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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
July 1 – September 30, 2010
(Project Year 4, Quarter 4)**

Submitted October 30th 2010

APHIA II Western Consortium Partners

- **PATH:** As the prime partner, PATH leads the team through quality-driven implementation of APHIA II Western. In previous and ongoing projects, PATH has played a key role in building the capacity of partner organizations, leading behavior change communication (BCC) interventions, supporting community agency, and advocating for healthy behaviors. PATH engages communities in Kenya through tailored BCC and community mobilization interventions with a particular focus on working with youth and at-risk populations while reducing stigma surrounding HIV/AIDS and TB.
- **JHPIEGO Corporation.** Provides leadership in strengthening service delivery, improving diagnostic counseling and testing, and building the capacity of service delivery providers. JHPIEGO brings 27 years of experience in Kenya, during which it has established strong and mutually respectful relationships with the MOH and national NGOs and developed human capacity to improve and expand HIV/AIDS, RH/FP, and malaria services using evidence-based best practices that are regionally and globally recognized.
- **Elizabeth Glaser Pediatric AIDS Foundation (EGPAF).** Heads efforts to expand and improve availability of services and reinforce community-facility links. EGPAF's expertise includes initiating and managing pediatric and adult antiretroviral therapy (ART) sites, training providers, strengthening supply chain management, developing laboratory networks, and improving links between ART sites and the communities that they serve, through partnership with the ministry of health (MOH) National AIDS/STDs Control Programme and other nongovernmental organizations (NGOs) and associations.
- **Society for Women and AIDS in Kenya (SWAK).** Coordinates involvement in project design and implementation by people living with HIV/AIDS (PLWA) and reinforces community-facility links. SWAK's strong presence in Western Province connects the project team to an exceptionally powerful network of women which works to provide counseling and support to HIV-positive individuals and orphans and vulnerable children (OVC), reduce stigma and discrimination, support male involvement in reproductive health, and strengthen community and organizational capacity.
- **World Vision (WV).** Leads the scale-up of home-based care and other support services for PLWA and OVC as well as the capacity building of community and faith-based organizations in Western Province. WV has 15 years of experience working to provide innovative, sustainable, and proven methodologies for mobilizing communities and faith-based organizations in Africa with a focus on reducing stigma, increasing demand for services, and responding to the needs of OVC and PLWA.



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List of abbreviations

A2W	APHIA II Western
AAC	area advisory council
AIDS	acquired immune deficiency syndrome
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	co-trimoxazole
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	Deoxyridionucleic acid
DPHN	District Public Health Nurse
DTC	diagnostic testing and counseling
DTLC	district TB and leprosy coordinator
DTLD	division of leprosy, TB and lung diseases
EDDC	Expanded Diarrhoea Disease Control
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EID	Early Infant Diagnosis
EOC	emergency obstetric care
FANS	focused antenatal care
FBO	faith-based organisation
FP	family planning
FS	facilitative supervision
HBC	home-based care
HC	health center
HCM	health communications and marketing
HIV	human immunodeficiency virus
HMIS	health management information systems
IEC	information, education and communication
IGA	income-generating activity
IMAI	integrated management of adult illness
IMCI	integrated management of child illness

IPT	intermediate preservative therapy
IPT-G	interpersonal psychosocial therapy for groups
IUCD	intra uterine contraceptive device
KANCO	Kenya AIDS
KAPTLD	Kenya association of physicians for TB and lung diseases
KDHS	Kenya Demographic and Health Survey
KEMSA	Kenya Medical Supplies Agency
KMA	Kenya Medical Association
KOGS	Kenya Obstetrician and Gynecologist Society
M&E	monitoring and evaluation
MCH	maternal and child health
MDR	multi drug resistant
MFI	microfinance institutions
MOE	Ministry of Education
MOH	Ministry of Health
MSH	Management for Science and Health
NACC	National AIDS Control Council
NASCOP	National AIDS and STIs Coordinating Program
NVP	Nevirapine
OJT	on-job-training
ORS	oral rehydration salt
OVC	orphans and vulnerable children
PAC	Post Abortion Care
PATH	Program for Appropriate Technology in Health
PCR	polymerearase chain reaction
PEPFAR	presidential emergency plan for AIDS relief
PGH	provincial general hospital
PHMT	provincial health management team
PHO	Public Health Officer
PITC	provider initiated testing and counseling
PLHA	people living with HIV/AIDS
PLWH	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission
PNC	post natal care
PSS	psychosocial support services
PTLC	Provincial TB and Leprosy Coordinator
PTLC	provincial TB and leprosy coordinator
QA/QI	quality assessment and quality improvement
RDHC	Rural Demonstration Health Centre
RH	reproductive health
RRI	rapid response initiative
SCMS	supply chain management system
SDH	sub-district hospital
SMS	short message service
SOPs	Standard Operation Procedures
SVD	spontaneous vertex delivery
SWAK	Society for Women and AIDS in Kenya
TB	tuberculosis
TBD	to be determined
TOT	trainer of trainees
USAID	United States Agency for International Development
VCO	voluntary children's officer
VCT	voluntary counseling and testing
VHC	village health committees
WESTCOBV	western community based volunteers
OFSP	orange fleshed sweet potatoes



I. Introduction

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

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

This is the fifteenth quarterly report, covering the period July-September, 2010. This was the fourth quarter of year four.

Executive Summary and Highlights

During the reporting period and as we moved towards the project close-out in December 2010, a lot of focus was put on consolidating the gains so far made in the project and preparing the provincial, district and community teams for transition.

Some key highlights were:

- PMTCT: Year 4 performance: C&T- 97%; maternal prophylaxis- 96%; infant prophylaxis- 76 %.
- OVC: Comprehensive support improved from 91% in Q3 to 94% ; 70% of OVC have been counselled and tested for HIV.
- HCT: A total of 516,568 people were counselled and tested during the year. Out of these, 29,821 (5.8%) people were positive.
- ART: 16,320 clients were newly enrolled into HIV care, 5,825 (35%) of whom were initiated into treatment during year 4.
- Community: a total of 186,336 people were reached with AB and 336,668 reached with OP messages.



II. Program Development and Management

- The A2W project management continued to support the technical team in coordination and implementation of the program.
- The project technical and management teams held a technical review meeting for Q3 report and shared the report with the PHMT.
- Q3 report presented and discussed with USAID in Busia.
- The project organised a close-out planning workshop attended by management and technical staff in Naivasha.

III. Joint Planning, Collaboration and Networking with Stakeholders

During the quarter, the program continued to support and hold consultative meetings with the various stakeholders, including Ministries 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. During the quarter, a team from USAID Washington and USAID Kenya visited the province to review and assess the HMIS situation in the province.

The project also hosted the Annual USAID Maternal, Neonatal and Child Health Implementing partners meeting in Busia.

Key Events:

- World Breastfeeding Week: 1st-7th August, 2010
- MMUST HIV/AIDS week: 27th Septemebr-2nd October, 2010
- Boda Boda Smart outreach week: 13th-18th September, 2010
- International Deaf week: 22nd-27th September, 2010

Technical Meetings:

- DLTLD strategic planning workshop: 7th-9th July, 2010; Lake Baringo
- HIV Implementing Partners Meeting: 30th-31st August, 2010; Nairobi
- USAID Maternal, Neonatal and Child Health Implementers meeting: 6th-8th September, 2010; Busia
- Biannual DLTLD Workshop: 19th-26th September, 2010; Mombasa
- NASCOP Care and Treatment Forum: 6th-8th October, 2010; Nairobi
- Nurses Scientific Conference: Kisumu: 27th-29th, July 2010.

Visitors to Project:

- Seige Rahauson: MCHIP/USAID Washington
- Emmanuel Wausi: MCHIP/USAID Washington
- Dan : GH TECH, Washington
- Tariq Khan: GH TECH, Washington
- Stephen Settini: USAID Washington
- Maurice Maina: USAID Kenya
- Alex Kinoti: 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

Technical support, supervision/mentorship: Technical support to the 60 ART and 26 Basic Care sites was done by the program officers. Following the adoption of the new WHO recommendations on ART/PMTCT into Kenya’s guidelines, time was spent with the facility staff discussing the implementation and implications of the guidelines to clients care and treatment and mentorship offered to the newly employed staff in the technical areas and on the use of the MoH reporting tools.

Support laboratory networks: The seven laboratories continued to support the satellite sites in the network to run various laboratory tests. A total of 15,592 specimens were processed for CD4 tests in the quarter with 42% of these coming from the satellite sites. As shown in Figure 1, there has been a progressive increase in the number of CD4 specimens processed from the satellites (including Basic Care and PMTCT sites) over the four quarters, from 28% in the first quarter to 42% at the end of the fourth quarter.

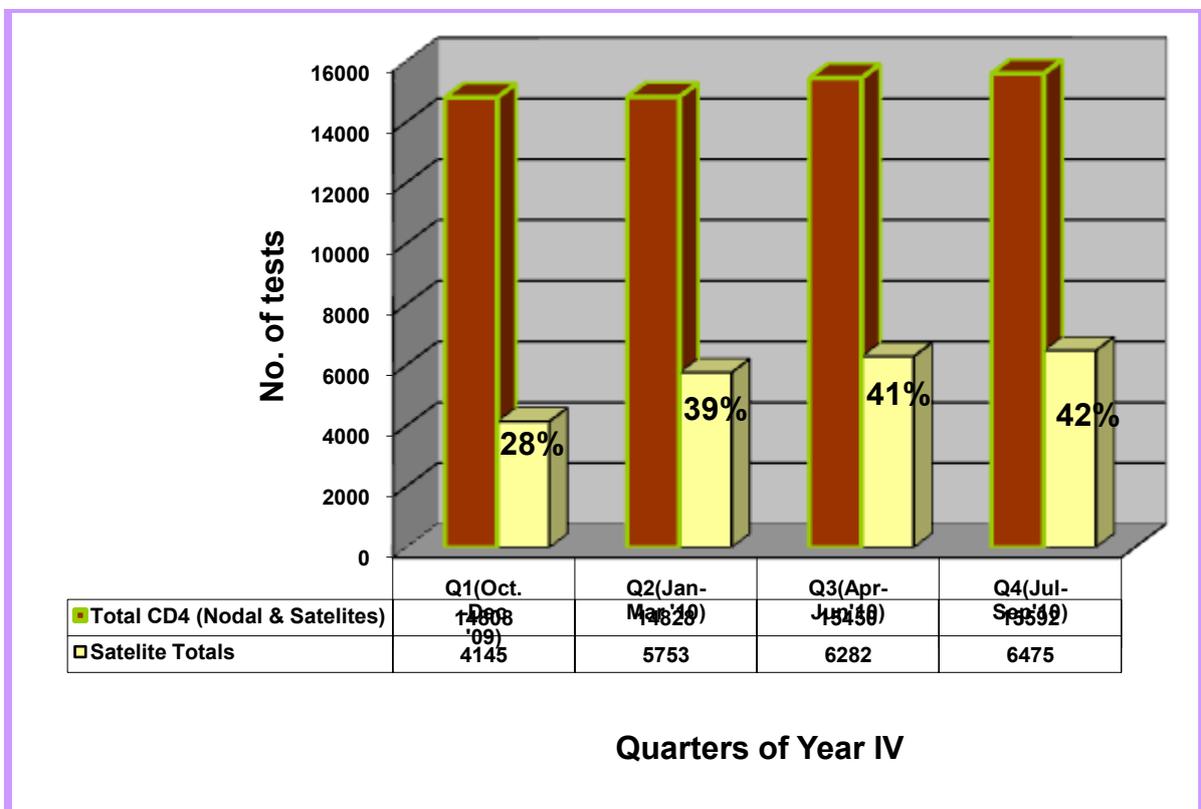


Figure 1. Graph showing the CD4 count tests processed from the nodal (where the CD4 machines are placed) and satellite sites in the four quarters of year 4)

In addition, a total of 120 viral load specimens, drawn from clients with suspected ARV treatment failure, were channeled through the network and processed at the PGH lab. Of these, 19(16%) were classified as virological failure (viral load > 50,000 copies per milliliter of blood).

Support the zonal clinical case management meetings: Two meetings were supported for each of the six zones with discussions on the practical challenges on the new WHO (ART/ PMTCT) guidelines taking place.

Conduct QA/QI reviews of Malava, Kimilili and Sabatia: After adopting the recommendations arrived at the baseline assessment, a 12-month review was done at Malava, Kimilili and Sabatia. Most of the indicators, other than those accessing CD4 cell count, improved. As one of the outputs of the QI process, a functional QI team was set up at Sabatia H/C to address the gaps identified in the facility.

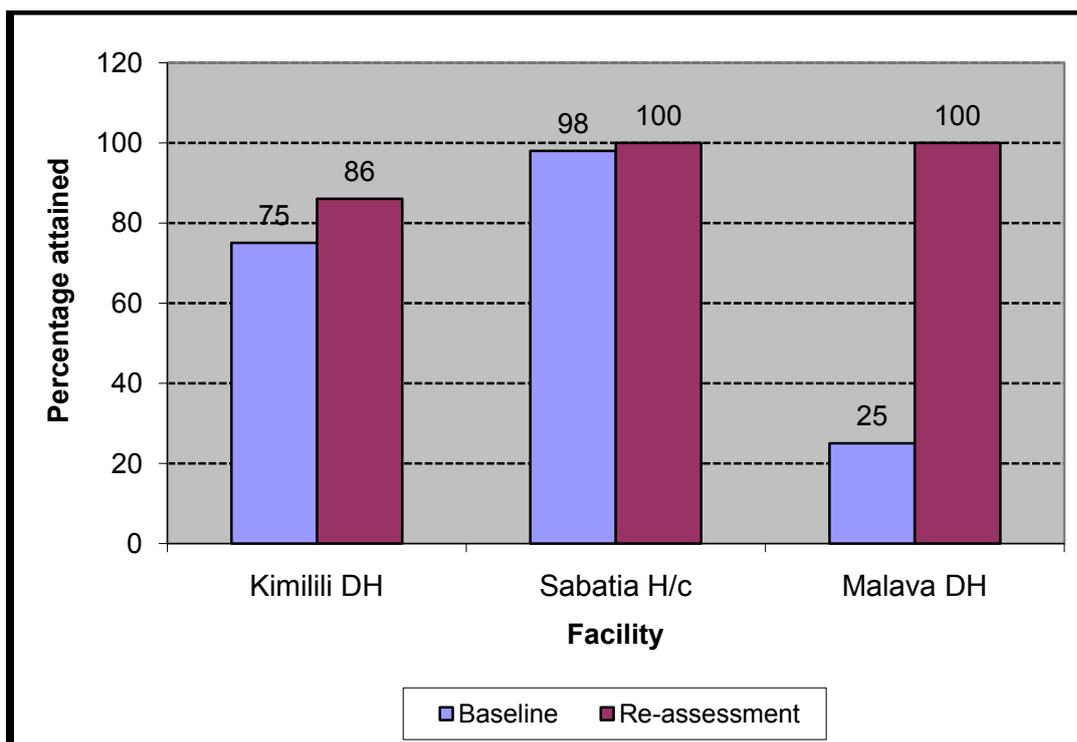


Figure 2. Graph showing the QA/QI outcomes in the assessment of eligible clients who are on ART at Kimilili, Sabatia & Malava

In Figure 2, all the sites recorded an increase in the number of eligible clients on ARVs with Malava recording the highest increment. This means that most of the clients who required ARVs were actually put on treatment. A further analysis was done for the pregnant women in the MCH model sites (Malava and Kimilili) where ARV coverage was 86% and 100%, respectively, for all eligible pregnant women.

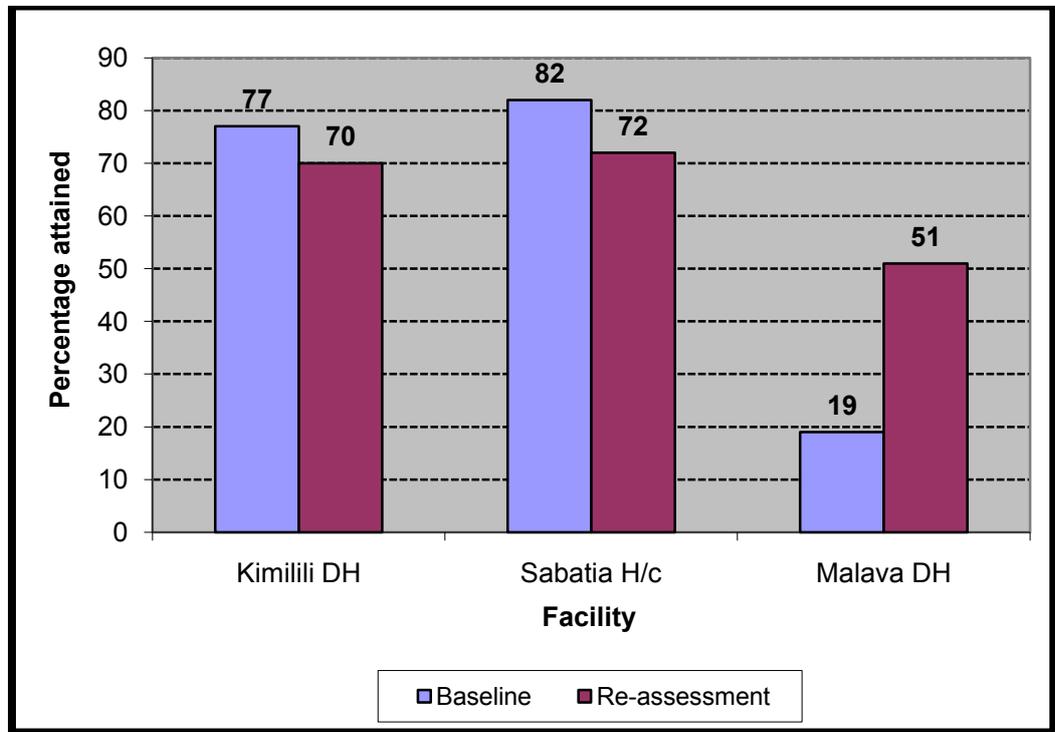


Figure 3. Graph showing the QA/QI outcomes in the assessment of clients with a baseline CD4 at enrollment in Kimilili, Sabatia & Malava

In Figure 3, it can be seen that other than Malava, which had no change in the staff manning the CCC, Sabatia and Kimilili recorded a drop in the number of new clients accessing a baseline CD4 test. The latter two had new staff running the CCC who could have been less vigilant in requesting for the test. A similar outcome was seen with the indicator on repeat CD4 test.

Support one CD4 EQA panel send-out: At the end of quarter three, one of the ten laboratory EQA panel sites (Bungoma DH) had continued to perform unsatisfactorily. As a result of this, corrective measures were instituted and subsequently, the eighth panel was sent out. Table 1 shows that all the participating sites scored satisfactorily (>50%). It is important to note that the sites reporting satisfactory results have progressively improved from four (at the inception of the scheme) to all ten participating labs.

Table 1. The performance of the eighth EQA panel send-out in the ten participating labs

No.	Laboratory	Score (%)
1.	Western-PGH	100
2.	St. Elizabeth-Mukumu	100
3.	Emusanda H/c	100
4.	Bungoma DH	75
5.	Butere DH	100
6.	Alupe SDH	100
7.	Lumakanda DH	75
8.	St. Mary's MMH	100
9.	Kimilili DH	100
10.	Busia DH	100

Complete the installation of the water tanks: The water tanks in the ten (10) sites have been all been installed for the catchment of rain water to boost the water capacity in the facilities. Figure 3 shows a completed rainwater harvesting at the Hamisi DH. CCC.



Figure 4. Rainwater tank at Hamisi DH.

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

Facility-community linkages committee (FCLC) continued to meet to review progress made in defaulter tracing and adherence and psychosocial support and strengthening linkages with the community units. It was noted that in some of the facilities access to psychosocial support had improved and defaulters were reducing.

Table 2. Referrals, defaulter tracing and health talks undertaken by volunteers

ACTIVITIES		MALE		FEMALE		TOTAL	
REFERRALS	Transfer outside the province	914		1,433		2,347	
	Transfer in	679		1,003		1,682	
	Referral to support group	1,053		893		1,946	
CLIENT TRACKNG	Missed appointment(Not seen 2 wks TCA)	12		06		18	
	Defaulters followed up	14		11		25	
	Defaulters returned to treatment	19		68		87	
	Lost to follow-up	11		15		26	
	Number of clients who belong to C.S.G	396		479		875	
HEALTH TALKS	Total attendance	>18yrs	<18yrs	>18yrs	<18yrs	>18yrs	<18yrs
		487	611	597	486	1,084	1,097
	No. of PLHA who shared their status	232	245	307	405	539	650
	Referral to community support group	413	304	392	355	805	659

Sixty-eight (68) support groups submitted proposals to NACC –TOWA funds and AMREF Maanisha. Of these, seventeen (17) have received funding to complement community level adherence, psychosocial support and livelihood activities.

