksites to improve reporting and understanding the Worksite HIV policy.

Support Highway Youth activities

Activities targeted at young people (ADEO, KLTDU Central Youth)

- A total of 2,553 males and 2,308 females were reached with AB and OP messages.
- Magnet theatre performances were conducted reaching a total of 1,716 males and 1,269 females
- Puppetry performances reached 1,935 males and 1,106 females with AB and OP messages
- 10,661 condoms were distributed
- 3 formal barazas forums used to disseminate health messages to 276 males and 137 females
- 3 meetings in drinking clubs were held with a total of 101 males and 23 females accessing health messages
- 2,028 people were referred for various health services were made
- 92 clients accessed VCT services during a truck drivers and community rally. Two clients tested positive and were referred to MOH Busia
- ADEO held 3 peer education monthly meetings and challenges faced in the field were discussed

- Moonlight VCT was also conducted in April and May. 180 clients were tested and received their results. Out of those tested, 12 tested HIV positive and were referred as appropriate.

Planned activities next quarter

- Worksite managers review meeting
- Feedback meeting with site coordinators
- Conduct *shuga* activities in all districts
- Health education for the youth
- Worksite motivators conduct one BCC event
- Implementaion of teachers worksite activities
- Monitor G-Inue activities for the youth
- Support Highway Youth activities
- Motivators' monthly feedback meetings.
- Monitor motivators dialogue group discussions

2.2.2: Reaching Married Adolescents

Planned activities and accomplished:

The married adolescent mentors reached 90,087 married adolescent girls, besides the following achievements:

Hold 2 district team leaders /coordinators meetings. The mentors held 2 feedback meeting in the district.

Hold one church leaders meeting at the district level: : There were 417 church leaders who attended the district meeting and 71 of them were tested for HIV.



Figure 21. A DASCO addressing a church leaders meeting in Bungoma district

Facilitate MA Mentors feedback meetings at the district: The mentors were facilitated to conduct feedback meetings with the married adolescent girls in the district.

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

2.3.1: Strengthening community group networks

Community strategy

The 60 health providers who were trained as TOTs in the last quarter on community strategy trained 48 CHEWs who, in turn, have trained 1,200 community health workers according to the National Standards.

Women's networks

To enhance facility and community linkage and networking, 1,200 location women's group representatives from various groups in the province were trained on gender, TB and resource mobilization in order to go back to their groups and train other members.

The sub-location health workers with the support of the health providers trained 1,140 women leaders at a sub-location level for 3 days on TB, maternal health, PMTCT, gender and stigma and discrimination.

The location and sub-location women conducted 2,285 dialogue sessions with their groups reaching a total of 55,673 females and 15,048 males while referrals were made in the quarter. The women also issued 7,876 condoms and 79 nets distributed to the women.

During the quarter, the Ministry of Public Health and Sanitation, in collaboration with the CHVs through the PHT, retreated 45 mosquito nets at Khasoko. Three CBOs formed by CHVs, namely Mwalie in Mmalakisi, Kecocast in Chwele and Hepachi of Sirisia, collaborated with PSI and were trained on malaria and were granted 7,000 shillings each to conduct home visits and mobilize for early treatment. In Bungoma West and Butere the CHVs have linked up with the Ministry in mobilizing the community for RRI activity. Apart from the normal outreaches, the community health volunteers of Malakisi Chwele and Ebutsiratsi were able to mobilize for grants from AMREF/Maanisha to facilitate 12 more C&T outreaches.

MCH

Quarterly feedback meeting with CHWs: Conducted quarterly feedback meeting with 1,000 CHVs in the larger Teso and Busia districts on IYCF, malaria in pregnancy, hygiene and sanitation.

Water, Hygiene and Sanitation: The project continued to emphasize safe water, fecal disposals and hand-washing. During the quarter, the following were achieved:

Table 24. Water, Hygiene and Sanitation

No of latrines pegged	800
No of new latrines	911
No of shallow wells and boreholes protected	29
No of shallow wells and boreholes chlorinated	85
No of h-hold treating drinking water	34,590
No of h-holds practicing hygiene by hand washing	16,504
No of talks on hygiene and sanitation	998
No of health talks on safe water use	395
No of dish racks pegged	1,018
No of h-holds using refuse pits	9,223

Construction of VIP latrines: In partnership with MOPHs, the communities were mobilized and a total of 233 latrines have been pegged by the Public Health Officers in Busia and Teso,

while 274 new latrines were constructed. APHIA provided cheques to 50 schools to initiate the construction of the latrines with the support of the PHOs.

Installing water tanks: 20 tanks have been delivered to schools, however the gutters are currently in the process of being procured.

IYCN:

MtMSG facilitators continue with health talks at the facility and community: The mother-to-mother support groups conducted 381 health talks within the health facilities in Busia and Teso. There are 122 mothers who are HIV-positive and are practicing exclusive breast feeding.

MtMSG refresher and feedback meetings at district level: One quarterly feedback and refresher update meeting was conducted for the MtMSG facilitators in Busia where challenges were raised and lessons shared. The following was achieved:

Table 25. Mother to Mother support groups

No of mothers initiating breastfeeding within 30 minutes	No of mothers referred with breast problems	No of health session conducted on IYCF	No of sensitization meeting held on IYCF
354	493	17	984

Training of PLHIV on IYCN: A total of 120 PLHIV from different support groups who were trained on EBF and introduction of complimentary feeding,

Vitamin A promotion (Sweet Potato)

- Trained 186 CHWs from 2 divisions (i.e., Funyula and Malakisi). The CHW’s were drawn from Nangina, Agenga Rumbiye, Tamlega, Korosiandet, Malakisi, Lwandanyi, and Namboboto. Covered during this training were vitamin A rich foods, including OFSP, consequences of vitamin A deficiency, public health measures to prevent vitamin A deficiency at community level and complementary child feeding practices.
- A stakeholder workshop was held and attended by 39 members drawn from the Ministries of Health and Agriculture, A2W, and the other SASHA implementing partners.
- A total of 164 vouchers have been distributed to eligible mothers in Korosiandet, Tamlega, Nangina and Namboboto mission. This approach has led to an increase in the number of mothers attending clinic, especially early in pregnancy.
- Formation of pregnant mothers clubs by the community health workers: The CHWs from Malakisi and Funyula have formed 28 pregnant mothers clubs. Each club has members drawn from 3 villages. This aimed at promoting OFSP for Vitamin A.

Dialogue sessions with the pregnant mothers: CHW’s held 56 sessions with the mothers in the pregnant mother clubs. The focus was on introduction of SASHA and registration of club members and the importance of OFSP

MALARIA

There were 339 community health workers trained on MIP and as a result the following have been achieved

Table 26. Malaria prevention

District	No. of Pregnant mothers who received LLTNS	No. of pregnant mothers referred to hospital for ANC service	No. of sensitization meetings conducted on malaria	No. of health education sessions on malaria & key messages	Cummulative attendance during meetings
Busia	1880	134	120	168	0
Bunyala	597	1404	46	70	8579
Samia	332	43	18	11	0
Teso North	285	282	69	51	4
Teso South	400	30	20	10	0
Total	3494	1893	273	310	8583

Mainstreaming gender

There were 3 GBV meetings to create awareness on GBV at Langata, Uplands and Kiriko villages in Teso and a total of 3,829 (1,187 males and ,2642females) were reached with OP messages through counseling services on issues of gender-based violence.

CASE STUDY BY THE GBV TEAM MALABA LOW INCOME WOMEN CLUSTER

CAROLINE AMOIT:

During a GBV outreach at Kiriko village, the following case was handled by the team.

Caroline Amoit of Kiriko Village of Kokare Location had been suffering at the hands of her cruel husband. The worst was on 2nd April 2010 when she was battered unconscious, along with her child. When she got to her senses, she had lost hearing and she could not yawn nor eat any meal. In addition, her vision was blurred since all of her face was drenched with blood. After 2 months of suffering, the GBV team of the low income cluster malaba, came to her rescue on 17th June 2010. They summoned the Chief and the assistant chief who were compelled to take Caroline to hospital.

Through the close follow-ups by the GBV team, she was taken to Teso District Hospital and transferred to Bungoma District Hospital for specialized treatment. The GBV team has since made frequent follow-ups and have put interventions in place to rescue Caroline from further mistreatment.

“I owe my life now to this group because if it was not of their efforts, I would have rotted and died in the house amidst much oppression. I have suffered a lot and I urge other women outside there to stand out to gender-based violence since it is a human rights violation.” Concludes Caroline.

NIDU

Alcoholics Anonymous weekly meeting, community out reaches and Alateen weekly meetings were held and a total of 153 females and 168 males were reached, both in the community and in the support group meetings.

General Challenges

- Disruption of community outreach during the rainy season.

Planned Activities for next quarter

- Peer education for schools
- AEO and TACs supervisors activities
- Support higher learning institutions
- HIV Free Generation activities
- Dialogue meetings by mentors
- Review meeting with the church (Kakamega and Lugari)

- Purchase water treatment tablets
- Conduct follow up meetings with 60 MtMSG
- ORT review meeting
- Spring protection and maintenance
- Support youth highway activities
- Support women to conduct health education activities
- MTMSG refresher and feedback meetings at district level
- Quarterly feedback meeting with MCH CHWs
- Construction of VIP latrines
- Installing water tanks
- Spring protection and construction of school water tanks
- Conduct health talks in schools
- Monthly feedback meetings
- Dialogue sessions
- Home visits with pregnant mothers
- Dialogue sessions with pregnant mothers
- Voucher distribution and redemption.
- Feedback and review meeting

Table 27. Target and Indicators for R2

Indicators	Year 4 targets	Oct - Dec 09	Jan - Mar 10	Apr-Jun 2010	Comments
No of condom service outlets	500	3,464	3,520	3,520	Condoms are distributed through CHWs
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	33,562	0	8,468	No new contacts, but repeat contacts
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	6,000	-	0	0	No new numbers trained
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 m 22,602 f	259,133 (95,669 m 163,464 f)	7394 (4,097 m 3,297f)	490,748contacts were made; 442,000 through radio
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6,000	68	3,986	2,340	Rep of women group
Number of local organizations provided with technical assistance for HIV-related institutional capacity building (through grants and networks)	0	33	1,110 women's groups	0	No new numbers
Number of individuals trained in HIV-related capacity building	500	60	200 (young artists to pass messages during GAMINI festivals)	2,340	These were women's groups



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

- **Grant 22 CBO/FBOs for 3rd quarter to implement HBC/OVC care and support activities:** Fourteen CBOs got their funds (Kshs. 11,961,346). The other eight will be funded once complete reports for previous funding are received.
- **Support supervision and monitoring visits of CBO/FBO activities:** All 24 CBOs were visited at least once during the quarter by coordinators, while the field facilitators spent at least a day per week with each of the CBOs. Focus was on sustaining support and monitoring activities during and after A2W phase out.
- **CBO Quarterly review meeting:** This was not done because the CBO's received the sub grant late. Thus, the activity is rescheduled to be undertaken during quarter 4.
- **Support CHVs with incentives and job tools:** The CHVs received their monthly stipend to support them reach the PLHWAs and the children. One thousand bicycles were procured and the distribution is ongoing. An additional 700 bicycles are in the pipeline so that all CHVs will have easier means to the households. The bikes also assist in referrals.
- **Support PHMT & DHMT monitor and supervise HCBC activities:** The project supported PHMT /DHMT to monitor and supervise HCBC activities in seventeen districts (Teso North, Butere, Kakamega North, Mt Elgon, Vihiga, Samia, Kimilili, Kakamega Central, Emuhaya, Hamisi, Teso South, Bungoma South, Bungoma North, Busia, Mumias, Kakamega Central, Lugari). Main focus has been on advocacy on the available services at the H/F and HIV preventive strategies aimed at attitude and behavior change. The HCBC has been enhanced by the establishment of community strategies in some districts.
- **Support HCBC quarterly meeting in the districts:** The HCBC review meetings focused on how to mobilize, train and support HCBC providers and link to MOH (MOPHS and MOMS) networks for supervision and QA.
- **Train 180 CHVs on HCBC:** This activity was not done because of funds. The training will be done in quarter 4.