Analysis of indicators and targets

Table 3. Summarizing the year 4 indicator targets vs. achievements

Indicator	Yr 4 target	Year 4 Quarterly Accomplishments				Accomplished
		Oct-Dec '09	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	
Number of service outlets providing antiretroviral therapy (includes PMTCT+ site)	53	53	55	60	60	60 (>100%)
Number of service outlets providing antiretroviral therapy (includes PMTCT+ site) - Adults	53	53	55	60	60	60 (>100%)
Number of service outlets providing antiretroviral therapy (includes PMTCT+ site) – Pediatric	53	53	54	56	56	56 (>100%)
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites (NEW CLIENTS) Total	5,000	1,176	1,447	1,563	1,636	5,822 (>100%)
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites (NEW CLIENTS) < 14 years	1,000	170	185	156	157	668 (67%)
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites (NEW CLIENTS) > 14 years	4,000	1,006	1,262	1,407	1,485	5157 (>100%)
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	21,514	21,514 (>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	18,616	18,616 (>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	1,726	1,726 (60%)
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	16,890	16,890 (>100%)
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	300	416	223	134	33	806 (>200%)
No. of service outlets providing HIV-related palliative care (excluding TB/HIV)	53	80	80	91	86	86 (>100%)
Total number of individuals provided with HIV-related palliative care (including TB/HIV)	76,000	45,052	46,865	54,727	57,310	57,310 (75%)
Total number of individuals trained to provide HIV palliative care (including TB/HIV/AIDS)	300	477	322	196	63	1058 (>300%)

Most of the targets were achieved to the universally acceptable standards of more than 80%, except those on paediatric ART. However, 56% of children testing positive in the year were enrolled to care and there were fewer children testing positive through PMTCT.

Analysis of Adult HIV care and treatment services

The project is currently supporting eighty-six (86) HIV care and treatment sites (60 ART & 26 basic care sites) where 51,656 adults are currently receiving HIV care.

Thirty-eight (38) percent (19,566/51,656) of those on HIV care have been put on ARVs.

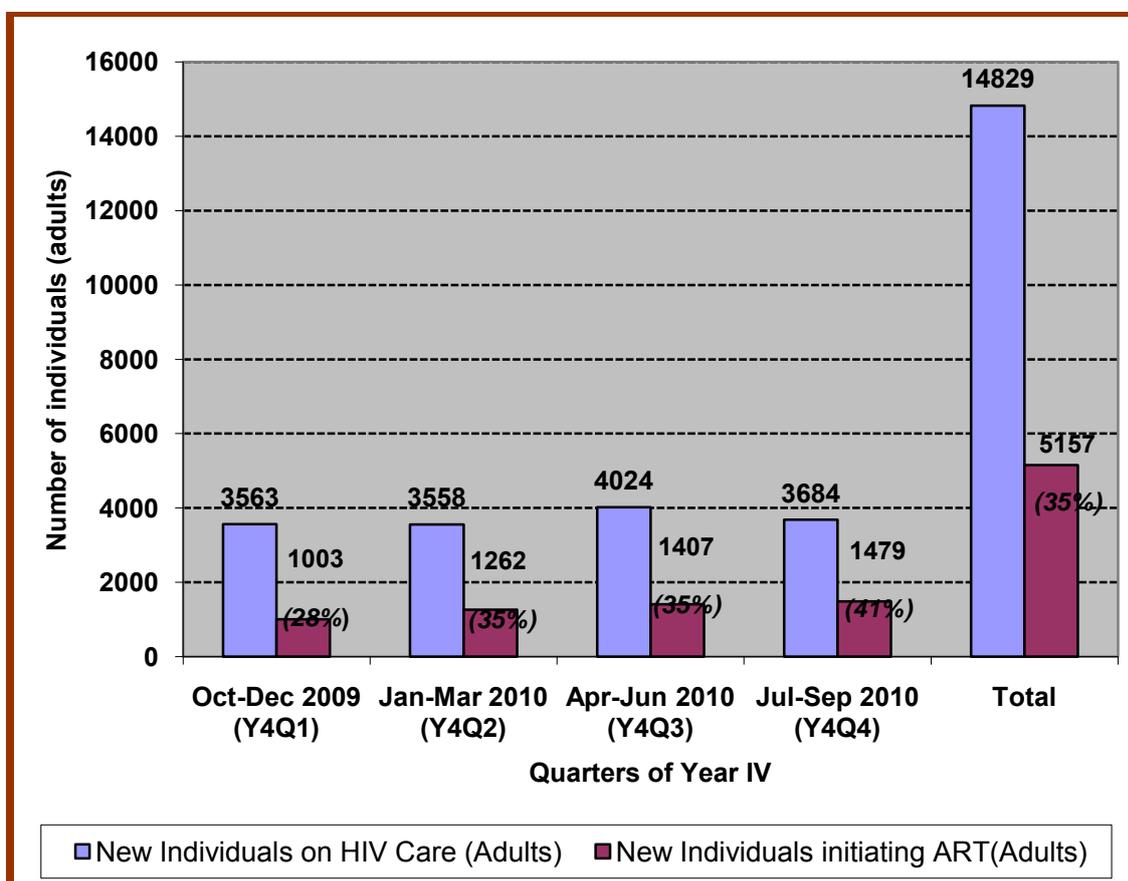


Figure 5. Comparison of the number of new adults (>14yrs) enrolled to care & those started on ARVs in the four quarters of year 4

The number (as well as percentage) of the adults who have been started on ARVs has increased over the four quarters. The number of those enrolled has remained between 3,500 and 4,000 per quarter. Overall, 35% of the adults enrolled in the year were started on ARV treatment.

Analysis of paediatric HIV care and treatment services

The number of paediatric ART sites supported by the project stands at fifty-six (56). Among the eighty-six (86) HIV care and treatment sites, there are 5,654 children currently receiving HIV care. Children represent 10% (5,654 /57,310) of the total number of patients on HIV care and treatment and 10% (157/1,636) of those newly initiated on ART during the reporting period.

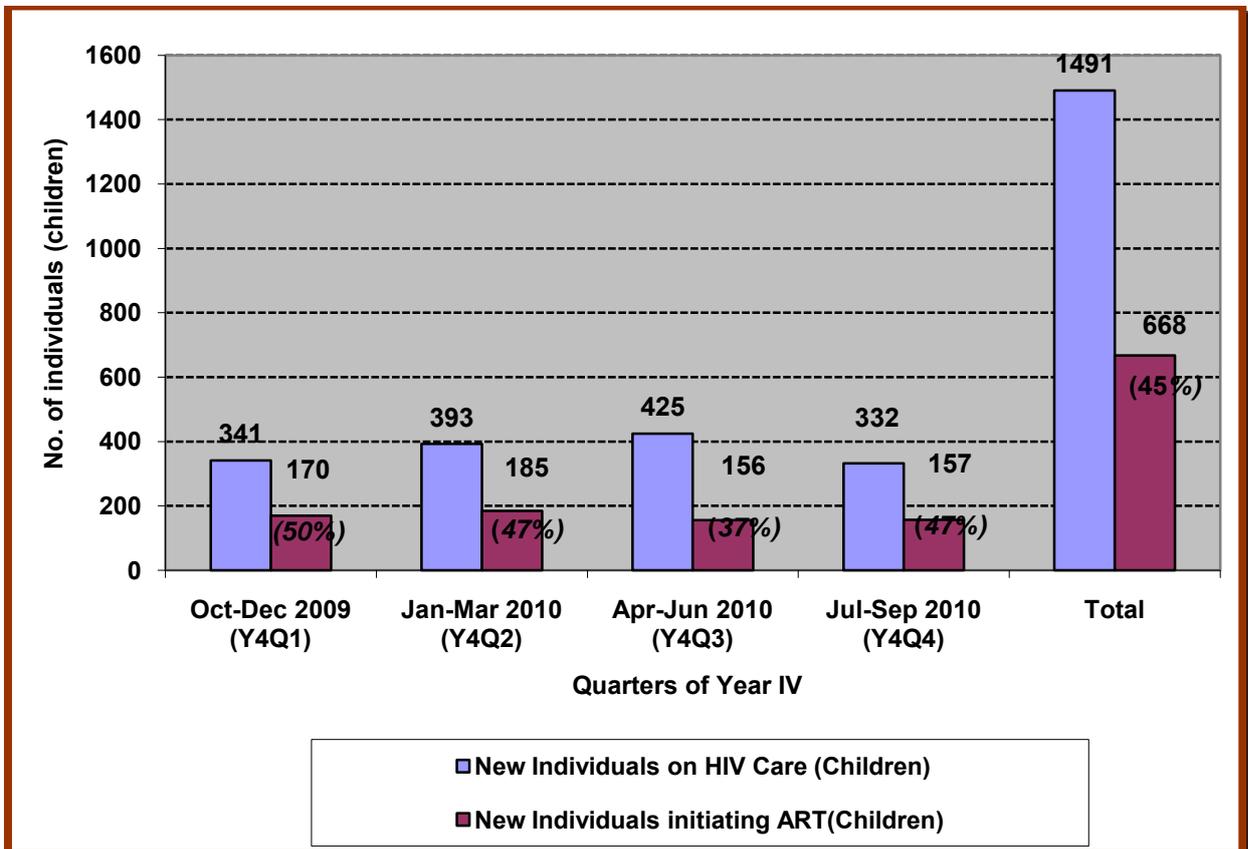


Figure 6. Comparison of the number of new children (<14yrs) enrolled to care & those started on ARVs in the four quarters of year 4

In the year, 45% of the enrolled children were started on ARVs with 157 of these being in the quarter under review. At the end of the quarter under review, there were 77 ART eligible children in the province.

Analysis of counselling and testing with enrolment

Figure 7 shows the transition of CT to care and treatment among the children and adults in the year.

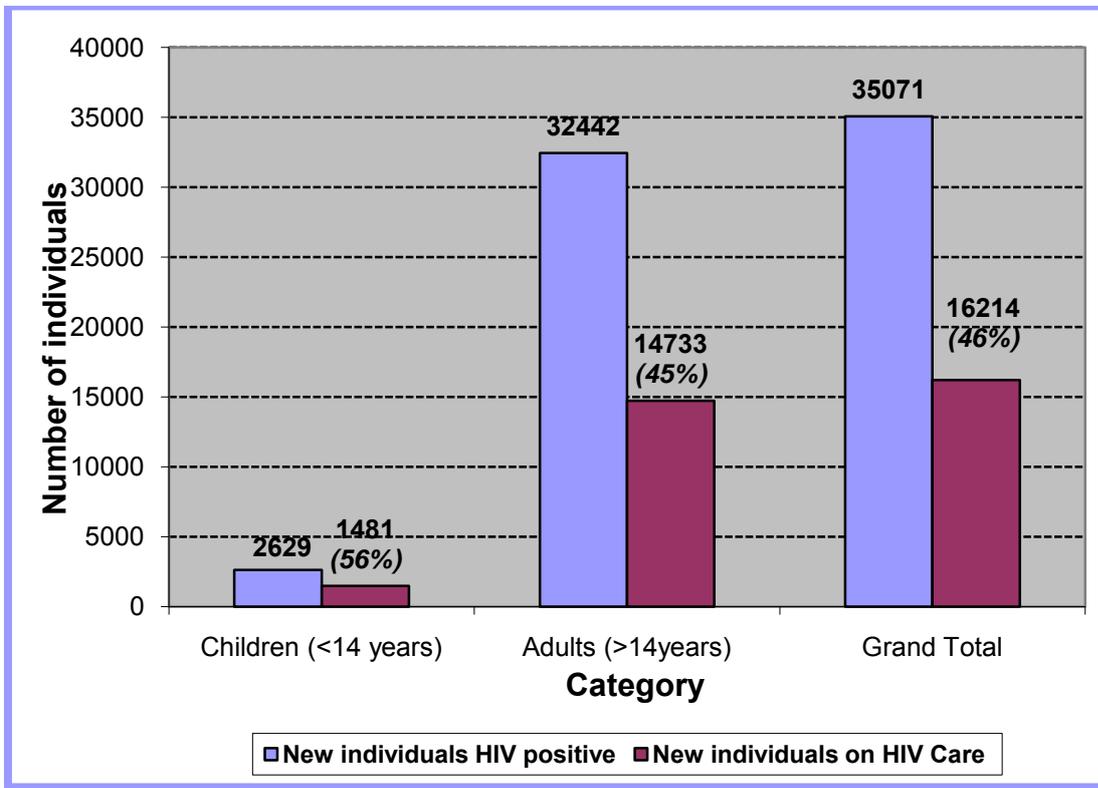


Figure 7. Graph comparing the number of new individuals tested positive & those enrolled to care in year 4 (Oct. 2009–Sep. 2010)

Almost half of the persons who tested positive in the year were enrolled to care in the ART and Basic Care site with more children being enrolled compared to adults (56% vs. 45%). A further analysis of the district performance is shown in Figure 8. Districts with a high number of care and treatment site, such as Mumias and Vihiga, had over ninety percent enrollment of the positive clients.

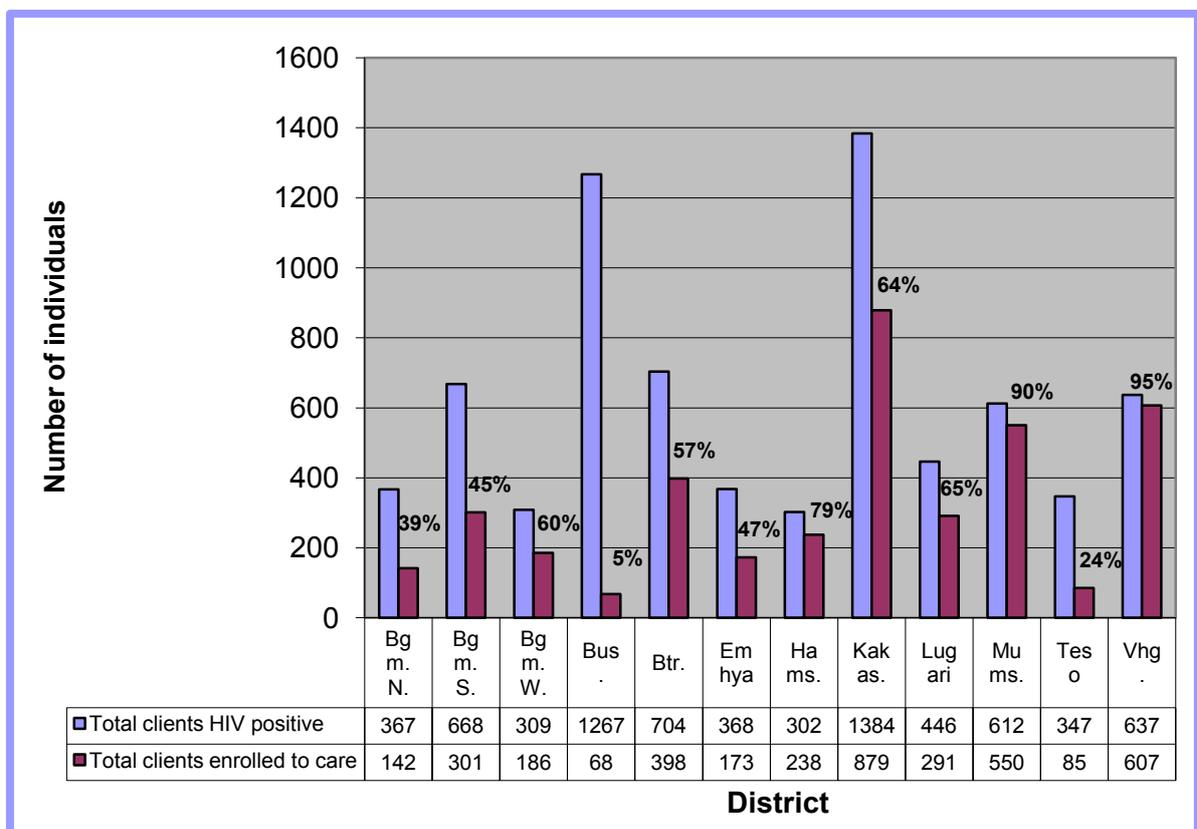


Figure 8. Graph showing the number of client tested and those enrolled to care per district in quarter four (Jul- Sep 2010)

Planned Activities

- Technical support, supervision/mentorship
- Support laboratory networks

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

Planned Activities & Accomplishments

1. Supervision, coordination and mentorship:

- Joint A2W and DHMT supervisory visits were done in most of the facilities and OJT and mentorship given. Emphasis was given to facilities with newly employed staff.
- The number of PMTCT sites increased from 307 to 312.
- A total of 14 sites offered integrated care and treatment in MCH settings and review of data showed an improvement in bridging the gap in clients (mothers and babies) lost to follow-up.

2. Supply of commodities and site support:

- The supply of Nevirapine, AZT, 3TC and test kits was adequate.
- There was adequate buffer stock of test kits for PMTCT that assisted in facilities where stock out was reported.
- The new PMTCT guidelines were disseminated during facility on site meetings and hand outs distributed to all PMTCT sites for reference.
- The 3,000 mama packs supplied to the pilot districts Butere, Khwisero, Mumias and Matungu in the last quarter covering 41 facilities were all issued.

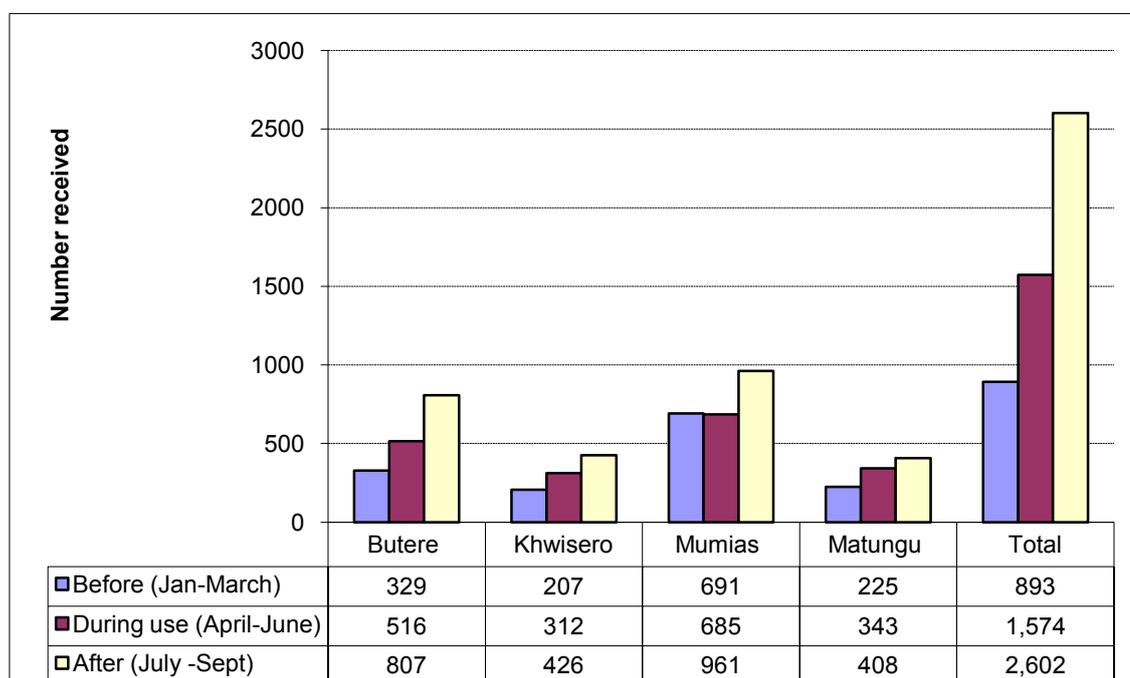


Figure 9. Trend of facility delivery in the pilot districts after mama packs

3. Support to integrated outreaches:

- 46 sites were supported for integrated outreach activities. The DHMT used their facility data to decide on the sites as per need. The number of outreaches were scaled down as part of transition.
- 552 pregnant women attended, 486 counseled and tested, 7 were found HIV

positive and issued with ARVs prophylaxis. The positive mothers were referred to the nearest health facility for follow-up.

4. Support to PMTCT PSS groups:

- Support to PSS group and Peer Counsellors continued and the transition plan given to them. They consented and promised to continue with their work as volunteers.
- 203 PSS groups with 211 Peer Counsellors covering 189 facilities were all active.
- Peer Counsellors tracked and traced defaulters(HIV+ mothers and PCR + babies). Out of 83 HIV+ babies: 54 are on treatment, 22 are yet to come for treatment and 3 lost to follow-up. 2 babies died while on HAART and other 2 died before initiation HAART.
- From the peer counselors report, delays in initiating treatment for HIV positive babies was attributed to:
 - (i) Some mothers changing names and thus making it difficult to trace them immediately when need arises
 - (ii) Lack of disclosure by some positive mothers to their spouses
 - (iii) Low male involvement and participation in support to mothers and babies.

5. Support to early infant diagnosis services:

- Technical support, OJT and logistic support for EID was given to all PMTCT sites.
- 1,475 samples collected, 1,100 results received, 86 were HIV+, translating to 8% MTCT rate.

Overall annual achievements:

- Total of 137,159 pregnant women were tested in the year. This represented 87% of the annual target.
- Total of 5,498 were positive within the year, a 4% prevalence rate.
- 9% of positive mothers were identified in maternity.
- 3,873 mothers received dual prophylaxis.
- 127 pregnant mothers currently on HAART at the end of the quarter.
- 39 received SD NVP in the year.
- 4,362 babies received prophylaxis translating to 80% achievement.
- 1,986 positive mothers had baseline CD4 done.
- 5,048 infants accessed DBS.
- 4,001 received results and 318 turned positive.
- MTCT rate 8%.

Indicators & Targets

Table 4. PMTCT targets and achievements

Indicator	Y 4 Target	Oct- Dec 2010	Jan –Mar 2010	April- June 2010	July-Sept 2010	Total Achievement
Number of service outlets providing the minimum package of PMTCT services according to national or international standards.	300	273	273	307	312	312 (>100%)
Number of pregnant women provided with PMTCT services, including counseling and testing.	158,538	28,072	35,100	39,286	34,824	137,282 (87%)
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting.	7,616	1,100	1,211	1,285	1,073	4,669 (61.3 %)
Number of health workers newly trained or retrained in the provision of PMTCT services according to national or international standards.*	300	100	0	60	33	193 (64%)
No. of infants accessing DBS for EID	3,808	920	850	1,233	1,475	50,489 (>100%)
Number of spouses of pregnant women reached with counseling and testing services	31,708	639	491	581	749	2,460 (8%)

*: 97 peer counselors were trained on stigma reduction

Table 5. PMTCT Program Performance Summary

	Oct-Dec 2010	Jan-Mar 2010	Apr-Jun 2010	Jul-Sept 2010	Annual achievements
Performance summary	Q1	Q2	Q3	Q4	Totals
First ANC visits	28,751	34,583	37,986	34,326	135,646
ANC clients tested	26,822	33,782	37,258	33,368	131,230
Maternity clients tested	1,250	1,318	2,028	1,456	6,052
Post natal tested					
Total tested	28,072	35,100	39,286	34,824	137,282
ANC positive	1,365	1,321	1,259	1,058	5,003
Maternity positive	97	117	134	146	494
Total HIV Positive	1,462	1,438	1,393	1,204	5497
Maternal NVP only	0	0	39	0	39
Maternal AZT & NVP	1,003	1,094	1,112	927	3,873
Maternal HAART**	138	223	107	127	
Maternal Prophylaxis ANC	1,003	1,094	1,151	927	4175
Maternal prophylaxis Maternity	97	117	134	146	494
Total Maternal Prophylaxis	1,238	1,434	1,392	1,200	5,264
Infant NVP issued ANC	837	975	1,047	829	3,688
Infant NVP issued Maternity	97	117	134	146	494
Total Infant Prophylaxis issued	934	1,092	1,181	975	4,182
Infant prophylaxis administered Maternity	236	263	358	332	1,189
Total DBS samples sent	1,240	1,100	1,233	1,475	5,048
Total DBS results received	596	1,074	1,231	1,100	4,001
Total number of DBS positive	39	75	118	86	325
CD4 for pregnant mothers	361	361	550	714	1,986
Total spouses tested	639	491	581	749	2,460
Total spouses positive	59	51	60	53	223

** represents the number of pregnant mothers currently on HAART in each quarter. The reporting tool (MoH 711) is not able to capture the number of new pregnant mothers on HAART.

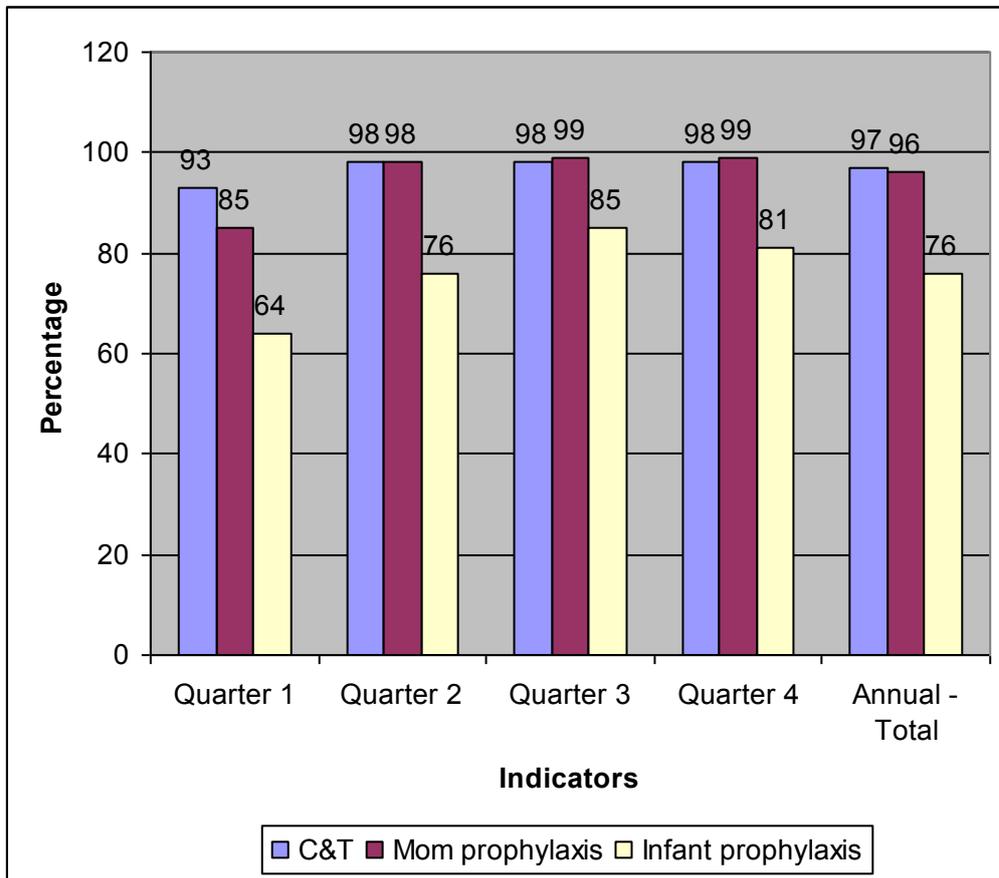


Figure 10. PMTCT uptake

- There has been progressive improvement for both mother and infant prophylaxis.
- The involvement and participation of peer counselors in MCH settings has increased awareness and improved service uptake and adherence.
- Reached universal coverage of >80% in the last quarter.

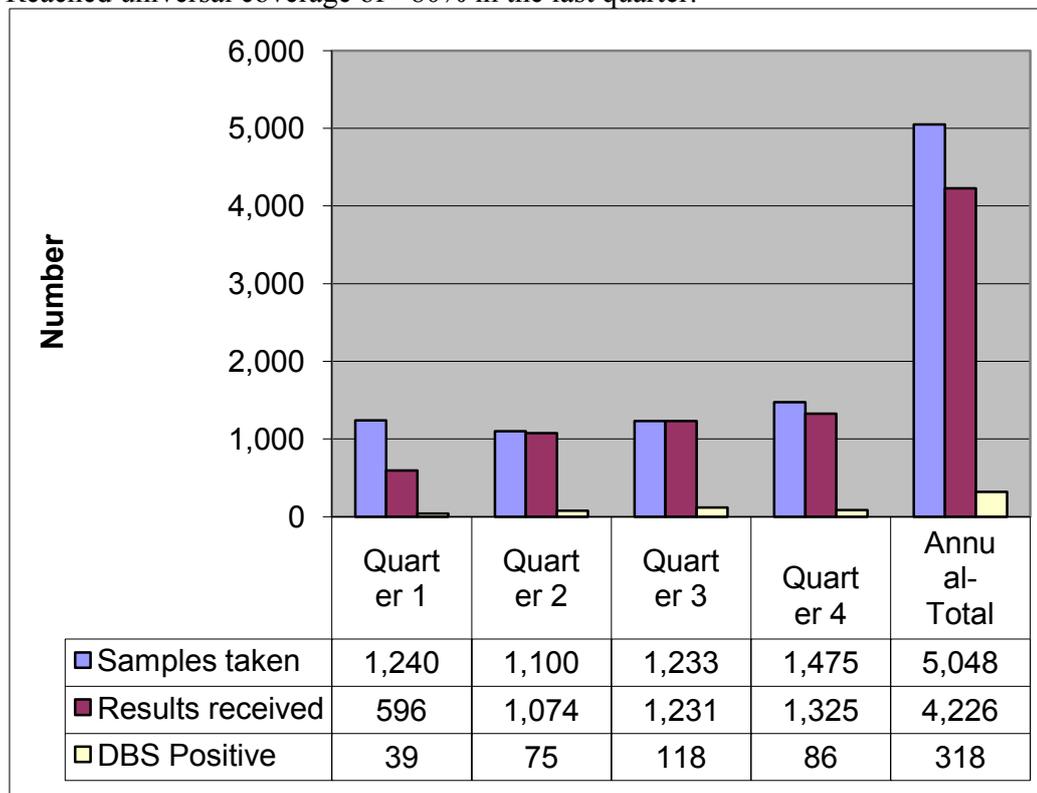


Figure 11. EID Samples Collected, Results received and PCR +

There was an improvement in DBS sample collection and result turn-around, however delays were experienced due to backlog. No tests done in July to mid August 2010.

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

Planned Activities and Accomplishments

1. **Training:** 30 HCWs were trained in TB/HIV management to fill training gaps.
2. **Support Quarterly District TB/HIV Committee Meetings:** 22 Districts were supported to conduct the meeting. The newly created Matete district was supported to form the committee. TB/HIV collaborative activities which included PLWHA screened for TB, ART uptake among TB patients and specific district reports from DASCOS, DTLCs and DMLTs were discussed.
3. **Support DTLCs Quarterly meeting:** The PMLT, 22 DMLTs and 16 DASCOS were supported to attend the meeting. There was marked improvement in the number of clients initiated on ART among the co-infected from 35% to 47% (WHO target of 50%). Presentations on the number of HIV cases screened for TB has been intensified in all sites. DMLTs reported on lab networking and majority of them were very comfortable with the arrangement and that they are now able to send MDR samples with ease.
4. **Sensitization meetings:** Conducted at 4 sites (Alupe, Shibwe, Busia and Lugari) and discussions centered on ART uptake that was noted to be low in the 4 sites compared to other sites. Staffs were given OJT on various aspects of TB/HIV care and treatment. Shibwe SDH initiated an integrated ART/TB clinic.
5. **Support Supervision and Trainee follow-up:** Jointly done with the PTLC, DTLCs and DASCOS, visiting four sites in Kakamega North and 3 sites in Mumias district. The staff were mentored and given OJT with emphasis on proper documentation in the TB treatment registers and the MOH 711. To enhance effective referral, staff were encouraged to escort patients from TB Clinics to CCC and vice versa. Staff rotation and turnover as well shortages were noted as affecting service delivery.
6. **Support for the two MDR Patients:** Two MDR patients were supported to undergo MDR-TB treatment using the Ambulatory and Community models. Both patients are doing well on treatment and repeat sputum smears were negative after two months of treatment.
7. **Support TB/ART Satellite site at W-PGH Kakamega:** A meeting was held at the facility between the HMT, PTLC, PASCO, DMLT, DHEO and the project staff to discuss services at the integrating ART services in the TB clinic and the management of the MDR patient at the clinic.

Other Activities:

1. **Advanced Continuous Medical Education using Information Technology (ACME-IT):** This was done on pilot basis at four sites (Busia, W-PGH Kakamega, Lugari and Mbale). It entailed the use of a satellite disk, laptops, LCD projectors and speakers that were purchased and installed at the four pilot sites for training purposes. During a typical session, the trainer (from DTTLD/NASCOP) is based in at a central place (PATH office- Nairobi) and the episode is simultaneously transmitted via satellite to the four sites. It is an interactive session and the participants are able to interact with the trainer while the trainer is able to view what is going on at the four sites at the same time and even take questions from participants. The participants went through ten two-hour afternoon sessions on TB/HIV management that ran from 10th August to 14th September, 2010. This had the benefit of cutting down on training costs and the staff were not drawn from their stations.

Table 6. Number of participants per site

Site	No. initially registered	No. who successfully completed the course	No. of Coordinators
W-PGH	51	19	2
Busia	35	35	3
Lugari	22	15	3
Vihiga/Mbale	32	28	3
Total	140	97	11

- DLTLD strategic planning workshop** held at Lake Baringo Soi Hotel from 7th-9th July, 2010. The document, entitled *A NEW DAWN:2011- 2015 Strategic Plan*, was officially launched by the PS MOPHS during the Biannual DLTLD Workshop held at the Reef Hotel, Mombasa from 19th- 26th September, 2010.
- TB JAY Newsletter Review:** Eight MOPHS staff and six technical officers from the project were supported to review the document.

Activity not accomplished

School health sensitization in 4 districts (Matete, Kakamega South, Matungu and Khwisero): Due to competing tasks.

Table 7. Analysis of indicators and targets

Indicator	Year 4 target	Q1 accomplished	Q 2 accomplished	Q3 accomplished	Q4 accomplished	Percentage performance
Number of service outlets providing treatment for TB to HIV-infected individuals	51	253	253	276	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	1,365	4,451 (89.02%)
Number of individuals trained to provide treatment for TB to HIV-infected individuals	300	60	159	122	30	371 (>100%)

A total of **2,584** new TB cases were reported in the quarter. Out of the total number **2,111** were tested for HIV, **1,365** were co-infected, **1,362** were put on care CPT and ART was initiated in **606** patients.

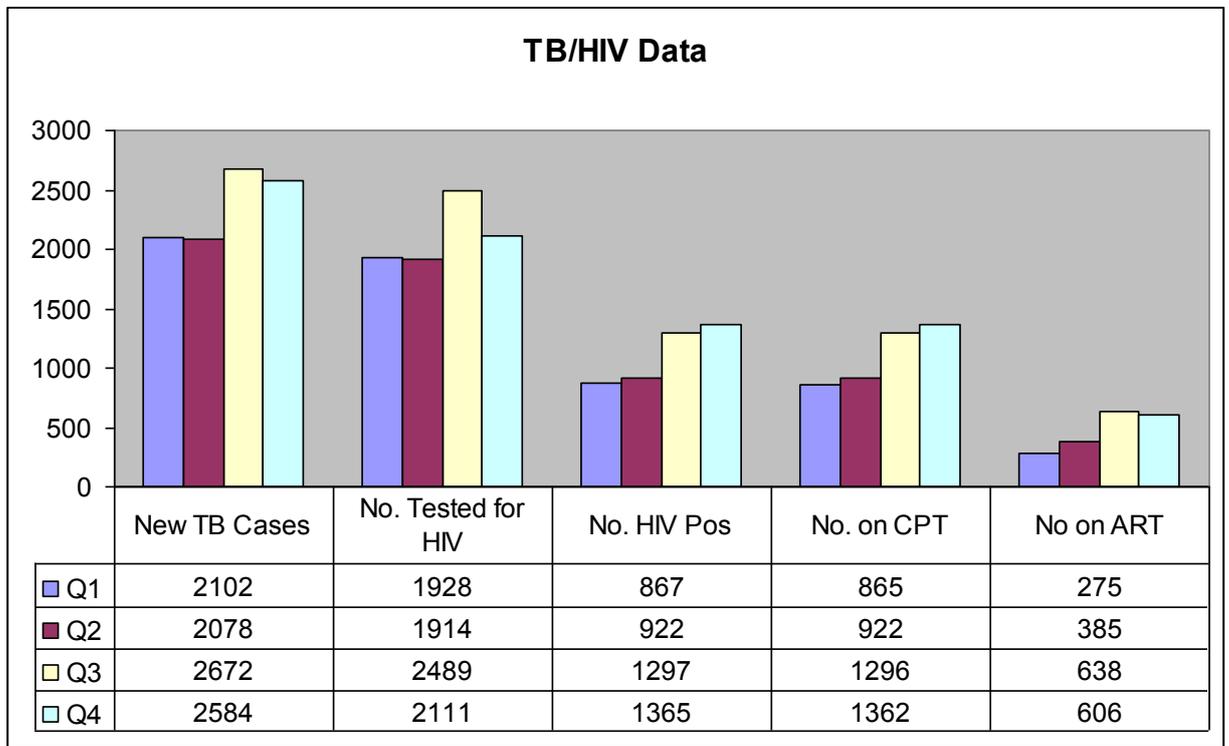


Figure 12. TB/HIV Data Analysis

Table 8. MDR Surveillance

MDR SURVEILLANCE						
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	13	13	7	1	1	1
Kakamega North	7	6	5	0	0	0
Kakamega South	10	10	3	0	0	0
Kakamega East	8	6	2	0	0	0
Bunyala	3	2	1	0	0	0
Busia	22	18	10	0	1	1
Samia	8	7	4	0	0	0
Butula	12	8	4	0	0	0
Bungoma North	5	4	2	0	0	0
Bungoma South	18	16	12	0	1	1
Bungoma West	9	5	3	0	0	0
Bungoma East	17	14	16	0	0	0
Bungoma - Kimilili	5	3	2	0	0	0
Lugari	10	6	4	0	0	0
Butere	8	5	1	0	0	0
Mumias	12	8	4	0	0	0
Kwisero	5	4	2	0	0	0
Matungu	4	2	1	0	0	0
Mt. Elgon	2	0	2	0	0	0
Vihiga	21	17	14	0	0	0
Hamisi	15	10	8	0	0	0
Emuhaya	8	7	3	0	0	0
Sabatia	5	3	3	0	0	0
Teso South	8	5	4	0	0	0
Teso North	9	4	3	0	0	0
PROVINCE	244	183	120	0	3	3

There was no MDR-TB case reported during the quarter. Sputum culture and sensitivity results for one patient from Matete HC showed some resistant strains to Rifampicin and Isoniazid, and fresh samples were taken for a repeat confirmatory test.

Progress of MDR Cases

- **15 year-old school girl:** She is HIV negative, sputum smear turned negative after two months of treatment. Has gained 12 kgs and currently weighs 44 kgs. Completed the six-month injections on 14th October, 2010 and commenced on the eighteen-month continuation phase. Family contacts were screened for TB and all are negative. She is still out of school till next year.

- **The 34 year-old truck driver:** He is HIV positive, sputum smear turned negative after two months treatment. The patient is stabilizing and is now able to walk without support and continues to take ARVs. The family has been screened for TB and all are negative.



Figure 13. 34 year-old truck driver and his wife at home in Bungoma.

Challenges & recommendation

1. Staff turnover, poor infrastructure
2. Infection prevention for other contacts to the MDR TB patient other than the immediate family members.

Planned activities next quarter

1. Continue with MDR management for the 2 patients.
2. Support quarterly district TB/HIV committee meetings.
3. Support PMLT/DMLTs and DASCOS participation in DTLC's quarterly meeting.

1.1.4 Increase number of individuals receiving CT

Planned Activities and Accomplishments

1. **Conduct home-based HIV testing in 2 Districts:** The activity was conducted in Mumias and Kakamega Central Districts as a mop-up and HIV positive client follow-up exercise. A total of 4,380 clients were tested, with 104 testing HIV positive.
2. **CT special out-reaches, (workplace, youth-friendly services):** Outreaches were conducted at workplaces, schools and in the community in various districts that included Mt. Elgon, Shikusa prison, OVC testing Matete, secondary schools in Busia, Butere and MMUST. The demand for service was high with **5,781** clients reached, with **3** testing HIV positive.
3. **Support Quarterly DASCOS/DMLT, Counsellor Supervisor's quarterly review meetings:** One meeting was conducted during the month of August to review the performance during the World Cup RRI and have a general review of the C&T data for decision making. In attendance were all the DASCOS, DMLTs, PASCO, PMLTs, counsellor supervisors and PITC co-coordinators.
4. **Support CHWs to defaulter trace positive children:** 32 VCT counselors were supported together with community health volunteers to strengthen referrals and linkages

of HIV-positive clients from the testing points to care and support sites.

5. **Trainings:** Two trainings targeting newly employed officers were conducted .23 HCWs drawn from various facilities in the province were trained in couples' counseling while 50 HCWs drawn from Bungoma North and Butere districts had a non-residential PITC training.
6. **Support monthly discordant couples support group meetings:** A total of 18 discordant couples group meetings were held in the 8 larger districts. Discordant couples are continuously being encouraged to enroll into the discordant couples support groups. To date, a total of 58 discordant couple groups have been established with a membership of 901 couples (624 female and **283** male partners) being HIV-positive. Twenty-five out of 33 pregnant mothers in the discordant couple support groups delivered, with 3 babies turning HIV-positive as confirmed through DBS. This was attributable to the continuous health education and group therapy sessions during the discordant couple group meetings.
7. **Conduct HTC Advocacy meetings:** Ten meetings were held in various facilities with an aim of increasing the uptake of PITC services. The PITC trained providers are encouraged to cultivate a culture of meeting twice monthly with or without the support of the project.
8. **Conduct CT supportive supervision:** Supervision was done jointly with the PHMT/DHMTs to all key health facilities in the province. All the 24 DASCOS and DMLTs were supported to conduct supportive supervision during the quarter.
9. **Conduct district counselors' supervision meetings:** 19 counselor supervision meetings were held.

Table 9. Targets & indicators table for CT

Indicator	Year 4 target	Year 4 Quarterly Accomplishments				% Accomplished
		Oct-Dec 09	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	
Number of service outlets providing counseling and testing according to national and international standards	250	268	280	280	280	280 (> 100%)
Number of individuals who received counseling and testing for HIV and received their test results.	180,000	130,955	107,231	148,900	132,929	520,015 (>100%)
Number of individuals trained in counseling in counseling and testing according to national and international standards.	300	55	203	25	75	358 (>100%)

Analysis of the findings

A total of 132,929 clients were tested. This is slightly lower than the previous quarter which was 148,900. Clients testing HIV positive were 7,165. PITC service uptake has continued to increase as there is a decrease in VCT services uptake.