Table 28. HBC Activities during Quarter 3 yr 4

	Females	Males	Total	
			Q3 yr 4	Q2 yr 4
No. of CHV providing HBC	2,871	1617	4488	8,976
No. of CHV reporting	2,575	1395	3970	7,940
No. of clients	20,316	11,206	31522	63,044
No. of clients < 15 yrs	2,383	2,245	4628	9,256
No. of clients 15yrs and over	17,933	8,961	26894	53,788
No. of patients on ARV	10,520	7,388	17919	35,827
No. of patients on TB treatment	1,272	828	2100	4,200
No. of PLWHA receiving nutritional support	9,681	4,176	14169	8590
No. of HIV+ TB patients receiving ART and TB treatment	2,964	1425	4389	8,778
No. of deaths	67	37	104	208
No. of HBC kits supplied			1,061	491
No. of HBC kits used			603	366

Analysis of indicators and targets

Table 29. Palliative Care Targets and accomplishments

Indicator	Yr 4 target	Year 4 Quarterly Accomplishments			Year -to-date Accomplishment
		Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	
Total number of CBO/FBOs providing HIV-related palliative care	24	24	24	22	22
Total number of individuals trained to provide home-based HIV palliative care (CHV)	2,635	2,635	2,635	4352	4352
Number of primary care-givers mentored to provide HBC services	6,894	11,312	7,092	20,429	20,429
Number of supported PLWH receiving HBC services (through nursing care, spiritual (Channels of Hope), counselling (IPT-G))	15,000	27,285	31,254	31,522	31,522
Number of PLWH referred from HBC to clinical	606	988	1,057	838	1057

Challenges & Recommendation

- Recurrent leadership challenges in some CBOs continue to affect the project. Capacity building training and supervision by the social services department will be intensified.

Planned activities next quarter

- Support supervision and monitoring visits of CBO/FBO activities
- CBO quarterly review meeting
- Support CHVs with incentives and job tools: Distribute 1,000 bicycles to 1,000 CHVs
- Support PHMT/DHMT supervision of HCBC activities
- Support PHMT/DHMT to organize annual District HCBC Coordinators' meeting
- Support District HCBC quarterly review meetings between MOH and other HCBC players
- Train 180 CHVs on HCBC for PLHWAs

3.1.2: Expanding support services for PLWA

Planned activities & accomplishments

- **Bi-weekly supervision meetings in Vihiga, Shinyalu, Butere and Matete:** Four bi-weekly supervisions in the respective districts were carried out.
- **Quarterly debriefing for IPT leaders:** Sixty-nine of the seventy-nine IPTG leaders attended the four-day meeting. They were trained on marriage and family therapy approaches to equip them to handle domestic conflicts and GBV-related issues.
- **Visit sampled on-going groups for quality assurance:** Three (3) terminated groups and one (1) on-going group were visited. The terminated groups have started income-generating activities which are boosting their livelihoods and food security.

Significant story:

From depression to hope-Changed women lives in Hamisi.



Photo Three-Buyangu Women who have successfully undergone IPT-G gladly demonstrating some of the items which they make for IGA.

The women in the above photograph were presenting depressive like symptoms due to various issues in their lives. According to Nekesa, her life took a turn for the worse after getting to know her HIV status. She says 'I thought my life had come to an end and I thought of killing myself, sadness, bitterness, lack of sleep and appetite all became part of my life....I resorted to taking cheap liquor and would sleep in the galleys without a care in the world. I became a shame to other women in the community and did not even take care of my

children. When Florence (IPTG Leader), came to my homestead and had the questionnaire which fitted my symptoms, a guilt feeling engulfed me. She requested me if I was willing to join other women who had similar symptoms like mine and I thought she was just laughing at me. When I joined the group reluctantly, I was shocked to realize that there were other women who were undergoing through similar or close challenges in life like mine. As time passed by, I was able to start accepting my condition and reduced my intake of the alcohol....with time I was able to learn how to cope and learnt how to make beads and hot cooking pots. This gave me a new lease of life and helped me overcome my depression and now am a responsible mother and I support my children who are at various stages of schooling. I am grateful to Florence, the therapy and fellow women for helping me to be a responsible and loving mother to my children. My life is now more meaningful and from the sales of the necklaces, hot-pot baskets and other assorted items, I am able to pay school fees for my children.'

Through the support of the local Catholic Church the group has been able to harness resources through the sales of kale from the piece of land they were given by the church and through the savings, fundraising and incorporating other women from the locality, they are in the process of starting a posho mill.

- **Public disclosure sessions for stigma reduction by AOH and DAOH:**
 - The AOH carried public disclosure sessions in the community and health facilities. The following information was obtained from their activities:

	Total	Male	Female	Boys	Girls
Number of outreaches	1,771				
Number of people reached	18,844	4,596	7,540	2,947	3,761



Figure 22. Left: AOH from Hamisi during public disclosure session at Gisambai market.

Figure 23. Right: AOH demonstrating condom use during outreach.

- **Public Disclosure sessions for stigma reduction by DAOH:** The negative couples in discordant relationship have continued testing every six months. In Lugari, one has turned positive. The data below was collected from their activities:

	TOTAL	Male	Female	Boys	Girls
Number of outreaches	341				
Number of people reached	6,281	1,932	2,306	869	1,174

- **Formation of support group:** The numbers of new support groups formed in the quarter were as follows:
 - 19 mixed support groups.
 - 5 male only support groups
 - 5 pediatric support groups
 - 22 discordant support groups and 4 are newly established.
- **Support group meetings for enhancement of positive living:** Support groups meetings continued in all districts. Good nutrition and ART adherence were the key messages this quarter; this was as a response of ART uptake where clients decline to adhere to drugs when they have limited resources. Most support groups have managed to establish community kitchen gardens and individual kitchen gardens. Support groups from Busia and Mt. Elgon were visited by support group members from Nyamira district. The visit was educative on both sides.

- **Monitoring meetings with AOH and DAOH:**

- AOH and YAOH activities continued in all the districts. The table below outlines these activities.

Table 30. AOH activities Q3 yr 4

		M	F	Total
No. of people reached	Adults	7,974	13,985	21,959
	Children	2,976	3,753	6,729
Referrals	VCT	985	2,148	3,133
	PMTCT	496	2,598	3,094
	TB	151	200	351
	HBC	597	1,056	1,653
	Support Group	236	458	694
	CCC	286	684	970
	STI Clinic	113	179	292
	Legal services	38	60	98
	others	33	60	93
	Children's department	239		
	Education office	333		
	Administration	343		
	Rescue centres	491		
	Relatives	454		

- Monitoring meeting held with discordant couples: The discordant couples monitoring took place in 6 districts. They held 759 outreaches. The following information was captured from their activities:

Table 31. DAOH activities Q3 yr 4

		M	F	TOTAL
Discordant ambassadors		49	49	98
No. of people reached	Adults	3,783	5,639	9,422
	Children	2,587	3,922	6,509
Referrals	VCT	210	246	456
	PMTCT	16	325	341
	TB	73	31	104
	HBC	397	419	816
	Support Group	906	548	1,454
	CCC	213	286	499
	STI Clinic	32	73	105
	Legal	37	94	131
	Others	13	21	34

- **Community mobilizers quarterly review and capacity building meeting:** Meeting held and discussed:
 - How to make multi-storey kitchen garden and double digging technology.
 - Proposal writing and sources of funding for support groups.
 - How support groups can network with other stakeholders.

SUCCESS STORIES

A couple who attend their clinic at Kaimosi feared taking their ARV in the presence of their children for fear that the children will know that they are HIV positive. They were visited by CCC volunteers who talked to them on importance of disclosure. At first it was hard for them to accept to disclose but after subsequent visits they accepted to disclose their status to their children. They were surprised when one of their children told them that he knew a year ago that they were positive. The children are supportive in drugs administration and they are regretting why they didn't disclose their status earlier enough to receive support. Their health has improved and they adhere to drugs.

Analysis of indicators and targets

Table 32. Targets and accomplishments of PLHIV

Indicator	Yr 4 target	Year 4 Quarterly Accomplishments			Year-to-date Accomplishment
		Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	
Number of PLWH and caretakers of OVCs belonging to support groups	15,000	12,000	15,621	14,391	15,621
Number of PLWH who share their status with others in the community	15,000	5,236	9,738	8,650	23,624

Planned next Quarter

- Bi-weekly supervision meetings (4), 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& DAOH.
- Training on-going public for youth AOH.
- Formation of support groups.
- Support group meetings for enhancement of positive living.
- Monitoring meeting held with AOH & DAOH.
- Community mobilisers' quarterly review and capacity building meeting.

Sub-result 3.2: Expanded support for OVC

3.2.1: Comprehensive support for OVC

Planned activities & accomplishments

- **Support OVC to access care and support in core service areas (health care, nutrition, protection, psychosocial support, shelter and care, education and livelihood support.):** The project scaled up three or more benefits from 87% to 91% of the 69,458 OVC supported by the project.

Table 33. OVC support /benefits during the quarter (Achievements for Q3 YR4 VS previous quarters YR 4)

Gender	1 or 2 Benefits			3 or more Benefits			TOTAL		
	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3
MALES	11,525	3,805	3,188	22,454	29,098	31,341	33,979	29,098	34,529
FEMALES	12,042	4,856	3,340	20,064	28,516	31,589	32,106	28,516	34,929
TOTAL	23,567	8,661	6,528	42,518	57,614	62,930	66,085	57,614	69,458
Proportion of children receiving 3 or more benefits							64.3%	87%	91%
Proportion of children receiving 1 or 2 benefits							45.7%	13%	9%

Health care: The project worked with the Ministries of Health to ensure that children access health services including counseling and testing for HIV status. In the quarter, 5,160 children were tested to bring the total to 46,073 (66.3%) tested so far, with 660 of these being HIV positive. TOTs in life skills facilitated talks to children in schools (Primary and Secondary) whose head teachers have acknowledged their work. The project in collaboration with Nyanza Reproductive Health Society circumcised 1,184 OVC in Budalangi who were also reached with prevention information on HIV as well as HIV testing. The table below show comparisons in numbers of children counseled and tested in year 4:

YR 4	Tested	HIV+
Q1	29,026	611
Q2	11,887	34
Q3	5,160	15
Total	46,073	660

Education: 610 children (271F, 339M) were visited in schools by OVC desk staff to monitor their progress and development. Age appropriate forums were held to discuss their problems in regard to schooling and the project responded to retain them in school and improve on their performance.

Food and nutrition: 14,468 additional kitchen gardens were established over the quarter, enabling households to access adequate food. Proceeds from the sale of poultry have enabled 10 OVC households (HHs) to lease land to grow food.

Shelter and care: 240 OVC houses were renovated over the quarter. 400 OVC HHs received hurricane lamps. This support area has had a positive impact on the families concerned.

Protection: Through linkage with civil registration for persons in the province, 8,750 OVC were facilitated to obtain birth certificates for themselves and death certificates for their parents who passed on. Acquisition of birth certificates by OVC has encouraged community members to seek the service, too.

Psychosocial Support: All OVC (69,458) received this support during home visits, religious activities as well as children's club activities and get togethers conducted by CHVs, religious leaders and systemic child counselors, respectively.

Livelihood support: Business start-up kits for older OVC has made them become independent and support their families.

- 122 OVC with business start-up kits have been linked to MFIs for continued support in business promotion, marketing and expansion techniques.
- 4 OVC groups (tailoring) have opened bank accounts and have saved Ksh 15,000.