Table 10. CT uptake by entry points

CT data Y4 Q2 Jan- Mar 2010						
PITC		<15 male	<15 female	>15male	>15female	Totals
No. counseled	Outpatient	7,806	8,583	27,227	39,949	83,565
	Inpatient	866	790	2,198	3,678	7532
Number tested	Outpatient	7,568	8,302	25,764	38,867	80,501
	Inpatient	845	771	2,240	3,744	7,600
Number HIV +ve	Outpatient	223	241	1,308	2,394	4,166
	Inpatient	56	35	275	332	698
VCT						
No. counseled		337	419	20,139	20,937	41,832
Tested		337	419	19,900	20,725	41,381
Positive		5	5	905	1,386	2,301
Couple tested						1,542
Couple both +ve						90
Discordant						115
Door to Door						
No. counseled		96	104	1,562	2,654	4,416
Tested		96	101	1,542	2,641	4,380
HIV +ve		1	2	33	69	104
Couple counseled						213
Couple tested						212
Couple both +ve						10
Discordant						12
Grand Total						
Total counseled		9,009	9,792	50,564	64,564	132,929
Total tested		8,750	9,492	47,904	63,336	129,482
Total HIV +ve		284	281	2,488	4,112	7,165
Couple tested						1,542
Couple both +ve						90
Discordant						115
Prevalence by entry point						
PITC- outpatient		2.9%	2.9%	5.1%	6.1%	5.1%
PITC- In patient		6.6 %	4.5%	12.2%	8.9%	9.1%
VCT		1.5%	1.2%	4.5%	6.7%	5.5%
Door to door		1.1%	2%	2.1%	2.6%	2.4%

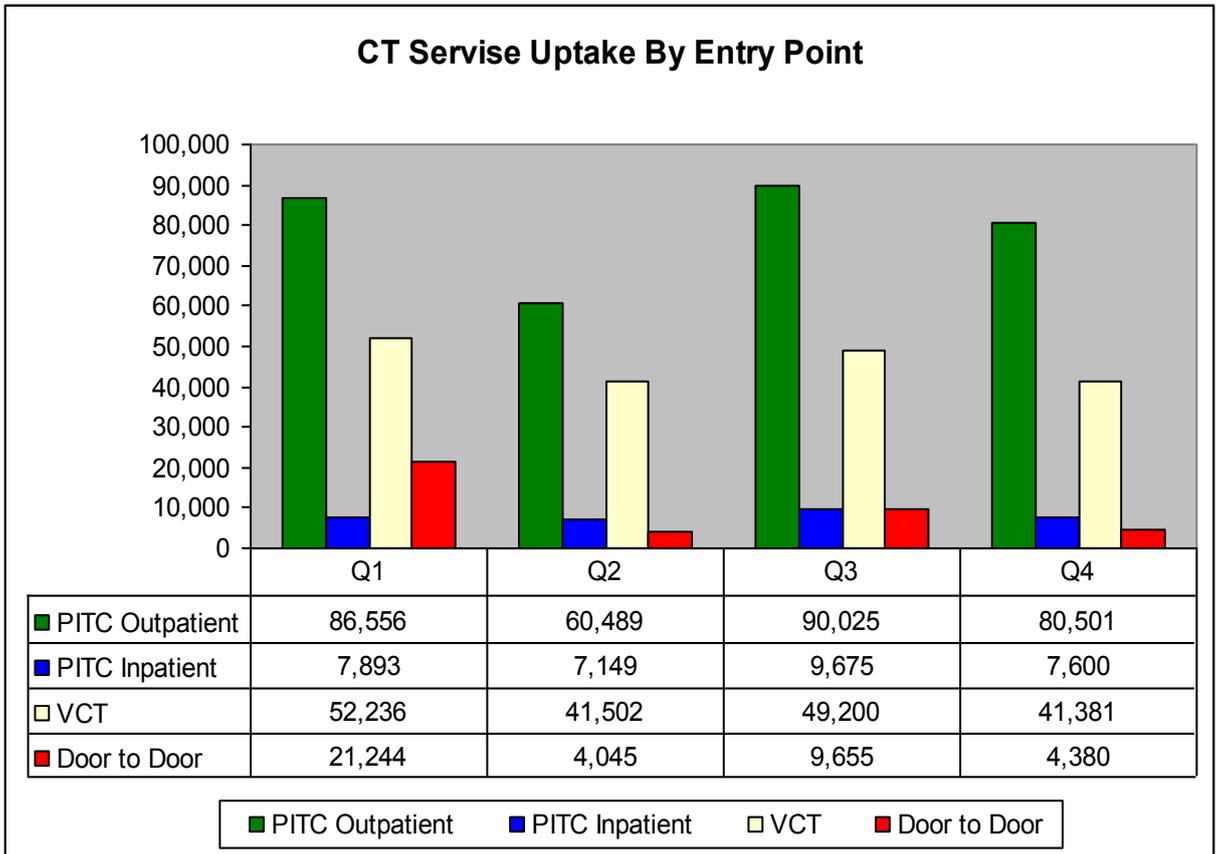


Figure 14. CT Uptake by Entry Point

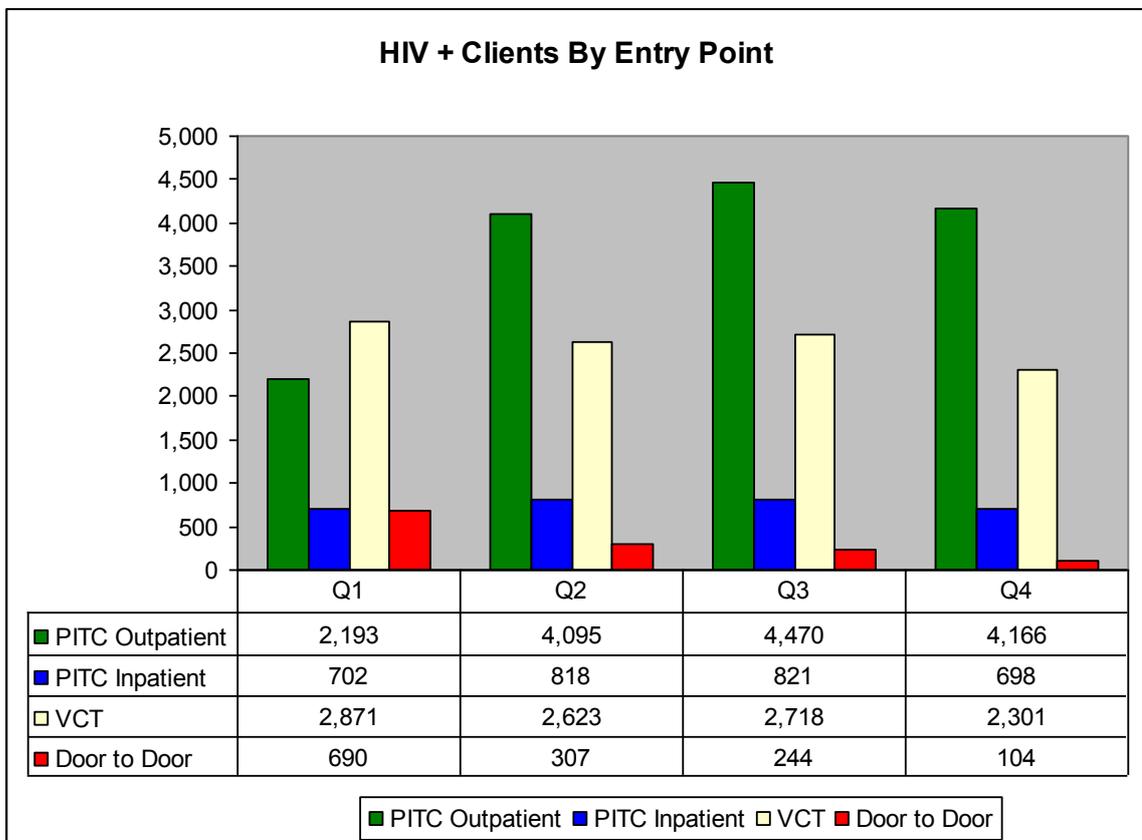


Figure 15. HIV+ clients by entry point

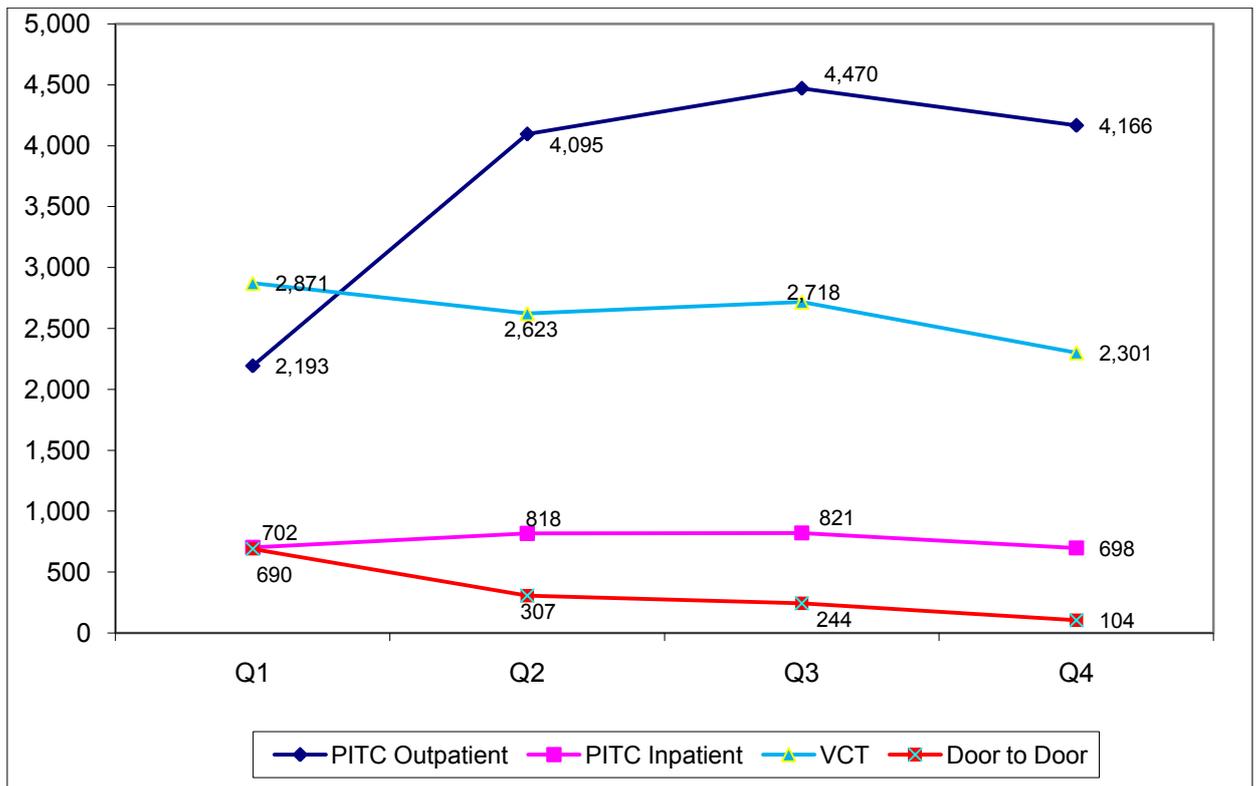


Figure 16. HIV Positive clients by entry point

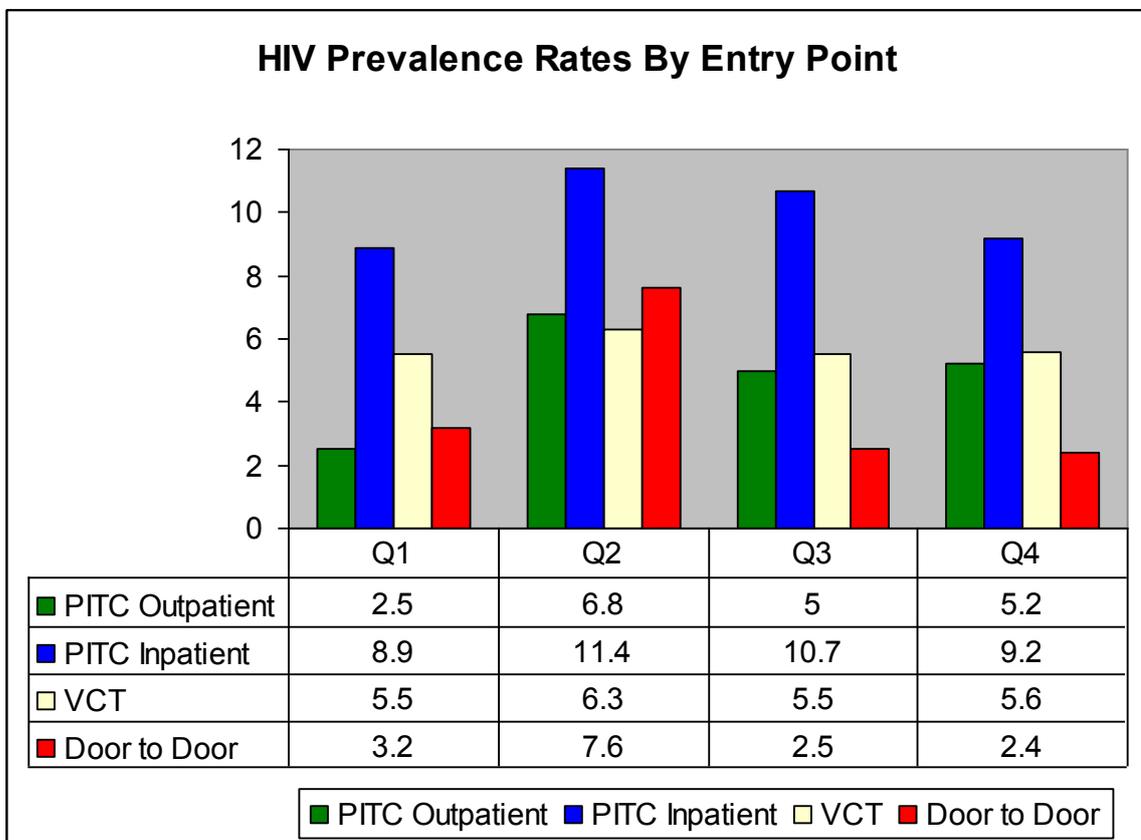


Figure 17. HIV prevalence rates by entry point

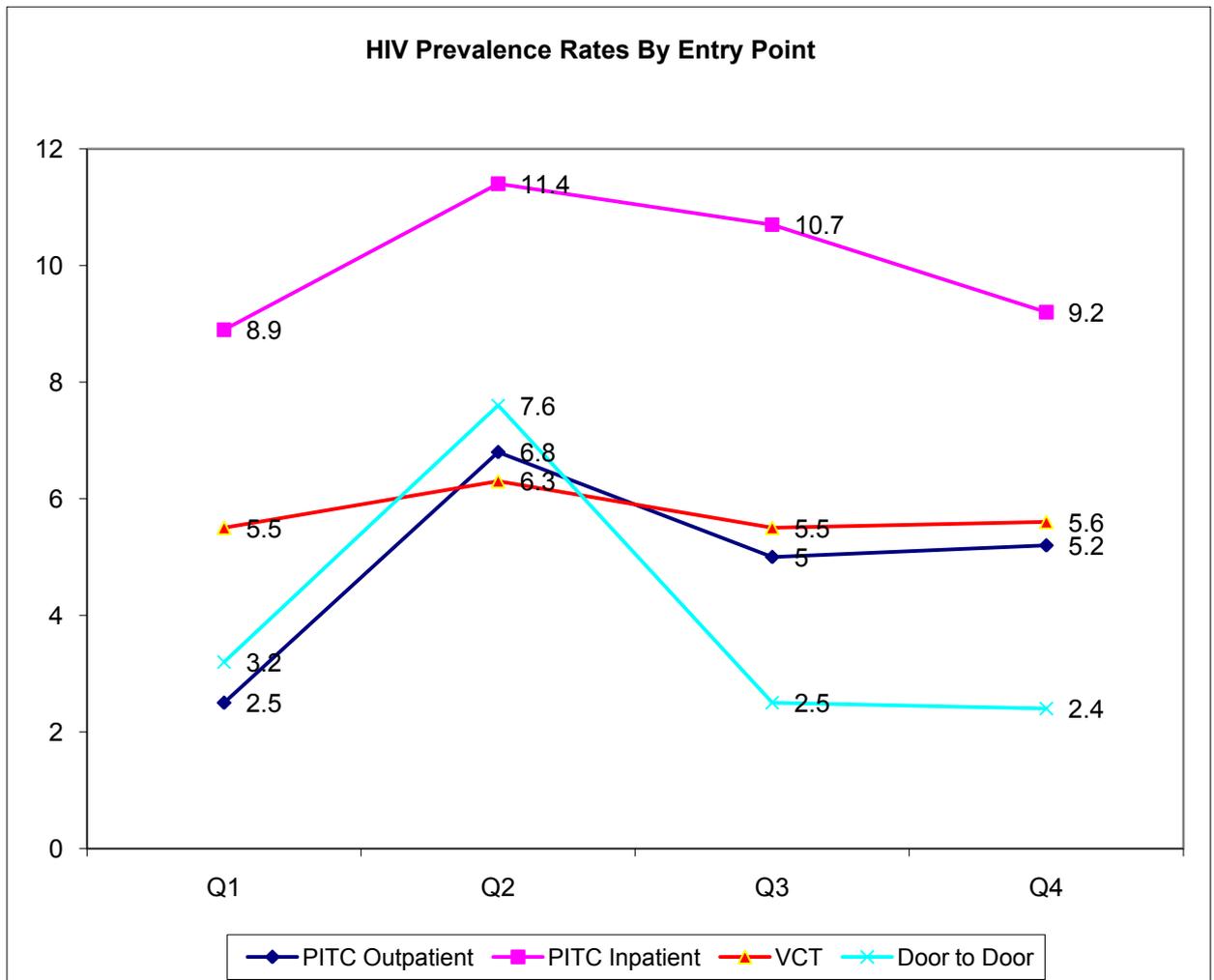


Figure 18. HIV prevalence rates by entry point

From the graph above, the HIV prevalence rates were highest amongst clients tested in inpatient settings, at an average of 10.5 %, while the prevalence rates for PITC outpatient and VCT settings averaged 4.9 % and 5.7 %, respectively, with door-to-door being the lowest at an average of 3.9 %. However, the HBHTC prevalence in Q2 was unusually high (7.6%). The exercise was conducted at Angola Slums in Shibale, Mumias Town.



Figure 19. A VCT counselor conducting counseling under a tree during HBHTC Mumias.

Emerging issues

HBHTC client follow-up

HBHTC has so far been done in 7 districts since the project initiated the strategy in April 2009. To date, a total of 126,220 clients have been tested using this approach, 3,619 turning HIV-positive with 3,297 being tested as couples of which 183 were both positive and 260 were discordant. HBHTC client follow-up was conducted in the Municipality Division of Kakamega Central District. The aim was to conduct a mop-up of clients missed during the initial HBHTC and follow up with the HIV-positive clients. 812 (58%) of 1,408 of HIV-positive clients, 564 (69%) are already enrolled into HIV care, while the rest had not started any form of care. Most of the clients who had not enrolled into HIV care had also not disclosed their HIV status to significant others, and 596 clients were lost to follow-up and were said to have moved to other areas or towns.

Challenges

1. Erratic supply of test kits and stock out of most of the consumables led to cancellation of some C&T activities.

Planned activities next quarter

1. CT special out-reaches, (workplace, youth-friendly services)
2. Support Quarterly DASCOS/DMLT, Counselor Supervisors quarterly review meetings.
3. Support CHVs to defaulter trace and positive client linkage
4. Conduct HTC Advocacy meetings
5. Conduct CT supportive supervision.
6. 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

RH Planned activities & Accomplishments

1. Support PHMT, DHMT to conduct RH support supervision: Supervision was jointly done with the DHMTs of Kimilili Bungoma, Hamisi Districts. Delayed submission of commodity reports was noted as a major factor leading to the eventual delay in the refill of their stocks. Some centers experienced stock-outs of Depo provera and implants.

2. Support community facility-linkage meetings at health facilities: A meeting with 10 support group leaders was conducted and the following achievements were reported:

- 37 community outreaches were conducted focusing on safe motherhood and family planning.
- The community acknowledges and appreciates the good service at Bungoma district hospital.
- Transport for referral of clients is still a challenge in COMMPAC activity areas. Most expectant mothers are facing problems of reaching health centres at night.
- Seven FP/RH outreaches were conducted in Bungoma and 5 in Busia. Topics covered included FP, ANC, PMTCT and PAC.

3. Purchase of Mama Packs: Procured and distributed to level 2 and 3 facilities in Teso North and South districts.

4. Site Renovations/Equipping and upgrades (maternity and MCH Clinics): Madende Dispensaries–renovation of the MCH waiting bay completed and handed over to the MOH.

5. Maternal Health Volunteers (MHVs) on referral package in Mt Elgon District: The project supports 54 MHVs in Mt. Elgon district to improve on referral. Through the volunteers, an average of 48 mothers is referred to the facilities monthly. Some of the challenges faced are long

distances between facilities, the terrain and insecurity. The deliveries in Mt. Elgon district between April and June before the engaging the maternal health volunteers was 213 and this has gone up by 61% to 345 between July and September, 2010.

6. Trainings: 15 staff were updated in IUCD insertion and removal skills.

Planned Child Survival Activities and Accomplishments

Table 11. Trainings were conducted in the quarter under review as detailed in the table below:

Training event	Number HWs trained
Essential newborn care	103
IMCI Clinical case management	96
IMCI facilitation	10
IMCI Supervision and follow up	20
EPI update	120

IMCI Coverage (Teso and Busia Districts)

The graph below shows the proportion (percentage) of staff trained in IMCI at baseline in January and as at the end September 2010 in the greater Busia and Teso districts.

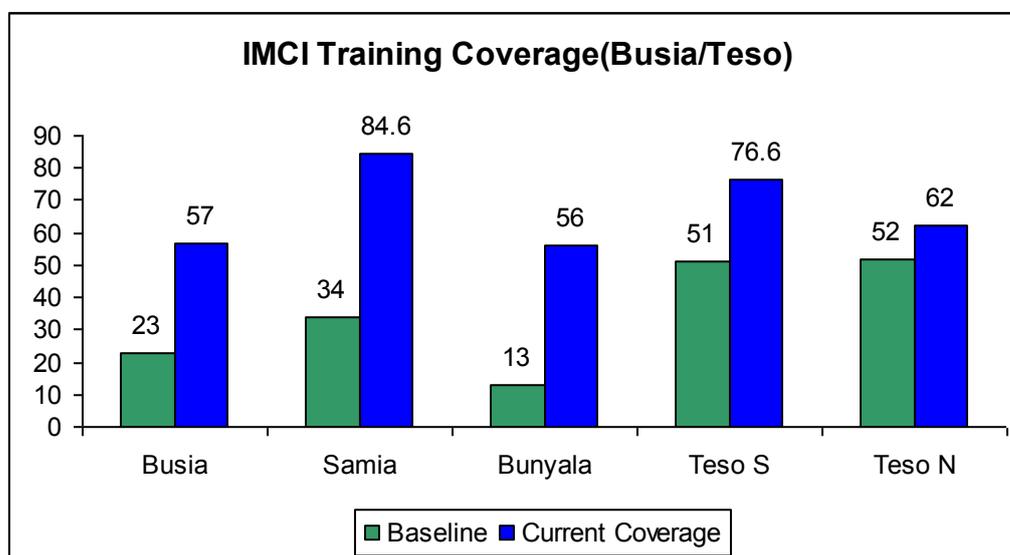


Figure 20. IMCI Training Coverage

In the Greater Busia and Teso districts, where Child Survival activities were being implemented, two districts (Busia and Bunyala) have not achieved the WHO recommendation of 60% coverage of IMCI trained staff. The coverage for Western Province stands at 39.6%, with Samia district having the highest proportion of trained staff at 84.6 % and the lowest district being Khwisero, at 11%, as of September 2010.

3. Support the IMCI focal persons to conduct IMCI follow-up: IMCI follow up done for the greater Busia and Teso districts during the supervision and follow training. Key issues included lack of update on the revised IMCI guidelines, frequent stock-outs of drugs, and constrained staffing levels affected implementation.

4. Support immunization campaigns in Busia and Teso Districts: Comprehensive and integrated outreaches is one of the ways of reaching children with services. During the quarter, a total of 98 outreaches were conducted, 46 with the support of the project, in the target Districts of Bunyala, Samia, Teso North/ South and Busia.

Table 12. MCH data for Teso and Busia District

MCH Data Y4.					
<i>Early Childhood (2 weeks to 5 years)</i>	Q1	Q2	Q3	Q4	Total
Number of children under one year vaccinated against measles	4,936	8,331	7,806	5,296	26,361
Number of children under one year fully immunized	4,474	7,860	7,369	5,079	24,382
Number of newborn received BCG	5,974	11,904	8,887	6,513	33,278
Number of underweight among under five attending CWC	1,710	4,926	3,211	1,784	11,630
Number of children under five attending Growth Monitoring Clinic (new visits)	18,191	38,612	28,237	24,157	109,197
Number of children under five receiving Vitamin A	19,489	34,134	30,325	17,359	131,307
Number of LLITNs distributed to children under 5 years	5,516	11,460	8,143	7412	32,531
Number of under five years treated for malaria	39,681	89,929	67,840	34,247	231,697
Number of health facilities providing treatment as per IMCI guidelines	78	27	68	85	85
Total number of admissions for < 1year	1,065	4,061	1,872	7,936	14,934
Number of < 1 deaths occurring at facility	52	69	154	175	450

Activities not accomplished:

1. Cancer of Cervix screening training using VIA/VILI for 20 service providers

Other Activities:

- Outreaches and sensitization meetings were conducted in 8 larger districts to increase demand for FP/RH services
- Cryotherapy machines which were received , to be distributed to Bungoma, Vihiga, Webuye Districts Hospitals and Western Provincial General Hospital, after delivery of Carbon Dioxide gas and demonstration by the manufacturer/supplier.
- Supported 5 staff from the lower level facilities to attend the annual Midwives Scientific Conference in Kisumu.
- SBM-R team focusing on improving PMTCT indicators had a benchmarking trip to Nyanza Hospital to learn on how to improve Early Infant Diagnosis.

- USAID Child Survival Implementing Partners Annual meeting: The project hosted the event at Border Palace Busia from 6th-8th September, 2010 with the objective of sharing experiences and best practices among the partners. The theme of the event was “*Integrating Maternal Newborn and Child Health (MNCH) Programming*”. The specific objectives were:
 1. To learn about the Maternal Child Health Program under APHIA II Western and relationships to “high impact MNCH interventions” as defined by DRH, DCAH and partners and which guided AOP 6 development
 2. To see integrated MNCH programs in Western Kenya.
 3. To understand and see the Baby-friendly Initiative and to understand the household, community, facility linkages.



Figure 21. Visit to Teso DH(Kocholya) during the MNCH implementing partners meeting.

Analysis of indicators and targets

Table 13. Training Targets and Achievements for RH

Indicator	Yr 4 target	Year 4 Quarterly Accomplishments				Accomplishments
		Oct-Dec 09	Jan-Mar 10	April-June 10	July-Sept 10	
Number of health workers trained by training topic (e.g., CTU, IUCD, EOC,ANC PNC, IMCI, PAC, etc.)	215	110	50	150	409	715(>100%)
Number of health workers trained in management and supervision(COPE, FS, youth friendly services, SBM-R)	50	6	29	25	5	70(>100%)

Table 14. Targets and Achievements for Integrated Services

Indicator	Year 4 Targets	Year 4 Accomplishments				Accomplishments
		Oct-Dec 09	Jan-Mar 10	April-June 10	July-Sept 10	
Number of outlets providing integrated FP/HIV services: HIV related palliative care(incl. TB/HIV)	250	253	253	276	276	276 (>100%)
Number of ANC clients receiving presumptive malaria medication at the health facility	45,000	19,298	25,180	28,540	28,684	101,702 (>100%)
Number of complicated deliveries successfully managed	6,000	1,097	1,471	1,199	1,380	4,250 (71%)
Number of clients receiving PAC services	3,000	916	1,572	1,298	1,928	5714 (>100%)
No. of sites reporting RH/FP	300	374	396	396	420	420 (>100%)

MCH service utilization

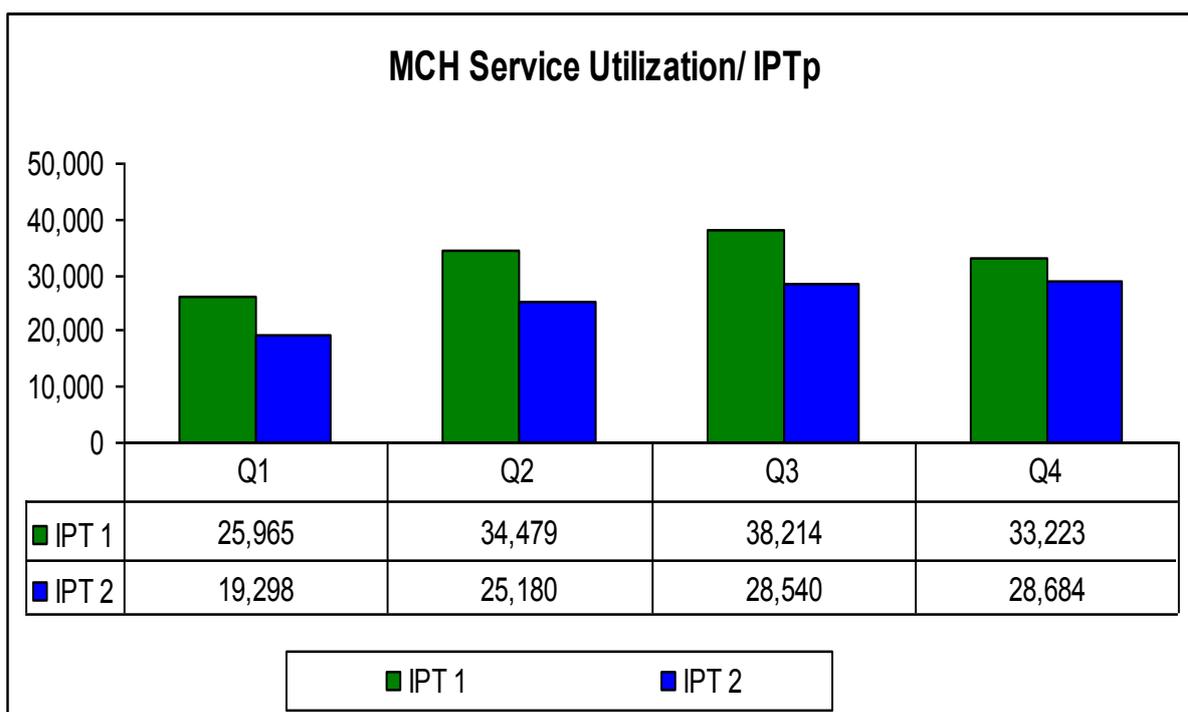


Figure 22. MCH service utilization/IPTp: Comparison between Y4 quarters.

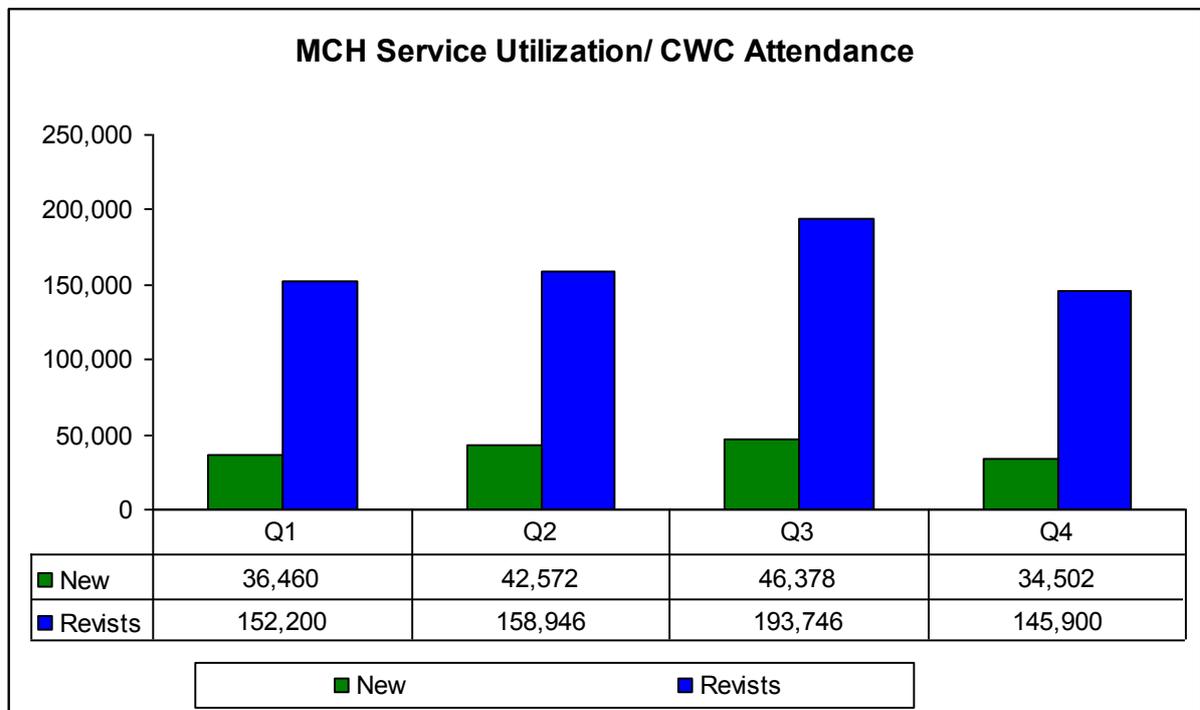


Figure 23. MCH service utilization/CWC Attendance.

Table 15. Maternity Services

Type of Services	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	July-Sept 10
PAC	640	803	1,298	1,928
Total deliveries	11,334	11,150	12,820	14,956
SVD	8,949	10,160	11,612	13,880
C/S	890	990	895	1,117
(C/S rate)	(8%)	(9%)	(7%)	(7.5%)
Breech	207	582	304	263
Referrals	791	754	852	1,155
Maternal deaths	25(0.2%)	23 (0.2%)	36(0.3%)	50(0.3%)
Neonatal deaths	148	120	171	115
CYP	40,660	45,658	57,434	48,053
Implants	1,875	1830	1,900	1,839
BTLs	645	781	811	679
Vasectomy	8	2	11	11
IUCDs	1,041	1,166	1,295	1,579

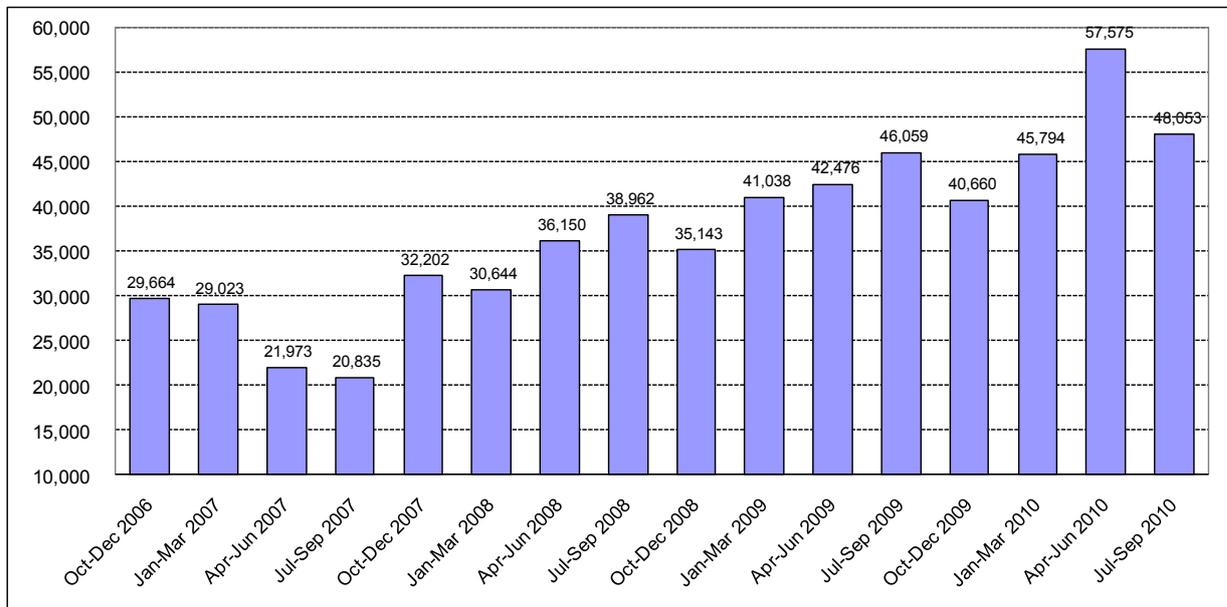


Figure 24. CYP Quarterly Trend Oct 2006 – Sept 2010

Table 16. Community Midwifery

Service	Jan- March	April-June	July-Sept 10
CWC			
New	296	150	20
Revisit	751	226	10
ANC			
1	751	76	1,131
2	186	39	653
3	155	23	460
4	80	20	361
IPT			
1	79	39	1,010
2		66	717
3		-	-
4	118	-	-
FP			
New	345	166	2,268
Revisit	352	463	3,662
PAC	3	8	0
Deliveries	72	57	259

Table 17. Family Planning service utilization and trend analysis July – Sept. 2010 (by district)

	Pill Cycles	Depo	Implants	IUCD	Condoms	Postinor2	BTL	Vasectomy	CYP
Bungoma E	2109	6959	58	47	92730	19	33	2	3302
Bungoma N	3219	3133	187	30	33760	1	53	0	2463
Bungoma S	5300	7970	19	46	18823	73	10	0	2816
Bungoma W	1902	4488	120	71	14200	10	72	0	2612
Bunyala	359	1264	5	6	2800	36	0	1	413
Busia	3687	7632	216	114	23599	129	22	6	3740
Butere	2240	5056	111	84	9233	108	26	0	2390
Emuhaya	822	2201	91	29	43096	57	22	0	1565
Hamisi	2477	2410	87	53	25270	45	33	0	1736
Kak Central	2230	8582	195	193	63080	21	67	2	4732
Kak East	991	1817	6	210	48348	13	19	0	1832
Kak North	1816	4290	30	9	25560	9	18	0	1688
Kak South	1501	2160	20	4	12029	8	35	0	1105
Lugari	5463	6281	123	230	35680	66	70	0	4033
Mt. Elgon	1257	3222	53	23	24187	28	14	0	1471
Mumias	3341	4803	198	89	15800	22	116	0	3489
Samia	1277	1691	46	1	7311	3	44	0	1086
Teso N/ South	1502	5195	64	11	25200	9	6	0	1920
Vihiga	2470	5050	210	347	255578	16	19	0	5660
Provincial Total	43,963	84,204	1,839	1,597	776,284	673	679	11	48,053

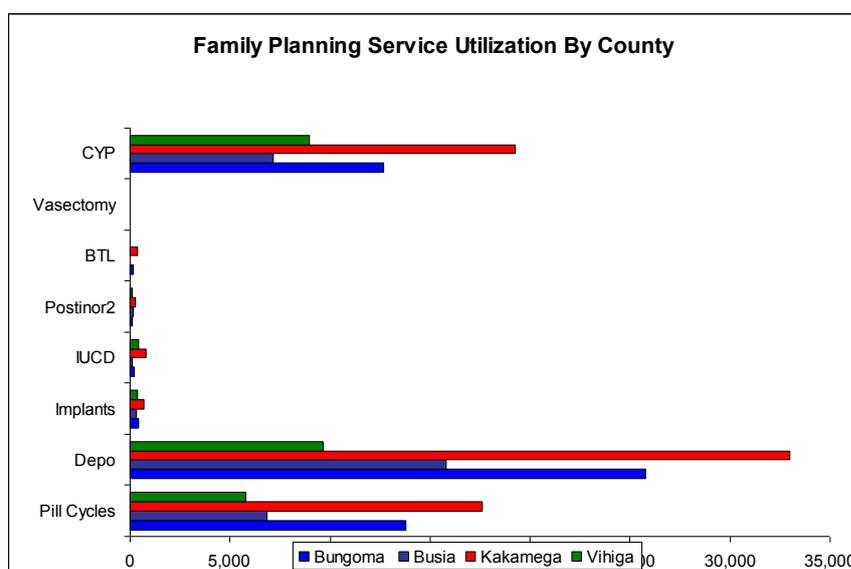


Figure 25. Family planning service utilization and trend Analysis July – Sept. 2010 (by county)

Depo-Provera is the method of choice in all counties followed by pills.

Challenges & recommendations

1. Limited EPI support

Planned Activities next quarter

- Support PHMT/ DHMT to conduct RH support supervision, quarterly meeting, and conduct maternal and perinatal death review meeting.
- Support the IMCI focal persons to conduct IMCI follow-up in 7 districts.
- Support community-facility linkage meetings at health facilities/COMMPAC.
- Distribution of Mama Packs to Teso North and South Districts.
- Support Immunization campaigns in Greater Busia and Teso Districts.

1.3.2: Manage public-private partnerships

Planned Activities and Accomplishments:

1. Install ART dispensing tools: Installation of the software was done in the computers that had been supplied to Tanaka and Nzoia Health facilities. On-the-job training on the use of the facility was given to the staff.

2. Conduct one PMTCT training: 33 participants drawn from the private sector, FBOs and the GOK were trained.

3. Support workplace HIV/AIDS committee meetings: Emusanda HC was supported to hold their quarterly meeting. It was observed that the enrolment and uptake of HIV care had improved significantly. The CD4 machine had a problem and their samples were processed at PGH/Butere.

4. Support four outreaches in workplace/facilities: Four facilities (Chimoi, Nzoia Sugar Company Clinic, Eregi and Tanaka) were supported to conduct a total of 21 out reach services through which 9,181 people were reached with various health services as presented below:

Table 18. PPP program outreaches

Outreach support							
Facility/ Outreach Site	Services Area						
	Curative	Immuni zation	ANC/P MTC	PITC/VCT	FP	No. Reached with health Messages	Condoms Distributed
Tanaka/Mayenje	232	58	12	0	28	294	0
Nzoia Sugar	159	34	12	270	16	6,209	2,000
Eregi	38	65	14	82	0	118	0
Chimoi	277	375	179	215	4	490	0
Total	706	532	217	567	48	7111	2,000

5. Support five practitioners to a technical exchange meeting: The project supported five health workers from the private sector (Mukumu, Tanaka, Nzoia Sugar, Kaimosi, and Community Medical) to a midwives conference at Tom Mboya Labor College Kisumu.