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

Table 34. OVC benefits targets and accomplishments during q3 of yr 4

BENEFIT		MALE	FEMALE	TOTAL	
		Q3		Q2	
Health	Medical Check up	1,948	1,813	3,761	1,819
	Deworming	2558	2282	3,818	3,819
	Treatment for any ailment	772	660	1,432	1,526
	Long-lasting insecticide treated nets	17,834	17,319	35,153	33,361
	Routine and missed immunizations	2949	2897	5846	3,012
	Vitamins and mineral supplements	724	766	1,490	1,536
	Medical outreaches	1,226	1,162	2,864	4,300
	HIV counselling and/or testing	2,520	2,640	5,160	10,860
	HIV prevention and life-skills	5,549	5,580	11,129	10,365
	Access to clean water	15,070	15,258	30,328	25,618
TOTAL NUMBER OF OVC WHO RECEIVED A HEALTH BENEFIT		26,522	12,258	51,333	42,238
Education	Uniform	10,832	9397	20299	20,299
	School fees/ levies	1,066	1224	2290	2,210
	Schooling items	17,602	17,740	35,342	17,553
	Sanitary towels	0	5,037	5,037	4,426
	School feeding programmes	2,419	2,599	5,018	5,650
	Child now in school	2528	2648	5176	4,059
TOTAL NUMBER OF OVC WHO RECEIVED EDUCATION BENEFIT		24,958	23,811	48,769	39,957
Nutrition	Kitchen garden	14,366	13,765	28,131	13,563
	Livestock	3,123	2,676	5,799	5,693
	Poultry	21,577	19,253	40,830	40,639
	Food relief and donations	4,382	4,344	8,726	12,263
TOTAL NUMBER WHO RECEIVED NUTRITION BENEFIT		26,613	27,572	57,185	53,757
Shelter and basic care	Beddings	19,423	17,916	37,339	36,701
	Kitchen set	17,672	16,195	33,867	33,441
	Home clothing	12143	12,881	25,024	23,398
TOTAL NUMBER OF OVC WHO RECEIVED SHELTER AND CARE		21,656	19,846	41,502	41,432
Protection	Registrations of births and deaths	4517	4233	8750	7,741
	Protection and access to parents property	2,548	2,032	4,580	3,008
	Referral & linkages for legal services	929	1,230	2,159	126
TOTAL NUMBER OF OVC WHO RECEIVED PROTECTION		7,994	7,495	15,492	15,048
Psycho-Social Support	Home visit by CHW	34021	35437	69458	66275
	Spiritual counselling	13,162	12,505	25,667	10,467
	Child, community & bereavement counselling	14,269	17,926	32,195	1,990
TOTAL NUMBER OF OVC WHO RECEIVED PSYCHOSOCIAL SUPPORT		34021	35437	69,458	64,498
Livelihood & Economic Support	Vocational training	368	305	673	588
	Business skills training	79	91	170	131
	Business start up kitty	55	76	131	93
	Linkages and support from MFI	71	51	122	33
TOTAL NUMBER OF OVC WHO RECEIVED ECONOMIC SUPPORT		447	396	843	789
CAREGIVER TRAINING		5,521	7,201	12,722	11,951
TOTAL NUMBER RECEIVING 1 OR 2 BENEFITS		3,188	3,340	6,528	8,661
TOTAL NUMBER RECEIVING 3 OR MORE BENEFITS		31,341	31,589	62,930	57,614
Total number of OVC				69,458	66,275

- **Support AAC activities within the province:** The project supported AACs quarterly meetings in Vihiga, Lugari, Busia and Bungoma districts.
- **Train care givers on child care and support:** Trained CHVs mentored OVC caregivers on how to take care and address OVC needs. This has made caregivers who could not understand and cope with OVC under their guardianship change their attitude and strengthen their bonds.
- **Train CHV TOTs on life skills:** The activity was rescheduled to QR4.

Distribute business start up kits for OVC: 23 OVC received carpentry tools and 18 OVC received welding machines. To date, 111 OVC have been supported with business start- up kits. An additional 109 OVC are to be supported in QR4 as the procurement process has been initiated. (80 mechanics tools, 19 masonry tools and 10 salon equipment).



Figure 24. HCBC Coordinator presents a welding machine to Matunda Jua Kazi OVC desk person.

OVC World day

The day was marked nationally in Busia District on 7/5/010. The project made contributions and donated t-shirts that were part of IEC material. The theme for this year was “Towards quality care for orphans. A collective responsibility.” Children speakers emphasized on the need for their protection and being given the opportunity to express themselves and be heard. The guest of honour was Hon. Manyala Keya, the Assistant Minister, Gender, Children and Social Affairs.

Analysis of indicators and targets

Table 35. OVC Targets and Accomplishment

Indicator	Yr 4 target	Year 4 Quarterly Accomplishments			Year-to-date Accomplishment
		Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	
Number of OVC served by OVC programs	60,000	66,085	66,275	69,458	69,458
Number of OVC served in 3 or more care areas by gender	≥45,000	42,518	57,614	62,930	62,930
Male		22,454	29,098	31,340	31,340
Female		20,064	28,516	31,589	31,589
Number of OVC served in one or two care areas by gender	≤15,000	23,567	23,567	6,528	6,528
Male		11,525	8,661	3,188	3,188
Female		12,042	3,805	3,340	3,340
Number of OVC care-givers trained in caring for OVCs	5,400	11,951	12,451	12,722	37,124
Male		4,828	9,075	5,521	9,075
Female		7,123	13,404	7,201	13,404

Planned activities for Next Quarter

- Support OVC to access care and support in core service areas (health, nutrition, protection, psychosocial support, shelter and care, education and livelihood support)
- Support AAC activities in the province
- Train caregivers on child care and support
- Train CHV on life skills (519 to be trained)

3.2.2: Strengthening child protection for OVC

Planned activities & accomplishments

- **Support children clubs meetings for counseling, interaction and life skill information sessions:** Children clubs play therapy, psychosocial support and life skills information sessions were conducted in all 9 larger districts. The children enjoyed play therapy and they also share how they use life skills learned during the last clubs activities. The play therapy was more enjoyable in all the districts due to existence of variety of toys and other play accessories. The toys and play accessories were purchased during the activities. The channels of hope members in Mt. Elgon also participated in counseling sessions in children clubs activities.



Figure 25. Left: Children from Mt. Elgon enjoying playing with dolls and brick game during play therapy.



Figure 26. Right: It is tug of war, boys vs girls in Busia.

Monitoring meeting for systemic child counselors: Systemic child counselors identified and counseled **13,342** (Male: 6,099/Female: 7,243) children in distress. The following information was provided. Referrals were made as follows:

Table 36. Systemic Child Counseling

REFERRED TO;	MALE	FEMALE	TOTAL
Paralegal	223	344	567
Health facility	217	678	895
Learning institution	44	19	63
Bereavement counselor	82	127	209
Caregiver	75	95	170
Memory book writer	1,708	2,782	4,490
Pediatric Support Group	36	51	87
Children department	156	193	349
Education Officer	34	21	55
Ministry of Agriculture	85	79	164
Rescue Centre	17	13	30
Relatives	24	18	42

- **Monitoring meeting for memory book writers CHV:** The following information was captured from memory book writer's monthly meetings:

▪ Memory books in advanced stage:	4,855
▪ Memory books in progress:	8,276
▪ Memory books written out of support group structure:	1,943
▪ Children not yet reached in the support group:	7,558

Table 37. Memory book writing

	Totals	Male	Female
No reached			
Children reached	15,074	6,891	8,183
People reached on memory book writing	23,585	8,925	14,660
Currently writing memory book	3,890	4,183	7,094
Written their will	437	369	68

Planned next Quarter

- Support children's clubs meetings for counseling, interaction and life skills information sessions.
- Monitoring meetings with systemic child counselors.
- Monitoring meetings with memory book writer CHV.

Analysis of indicators and targets

Table 38. Targets and achievements on OVC/PLWA

Indicator	Yr4 target	Year 4 Quarterly Accomplishments			Annual accomplishment
		Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	
Number of OVC referred to legal services, food and credit programs not funded by Global HIV/AIDS initiative funds	10,000	1,676	2,981	3,671	8,228
Number of PLWA referred to legal services, food and credit programs not funded by Global HIV/AIDS initiative funds	15,000	7,794	8,963	3,057	19,814

Sub-result 3.3: Reduced stigma and establishment of safety nets for PLWA and families

3.3.1 Reducing stigma and strengthening community safety nets

Planned activities & accomplishments

- **Training of Congregational HIV and AIDS Task Teams (CHATT):** 45 religious leaders from Butere district were trained on HIV and AIDS advocacy, care and support of OVC and PLWH and prevention.
- **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 CHATTs are caring for and supporting 5,503 children (2,486 boys and 3,017 girls). The care includes psychosocial support, shelter, nutrition, education, protection from abuse and health. They also support 2,031 PLWHA (628 men and 1,403 women) with 91 congregations having established support groups within their churches/mosques.



Figure 27. CHATT Meeting



Pastor Jackson Omutayi of Victory Charismatic Ministries in Khwisero is sensitized on CoH. After the sensitization workshop in September 2008, he went back to his church and empowered the church on a faith response to HIV and AIDS. Eventually, he was able to form a CHATT (Congregational HIV&AIDS Task Team) which assists him to carry out prevention activities, care and support of OVC and PLWHA, and advocacy in the church and the community. His church takes care of 28 OVCs and 13 PLWHA. During the month of February this year, he donated a piece of his land to be used for fish farming to support the needs of OVC and PLWHA. The pastor collaborated and networked with the Ministry of Livestock who

assisted to construct one pond and the CHATT team constructed two others. The team contributed by providing labour and food during the construction. The team anticipates that this will enable them to take care of the needs of their target groups, and will also be a stepping stone to greater projects in the future.

Table 39. CHATT Quarterly meeting for Bungoma West

	TOTAL	Male	Female	Boys	Girls
Number of outreaches	821				
Number of people reached	35,927	11,805	16,787	2,686	4,649
Families counseled	2,493				
Support groups visited	204	3,041	3,288		

Monitoring meeting for community counselors CHV: The community counselors' monthly meetings were carried on and the following information was provided:

Table 40. Referral made by Community Counselors

Referral Point	Adults		children		Total
	Male	Female	Male	Female	
VCT	378	441	18	21	858
PMTCT	53	369	06	09	437
TB	19	23	03	05	50
STI	93	147	39	21	300
HCBC	39	57	05	00	101
CCC	199	279	36	17	531
Support Group	652	1,041	31	12	1,736
Legal	19	32	12	07	70
CBO/FBO	121	139	5	08	273
Others	73	163	19	1	256
Total	1646	2,691	174	101	4,612

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

Table 41. Bereavement counseling

	TOTAL	Male	Female	Boys	Girls
Number of outreaches	709				
Number of people reached	30,232	10,065	13,007	2,914	4,246
Families counseled	1,159				

Table 42. Referrals Made By Bereavement Counselors

Referral Point	Adults		Total
	Male	Female	
VCT	732	1,114	1,846
PMTCT	49	536	585
TB	147	93	240
STI	73	61	134
HCBC	272	456	728
CCC	391	443	834
Support Group	283	619	902
Legal	29	42	71
Education	34	46	80
Others	21	27	48
Total	2031	3,437	5,468

Children referred to:

- Children's department: 83
- Local Administration: 131
- Rescue centers: 118
- Relatives: 92
- CBO/FBO/SG 333

Planned activities next quarter

- Organize 8 quarterly review meetings for CoH CHATTs
- Monitoring for the CHATTs in the 8 districts.
- Monitoring meeting for community counselors CHV.
- Monitoring meeting for bereavement counselors.

3.3.2 Providing livelihood activities for PLWHA

Planned activities & accomplishments

- **Facilitate support groups to start IGAs:** 75% of the established support groups have community kitchen gardens and group IGA. The OVC caregivers have also assisted them to start small gardens at home for livelihood support. The funded support groups have expanded their income-generating activities to more than 3 activities. Eighteen other groups which were not funded have also expanded their IGA activities through table banking.