6. Mentorship at facilities: A pharmaceutical technologist from Tanaka N.H underwent a five-day mentorship program at Iguhu D.H.

7. Facilitate four DHMT supervision visits to private facilities: Three DHMTs (Khwisero, Butere, and Kakamega East) were facilitated to provide support supervision reaching 33 private and faith-based health facilities. Issues on quality of care, referral, linkages, and training were highlighted.

8. Conduct six supervision visits: 8 supervision visits were conducted, reaching 35 facilities, aimed at:

- Ensuring provision of quality services by private health care providers to their clients was maintained.
- Enhancing effective working relationship between the private providers and GOK staff.
- Determining the extent to which the private providers access the necessary health care commodities

Table 19. PPP Maternity/Safe delivery performance

	Q1	Q2	Q3	Q4		
				Private	FBOs	Q4 Total
Normal deliveries	1430	1581	1776	627	1444	2071
Caesarean sections	161	193	208	49	177	226
Breech deliveries	27	30	33	3	20	23
Abnormal/Assisted deliveries	45	57	53	42	53	95
Total Deliveries	1663	1861	2,009	721	694	2,415
Live births	1586	1714	1950	682	1464	2146
Still births	73	52	59	22	64	86
Underweight(<2500 gms)	69	70	92	12	97	109
Pre-term babies	38	43	45	17	24	41
No of babies discharged alive	1611	1746	1939	661	1566	2227
Referrals	187	97	92	43	65	108
Neonatal death	21	17	16	3	10	13
Maternal deaths	5	3	4	1	5	6
Number of Facilities Providing the Service	49	59	67	39	34	73

Table 20. PPP Contribution to Service Delivery

Indicator	Total Achievement	PPP Contribution		Percentage
		Private	FBOs	
PMTCT service outlets	312	74	45	38%
Pregnant women provided with PMTCT services	34,824	68	6,852	19.8%
Pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,073	10	110	11.2%
Infants accessing DBS for EID	1,475	8	112	8.1%
C&T service outlets	280	68	38	39%
Clients counselled and tested	132,929	12,038	13,010	10%
Deliveries	14,956	721	694	9.4%
Maternal deaths	50	1	5	12%
Neonatal deaths	115	3	10	11%
Service outlets providing treatment for TB to HIV-infected individuals	276	10	16	9.4%
HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB	1,365	45	250	22%

Private service outlets offering PMTCT and CT services accounted for about 38% of the total PMTCT/CT service outlets.

9. Conduct three stakeholder meetings at the district level: Five stakeholder meetings (Bungoma North, Butere, Kakamega North, Malava, Teso North and South districts) were held, a total of 91 participants attended including relevant DHMTs. Issues highlighted included the weak referral systems, unreliable supply of test kits and reporting tools and weak effective collaboration between private health providers and the MOH office.

Other Activities

1. Sensitization workshop for facility-based HIV/AIDS committee members: The project supported a one-day workshop at Mumias Sugar Company in which five facilities (Mumias Sugar, Nzoia Sugar, Mudete Tea and Pan Paper) were represented. A total of 21 participants from these facilities attended the workshop and discussions centered on aligning HIV activities in the workplace programs. The following observations/recommendations were made at the conclusion of the workshop: That the project:

- Holds a separate session with the different companies to strengthen their workplace programs since they are at different levels of growth.
- Conducts an assessment of the level at which each organization is in, so that the technical support to be provided is responding to specific needs that they are dealing with.
- Holds a session with the senior management of the organizations since they seem not to be driving the programs.

Planned activities

1. Support workplace HIV committee meetings at two sites
2. Support six outreaches in workplace/facilities

-
3. Support mentorship programs for three facilities
 4. Facilitate five PHMT/ DHMT supervision visits to private facilities Vihiga/Sabatia, Kakamega South and Bungoma South and Lugari
 5. Conduct six supervision/trainee follow-up visits
 6. Implement the transition plan per the timeline
 7. Conduct four stakeholders meetings.
 8. Complete renovations (septic tank) at Kima Mission Hospital

Challenges

1. Shortage of test kits
2. High staff turnover



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

Over the past years, the project has worked in partnership with various civil society organizations and institutions to enhance positive health seeking behavior and increase demand for services. The district review meetings instituted by the project became an important channel for monitoring progress and providing necessary technical input for the partners. During the quarter it became imperative for the project to emphasize transition and sustainability measures for the partners at different levels both in the community and the Government of Kenya ministries.

BCC Supervisory Visit

The participation of other members of the BCC committee was an important achievement for the project because it transferred the responsibility from A2W to other stakeholders in the province. This was evident from AMREF support for one BCC committee meeting and one field visit within the quarter. Participants in this meeting were representatives from PSI, AMREF, NACC, PWD, FBO, MOH, Social Services and A2W. They discussed BCC activities, training of BCC members, District BCC committees and membership and it was resolved that the membership would be expanded from 12 to 15 members to include MOYA, MMUST, KANCO and 1 FBO (Christian).

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 Accomplishments

District feedback meetings

The project supported 2 meetings in every district to review progress of activities. The meetings have not only created space for the community health volunteers, Ministry of Health and other relevant partners to discuss issues affecting them, but has also established a network of different interventions in the community. This has resulted in creating a conducive environment for participation.

Conduct dialogue session on health issues

The community health workers continue to engage the community through interactive dialogue discussions that compose of 12-15 community members on health issues affecting them, using a structured community health workers manual. A total of 33,143 community dialogue discussions were conducted by 2,732 community health volunteers (130 S/L CHVs and 2,602 Village CHVs) and attended by 336,731 community members (105,036 males and 241,262 females). The dialogue sessions were on HIV TB, HIV, FP, Malaria, and Gender-Based Violence. The dialogue group discussions have contributed to positive changes in the communities. For instance on malaria, there is awareness on the use of nets and subsequent demand for health services. A total of 50 nets were distributed in the quarter and 97,295 referrals were made for various health services.

Issue condoms through community health volunteers

The community health workers continue to issue condoms for dual protection and as result 435,409 male condoms were issued.

Table 21. Number of condoms issued through community activities

Program Area	Number of condoms issued
Community Agency	458,662
Peer Family	36,697
Magnet Theatre	132,625
Formal Worksites	31,613
Married Adolescents	13,489
HIV Free Generation	5,914
Highway	23,276
Sex workers	41,275
YCHV	
Total	747,648

Community strategy

Table 22. The following table summarizes activities carried in the quarter

Activity	District	No. CU	Result	Issues raised
CHC training	12	24	288 CHC members trained for 5 days in roles and responsibilities	Demand for CHW kits and other incentives
CU quarterly dialogue meetings	8		26 meetings held	<ul style="list-style-type: none"> • Demand for ITNs for all family members • Shortage of Malaria drug • Low uptake of PMTCT services in Kakamega North • Effective referral • Defaulter tracing by CHV
Support to CU	2	4	<ul style="list-style-type: none"> • 4 CU meeting held • 2 Action day held 	<ul style="list-style-type: none"> • Poor road network • Environmental conservation
Refresher training			1,200 CHV refreshed for 4 days on community strategy	
Health education	1	1	42,418 (13,955 males and 28463) people reached with health information	

Peer family facilitator's monthly feedback meetings

Peer family discussions were held during the quarter with 36,175 people (male: 16,375; female: 19,800) being reached, and 11,867 people referred for various services. In Butere district Peer Family Facilitators mobilized 22 couples who were tested during HCT. Through Country Church in Webuye 35 couples were tested and none tested HIV-positive.

Support 228 MT performance

While the project supported 24 magnet theatre groups to conduct 228 performance (each group conducts 3 performances every month), the troupes conducted an additional 3 outreaches bringing the total to 432 performances. During these performances they were able to reach 67,433 (33,254 males and 34,179 females) individuals with health messages.

Since the magnet theatre groups benefited from training on facilitation skills and technical health contents trainings, they have been to develop scripts and synopsis of performance with minimal supervision. This skill would be useful in their future engagement with various stakeholders in providing health education in the community. The Ministry of Health and Ministry of Home Affairs currently engage the troupes in campaigns, health and civic education. The success stories of 3 MT groups are appended in the annex.

Produce 12 episodes of radio program

The project broadcasted 12 live episodes of JUA AFYA YAKO Radio program which brings to total 115 episodes broadcasted in the year. The topics covered were Prevention with Positives (discordance, and available services for PLWHAs) PMTCT, Home-Based Care (HBC), systemic child counseling, health dangers of traditional practice of wife cleansing/inheritance, VMMC, preparing for death, religion and stigma. The guest speakers were derived both from the community and health facilities. WEST FM radio launched its online site in the quarter therefore Jua Afya Yako program can be logged online at 7.30-8.30 every Monday on www.westfm.co.ke. In total, the project received 135 sms, 111 phone calls and 30 facebook feedbacks.

Continue with JAY radio promotion

The above campaign was run from 24th May, 2010 to 30th August, 2010 with the aim of assessing the listener's grasp of various topics being aired. The JAY radio promotion came to an end on 28th of August. In total, there were 68 winners walking away with t-shirts and radios. During the promotion 2,572 sms were received.

Produce CHV update (issues 3 and 4)

Issue 3 of CHV update focusing is under print and Issue 4 on Malaria is under review.

Documentation of best practices and success stories

The success stories documentation is in the final stage of completion. The design and layout for the best practice document for the project is currently being reviewed.

Success story on women networks

After the training on resource mobilization, the women network groups have initiated different IGAs involving horticulture, dairy cattle rearing, poultry rearing & micro-finance entrepreneurship at local levels like merry-go round and table banking. This initiatives endeavor to promote sustainability.

Out of the outreaches conducted this quarter, the community (CHVs and health facility service providers) organized 33 outreaches without financial support from A2W. This demonstrates ownership by the community.

2.1.2: Establishing and strengthening formal and informal workplace programs

Planned Activities and Accomplishments

The project works with both formal and informal worksites. Under the formal worksites are mainly factories and institutions while the informal worksite focuses on sex workers networks, transport sector and beach communities. A total of 25,388 people (11,831 males and 13,557 females) were reached with health messages. Further, a total of 15,938 referrals were made.

Workplace managers review meetings: The review meeting was supported by Mumias Sugar Company. As part of institutional strengthening for HIV committee working group, they hosted Nzoia Sugar, Pan Paper and Mudete to a one-day sensitization meeting by the HIV business coalition on the roles and responsibilities of the HIV committee.

Feedback meeting with worksite motivators and coordinators: There were various feedback meetings held by the worksite motivators to enable review the reports and address any emerging challenges. During the feedback meetings, reports from the motivators were submitted to the project that reflected progress during the quarter.

Factories and institutions

i) Busia Prison: The project continues to work with the Busia Prisons and the surrounding community. The peer educators are currently supporting those who are HIV positive and are either on TB or ARV drugs on adherence. The following people were reached in Busia prison in the quarter.

The peer educators have sensitized the inmates on strategies for reducing HIV transmission and as a result the inmates who are charged by the institution with the responsibility for shaving others are now using one razor for shaving each inmate. The picture below shows the peer educators' feedback session



Figure 26. A peer educator shares a point during a feedback meeting at Busia Prison

ii) Mumias Sugar: The peer educators created conducive environment for employees to seek services from the ART site in Mumias Sugar factory through health education on the benefits of ART and stigma and as a result 41 people registered at the site for care and 10 clients are currently on treatment.

iii) Mumias Municipality Zone: The Mumias Municipal council reached 1,561 through HIV sensitization activities targeting *boda boda* riders, farmer groups and cane cutters. They have also established a committee of 8 persons with the responsibility of drafting a workplace policy for the council and associated budget for implementation. The budget was presented to the town clerk and awaits the action of the senior management and the board of Councilors. The municipal council also benefitted from HCT supported by the project where 24 couples were tested.

iv) Mudete Tea Factory: One health outreach was organized through Mudete Tea Factory. 110 males and 186 females were reached with health information. 34 males and 86 females

were tested for HIV. There were no positive results. 112 clients received curative services, 32 expectant mothers attended ANC and 8 children immunized. 600 condoms and 42 ITNs were issued during the outreach. There were 34 dialogue sessions held in the quarter by 11 motivators.

v) Vihiga municipal council: One outreach was held where 181 males and 206 females were reached with health education. 12 males and 34 females tested for HIV with no HIV positive results. 86 clients received curative services and 2,000 condoms were issued during the outreach. 2 mothers attended ANC while 6 children were immunized and 26 ITNs issued. 15 dialogue sessions were held in the quarter by the 5 motivators.

vi) Training on Positive Living for HIV+: The Provincial Chief Counselor was supported to train 46 staff living with HIV drawn from various line ministries in the province. The training tackled disclosure, stigma and discrimination and drug adherence.

Work place health outreaches

MARPS: The project works with the Most at Risk Population including sex workers, beach communities and truck drivers. The activities in the quarter were carried as described below.

1. Sex workers

i) The survivors sex workers group in Busia: The survivors sex workers peer educators in Busia distributed 41,275 condoms to the sex workers and their clients. Condom use being important in prevention of STI and HIV, the group held 23 sessions on condom demonstration reaching 126 people. There were also 12 sessions on STIs held. Through Tuongoze support group the peer educators held 2 sessions on positive living and 4 sessions on adherence counseling with the sex workers living with HIV.

ii) Wadada SHG- The group has maintained a membership of 7 peer educators who reach out to CSW and widows team in Mumias. The group has reached 102 persons consistently among who 25, an increase in number from the previous 15 reported in the last quarter, are CSW of ages between 14 and 19 years, staying together in a two-roomed house in Lukoye (market on the outskirts of Mumias town). The peer educators make referrals and distribute condoms to their clients on demand.

iii) Low income women in Malaba: Due to violence faced by the low income women there were 3 GBV awareness meetings held at Ikapolok, Kodedema and Kokare Villages in Malaba in Teso and a total of 3,002 (987 males and 2,015 females) were reached. The group also conducted magnet theatre outreaches within the town centre and reached 2,296 (862 males and 1,434 females) with HIV prevention messages. 7 out of 12 of the low income women were able to repay their loans in the quarter. The loans committee is currently making follow-ups on the defaulters.

2. Truck drivers: The project works with the truck drivers along Busia and Malaba borders through partnership with Kenya Long Distance Truck Driver Union (KLDTDU). The activities targeting the drivers were conducted as below.

- A total of 3,425 males and 1,349 females were reached with AB and OP messages through group dialogue sessions and individual talks.
- Overall, 1,542 people were referred for various services and 6,503 condoms were distributed.
- The union held 3 monthly meetings for progress review and support to volunteer peer

educators.

3. Beach communities: The project works with the Beach Management Units in Busembe, Sioport, Busijo and Sisenye beaches to address HIV along the beaches in Samia and Bunyala districts.



Figure 27. A Worksite motivator leads a health discussion at Sisenye Beach

The program supported outreaches along the mentioned beaches and the results were as shown in the below table:

Table 23. People reached and tested at beaches

Day/Month	Number Reached		Number Tested		Curative Services
	Males	Females	Males	Females	
September 2010	269	228	54	47	35
	Positive		4	1	

Table 24. Total number of people tested in worksite outreached

District	Males reached	Females reached	Males tested	Males +ve	Females tested	Females +ve	Other services
Samia	269	228	54	4	47	1	35
Busia Prison	240	80	156	9	4	0	-
Mudete Tea Factory	110	156	34	0	86	0	112
Vihiga Municipal Council	181	206	12	0	34	0	86
Webuye -Pan Paper	91	30	36	4	14	0	62
Nzoia -Sugar Co.	324	322	45	1	84	0	48
	1,215	1,022	337	18	268	1	343

Teachers' worksite activities: There were 30 (10 males and 20 females) HIV+ teachers in Bungoma district trained for 5 days on stigma and discrimination and positive living.

Sub-result 2.2: Expanded prevention programs targeting the youth

2.2.1: Developing life skills and healthy behaviors among youth

Health education for the youth

Peer educators conduct activities/peer education in schools.

39,761 boys and 44,693 girls were reached with AB messages.

The project further trained 290 teachers from 290 schools in the province on abstinence. The trained teachers further cascaded abstinence training to 20 pupils from each of the 290 schools giving a total 6,125 (3,079 males and 3,077 females) pupils in abstinence. The trained pupils will reach their peers with abstinence messages in the targeted schools. During the trainings MOE staff were involved in coordinating the trainings to the schools level.

Dialogue discussions for YCHV

Through the youth anchor organizations the YCHV reached 7,154 males and 8,033 females with health messages in the period under review. They also made referrals and participated in mobilization of health outreaches.

HIV-Free Generation activities (Including Shuga)

The G-jue plus and Shuga activities are all implemented under HFG activities. The activities were conducted as follows:

i) G-Jue with youth in schools

The G-JUE activity which encourages youth to know their HIV status was conducted in 11 schools in partnership with the Ministry of Education and Ministry of Public Health and Sanitation in Busia, Mumias and Butere districts. A total of 5,691 youth in schools were reached with health messages while 3,516 were counseled and tested for HIV. It was the first time the project was conducting an integrated outreach packaged with abstinence and CT focusing on the youth was implemented.

Youth groups from organizations neighbouring the institutions were involved in a peer based community health education activities such as music, video shows (Shuga), magnet theatre,

dance, debates, question and answer competitions and experience sharing on abstinence and positive living.

Table 25. Numbers reached through G-Jue activities

District	Month	Females reached	Males reached	Males tested	Females tested	+ve
Mumias	August	-	1426	204	-	-
Busia	September	2050	210	1181	1539	2
Butere	September	1115	-	-	592	-

Numbers reached through G-Jue schools outreach in Busia Butere and Mumias



Figure 28. Students from secondary schools in Busia participating in the G-jue schools outreach event through which they received life skills education and had a chance to know their HIV status.

ii) G-Jue (Shuga) activities with youth out of school

G-Jue activities for youth out of school included: health education, screening of the 'Shuga' documentary and discussions and VCT services, football matches, talent shows, beauty parades and dancing competitions.

The table below summarizes the number of youth reached and tested through G-jue and Shuga activities:

Table 26. Youth reached and tested through G-Jue and Shuga activities

District	Site	Attendance		Counseled and tested		Reactive	
		M	F	M	F	M	F
Kimilili-Bungoma	Matili polytechnic	133	86	33	30	0	1
	Kamasielo polytechnic	67	41	12	14	0	0
Bungoma West	Tamlega primary	226	102	145	223	0	0
	Tamlega mosque	152	77	-	-	-	-
Bungoma Central	Madisi primary	65	49	40	36	0	0
	Mukuyuni primary	38	40	28	32	0	0
Bungoma South	Mateka primary	68	58	59	20	1	0
	Mechimeru market	140	90	79	67	1	2
Bungoma East	Nambami primary	188	70	70	128	1	0
Larger Vihiga	Mudete, Mbale, Emuhaya and Luanda	1180	920	266	181	2	1
Total		2,257	1,533	734	731	5	3

iii) G-PANGE

a) Wise men group, Busia

The program supported safe medical male circumcision activities in the month of August and September. The activities aimed at increasing accessibility of safe medical circumcision by supporting the Ministry of Medical services to provide the service and community health workers to conduct health talks with new initiates and guardians to counter community risk taking messages.

As a result of these activities, Mayanja health centre in Bungoma District provided safe medical circumcision to 69 initiates. The facility was offering the service for the first time. In Busia district, two outreach activities targeting new initiates and their guardians were held at Busia prison and Mayanja health facility. Table 27 below summarizes the results.

b) Boda boda Outreach-Kakamega

The bicycle and motor bike public transport operators commonly known as *boda bodas* form one of the most at-risk populations for HIV infection. During the period under review, A2W conducted a six-day campaign dubbed “*Boda Boda Smart*” that aimed at taking VCT services and health messages closest to this target population. The campaign was organized in six strategic locations that are mainly the parking zones for *boda bodas*. The table below shows general results attained during the campaign. Out of the total number accessing VCT services, 398 (all males) were *boda boda* riders. Six of them tested HIV-positive and were linked to ambassadors.

c) Mumias Deaf Youth Group

The Mumias Deaf Youth Group was supported to carry out health outreaches to mark the International Deaf Week from 22nd to 27th September 2010.

d) **MMUST HIV/AIDS WEEK**-The HIV/AIDS week took place in MMUST in different campuses for six days. There were 3,080 clients who were counseled, 2,827 clients were counseled and tested and 5 tested positive. In the main campus, 3 students under 24 years and 2 above 25 years tested HIV+. In Bungoma campus out of 95 students counseled, 88 accepted to be tested and none turned HIV+. In Webuye campus all the 65 students counseled accepted to be tested and none was HIV+. The 5 students who tested HIV-positive from the main campus were referred to the care clinic at the campus.

The table below shows access to information and VCT service during G-Pange outreaches at Wise men and Boda Boda smart campaign in Kakamega and Mumias Deaf Youth group

Table 27. Access to information

Group	Males reached	Females reached	Males tested	Males HIV+ve	Females tested	Females HIV+ve	Other services
Wise men, Busia	323	201	44	4	78	5	-
Kakamega Boda boda	1,046	206	737	21	188	16	-
Mumias Deaf Youth Group	322	437	115	1	168	4	-
Total	1,369	407	781	25	266	21	-



Figure 29. Boda Boda outreach with the Slogan 'Jua Hali Yako'

Lessons Learned

1. Health interventions targeted at boda boda riders can generate better results through the outreach approach as the nature of their work does not allow for time off to access services and information at static points.

iv) G-INUE Activities for the Youth

Khaso

KEHASO CBO procured a brick molding machine as part of the project sustainability which they hire out and has so far has raised Ksh. 21,000. Part of the income has been ploughed back to support post test clubs activities.

Amateur

Amateur youth group is using space donated by one of the group members to rear 100 layers.

The group collects approximately 40 crates of eggs per month and sells them for approximately Kshs. 6,000 an amount used to maintain the business while savings are ploughed into group health outreach activities.

Eddo

The group raring is raring 100 layers and anticipating to start egg production .

Muranda Community AIDS and Poverty Eradication Group

The project is planting indigenous vegetables and received a profit of 4,000 in the quarter with 50% covering the project's running cost and 50% reinvestment into seeds and the next batch of the vegetables. The maize project isn't doing well.

Jijazie Hybrid Thespians

Poultry

- A poultry structure with a capacity of 1,000 birds was constructed.
- 500 chicks were purchased and 361 survived to maturity and disposal.
- The mature birds were disposed off during late June and provided sales of 108,300/=
- The net profit accrued 6,000/=.
- The group has restocked 100 birds only and deliberations are being made on channeling the poultry capital and profit to another to low risk and more profitable investment. This is due to the challenges and other observations made.

Bricks

- 20,000 bricks were molded and after successful baking, the group realized 10,400 bricks.
- All the bricks were sold during the last week of June 2010 and a net profit of about 11,600/= realized.
- The group is planning to embark on the second phase of molding

Tree nursery

- From the seed bed, we realized 4,500 seedlings of which we have been able to sell off 3,000 seedlings and realized a profit of 7000/=.
- We donated the rest of the seedlings to five of the schools that we partner with in various activities.
- We still remained with more seeds from the first batch of seeds purchased and preparations are being made to establish new seed beds.

Support Highway Youth Activities

Central Youth in Malaba

Through Central Youth in Malaba a total of 5,941 males and 3,533 females were reached with AB and OP messages. Through group dialogue sessions and individual talks , 1,141 males and 438 females were reached with AB and OP messages through puppetry performances 3,258 people were referred for various services.

ADEO

- A total of 2,516 males and 2,184 females were reached with AB and OP messages through group dialogue sessions and individual talks.
- An additional 1,190 males and 679 females were reached with AB and OP messages through the MT sessions, while 1,141 males and 438 females were reached with AB and OP messages through puppetry performances.

- Overall, 1,716 people were referred for various services and 5,135 condoms were distributed.
- The CBOs held 3 monthly meetings for progress review and support to volunteer peer educators.

2.2.2: Reaching Married Adolescents

Planned Activities and Accomplishments

The project continued with married adolescent dialogue sessions. There were no new numbers reported in the period.

MA's Dialogue sessions

The mentors continued to engage married girls and boys in discussions on health issues at various forums. During the period under review, a total of 118,009 (45,334 males and 72,675 females) were reached with health messages through the dialogue sessions.

SUCCESS STORY OF MARRIED ADOLESCENT IN MANYALA

Mary Namayi, Married Adolescent Mentor mobilized 16 MA girls into a dialogue group they christened Samaria Self Help Group. The group conducts health education with MA girls on MCH, FP, HIV/AIDS and TB every week. In addition, it coaches the MA on good communication in relationship with their husbands and mothers in-law.

The efforts of the group have seen MA girls turning husbands going for counseling and testing services together without fear as well as increased number of hospital deliveries. Of the 11 MA girls with children under 2 years, 4 were able to adhere to EBF making the health of their children become an envy of other community members.

In Nov 2008, the group decided to initiate IGA to respond to their livelihood needs and improve the nutritional status of their households. They mobilized funds as a group to set up different IGA and currently have a grain and cereals store, where they stock beans, maize, wimbi, soya beans and a poultry rearing project. The other group members also run a CHIPS kiosk at Manyala market.

The IGAs have enabled the group gain self reliance, reduce domestic rankles and have a healthy family.

Challenges

- Shift in the residential sites for most MA girls, especially in Lukoye and Shibale have interfered with dialogue activities sessions. The married adolescents are mainly wives of casual workers at the sugarcane industry.

Review meeting with church leaders (Kakamega and Lugari)

These were held in Lumakanda, Likuyani and Kakamega North attended by 83 participants. The meetings reviewed the working relationship between the church and the mentors in which the team leaders highlighted the objective of the married adolescent component, their achievements and challenges. The church leaders highlighted the support they give to the mentors in their respective churches and the benefits that they have realized in their churches as a result of the mentors' influence.

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

2.3.1: Strengthening community group networks

Planned activities

Dialogue discussion forums by the women's networks

The women's network representatives conducted 3,646 dialogue discussions with their groups reaching 101,579 participants (30,863 males and 70,716 females). A total of 18,265 referrals

were made and 42 nets distributed.

2.3.2 Establishing sustainable links between communities and facilities

Community Outreaches: The community outreaches in partnership with the Ministry of Public Health were planned to be mobilized around 35 sites every month. A total of 77 outreaches were conducted this quarter reaching a total of 11,717 community members by WRCCS with 2,718 children and 2,597 adults receiving curatives, 1,597 immunized, 14 PMCT, and 1,470 VCT.

Challenges

- Condoms, VCT test kits, FP services, drugs and nets were lacking in most facilities during this quarter.
- Lack of adequate personnel limits the number of community members who can access services during the outreaches, thus facilities should provide more service providers in outreaches.
- In Bukura and approved facilities, immunization is only offered during outreaches. There is need for other services as there is a high demand from the community.
- There are cases of service providers turning up late for outreach activities which are also aggravated by the rains in the afternoon.

Recommendations

- Partners can assist in supplementing the MOH with additional supplies where possible, especially to support outreaches.

MCH: The project conducts MCH activities in Teso and Busia. During the quarter the project was privileged to host child survival partners. The various MCH activities is described below.

i) IYCN outreaches by AOH

There were 1,818 outreaches which were conducted by AOH, YAOH, DAOH and Community Counselors in 9 larger districts. A total of 38,736 people were reached as follows:

Lactating Women: 14,294

Male Partners: 8,237

Married adolescents: 3,087



Figure 30. Male involvement in IYCN sessions in Shiseso HC to expectant and lactating mothers on exclusive breast feeding

ii) MtMSG-Infant feeding program

MtMSG facilitators continue providing health talks on infant feeding at the health facility and home visitation to promote infant feeding. A total of 1,440 health talks were conducted by the mother-to-mother support group facilitators at the facility.

MtMSG were supported to establish 10 kitchen gardens in identified facilities within the province which will support demonstrations on complimentary feeding. A feedback meeting at district level was held with the groups.

Table 28. Mother to Mother feeding program indicators

Indicators	Q 3	Q4
No. of Mothers Practicing Exclusive Breastfeeding	354	299
No. of Mothers Referred for ANC services	1,893	1,338
No. of Health Sessions Conducted On IYCF		273
No. of Sentization Meetings Held On IYCF	184	310

Quarterly feedback meeting with CHW in Teso and Busia: Feedback meetings were held with 1,000 CHWs in the previous quarter in the larger Busia and Teso districts on safe motherhood, hygiene and sanitation, IYCN and MIP.

Home visits for pregnant mothers: The CHWs have continued to make household visits and defaulter tracing of mothers for ANC services. CHWs attached to Teso District Hospital (Kocholya) District Hospital have formed a breast feeding group to support mothers in the community.

CHW training on Maternal and Neonatal care: There were 1,000 CHW trained on maternal and neonatal care using the national curriculum from DRH.

Supported for PHMT sensitization meeting on breastfeeding: The province was supported to conduct a one-day sensitization meeting on WBFW, IYCF, BFHI, code monitoring, BFCI and expected district activities. The meeting was attended by 3HMT and 4 DHMT members from the 19 districts.

Support World Breast Feeding Week activities: During the quarter, 19 districts were supported to conduct World Breast Feeding Week campaigns which involved health talks and feeding demonstration at the health facility and the community by the MTMSG. In addition, the district nutritionist visited retail outlets to conduct code monitoring of infant feeds. The campaigns were crowned with a provincial launch at Sio Port in Bujwang's primary school of Samia district. It was reported that around 1,000 people were reached with health messages.



Figure 31. Preparation of enriched porridge by health workers in Busia District Hospital during the WBF day.



Figure 32. Mothers feed their children on the enriched porridge

2.3.1.5 MCH Vitamin A

Planned and Accomplishments

Dialogue sessions

A total of 93 dialogue sessions were held with the pregnant mothers in their respective pregnant mother clubs. A total of 316 pregnant mothers were reached with information on sources of vitamin A, importance of vitamin A, healthy eating during pregnancy and lactation and importance of attending ANC.

The figures below portray health education, harvesting and breastfeeding while eating OSFP.



Figure 33. Health education, harvesting and breastfeeding

Home visits

CHW's and agricultural extension officers continued monitoring the pregnant mothers redeeming vouchers from the vine multipliers. In total, 330 home visits were made in the quarter, reaching 330 pregnant women who had redeemed their vouchers.

Voucher distribution

This is a continuous exercise. During the quarter, 614 vouchers for the two varieties of the OFSP were distributed to eligible pregnant mothers in both Bungoma and Busia.

The picture below shows a pregnant woman who received a voucher, collected the vines and now has a farm planted with the orange fleshed sweet potatoes.



Figure 34. Pregnant woman holding orange fleshed potato on her farm.

Monthly review meetings

Monthly review meetings were held with the CHW's, vine multipliers, ANC nurses and the agricultural extension agents around Nangina, Namboboto, Korosiandet and Tamlega health facilities. The meetings were held to review progress in terms of voucher distribution, voucher redemption, home visits, pregnant mother club meetings, and to identify possible solutions to challenges encountered in the field.

Other activities accomplishments

Refresher training for CHW's

- A total of 86 CHW's were trained for 2 days on complimentary child feeding practices. During this training a schedule of topics to be covered by the pregnant mothers was established.
- 3-day training on monitoring requirements was conducted for **60** CHWs, **27** males and **33** females, from both Bungoma and Samia districts.

Partners review meeting and divisional network meetings

These were held and attended by all the partners implementing the SASHA project to review progress at both implementation and management levels.

Water, Hygiene and Sanitation

- i) Purchase water treatment products:** In the quarter, 2,250,000 water treatment tablets were procured and 19,392 households in Busia and Teso have so far benefitted from the treatment.
- ii) Construction of VIP latrines :** The project supported construction of 50 latrines in schools in Busia and Teso.

iii) **Spring protection and construction of school water tanks:** There were 10 tanks delivered to the schools for handwashing. 5 springs were protected by the Ministry of Health staff in Teso,



Figure 35. A child washing hands in a school supported on water and sanitation by the

iv) Conduct health talks in schools

Peer education sessions were conducted in schools reaching 100 pupils.

Table 29. Schools activities

Indicators	Q3	Q4
No. of Latrines Pegged	272	800
No. of New Latrines	254	911
No. of Shallow Wells and Boreholes Protected	5	29
No. of HH Treating Drinking Water (Newly Initiated)	-	19,392
No. of Health Talks Held On Safe Water Use	320	395
No. of Dish Racks Pegged	555	1,018

MIP

A feedback meeting was held with 1,000 community health workers in Teso and Busia who were trained in Malaria. The following were achieved in the quarter:

Table 30. MIP Activities

Indicators	Q3	Q4
No. of Pregnant Mothers Using ITNs	3,494	3,767
No. of Pregnant Mothers Referred For ANC Services	1,893	1,338
No. of Sensitization Meetings Conducted On Malaria	273	196
No. of Health Education Sessions Conducted On Malaria Key Messages	310	160

In Vihiga, 114 (88 female and 26 male) CHW participated in a feedback meeting on MIP

where the CHWs reported that they conducted health education and demonstration on use of ITNs, ANC, and health talks on Malaria in Pregnancy.

2.3.4. Mainstreaming gender

Accomplishments

Male involvement review meeting was held and was attended by 30 participants derived from 6 male groups supported by the project. In the reporting period, a total of 3,151 men were reached, 1,977 referred. The group suggested recruitment and training of more male support groups to increase coverage.

Planned activities

- District close-out meetings
- 1 MCH feedback meeting with 1,000 community health workers
- 1 ORT review meeting
- 1 sensitization meeting on diarrhea for health workers and community in Busia and Teso
- Support community strategy meetings
- Support community strategy health action day
- Provision of community strategy tools
- Construction of additional 50 toilets
- Training of 1460 peer educators in Kakamega and Lugari on Abstinence
- Documentation of District activities by the advisors and submission
- Finalize the best practice documentation
- Providing reimbursement to sub grantees
- Home visits for pregnant women
- Voucher distribution and redemption

Table 31. Targets and indicators for result 2

Indicators	Year 4 targets	Oct - Dec 09	Jan - Mar 10	Apr-Jun 2010	July-Sept 2010	Year to date	Comments
No of condom service outlets	500	3,464	3,520	3,520	2,393		Condoms are distributed through CHWs. Number is cumulative
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	144,306	186,336	Through Gjue outreaches in schools
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	6,000	-	0	0	5318	5318	290 teachers and 5028 teachers trained
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence (abstinence is a subset of AB)					5028	5028	These are youth peer educators trained
Number of individuals reached to promote HIV/AIDS prevention programs through abstinence (abstinence is a subset of AB)					48,666	48,666	Under 14 reached in school
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)	202,025 (86,426M 115,599F)	536,668	Other health education ,boda boda, cyp, ADEO, kltdu
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	2,680	9,074	1200 CHW were trained on different topics especially stigma and discrimination, CHC, positive living, teachers with HIV
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	46	46	Community units, PC office, 21 schools
Number of individuals trained in HIV-related capacity building	500	60	200 (young artists to pass messages during GAMINI festivals)	2,340	288	2,688	CHC members to coordinate community strategy

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

Sub-result 3.1: Expanded home and community support programs

3.1.1: Strengthening and building CBO/FBO HBC programs

Planned Activities and Accomplishments

- **Support supervision and monitoring visits of CBO/FBO activities:** This was done in all the 24 CBO/FBOs on a weekly basis.
- **CBO Quarterly review meeting:** The meeting focused on transition plans for monitoring activities. Representatives of line ministries also attended.
- **Support CHVs with incentives and job tools: Distribute 1000 Bicycles to 1000 CHVs: With the distribution of 1700 bicycles all CHV on OVC/PLHIV support have now received a bicycles**
- **Support Provincial HCBC Stakeholders meeting:** The meeting strategized on facility-community linkages emphasizing feedback on referrals at all levels. For HCBC monthly reports, coordinators will continue use of the annex since the new 711 tool does not have a section for it.
- **Support district meeting between H/F-based HCBC Coordinator and District HCBC Coordinator:** The project supported review meetings (in 10 districts) that focused on how to integrate effectively the CHVs into MOH system and utilize them to effectively link to the community.
- **Training 180 CHVs on HCBC for PLHIVs:** 114 females and 66 males were trained

Table 32. CBO HBC Activities during Quarter 4 yr IV

	Females	Males	Total	
			Q4 yr 4	Q3 yr 4
No. of CHV providing HBC	3,011	1627	4638	4,488
No. of CHV reporting	2,800	1420	4240	3,970
No. of clients	22,336	11,628	33,964	31,522
No. of clients < 15 yrs	3,445	2,478	5,923	4,628
No. of clients 15yrs and over	18,891	9,150	27,041	26,894
No. of patients on ARV	10,471	7,599	18,070	17,919
No. of patients on TB treatment	1,059	841	1,900	2,100
No. of PLWHA receiving nutritional support	11,653	5,571	17,624	14,169
No. of HIV+ TB patients receiving ART and TB treatment	3,108	2,356	5,464	4,389
No. of deaths	50	34	84	104
No. of HBC kits supplied			97	42
No. of HBC kits used			97	42

The capacity given to the CHVs through training has helped them do simple nursing procedures at household level as seen below. These are members of a support group doing an exercise of massaging.



Figure 36. Support group Members doing massage exercise

Analysis of indicators and targets

Table 33. 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	Jul-Sep 10	
Total number of CBO/FBOs providing HIV-related palliative care	24	24	24	22	22	24
Total number of individuals trained to provide home-based HIV palliative care (CHV)	2,635	2,635	2,647	4,352	4,352	4,352
Number of primary care-givers mentored to provide HBC services	6,894	11,312	7,092	20,429	21,009	21,009
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	31,980	31,980
Number of PLWH referred from HBC to clinical	606	988	1,057	838	1,080	1,080

Challenges & Recommendation

Planned activities next quarter

- Support supervision and monitoring visits of CBO/FBO project activities

3.1.2: Expanding support services for PLWA

Planned activities and 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:** 76/79 IPTG leaders attended the four (4) days, quarterly debriefing. They were also trained on parenting and discussed how to continue offering psychosocial support to their communities through to December and beyond.
- **Visit sampled on-going groups for quality assurance:** Five (5) terminated groups were visited. Three of the terminated groups have registered with the social welfare department as self-help groups.

Significant story:

Mzee Jeusi lost his job due to retrenchment in 2008. Soon thereafter he was involved in a fatal road accident and was hospitalized for several weeks upon his discharge from hospital; his wife was also involved in an accident and later died. With the tragedies happening in quick succession, Jeusi became very devastated, depressed and hopeless. He could not sleep, was very sad and became withdrawn.

According to Jeusi “My life had stopped, I was very easily angered, I kept to myself, blamed myself for what had happened, questioned God why all this was happening to me. One day a lady by the name Anna Rengo an Interpersonal Psychotherapy (IPT-G) for groups’ leader in Matete visited me and asked several questions regarding my situation. It was very difficult to open up and share my tribulations to a stranger, but she became very persistent until she made a breakthrough.

She told me I was depressed and asked me if I cared to join a group of men who were also going through a similar situation. I agreed, albeit half-heartedly, because I was skeptical on how people can just talk and get better. I was so used to my hermit kind of life. After joining the group and attending several meetings, my life slowly began to change. I revamped my business and even my customers who had kept off started trickling back. Joining the USAID/APHIA II Western IPTG group gave me a new lease of life; communication between me and my family members has improved, I can now sleep and most of all my fellow men have taught me life is more than just being depressed.



Figure 37. Jeusi with the IPTG leader outside his business premises

- **Public disclosure sessions for stigma reduction by AOH and DAOH:**
 - The AOH carried public disclosure sessions in the community and health facilities. The AOH conducted public disclosure sessions at Shikusa Prison, in schools, churches, chief *barazas* and community gatherings. The outreaches resulted into the following outcome:
 - Increased demand for CT services.
 - Increased number of children joining pediatric support groups.
 - Civil servants coming out to talk of their HIV status.
 - Evidence that most of PLHA in the support groups have been able to disclose their HIV status to their family and close relatives.

Table 34. Public disclosure sessions

		AOH	YAOH	DAOH
Outreaches		524	597	423
People reached	male	7,481		2,941
	female	11,452		3,022
	boys	681		611
	girls	748		815
	total	19,956		7,389

Training civil servant AOH: 48 civil servants AOH were trained. They are suppose to carry outreaches and public disclosure sessions. They will be monitored from end of October.

SIGNIFICANT STORY

Discordant couples visited a family which was stigmatized by extended family members. The couple went for CT and the woman was found to be positive while the man was negative. The man told his parents about their status and his father insisted that the wife must go. The man refused and they were chased out of their home. They went to nearest shopping centre and rented a house. The discordant couples in Mumias continued to visit them and encourage them. The father of the man who chased them away visited them after sometime. He wanted to know more about HIV and discordant relationship. They explained to him and they also invited other discordant couples to talk to him. He apologized and welcomed them back home. The couple is very happy to be united with other family members. They participate in outreach activities with other DAOH in Mumias.

Formation of support group: Increased outreaches by Youth AOH and Discordant AOH resulted into increased demand and open access for CT services. This increased the number of support groups formed. The benefits given to OVC also motivated people who were not in support groups to form and register their support groups. The numbers of support groups formed were as follows:

- 26 Mixed Support groups.
- 8 Male only support groups
- 6 Pediatric support groups
- 16 Discordant support groups.
- 14 Youth support groups.
- **Support group meetings for enhancement of positive living:** Support groups meetings continued in all districts. 120 support groups were supported to hold their meetings. Other 416 support groups were able to conduct their monthly meetings and the following outcomes were realized;
 - All support groups have community kitchen gardens and most support group members have individual kitchen gardens.
 - Drug adherence and nutrition issues were emphasized during the meetings.
 - Most support groups addressed sustainability issues. Table banking, poultry and organic farming are some of the strategies being implemented to ensure group sustainability.
 - All groups have registered with social service and opened bank accounts.
 - The support groups have established kitchen gardens for child-headed homes.



Figure 38. Facility health talk at Bukaya HC.

- **Monitoring meetings with AOH and DAOH:**
 - 237 AOH and 100 YAOH activities continued in all the districts. The table below outlines these activities.