Passion fruit production. Support groups in Lugari, Matete, and Bungoma North and Butere were supported on passion fruit management, harvesting and sale. Over 3.5 tons of fruits were produced during the quarter translating to a gross value of Kshs. 175,000.

Green house farming. 11 green houses were completed during the quarter half of them are already planted with tomatoes and one is already being harvested

Bee keeping. Of the 100 bee hives given to PLWHA & OVC households in Lugari, Butere, Matete & Bungoma North, over 90 % of the bee hives have been occupied by bees and harvesting of the honey is expected in the next quarter

Commercial Poultry farming. 4 support groups in Bungoma East & Butere districts practicing poultry farming have benefited from the poultry through increase in number (eggs, chicken) which they are using to supplement their nutrition and earn some income. The knowledge they received through training has enabled them manage the poultry diseases and increase production of the birds

Other activities. The project received visitors from GTZ/ PSDA, Kenya Rain Water Harvesting Organization (KRWHO) and Good Neighbors whose interest was in modern technologies in protection of the water pans. Focus was in Lugari, Matete, Bungoma North and Butere districts.



Figure 28. Neema support group members demonstrating how to dry and preserve a variety of vegetables to visitors from WV Kisii

- **Facilitate CBO/ Support group tours & exchange visits:** One exchange tour was done for 20 members of Mwangaza support group from Butere to give them more knowledge on bee farming. An educational tour/ exchange visit was held for all 22

CBO directors and 12 APHIA 2 staff to REEP CBO. Lessons learned included stigma reduction through formation of strong support groups and positive living choir, IGAs for support group livelihood. Other aspects focused on included documentation, child protection, paralegal issues and CBO sustainability

- **Facilitate linkage of support groups/households to MFI and other grants institutions:** 135 support groups were linked to MFI. 75 qualified for loans. Other groups are still undergoing trainings.
- Support groups in Bungoma Central, Bungoma East, Kakamega South and East have been linked to one acre project. 5,635 support group members have benefited from this project. 525 people were linked to MFI for credit and business skills and, out of those, 200 have applied and accessed loans.
- **Hold quarterly review meetings with MFI & support groups for review and sharing of ideas:** Two meetings were held with support groups in Kakamega (Shirere, Kabras and Shibuye CBO) and Vihiga (EPADA CBO) to strengthen the linkage between support groups and MFI, Equity, KADET, K-Rep, Faulu Kenya and NISE.
- **Support Line Ministries in Agribusiness activities:** Ministry of Agriculture and Ministry of Livestock were facilitated to build the capacity of the farmers and follow up agribusiness activities in Lugari, Matete, Bungoma North, Bungoma East & Butere. Five training sessions have been done in the quarter on green house management and value addition of fruits and tomatoes.
- **Monitoring of IGA activities in the support groups:** 24 groups which were funded previously have planted their farms. Other support groups which are not yet funded have started group IGA on small scale and they are doing well.

Table 43. Referrals Made By Bereavement Counselors

	TOTAL	MALE	FEMALE
Number of outreaches	284		
Number of children cases handled	804	303	501
Number of people reached	37,713	13,445	24,262
Number of widows cases handled	546	218	328

- **Monitoring meetings for paralegal CHV:** The 227 paralegals performed outreach in all districts and the following information was gathered:

Table 44. 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	16	39	7	10	3	11	4	13	2	5
Child Labor	53	72	15	24	11	17	20	22	7	9
Child Trafficking	14	26	3	6	2	13	8	12	1	2
Neglect	36	49	7	13	11	16	14	16	5	4
Abandonment	56	74	9	17	22	16	19	32	7	7
School dropout	62	92	21	25	15	18	19	32	7	7
Pregnancy	-	50	-	11	-	13	-	22	-	4
Assault	31	43	11	16	8	11	10	15	2	4
Rape	-	53	-	12	-	11	-	28	-	2
Drug abuse	60	13	20	5	12	2	22	5	6	1
Abortion	-	33	-	10	-	10	-	13	-	-
Family Conflict	56	88	12	14	19	22	17	25	4	7
Divorce	32	44	11	13	8	13	5	8	3	4
Separation	31	34	6	9	8	8	13	15	4	2
Theft cases	6	0	0	0	2	0	4	0	0	0
Land/property inheritance	49	60	30	19	18	16	14	13	2	7
Domestic violence	19	59	7	11	5	15	4	24	2	8
Total	193	829	66	215	60	212	57	295	15	28

Cases linked to:

- Police: 117
- CHV: 180
- Chief: 113
- Village elder: 78
- Health facility: 97
- Field facilitators: 57
- Community mobilizer: 228

- **Paralegal Training for CHW:** 50 paralegals were trained from 9 larger districts. They were given monitoring tools and monitored with other trained paralegals.
- **Facilitate quarterly meetings for paralegal networks at district level.** The meetings continued in 8 larger districts. The members discussed successes, challenges and how they can work together to support the work done by paralegals. The network members met the paralegals from their districts.

Significant Story 1: MFI linkage bearing fruits among support group members



Lydia Nekesa, a widow with her son Gracious Gome.

Lydia Nekesa, a community health worker and team leader in Urafiki CBO is a member of Imani support group in Lwandeti location of Matete district. She is a trained Ambassador of Hope and volunteers at the Matete Comprehensive Care Centre. Being a widow and living positively, she is keen on improving her livelihood and investing for the future and the education of her son, Gracious, a class 4 pupil. In December 2009, she attended a Micro Finance Institution linkage meeting organized by APHIA 2 in Lugari district where she learned about the need to save, especially for the future of her son. After this meeting, she opened a jumbo junior account for her son with Cooperative Bank Webuye branch, where she started depositing at least Ksh 500 every month with the aim of saving for the future needs of her child. So far, she has saved more than Ksh 10,000. These are her

words “Even if you give 10 shillings to Gome, he will use 5 shillings and save 5 shillings ...With this account my child is assured of school fees when he goes to form 1 and also a better tomorrow.”



Figure 29. Green House in Butere

Oketch in his green house in Butere

Through support from APHIA 2, Oketch can now earn income to support himself and the orphans under his care.

Challenges:

- Hail stones destroyed 2 demonstration farms.

- Collaborators and other stakeholders sometimes busy with their schedules, limiting their availability to support agribusiness activities.

Planned Activities for next quarter:

- Facilitate support groups start IGAs.
- Facilitate CBO/ support group tours and exchange visits.
- Facilitate linkage of support groups to MFI and other grants institutions.
- Hold quarterly review meetings with MFI and support groups for review and sharing of ideas.
- Support Line Ministries in agribusiness activities.
- Monthly meeting with community counselors CHV.
- Monthly meeting with bereavement counselors.
- Monitoring meeting for paralegal CHV.
- Facilitate quarterly meeting for paralegal networks at district level.



Monitoring & Evaluation

Planned activities and accomplishments

Community-Based reporting

Community-based organizations submitted data for processing. Much more data was received from the organizations compared to the previous quarter.

CBOs working with A2W were supported and encouraged to report promptly. CBOs with computers submit the summarized data according to the indicators. The project continued to support the Community Agencies in data verification and compilation.

The CBOs visited and supported in the quarter included Bungoma HBC, CAMP, EPADA, KCIP and Baba Foundation.

Facility-Based Reporting

- Submission of data by the facility in-charges to the DHRIOs was done on time.
- Data processing continued routinely both in the A2W database with more time being spent on verification and validation at the district and facility levels. Facilities with new staff had some problems in reporting accurately.
- Data cleaning was carried out for both A2W and PEPFAR databases to eliminate data inconsistencies.
- Reporting of palliative care data is low and with the exclusion of the section from MOH 711, the providers are failing to report on the section.

Data Reviews

1. Quarterly review meetings were held in the districts by the DHRIOs. Key areas of focus were data quality, use, updates, AOP planning and monitoring at the facility and district levels. Data quality checks and verifications by the project were also shared in the meetings. 23 Districts held their meetings.
2. Some districts have continued to hold their own monthly review meetings without any support from the project. This is because of the importance attached to data from the facilities and to maintain the position in reporting rates as districts from the province. Nationally, the districts in the province have retained the 90% mark in reporting and 100% in completeness.
3. Lack of the MOH registers and tools were still reported in the early part of the quarter but supplies for the facilities were received in the month of June. Some new staff were taken through the tools at the facility level through OJT. However, some new DHRIOs and service providers require orientation.
4. ART, PMTCT, HTC and RH data quality has steadily improved, timeliness and completeness is assured. There is a general decline in the number of clients testing positive in PMTCT over the past one year.

M&E support

- DHRIOs were facilitated with airtime to speed up the reporting including the FTP. This has raised the reporting rates of facilities in the province to over 90% in the reporting period. Districts that have reported marked improvements include: Bunyala, Butere, Bungoma East, Emuhaya, Kakamega East, Kakamega North, Kakamega South, Lugari, Mt. Elgon, Samia and Bungoma South.
- The district HMIS teams were supported to carry out OJT and DQA and QA/QI in ART, PMTCT and FP. OJT was for newly posted staff. The districts covered include: the greater Kakamega, Vihiga, Butere-Mumias, Lugari, Bungoma and Busia. Facilities that initiated new services were guided and given orientation on data transfers from registers to summary tools.
- Joint supervision with the project staff was done in facilities within the districts that showed weaknesses in reporting quality data.
- Registers and tools were distributed to facilities.

PMTCT Reporting Rates Jan- March 2010

The overall PMTCT reporting for the PMTCT sites is at 97%, one percent point lower than the previous quarter.

Table 45. PMTCT reporting rates

	Districts	N	April	May	June	Average
1	Bungoma East District	15	100%	100%	100%	100%
2	Bungoma North District	13	100%	100%	100%	100%
3	Bungoma South District	20	100%	95%	95%	97%
4	Bungoma West District	19	95%	100%	100%	98%
5	Bunyala District	5	100%	100%	100%	100%
6	Busia District	22	100%	100%	100%	100%
7	Butere District	17	100%	100%	100%	100%
8	Emuhaya District	12	100%	92%	83%	92%
9	Hamisi District	10	100%	100%	100%	100%
10	Kakamega Central District	10	93%	87%	73%	84%
11	Kakamega East District	9	89%	100%	89%	93%
12	Kakamega North District	17	100%	100%	100%	100%
13	Kakamega South District	29	100%	100%	100%	100%
14	Lugari District	33	97%	91%	94%	94%
15	Mt Elgon District	14	100%	100%	93%	98%
16	Mumias District	24	96%	100%	92%	96%
17	Samia District	9	100%	100%	100%	100%
18	Teso District	13	100%	100%	100%	100%
19	Vihiga District	19	100%	100%	100%	100%
	Province	310	98%	98%	96%	97%

Table 46. RH/FP Reporting

		Total expected	April	May	June	Average
1	Bungoma E	19	94.7%	94.7%	100.0%	96.5%
2	Bungoma N	19	78.9%	78.9%	94.7%	84.2%
3	Bungoma W	20	100.0%	100.0%	100.0%	100.0%
4	Bungoma S	26	61.5%	69.2%	80.8%	70.5%
5	Bunyala	7	100.0%	100.0%	100.0%	100.0%
6	Busia	29	93.1%	96.6%	89.7%	93.1%
7	Butere	24	83.3%	83.3%	95.8%	87.5%
8	Emuhaya	22	95.5%	100.0%	100.0%	98.5%
9	Hamisi	13	100.0%	100.0%	100.0%	100.0%
10	Kak Central	34	100.0%	94.1%	97.1%	97.1%
11	Kak East	18	61.1%	88.9%	88.9%	79.6%
12	Kak North	16	81.3%	87.5%	87.5%	85.4%
13	Kak South	13	92.3%	92.3%	100.0%	94.9%
14	Lugari	46	80.4%	76.1%	76.1%	77.5%
15	Mt. Elgon	18	100.0%	100.0%	100.0%	100.0%
16	Mumias	24	91.7%	91.7%	70.8%	84.7%
17	Samia	10	100.0%	100.0%	100.0%	100.0%
18	Teso	18	100.0%	100.0%	100.0%	100.0%
19	Vihiga	22	100.0%	81.8%	86.4%	89.4%
	Total	398	88.9%	89.4%	91.0%	89.8%

The total number of facilities supported has risen to 398. The table above shows the reporting rates during the quarter.

Community Reporting

Table 47. Reporting rates April-June 2010 for Youth CHVs

	District	Number of expectant mother	April	May	June	Average
1	Bungoma	100	97%	75%	0%	57%
2	Busia	40	78%	0%	38%	38%
3	Butere Mumias	68	0%	0%	90%	30%
4	Kakamega	120	30%	35%	33%	33%
5	Lugari	60	77%	72%	78%	76%
6	Mt Elgon	90	111%	70%	18%	66%
7	Teso	60	92%	90%	0%	61%
8	Vihiga	52	96%	90%	89%	92%
	Grand Total	590	70%	55%	38%	55%

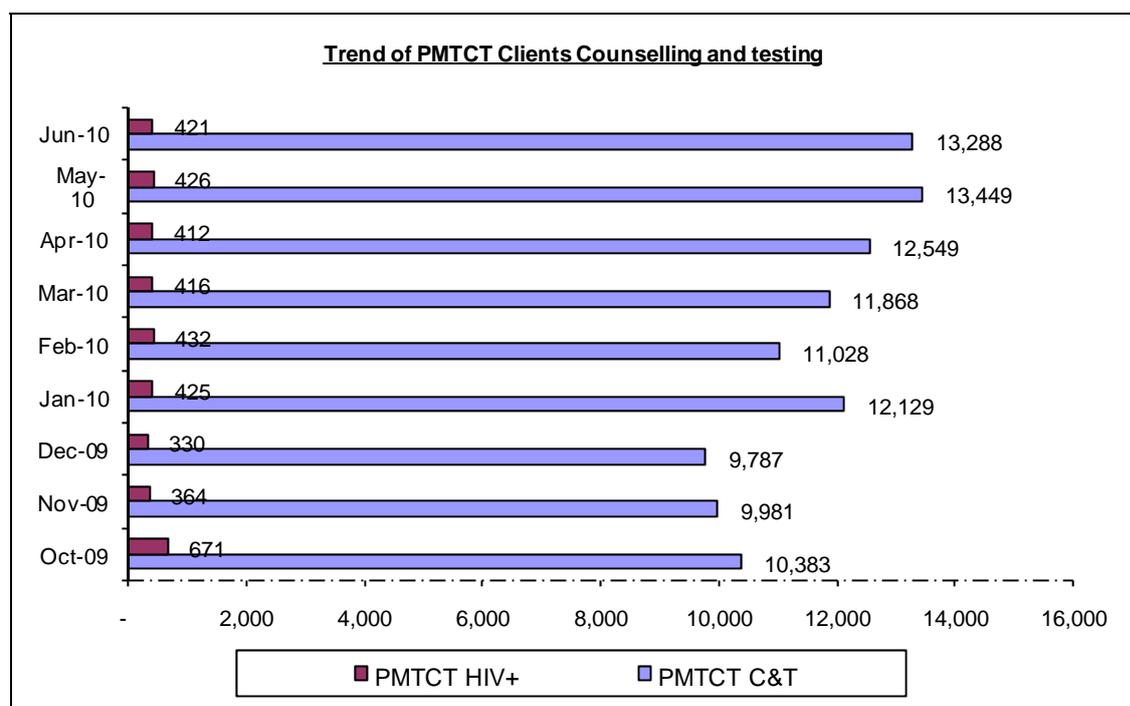
- In the current quarter, as in the previous quarter, Kakamega and Butere-Mumias lagged behind in reporting. Bungoma and Mt. Elgon have been consistent in the past two quarters.

Table 48. Peer Family Reporting Rates April-June 2010

Comparison of reporting rate for peer family by quarters			
District	Q1	Q2	Q3
Vihiga	77.8	82.7	65.4
Kakamega North	87.6	71.2	77.1
Bungoma East	81.7	91.4	86.6
	78.8	86.1	79.1
Bungoma North	73.8	87.3	83.8
Bungoma West	73.6	76.3	79.5
	82.7	80.2	78.8
Bungoma South	70.0	80.2	56.1
Samia	75.9	75.9	35.2
Mumias	84.2	85.3	85.2
Province	78.6	81.2	72.7

Trends: Trends analysis based on the key indicators

Figure 30. PMTCT clients counseled and tested positive



There is a general downward trend in mothers testing positive in the PMTCT service areas. For example, Alupe District Hospital tested 417 clients in PMTCT and none tested positive.

Figure 31. PMTCT Prevalence Rate (Oct 2009 to June 2010)

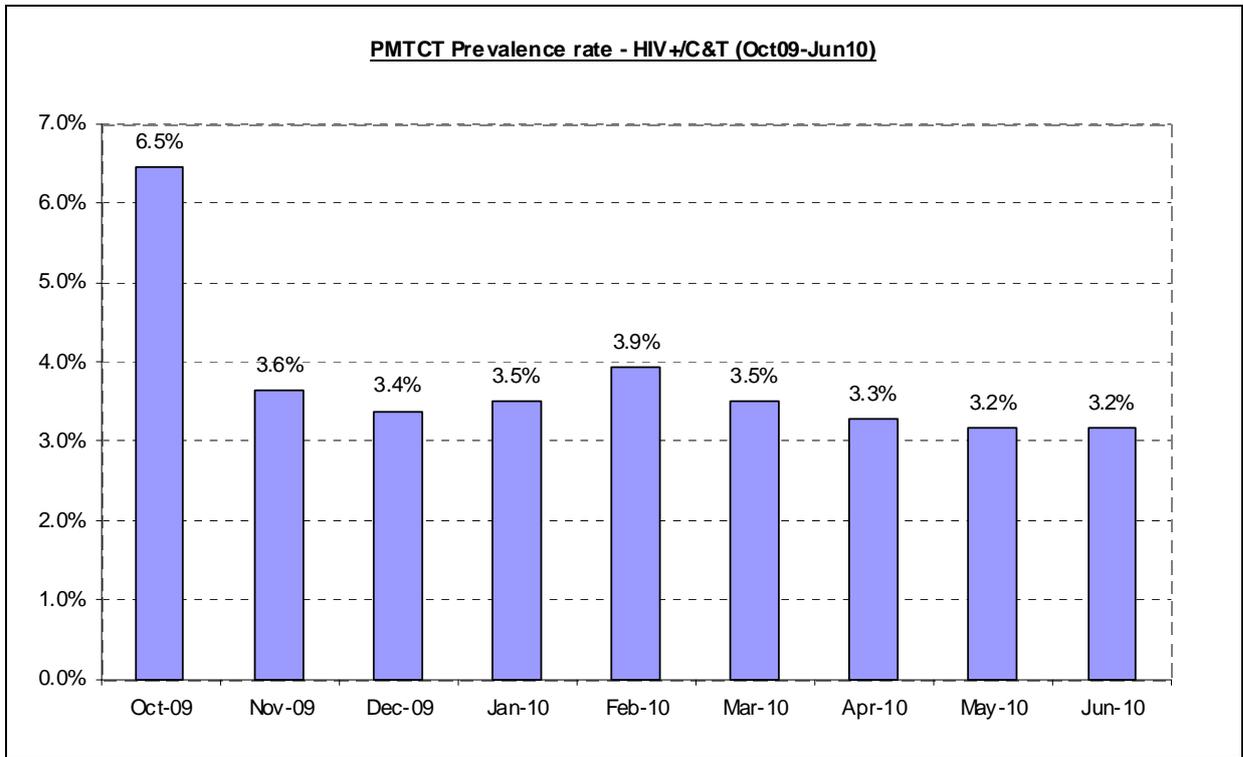
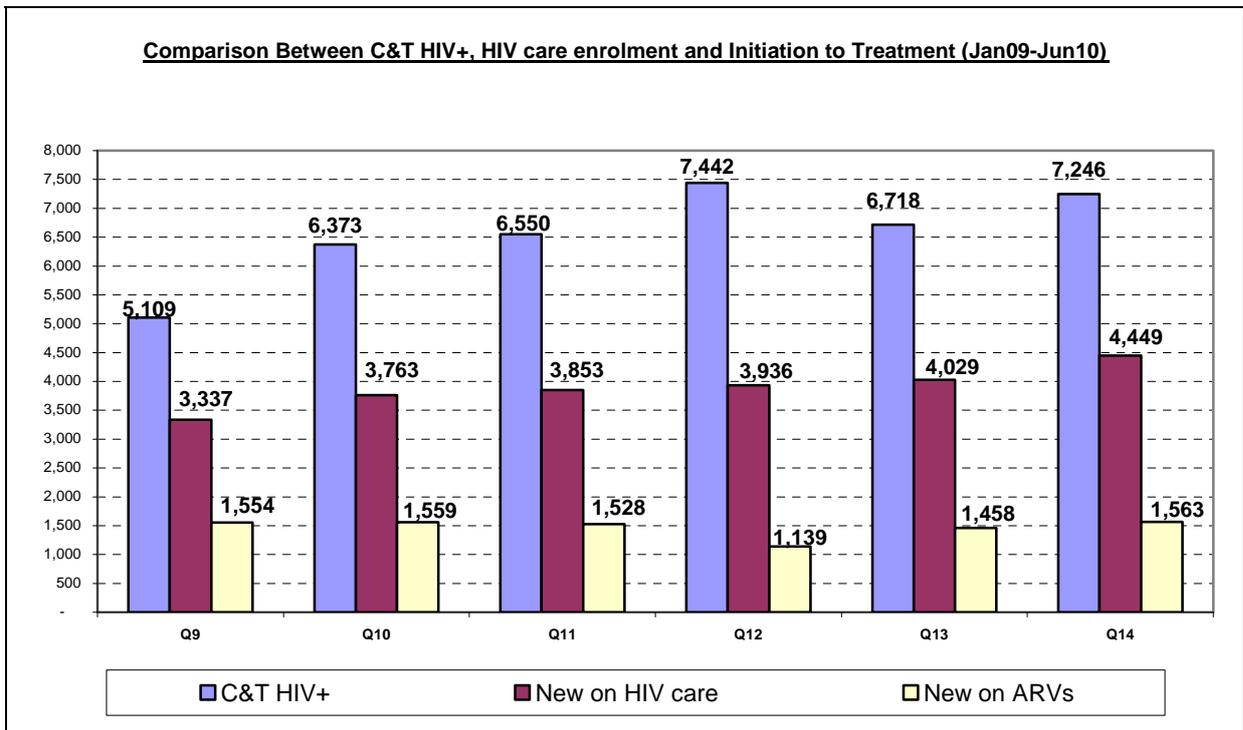


Figure 32. Trend comparing clients tested HIV+, those enrolled to HIV Care and those Initiated to treatment (Jan 2009 to June 2010)

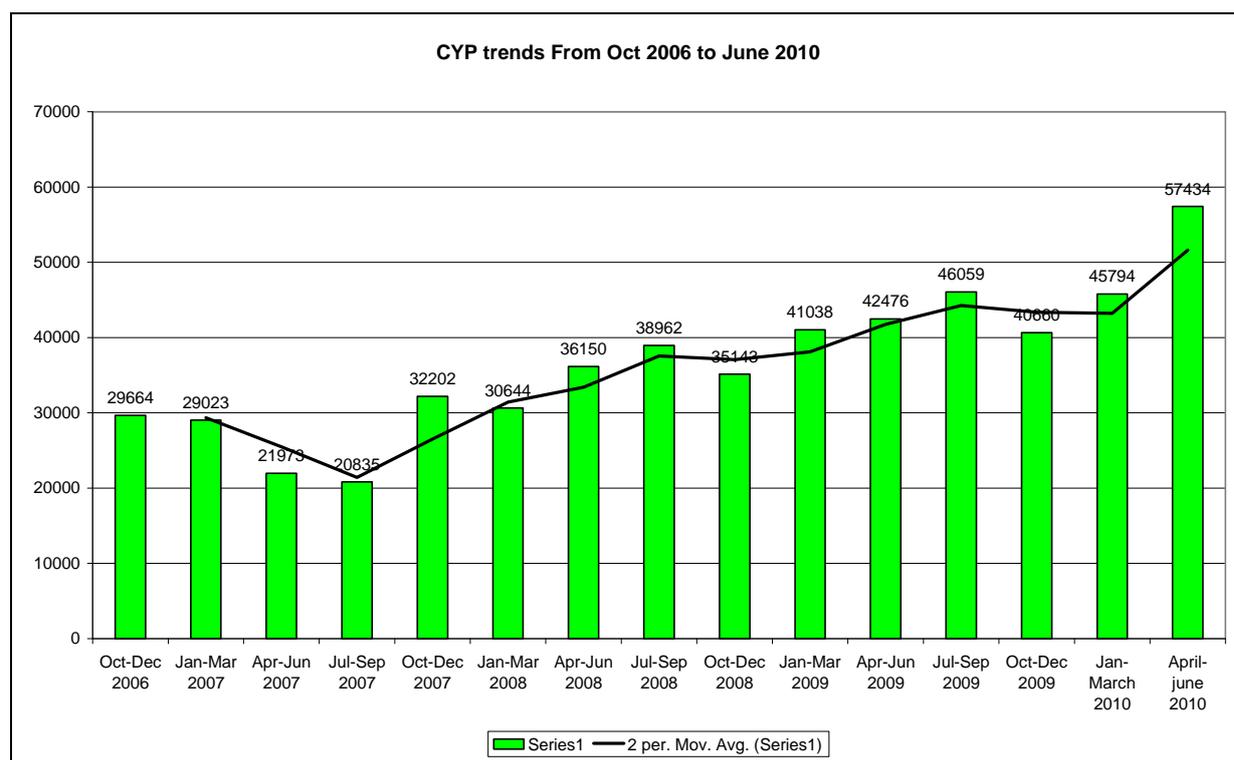


Almost half of HIV positive patients have not been enrolled under care or initiated for treatment. However, looking at the trend, more are now being enrolled and initiated into treatment.

FP services

The project has supported FP service provision in facilities. Below is the CYP trend over the quarters.

Figure 33. CYP Trends



There has been a steady increase from 2008 apart from the October-December period in each year.

Analysis of indicators and targets

Table 49. Targets & Indicators Strategic Information

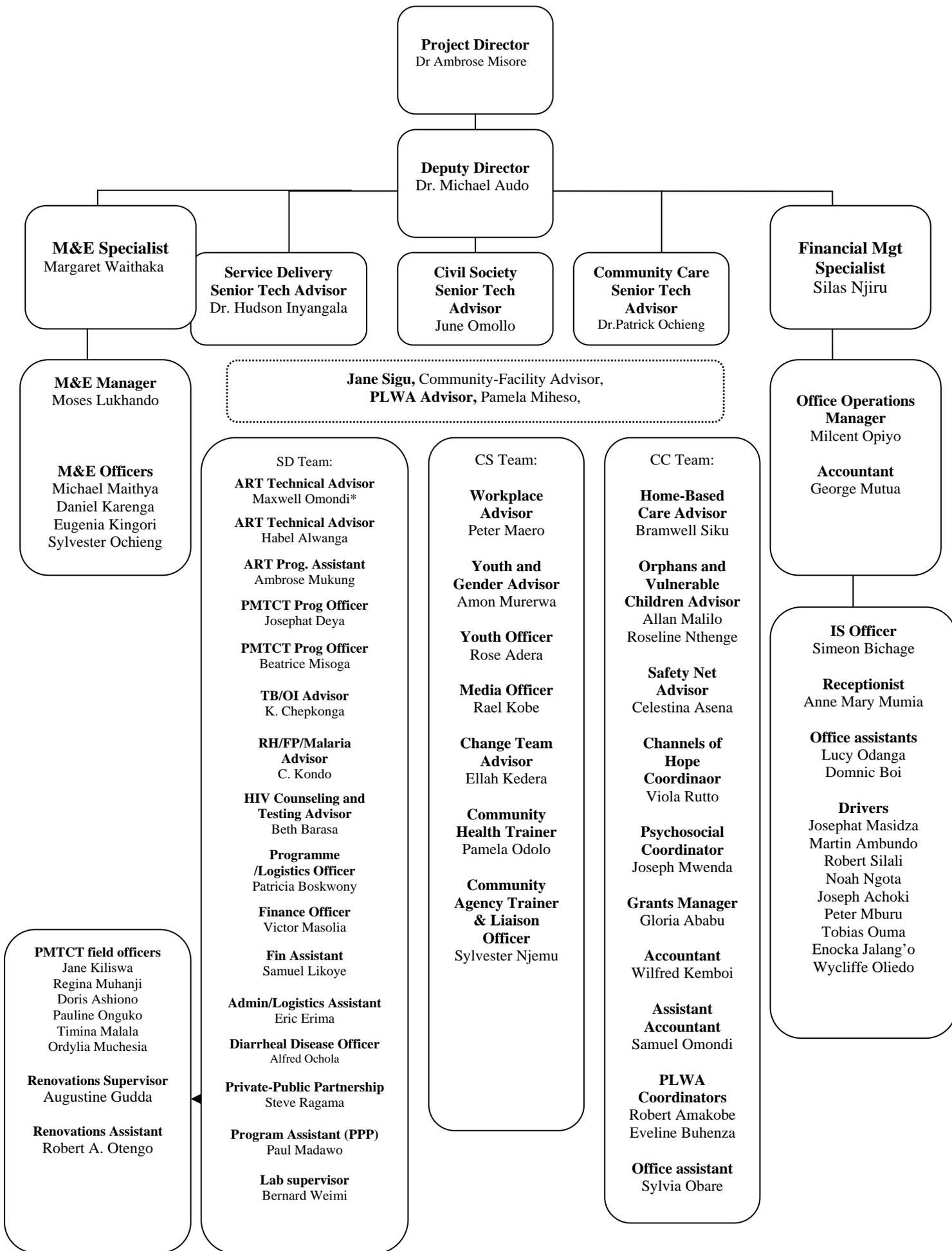
Indicator	Yr 4 target	Year 4 Quarterly Accomplishment			
		Oct-Dec 09	Jan-Mar 2010	Apr-Jun 2010	Accomplishment to date
13.1: Number of local organizations provided with technical assistance for strategic information activities	41	24	17	8	49
13.2: Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS).		97		32	129

Planned Activities for next quarter

- Data collection and strengthening CSOs affiliated to A2W.
- Support supervision by M&E, CACC and MOH.
- Dissemination and distribution of CBPAR tools.
- OJT of HMIS staff in districts and facilities.
- Support printing of and distribution of MOH registers and data tools.
- Support to districts on reporting.
- Quarterly meetings for health facilities.
- Provincial quarterly review meeting.
- Facilitate data collection by DHRIOs.



Organogram



Annexes:

Table 51. PPP- Maternity/Safe Delivery Performance

#	Indicators				
		Jan-Mar	April- Jun		
			Private	FBOs	Q3 Total
1	Normal deliveries	1581	508	1268	1776
2	Caesarian sections	193	27	181	208
3	Breech deliveries	30	10	23	33
4	Abnormal/Assisted deliveries	57	10	43	53
	Total Deliveries	1,861	547	1,462	2,009
5	Live births	1714	533	1417	1950
6	Still births	52	16	43	59
7	Underweight(<2500 gms)	70	9	83	92
8	Pre-Term babies	45	7	38	45
9	No. of babies discharged alive	1746	537	1402	1939
10	Referrals	97	33	59	92
11	Neonatal death	17	3	13	16
12	Maternal Deaths	2	0	4	4
	Number of Facilities Providing the Service	60	34	33	67

Table 52. World Cup RRI – PPP Contribution.

	District	No. Tested		Total	HIV +		Total >15
		<15	>15		<15	>15	
1	Kakamega East	327	781	1108	1	46	47
2	Bungoma East	12	288	300	1	14	15
3	Hamisi	190	1429	1619	1	18	19
4	Khwisero	101	217	318	2	11	13
5	Bungoma South	2	411	413	0	3	3
6	Bungoma West	52	123	175	0	2	2
7	Busia	9	179	186	1	8	9
8	Bungoma Central	180	272	452	0	2	2
9	Kakamega South	63	300	663	1	12	13
10	Lugari	83	432	515	0	2	2
11	Kimilili	51	178	229	3	5	8
12	Samia	12	135	147	1	0	1
13	Emuhaya	168	1271	1439	8	27	35
14	Mumias	23	459	482	1	19	20
15	Sabatia	37	169	206	0	4	4
16	Kakamega North	164	895	1059	1	19	20
17	Kakamega Central	29	284	313	0	16	16
	TOTAL	1503	7821	9324	21	108	229

Change Case stories

***Eve Kinoti** (not her real name) is an adolescent mother living in Singwe cluster in Budalang'i. Eve has had unmet family planning needs. As a result she has been giving birth every year against her desire. On the 17th of January 2010, she was visited by a peer educator Sarah Keya from Baba Foundation. Through one-to-one discussions she was helped to understand family planning options available. She decided to go to Port Victoria Hospital where she is now receiving family planning services. She is happy; at least this year she is not afraid of falling pregnant.*

*On 28th of February, 2010, **Flora Atieno** (not her real name) listened to a talk by a peer educator from Baba Foundation in her church in Budalang'i. She made appointments with the peer educator on how she could test under confidential conditions. Flora was helped by Baba Foundation to walk in a hospital room and was tested under private and confidential arrangements. She now knows her status and is happy.*

Table 53. Work plan 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	complete		
		Establish additional 10 new care sites to offer standard/ minimum package of HIV care	EGPAF/BRCH	45	X	X				60	Project reports			
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							
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			
		Purchase and distribution anthropometric equipment in 2 new work sites	EGPAF/BRCH		X					2	Project reports			

Increase number of individuals newly initiating Antiretroviral treatment (ART)			Baseline	TBD	1000(250Paeds)	1000(200paeds)	1000(250 paeds)	1000(250 paeds)		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	Ongoing /60 sites supported		
		Support MCH model of care in 15 High volume sites	EGPAF		X	X	X	X	X	15		14 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			
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	Project reports	pending		
		Support 3 volunteers/Peer counselors for every ART site	EGPAF/SWAK		X	X	X	X	X	160		ongoing		
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			
		Training of 60 medium and high volume site staff in selected management courses - MDI	EGPAF		x		x			60	Project reports			
		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	3 meetings held		
		Support the establishment of Kitchen gardens at 15 ART sites	EGPAF, WV,SW AK	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			
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			
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	complete		

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, JHPIEG O		40	40	40			120	Project reports		
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	complete	
		Train health workers on adherence counseling	EGPAF/ BRCH			30	30			60		complete	
		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	ongoing	
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,S WAK		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			
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		Complete		
1.1.29	1.2	Support five outreaches per district per month to increase number of mothers receiving C&T (R2 R3)	EGPAF, SWAK,J HPIEGO ,PATH,		285	285	285	285		1,140 outreaches	Project reports	on going		

			BRHC											
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			
		Purchase and distribute	EGPAF		x	x	x	x	X	5000		ongoing		

		mama packs								packs				
		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	ongoing		

		Support post natal testing for those of HIV unknown status and HIV negative previously in antenatal	EGPAF/ JHPIEG O/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	ongoing		
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			
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,	EGPAF, JHPIEG O, BRCH		X	X	X					procurement docum	on going	

		BP machines for new PMTCT sites,									ents		
		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/JHPIEG O/PATH		X		X						
		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	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		
		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 quarterly 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	complete		
		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			
		Support the World AIDS DAY	Jhpiego		X				x		Activity reports			
		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	ongoing		
		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 3 districts (3 trainings of 30 pax each, 5 day)	Jhpiego		30	30	30			90 providers	training reports	complete		
		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			
		Train providers in couple counselling (2 trainings of 25 each)	Jhpiego		25		25			50 trainees	training reports	complete /25 trained		
		Train providers using the new HTC curriculum (2 trainings of 25 pax each)	Jhpiego			25	25			50 providers	training reports	pending		
		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 for service 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/B RCH		105	105				210 trainees	Training reports	90 trained		
		AFB refresher course training for Lab staff/ Microscope Maintenance	PATH			30				30 trainees	Training reports	30 trained		
		Prevention with Positives Training (PwP) for HWs	PATH				30			30 trainees	Training reports	30 trained		
		Community-based DOTS and defaulter tracing training for CHWs/HBC in line with community strategy	PATH		50	50				100	Training reports			
		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						complete		
		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	complete/75 sensitized		
		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	complete		
		Strengthen Data flow - Reporting on number of HIV Clients attending CCC that are receiving TB Treatment , Incl - DTLC Participation in DHRIO'S meetings .	PATH		X	X	X	X	X	25 DTLC'S	Data Reports	on going		
		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						complete		
		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						pending		
		Support Transportation of Thyroid Function Tests specimen for MDR - TB Patients on Treatment to monitor Drug toxicity			x	x	x	x	x			ongoing		
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		
1.2.1		FANC/MIP/TB/PMTCT training (Facility based training) ,5days	Jhpiego		30					30		training reports		
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	complete	
1.2.7		Training of Community Midwifery to support Skilled delivery	Jhpiego				28			28		training reports	33 trained	

1.2.8	Enhance delivery by skilled attendant by strengthening CHW (Maternal Health Volunteers) referrals- Transport refund)	Jhpiego/ PATH/S WAK		X	X	X	X	X			project reports	ongoing		
1.2.17	Post Natal Care / Family Planning (PP-IUCD)	Jhpiego			25				25		training reports	pending		
	Youth friendly RH training	Jhpiego			25	25					50	complete/25 trained		
1.2.19	Purchase of Furniture for Maternity and MCH clinics/5 districts	Jhpiego			x						procurement documents	complete		
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	ongoing		
1.2.16	Support RH supervision , 1per quarter per district (PHMT and DHMTs)	Jhpiego		x	x	x	X	X			supervisory reports	ongoing		
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 PHMT and DHMTs (Obstetric/Nurses/Paeds)	Jhpiego		X	x	x	X	X	participants	Conference reports	on going		
	IMCI support supervision	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			
1.2.23	PQI Training for Supervisors	Jhpiego			25				25	training reports	complete		
1.2.24	Cervical cancer screening training (one trainings of 20 pax, 6 day residential)	Jhpiego			20	20			40	training reports	pending		
1.2.25	Purchase basic Mama packs (Sample districts)	Jhpiego/EGPAF		3,000					3,000	procurement Documents	complete		
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						procurement 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	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	complete		
		Essential Newborn care/community based maternal and neonatal care training	Jhpiego			25			25 HWs trained	Training reports	complete		
1.2.37		Logistic support (Gas Deposit for Health facilities)	Jhpiego		X					Procurement documents			
		Purchase of furniture for maternity and MCH clinics	Jhpiego		X								
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	48 trained in the quarter		
1.2.41		Orientation of Health Workers on Kangaroo Mother Care approach	Jhpiego		25	25			50	20 HWs	pending		
RESULT 2: Improved and expanded civil society activities to increase healthy behaviors													
2.01	All	BCC Steering Committee Meetings	PATH		1	1	1		2 mtgs		2 meetings were held. One replaced the	1 meeting was held though was not in	

												BCC visit	workpl an. This was an impro mptu meetin g to discuss the Gaps	
2.02	All	BCC Steering Committee conduct supervision visits for activities	PATH		1			1		2 visits		This was not done but instead a meetin g was held		
2.03	All	R2 Strategic Planning Retreat	PATH		1					1 retreat				
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		The filed facilitat ors particip ated in 2 meetin gs at the district level	2 meetin gs 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	954 mtgs		160 S/L	318 meetin	

									meetings			CHVs attended the meeting	gs was done	
		CHV conduct DGD	x		x	x	x	x	14080 SESSIONS			Ongoing	ongoing	
		CHV issue condoms	x		x	x	929083	x	100000 issued	100,000		389551	Exceeded the targets	
		Health talks at public places	x		x	x	x	x	7040 sessions	7040		Ongoing	Ongoing	
2.1.1.3	2.1, 5.2	CHW contacts	PATH		375,000	387,936	490,748	387,936	375,000	1.5 m contacts		24 districts		
2.1.1.4	2.1, 5.2	Support 50 Community Units for MOH Community Strategy	PATH				24	x	x	24 (480new CHVs)		24 DHMTs have been trained by the project	Trained 1200 chws and 48 chews	
2.1.1.6		Assist health facilities to mobilize for integrated health outreaches	PATH		x	x	x	x		132 outreaches supported		56 outreaches were supported		
		Magnet Theatre Troupes												
2.1.1.7	2.1, 5.2	Theater performances by 24 groups to general youth population	PATH		228	228	382	228	98	912 performances		392	382 performances done in the quarter	

		Support performances of new troupes for 6 months						3 mths X 3 loc X 8 grps (for both this qtr and next)					
2.1.1.9	2.1, 5.2	Theater performances by 6 groups to transport communities	PATH		36	36	36	36	x	144 performances		36	Done please
2.1.1.10	2.1, 5.2	Monthly feedback meetings with MT Coordinators	PATH		2	1	2	1	2	6 meetings		2	Done MT coordinators attended 2 meetings
		Radio											
2.1.1.11	2.1, 5.2	Production & broadcast of weekly radio program	PATH		12	12	12	12	12	60		12	
2.1.1.12	2.1, 5.2	Radio spots/sponsorship of other radio programs on health issues	PATH		x	x	x	x	x			270 spots done and I MOH for the CT RR1	Done with demand from different partners
		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		2 Meetings at the district held with their particip	attended 2 meetings at the district level

												ation		
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			33750 contacts made through 1500 sessions	
		IEC materials												
		Community health newsletter	PATH			x				150,000 copies		In the process of procurement		
		CHV Updates: 2 issues	PATH		x		x			6000 copies		In the process of procurement	I issue was done of 3500 copies	
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		60 worksite motivators trained	40 trained	
2.1.2.2	2.1, 5.2	Worksite Managers review meeting	PATH		1			1		2 mtgs				
2.1.2.3	2.1, 5.2	Feedback meetings with site coordinators to A2W	PATH		2	1	2	1	2	8 meetings		2 feedback meetings at the district	was done	

												level done		
		Sex workers conduct one to one talks with peers	x		x	x	x	x	x			ongoing	2154 peer reached	
		Sex workers refer clients to the facilities	x		x	x	x	x	x			645 referred	645 referred for various services	
		Sex workers conduct Dialogue discussions	x		x	x	x	x	x			2154 reached with messages		
		Health outreach at the beaches							x			1 outreach reaching 375 people		
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		24298 contacts have been made through the various contacts	66,496 contacts made	
		Exchange visit for worksite managers				1						was not done	Not done	
		Implementation of activities of teacher worksites for MOE HIV/AIDS policy	PATH		x	x	x	x	x			ongoing in schools		

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)	Remove & reallocate funds for new program idea: Tuko Pamoja Health Corners. Total budget: \$80,778 (does not include Masinde & Eregi costs nor KGGGA)
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	ongoing	
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	108106 students reached by the peer	

												educators		
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	54 AEOs, 14 TACs over 6 trips		ongoing		
2.2.1.5		Provincial Youth Committee Meetings conducted	PATH		1	1	1		x	3 meetings		Not done because of lack of ownership by the ministries		
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	the peer education is ongoing and visits		supporting MMUST and Eregi		
2.2.1.8		Support KGGA activities	PATH		x	x	x		x					
2.2.1.9		Provide grants to youth organizations	PATH		25	25				50 small grants given		small grants provided to the 13 youth groups that met the		

												criteria in the call of proposal		
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	13 youth groups have also been empowered with Ginue funds		
		Monitor HIV free Geration activities	x		x	x	x	x	x			Monotr ed Ginue		
2.2.1.11		Talent Extravaganza (HIV Free Generation)	PATH			1					1 talent extravaganza	2 done 1 at the provincial and another at the National level		
2.2.1.13		Quarterly review meeting for anchor youth organizations	PATH		1	1	1	1				1 meetings		
2.2.1.14		Contribute support to school music & drama festival	PATH				1	1			2 trophies provided , guest speakers on HIV and CT	Provincial		

2.2.1.15		Develop & distribute comic book (1 issue)	PATH			x				20,000 copies of 1 issue distributed		5890 copies of comic books have been distributed in the schools		
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		ongoing		
2.2.2.2		MA mentors have feedback meetings with MA coordinators	PATH		2	1	2	1	2	850 mentors meet for 8 meetings		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		2 Meetings held with the MA coordinators		
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		This will be done under MCH	Please note: in budget training caters for 1000 CHVs and it is only a 2 day training	

													. Not listed under MA in budget - but under nonwater health activities. This has not been catered for/ we will remove the activity
2.2.2.6		Supervision trips to monitor activities by MOPHS	PATH		x	x	x	x	X	4 trips		Provincial	in budget we have 15 MOH trainers @ \$15 for 16 visits... so numbers may be larger.
2.2.2.7		District level meetings with FBO leaders	PATH					x	X	Done except Kakamega and		all districts	

										in 4 meetings		g was held	
		Vitamin A - sweet potato project	PATH									community orientation conducted and 36 stakeholders trained	This is a cost share through SASH A\$30k budgeted to be reallocated
		IYCN training for PLH	PATH			120				120 PLH		Not done	
		ORT corner/review meetings	PATH		x	x	x	x	x	x		120 trained	
		Training of CHWs on diarrhoea	PATH			x						1000 Trained	
		School tanks	PATH		x							Busia & Teso	
		Water treatment products	PATH				X					ongoing	
		Toilets	PATH		X	X						the communities have put down their contribution	
		Spring protection and maintainance	PATH		X	x	x	x	x			1 spring protected	

		Live works Farm community transitional strategy	PATH /Highway		x	x	x	x		20 grps		I meeting held on transition	2600 kg of vegetables per week; 1540 kg per week
		Training of clusters members on modern agricultural skills	PATH /Highway										
		weekly production of eggs and Vegetables	PATH /Highway		x	x	x	x	x			The chicken are still hatching	
		Production of vegetables	PATH /Highway		x	x	x	x	x			1540 Kgs of vegetable produced every week	
		Purchase of 4 dairy cows for 4 clusters	PATH /Highway							4 cows			
		Low income women and OVC activities in Malaba	PATH /Highway		x	x	x	x	x			ongoing	
		Peer educators meeting	PATH /Highway										
		Magnet theatre outreaches	PATH /Highway		x	x	x	x	x			3	
		SDD outreach activities	PATH /Highway									done	

		Revolving loan fund to low income women	PATH /Highway		x	x	x	x	x		ongoing		
		Address norms surrounding GBV, alcohol abuse, & related taboo	PATH /Highway		2	2	2	2	x	8	2 meetings held		
		GBV task force planning meeting	PATH /Highway		3	3	3	3		12	3 held		
		Cluster management planning meeting	PATH /Highway		3	3	3	3		12	3 held		
		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		
		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		

	Address norms surrounding alcohol abuse, gender based violence and other taboo topics in Busia	PATH/H ighway				32					Busia		
	GBV task force monthly meetings	PATH/H ighway		x	x	x	x	x			Busia		
	Advocacy and monitoring	PATH/H ighway									Busia		
	Weekly support group meetings for alcoholics	PATH/H ighway									Busia		
	PLHA	PATH/H ighway		2	2	1	2		6		Busia		
	PLHA Monthly support group meetings	PATH/H ighway		3	3	2	2		9		Busia		
	Public speaking by AOP	PATH/H ighway		9	9	9	9		39		Busia		
	HBC kits	PATH/H ighway		3	2	2	2		9		Busia		
	Cluster and health providers review meeting	PATH/H ighway									Busia		
	Paralegal activities	PATH/H ighway		3	3	3	3		12		Busia		
	Advocacy and monitoring of paralegal activities	PATH/H ighway		260	x	x	x	x			Busia		
	Cluster group monthly steering meeting	PATH/H ighway				1					Busia		
	OVC	PATH/H ighway									Busia		
	Nutrition	PATH/H ighway		x	x	x	x		x		Busia		
	Health	PATH/H ighway		3	2	2	2		9		Busia		
	Education	PATH/H ighway		x	x	x	x	x			Busia		
	School uniforms	PATH/H ighway		400							Busia		
	Shelter	PATH/H ighway		670							Busia		

	Monthly meetings	PATH/H ighway			80						Busia	
	Volunteers quarterly meeting	PATH/H ighway		1	1	1	1				Busia	
		PATH		1							Busia	
	Youth	PATH/H ighway		3	2	2	2		9		Busia	
	GBV and Alcohol Abuse Awareness Workshop	PATH/H ighway		1	1	1			1		Busia	
	GBV Task Force monitoring and advocacy Activities	PATH/H ighway		x	x	x	x		Ongoing		Busia	
	Peer Educators monthly meetings (For men at risk & players & coaches	PATH/H ighway		x	x	x	x				Busia	
	Support to Youth sporting activities	PATH/H ighway		1		1			2		Busia	
	Magnet theatre performance	PATH/H ighway		x	x	x					Busia	
	Magnet theatre monthly meeting	PATH/H ighway		1	1	1					Busia	
	Puppeteers performance	PATH/H ighway		2	2	1			6		Busia	
	Barazas for MAPS	PATH/H ighway		2	1	1			4		Busia	
	Outreach at Drinking clubs	PATH/H ighway		3	3	3			12		Busia	
	Cycling races with Health education and raffles	PATH/H ighway		2	2	1			1		Busia	
	Business and entrepreneurial skills	PATH/H ighway				12			12		Busia	
	Training of leadership and group dynamics	PATH/H ighway		1	1	1			1		Busia	
	Training on proposal writing	PATH/H ighway				1			1		Busia	
	Steering committee meeting	PATH/H ighway		1	1	1			1		Busia	
	Resource Centers activities	PATH/H		x	x	x			ongoing		Busia	

			ighway											
		Kenya Truck Driver Activities	PATH/H ighway		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			885 people reached with messages on gender equity, 214 girls and women and 25 widows on rights			
2.3.4.2		Support Elwesero male group to conduct GBV and Health education activities	PATH		x	x	x				elwesero held 50 dialogue sessions and formed 2 new male groups			
2.3.4.3		Community health workers sensitize communities on GBV	PATH		x	x	x	x			Ongoing			
2.3.4.4		Educate the community Health workers on GBV through Jua Afya Yako Update	PATH			x					Not done in the quarter		All districts	

2.3.5		Broadcast and play radio spots on GBV	PATH		x	x	x	x		This is ongoing		All districts	
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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 reports	48	104 participants from 24 CBO in all districts	completed
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				cbo/fbo financial and activity reports	24	25 CBOs in all districts except Samia & Hamisi	done. 2 CBO dropped in Q1 due to their leadership wrangles
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				activity reports	288	24 CBO/FBO in all districts visited	all CBO visited for mentorship/supervision
3.1.1.4	8.1, 8.2	Conduct Quarterly meetings with CBO/FBO leaders & line ministries provincial heads	WVK	CBO/FBO	1	1	1				meeting reports	4	24 CBOs from all districts	done

													s	
3.1.1.5		Support to CBO/CBO COPBAR	PATH	WVK/ PATH	12	12					traini ng report	24		24 CBO trained
3.1.1.6	14.2, 14.4	Print and distribute HBC, OVC, CoH, IPT-G, AoH, child counsellors, standard PLHA packageberaevment and community counselling monitoring and reporting tools	WVK/S WAK	MOH/ NASC OP	10,000	5,000					stores invent ory	15,000	All district s	quarters' tools printed as needed
3.1.1.7	14.2, 14.4	Support district HCBC quarterly review meeting between MOH and HCBC providers	WVK	MOH	25	25	25				activit y report s	25	all district s	all districts/PHMT supported
3.1.1.8	6.2	Support CBO-based CHW with incentives (transport facilitation, T-shirts and badges)	WVK	MOH CBO/F BO	2,700	2,700	2,700				stores invent ory	2700	2700 CHW from all district s support ed with various compo nents	all CHW supported with monthly stipend, T-shirts, bags, stationery and 1,000 bicycles
3.1.1.9	6.2	Support PHMT & DHMT to hold annual HBC coordinators meeting	WVK	DHMT							super visory report s	1	50 particip ants from all district s	done
3.1.1.10	6.2	Support PHMT/DHMT conduct one supervision of HCBC activities in each district	WVK	DHMT	26	26	26				super visory report s	26		all districts/PHMT supported

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		accomplished
3.1.1.13	6.2	Conduct community mobilisers quarterly review and capacity building meeting	SWAK	SWAK	1	1	1				activity reports	4	1 community mobilizer from each district and 3 supervisors	done
3.1.2 Expanding Support Services For PLWHAs														
3.1.2.1	6.2	conduct monthly support supervision session for IPT-G group leaders	WVK	CBO/FBO	9	9	9				activity reports	24	4 districts	done
3.1.2.2	6.2	conduct quarterly debriefing session for IPT-G group leaders	WVK	CBO/FBO	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				AoH outreach monit	all districts	19 districts	done in all districts

											oring forms			
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	98 trained
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				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	100 trained
3.1.2.10	6.2, 2.1, 5.2	Support group leaders monthly meetings	SWAK	SWAK	51	51	51				meetings reports	270 support groups	19 districts	done
3.1.2.13	6.2	conduct Quarterly Meetings with all Ambassadors of Hope	SWAK	SWAK	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				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/S WAK	CBO/ BO	40,000	45,000	50,000					receipts/school reports	60,000 OVC receive 3 or more benefits at the end of year	all districts	66,458 children supported
3.2.1.1		Mobilise Children for HIV counselling & testing during	WVK/S WAK		8,500	8,500	8,500					number tested	34000		17,507 tested
3.2.1.6		Facilitate Registration of Births of children and Deaths certificates acquisition for deceased parents/guardians	WVK		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 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/ ATH		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/ BO	2,700	2,700						training report	5400	all districts	target surpassed

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/provincial team committed on other activities
3.2.1.3		support children department hold quarterly AAC meetings at district level in all districts	WVK		25	25	25				meetings reports			4 districts supported as per need
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	285 trained
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 children's club interaction meetings for counselling & lifeskill information sessions	SWAK	SWAK	24	24	24				Children club register	9 clubs supported	9 children clubs supported from 9 districts	done

3.2.2.4	8.1	conduct Quartely Monitoring Meeting for child counselors CHW	SWAK	SWAK	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				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	81 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	135 trained
3.3.1.3	2.2, 5.3, 14.5, 14.8	conduct quarterly meeting of CHATT at district level			8	8	8				meetings reports	32 meeting reports	all districts clustered in 8 regions	done in all 7 districts covered by this activity
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				meetings reports	4	30 participants from all district	done

													s	
3.3.1.5	6.3, 14.5, 14.6	Conduct Quartely Monitoring Meeting for community counsellors	SWAK	SWAK	194	194	194				Partic ipants regist ration	194 monito red	154 from 19 district s	done
3.3.1.6	6.3, 14.5, 14.6	Conduct Quartelyly Monitoring Meeting for bereavement counselors	SWAK	SWAK	189	189	189				Partic ipants regist ration	189 monito red	189 from 19 district s	done
3.3.1.7		Support to positive living day	SWAK	SWAK	7	7	5						all district s	not done
3.3.2 Providing Livelihood Support Activities for PLWHA/OVC households														
3.3.2.1		Support Support groups to start IGA	WV/SW AK		25	25					numb er of group s suppo rted	50		done
3.3.2.2		Support Line Ministries in Agri-Business to monitor IGAs by support groups/OVC households activities	WV/SW AK		x	x	x				activit y report s			done
3.3.2.3	6.2	facilitate educational tours for CBO/FBO/support groups to other APHIA/community development projects	WV/SW AK	CBO/F BO	1	1	1				activit y report s	2 trips of 10 repre ntatives of model CBO/F BO/Su pport groups	all district s	done

3.3.2.4		support CBO/FBO/Support groups to conduct exchange visits between themselves	WV/SWAK		50	50	50				2 Youth groups & 4 CBO	2 visits/group/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				assessment & funding reports	100 groups	all districts	290 linked
3.3.2.6		conduct quarterly review meetings with MFIs linked to support groups for progress reports	WVK/SWAK		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					300 plha Leaders	all districts	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	50 trained
3.3.2.11	6.2	conduct Quarterly meetings for paralegals	SWAK	SWAK	217	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	SWAK	SWAK	6	6	6					3 network	6 districts	Done

		district level										ks formed	s	
Monitoring and Evaluation Year 4 Activities and Budget														
		Support the Community Based Management Information System team (PHRIO,NACC, PPHO, A2W M&E, AMREF, PASCO,)	PATH		X									
		CBMI Meetings	PATH		X	X	X					Support ed CBOs in reporti ng		
3		Data collection strengthening among A2W affiliated CSOs	PATH		X	X	X		X			Carried out the activity in district s		
22		Support and strengthen the COBP AR reporting through meetings with the CACCs in all the 24 constituencies	PATH/ WV		8	8	8					Distrib ution of the COBP AR tool to CBOs		
		Support supervision by M&E, CACC and MOH	PATH		X	X	X		X			DHRI Os facilitat ed to carry out the activity		
18		Harmonizations of CBOs and Youth Anchor	PATH		X	X	X		X					

		Organisations' reporting												
		Disseminate and Distribute COBPAP tools	PATH		X	X	X	X	X					
6	13.2	Capacity building for stakeholders on M&E (CBOs and individuals working with project teams)	PATH		X	X	X					Trainin g of DHRI Os on FTP done		
10		Internal project reviews (Data audits for facilities, communities and CBOS)	PATH			X	X		X			Data audits at facility level done		
12		On the job training of HMIS staff	PATH		X	X	X		X			32 individ uals support ed		
16		Supportive supervisory visits by DASCOS/Records officers	PATH			X	X					DHRI Os visited facilitie s		
		Support printing of and distribution of MOH registers and data tools	PATH		X	X								
		Conduct periodic DQA and QA/QI			X	X	X	X	X			District HMIS teams support ed		

		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 DHRI Os were supported on reporting		
21		Validation of OVCs within the OVC program	PATH/ WV		X	X	X	X	X					
		Train providers on tools			X	X	X					OJT carried out		
25		Quarterly meetings for Health facilities in 20 districts	PATH		X	X	X	X	X			23 district meetings held		
		Support Provincial Children's Database system	PATH/ WV			X	X							
		Facilitate data collection by DHRIOs in the districts	PATH		X	X	X	X	X			DHRI Os facilitated to get the data.		
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					Planned for next quarter		
		Comprehensive data analysis and share with MOH and partners			X	X	X	X	X			Continuing activity		

		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							
20		Hiring of 20 data clerks in support of District Hospitals	PATH		X									
		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									
		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									
		Maintaince of internet access gadgets			X	X	X	X	X			DHRI Os facilitat ed with airtime		
23		Training 10 ART sites on Data reconstruction.	PATH		10									