Table 35. AOH activities Q4 yr 4

		M	F	Total
No. of people reached	Adults	12,539	16,881	29,420
	Children	2,413	2,820	5,233
Referrals	VCT	3,468	3,694	7,162
	PMTCT	355	1,837	2,192
	TB	455	496	951
	HBC	806	951	1,757
	Support Group	1,025	1,759	2,784
	CCC	1,349	1,631	2,980
	STI Clinic	350	351	701
	Legal services	144	172	316
	others	395	608	1,003
	Children's department	304		
	Education office	493		
	Administration	387		
	Rescue centres	452		
	Relatives	511		

SUCCESS STORIES

One of AOH went to trace a defaulter who was bed ridden. He stopped taking drugs after he was convinced by the relatives that he had been bewitched. The AOH had series of talks with the family members and the client. The family members accepted to take him back to CCC. He was given drugs. He took the drugs for 3 weeks and became strong. He is able now to walk without being supported by anybody. He can now do his work.

- Monitoring meeting held with discordant couples: The discordant couples held 589 outreaches. The following information was captured from their activities:

Table 36. DAOH activities Q4 yr 4

		M	F	TOTAL
Discordant ambassadors		49	49	98
No. of people reached	Adults	4,432	6,751	11,183
	Children	1,884	2,235	4,119
Referrals	VCT	688	1,395	2,083
	PMTCT	55	267	322
	TB	56	67	123
	HBC	77	137	214
	Support Group	193	290	483
	CCC	206	268	474
	STI Clinic	33	42	75
	Legal	32	46	78
	Others	33	58	91

- Community mobilizers quarterly review and capacity building meeting:** Community mobilizers had quarterly review and capacity building meeting. They discussed about transition and the documents to be handle over to different authorities and ministries. They also agreed on when to hand over the documents to A2W office. They also agreed that the activities will continue up to 31st December 2010.

Analysis of indicators and targets

Table 37. Targets and accomplishments of PLHIV

Indicator	Yr 4 Target	Year 4 Quarterly Accomplishments				Year 4 accomplishment
		Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10	
Number of PLWH and caretakers of OVCs belonging to support groups	15,000	12,000	13,554	14,391	15,653	15,653
Number of PLWH who share their status with others in the community	15,000	5,236	9,738	8,650	11,396	11,396

Challenges & Recommendation

- Anxiety by CHV about ‘what next’ after APHIA II Western.

Planned next quarter

- Bi-weekly supervision meetings (4), in Vihiga, Shinyalu, Butere and Matete.
- Visit sampled on-going groups for quality assurance.
- Public disclosure session for stigma reduction by AOH.
- Public disclosure sessions for stigma reduction by DAOH.
- Formations of support groups and strengthen the existing ones.
- Support group meetings for enhancement of positive living.
- Monthly monitoring meetings held with AOH
- Monthly meetings held with DAOH.
- Community mobilizers quarterly review and capacity building meeting

Sub-result 3.2: Expanded support for OVC

3.2.1: Comprehensive support for OVC

Planned activities and 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 maintained and supported 69,458 OVC. Three or more benefits increased from 91% to 94%.

Table 38. OVC support /benefits during the quarter (Achievements for quarter4 Yr4 vs previous quarters in Yr 4)

Gender	1 or 2 Benefits				3 or more Benefits				TOTAL			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Males	11,525	4,856	3,188	2,199	22,454	29,098	31,341	31,941	33,979	33,954	34,529	34,140
Females	12,042	3,805	3,340	2,147	20,064	28,516	31,359	33,171	32,106	32,321	34,929	35,318
TOTAL	23,567	8,661	6,528	4,346	42,518	57,614	62,930	65,112	66,085	66,275	69,458	69,458
Proportion of children receiving 3 or more benefits									64.3%	87%	91%	94%
Proportion of children receiving 1 or 2 benefits									45.7%	13%	9%	6%

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, 2,361 children were tested with 5 of these being HIV-positive. So far 70% of the children have been tested to date with 665 HIV-positive. All the HIV-positive children are on HIV care.

429 male OVC from Bungoma West and South were circumcised, after preventive information on HIV, life skills and counseling to overcome the trauma of not participating in the traditional circumcision event.

The table below show comparisons in numbers of children counseled and tested in yr 4:

Table 39. Number of children counseled and tested during the year

YR 4	Tested	HIV+
Q1	29,026	611
Q2	11,887	34
Q3	5,160	15
Q4	2,361	5
Total	48,434	665

Education: Provision of school uniforms, scholastic materials and school bags to 38,249 OVC (18,276 M, 11,973 F) motivated the children to go to school. Provision of sanitary pads to 6,498 OVC improved their school retention rate and performance. The CBOs are planning continuity of education during the transition period. For example Budalangi Theatre, a CBO partnering with APHIA II WESTERN Project has been fundraising amongst the CBO members and CHVS and they have raised Ksh 150,000. They are organizing for a major funds drive in December 2010 to enable them have enough funds to support 43 (27M, 16F) OVC who were receiving fees subsidy from the project to ensure that their education is not curtailed after transitioning of the project.



Figure 39. OVC in Butere district and their caregiver showing scholastic materials that A2W has given them.

Food and nutrition: 8,796 new kitchen gardens were established and maintained over the quarter, enabling OVC households to access food. Proceeds from sale of poultry is supplementing their diet through purchase of food products, thus the OVC can access at least a meal in a day.

Shelter and care: 188 OVC houses that were in appalling condition were renovated. 1222 OVC received water storage containers (50 litres), 600 OVC received basins and 600 OVC received lantern lamps. This support area has had a positive impact on the 4 families concerned.

Psychosocial Support: CHVs, systemic child counselors and religious leaders facilitated this support to all OVC in the project and their caregivers. OVC who could not relate well with their family members are in a position to express themselves and share their feelings thus strengthening the family bonds.

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

Table 40. OVC benefits targets and accomplishments during q3 of yr 4

BENEFIT		Male	Female	TOTAL	
		Q4		Q3	
Health	Medical Check up	2,188	2,047	4,235	3,761
	Deworming	2,980	3,025	6,005	3,818
	Treatment for any ailment	846	614	1,460	1,432
	Long-lasting insecticide treated nets	18,997	17,643	36,640	35,153
	Routine and missed immunizations	2,951	2,900	5,851	5,846
	Vitamins and mineral supplements	882	878	1,760	1,490
	Medical outreaches	782	801	1,583	2,864
	HIV counseling and/or Testing	1,361	1,000	2,361	5,160
	HIV prevention and life-skills	7,020	6,893	13,913	11,129
	Access to clean water	12,646	12,384	25,030	30,328
TOTAL NUMBER OF OVC WHO RECEIVED A HEALTH BENEFIT		28,488	26,453	54,951	51,333
Education	Uniform	10,866	9,855	20,721	20,229
	School fees/ levies	1,094	1,270	2,364	2,290
	Schooling items	18,276	19,973	38,249	35,342
	Sanitary towels	0	6,498	6,498	5,037
	School feeding programmes	1,418	1,444	2,862	5,018
	Child now in school	1,089	658	1,747	5,176
TOTAL NUMBER OF OVC WHO RECEIVED EDUCATION BENEFIT		25,117	25,737	50,854	48,769
Nutrition	Kitchen garden	19,132	17,795	36,927	28,131
	Livestock	3,172	2,730	5,902	5,799
	Poultry	21,566	19,263	40,829	40,830
	Food relief and donations	14,645	16,415	30,050	8,745
TOTAL NUMBER WHO RECEIVED NUTRITION BENEFIT		33,425	31,857	65,282	57,185
Shelter and basic care	Beddings	20,732	18,646	39,378	37,339
	Kitchen set	18,449	16,836	35,285	33,867
	Home clothing	11,699	14,012	25,711	25,024
TOTAL NUMBER OF OVC WHO RECEIVED SHELTER AND CARE		22,009	20,693	42,702	41,502
Protection	Registrations of births and deaths	5,475	5,295	10,770	8,750
	Protection and access to parents property	2,548	2,032	4,951	4,580
	Referral & linkages for legal services	769	1,115	1,884	2,159
TOTAL NUMBER OF OVC WHO RECEIVED PROTECTION		8,023	7,737	15,760	15,492
Psycho-Social Support	Home visit by CHW	34,140	35,318	69,458	69,478
	Spiritual counseling	12,330	11,968	24,298	10,467
	Child, community & bereavement counseling	14,269	17,926	32,195	1,990
TOTAL NUMBER OF OVC WHO RECEIVED PSYCHOSOCIAL SUPPORT		34,105	35,273	69,458	69,458
Livelihood & Economic Support	Vocational training	396	325	721	673
	Business skills training	160	136	296	170
	Business start up kitty	145	105	250	131
	Linkages and support from MFI	94	75	169	122
TOTAL NUMBER OF OVC WHO RECEIVED ECONOMIC SUPPORT		386	344	1,062	843
CARE GIVER TRAINING		6,895	8,288	15,183	12,722
TOTAL NUMBER RECEIVING 1 OR 2 BENEFITS		2,199	2,147	4,346	6,528
TOTAL NUMBER RECEIVING 3 OR MORE BENEFITS		31,941	33,171	65,112	62,930
Total number of OVC				69,458	69,458

- **Support AAC activities within the Province:** The project supported AACs quarterly

meetings in Kakamega Central, Vihiga, Emuhaya Lugari, Busia district and Bungoma district.

- **Train caregivers on child care and support:** Trained CHVs mentored OVC caregivers on parenting skills, communication skills to enable them address OVC needs. This has made caregivers to build compassionate relationships with OVC under their guardianship.
- **Train CHV TOTs on life skills:** 519 CHV were trained as TOT in life skills to enable them address sexuality and reproductive health needs of OVC in the project thus empower them to make informed decisions in regard to their lives.

Analysis of indicators and targets

Table 41. 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	Jul-Sep 10	
Number of OVC served by OVC programs	60,000	66,085	66,275	69,458	69,458	69,458
Number of OVC served in 3 or more care areas by gender	≥ 45,000	42,518	57,614	62,930	65,112	65,112
Male		22,454	29,098	31,341	31,941	31,340
Female		20,064	28,516	31,589	33,171	31,589
Number of OVC served in one or two care areas by gender	≤ 15,000	23,567	4,856	6,528	4,346	4,346
Male		11,525	8,661	3,188	2,199	2,199
Female		12,042	3,805	3,340	2,147	2,147
Number of OVC care-givers trained in caring for OVC	5,400	11,951	12,451	12,722	15,183	15,183
Male		4,828	5,350	5,521	6,895	6,895
Female		7,123	7,101	7,201	8,288	8,288

Challenges

- Convincing caregivers to take their children for HIV test.

Planned activities for next quarter

- Support and monitoring of OVC

3.2.2: Strengthening child protection for OVC

Planned activities and accomplishments

- **Support children clubs meetings for counseling, interaction and life skill information sessions:** Children clubs were conducted in 9 larger districts. The children had opportunity in sharing how the club have assisted them to build various skills which they didn't possess at first. They also share how they have developed their peers skills by using the lessons learned from the club.



Figure 40. It is all fun during play therapy. The children enjoyed variety of games.

- **Monitoring meeting for systemic child counselors:** Systemic child counselors identified and counseled 17,907 (Male: 8,536/Female: 9,371) children in distress. The following information was provided. Referrals were made as follows:

Table 42. Systemic Child counselors referrals

REFERRAL AREA	MALE	FEMALE	TOTAL
Paralegal	379	521	900
Health facility	337	852	1,189
Learning institution	108	179	287
Bereavement counselor	94	136	230
Caregiver	117	173	290
Memory book writer	2,072	2,511	4,583
Pediatric Support Group	56	105	161
Children department	196	213	409
Education Officer	83	122	205
Ministry of Agriculture	317	349	666
Rescue Centre	21	33	54
Relatives	27	29	56

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

Table 43. Monitoring meeting for memory book writers CHV

	Males	Females	Boys	Girls	Total
Memory book in advanced stage					7,355
Memory books in progress					8,634
Memory books written out of support group structure					2,173
Children not yet reached in support groups					4,091
Children reached			8,547	10,668	19,215
People reached on memory book writing	9,319	16,618			25,937
Currently writing memory books	6,212	11,078			17,290
Wills completed	531	93			624

Challenges

- Will writing is a challenge especially among the women who feel they have nothing to distribute.

Planned next quarter

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

Analysis of indicators and targets

Table 44. Targets and achievements on OVC/PLWA

Indicator	Yr4 target	Year 4 Quarterly Accomplishments				Annual accomplishment
		Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 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	3,893	22,221
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	3,285	38,099

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

- **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.
- **Monitoring for the CHATTs in the 8 districts:** The CHATTs are caring and supporting 3,085 boys and 3,912 girls, totaling 6,997. They care for and support 2,334 PLWHIV (931 men and 1,403 women). 103 religious groups have support groups established within their churches/mosques, and are assisting them to initiate income generating activities.



SIGNIFICANT STORY

Stigma related to HIV is still very rife within the Muslim community. Anyone infected with HIV is rejected and treated as an outcast. The situation is slowly turning around in Mumias thanks to the efforts of Imam Abdalla Makuyukuyu of Lukoye Mosque. He was among the first Muslim leaders to be sensitized on Channels of Hope in December 2008. He later trained as a Facilitator to strengthen the Muslim Response to HIV and AIDs.

Imam Abdalla has been very instrumental in mobilizing and empowering his fellow Muslims to talk about HIV and AIDS in a compassionate and non-judgmental to help reduce the high levels of stigma and discrimination. Within his Mosque he currently takes care of 110 OVC (61 boys and 49 girls) and 19 PLWH (Male 7 and 12 Female). During quarterly meetings, discussions were undertaken on IGAs and Proposal writing, which he took seriously and with the assistance of the group wrote proposals and forwarded to NACC and AMREF. Both proposals were successful and the funds have assisted them to acquire a dairy cow which produces 25 liters of milk per day and the sale of milk has enabled the group to subsidize secondary school fees for 13 OVC (5 girls and 8 boys). In addition, the funds have assisted them to purchase fertilizers to improve their farm produce and they have also been supported with a green house. 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.

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

Table 45. Monitoring meetings for community counselors

	MALE	FEMALE	BOYS	GIRLS	TOTAL
No. of outreaches					843
No. of people reached	13,594	16,958	2,743	3,758	
Total families counseled					2,981
Support groups visited	3,572	5,358			

Table 46. Referrals made by Community Counselors

Referral Point	Adults		children		Total
	Male	Female	Male	Female	
VCT	494	739	76	84	1393
PMTCT	63	243	04	21	331
TB	17	29	09	11	66
STI	105	161	141	76	483
HCBC	231	435	011	06	683
CCC	182	264	47	19	512
Support Group	691	968	33	22	1714
Legal	41	62	39	49	191
CBO/FBO	119	154	27	32	332
Others	66	97	17	13	193
total	2,009	3,152	404	333	5,898

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

	Males	Females	Boys	Girls	Total
Outreaches					693
People reached	10,582	13,396	3,192	4,804	31,974
Families counseled					1,499

Table 47. Referral Made By Bereavement Counselors

Referral Point	Adults		Total
	Male	Female	
VCT	1,218	1,241	2,459
PMTCT	109	586	695
TB	132	68	200
STI	147	87	234
HCBC	259	451	710
CCC	397	479	876
Support Group	310	357	667
Legal	33	56	89
Education	45	61	106
Others	41	37	78
total	2,691	3,423	6,114

Table 48. Children referred to:

Service point	boys	girls	total
Local administration	73	86	159
Rescue centers	68	71	139
Relatives	52	95	147
CBO/FBO/SG	162	196	358

Planned activities next quarter

- Monitoring for the CHATTs in the 8 districts.

3.3.2 Providing livelihood activities for PLWHA

Planned activities and accomplishments

- **Facilitate Support groups start IGAs:**
 - **Passion production.** Purchased 10,000 passion fruit seedlings for the support groups to plant on individual farms.
 - **Green house farming.** 5 green houses procured and erected in partnership with AMIRAN Kenya for support groups in Vihiga, Mumias, Bungoma East, Bungoma West and Bungoma South.
 - **Bee keeping.** 100 bee hives and 5 centrifuges procured and distributed to support groups in Mt. Elgon, Kakamega East, Lugari, Butere and Khwisero districts.
 - **Commercial Poultry farming.** Representatives of 7 CBOs were trained on improved poultry production through use of incubators and brooders. 5 incubators and 10 brooders were distributed to the support groups in CAMP – Mumias, Bungoma Home Based Care – Bungoma South, Malakisi CIC – Bungoma West, Shibuye CHW – Kakamega South, Bushe – Butere and Dorcas Khwisero – Khwisero district.
- **Facilitate CBO/ Support group tours & exchange visits:** 2 Exchange tours were held for support groups under the Channels of Hope program in Bungoma South (Ndegelwa) and Bungoma West (Milimo). 28 members participated.
- **Linking support groups/ household to MFI for business skills and soft loans:** 115 support groups were linked to MFI, other organizations and line ministry. 65 support groups in Lurambi, Kakamega South and Kakamega Central were linked to one acre fund. 25 groups were linked to K- REP and members of 23 support groups have received their loans. In Lugari, 15 support groups received seeds and technical support from the Ministry of Agriculture. 10 support groups were linked to Juhudi Kilimo MFI for funding. Groups in Bungoma south, Khwisero, Butula and Bungoma West linked to KADET. Trainings were completed, 78 members (15m, 63f) from Bungoma south received loans worth Kshs 496,000. The rest of the groups have filled loan forms in anticipation of getting loans soon. Other groups have accessed loans from Equity, K-Rep, and KWFT and improved their businesses.
- **Support Line Ministries in Agribusiness activities:** Ministry of Livestock, Ministry of Agriculture and Social Services collaborated with the groups and CBO's at district level. Activities included training sessions, stakeholder forums, field days and follow-ups.
- **Monitoring of IGA activities in the support groups:** The activities of the support groups that were funded in year II expanded and they have supported other groups in their districts. To date Kshs 250,000, which was given to 25 groups, have benefited 55 support groups in the project. Some support groups are supporting OVC households with nutrition support, school uniform and fees out of their IGA activities. Some funds have been used to establish vegetable garden for OVC. The OVC are competing in terms of their vegetable production which they sale and some they use for their consumption.
- **Monitoring meetings for paralegal CHV:** The 227 paralegals carried out outreaches in all districts and the following information was gathered:

Table 49. Monitoring meetings for paralegal CHV

	Males	Females	Boys	Girls	Total
Outreaches					302
People reached	8,639	16,485	4,045	8,572	38,741
Children Cases handled			351	591	942
Number of widow cases handled	304	412			716

Table 50. 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	11	56	3	17	4	21	3	15	1	3
Child Labor	51	88	17	34	15	23	19	20	0	11
Child Trafficking	17	30	5	9	3	11	4	4	5	6
Neglect	51	64	11	15	14	19	26	28	0	2
Abandonment	59	77	7	19	25	21	23	29	3	8
School dropout	69	95	25	31	17	21	21	31	6	12
Pregnancy	-	43	-	10	-	11	-	20	-	2
Assault	44	51	17	20	15	17	10	14	2	0
Rape	-	78	-	15	-	22	-	38	-	3
Drug abuse	93	19	32	9	21	5	37	4	3	1
Abortion	-	34	-	12	-	9	-	11	-	2
Family Conflict	71	96	14	21	23	29	24	35	10	11
Divorce	42	55	16	19	12	24	14	10	0	2
Separation	56	47	11	11	13	19	26	16	6	1
Theft cases	13	7	3	1	4	3	5	3	1	0
Land/property inheritance	63	71	29	23	21	24	9	21	4	3
Domestic violence	28	92	14	16	9	27	4	24	1	25
total	273	1,003	87	282	82	306	82	323	22	92

- Cases linked to:
 - Police: 218
 - CHV: 413
 - Chief: 89
 - Village elder: 62
 - Health facility: 136
 - Field facilitators: 41
 - Community mobilizer: 269

Success story

2. In Lugari a ten-year old girl was suffering in the hands of his father. The father used to rape her. She expressed her concerned to her mother who told her to keep quiet. On day her mother escorted a lady who was in labor to hospital. Her father raped her the all night. In the morning she decided to seek refuge at her maternal grandfather's place. The grandfather called a paralegal for assistance. The paralegal took her to hospital and children's department. The father was arrested and taken to court. He is currently serving a 10-year imprisonment jail term.

- **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 network members met in all 8 larger districts. They agreed that if they are not going to speak the same language, it will be hard to control human rights violation cases.

Success Story:

In September 2008, APHIA 2 Western organized a three-day training on Business skills at Manor House Agriculture Center Kitale. A total of 150 PLHAs, drawn from support groups in 24 CBOs participated. Among them was Jacklyne Ajema who shared how the training transformed her life. The training impacted greatly on each participant, most being widows and widowers.

My name is Jacklyne Ajema and am 29 years old and a widow. I come from Igunga village of Chavakali location and I have 3 children namely: Dennis, Synaida and Sheillah. I lost my husband in 2005 due to HIV/AIDS, leaving me HIV positive. I was left with nothing. When APHIA 2 Western started working in my home area through EPADA CBO in 2007, I was found desperate and frustrated with my mother-in-law chasing me to leave the homestead. Through counseling, I was able to accept my status after which I volunteered to be a community health worker under EPADA. I reach out to 15 OVC's and 10 PLWHA under the EPADA CBO.

I have participated in many workshops since I started volunteering. The most important workshop was the business skills workshop I attended at Manor House Kitale in September 2008 where I learnt important skills in business. After the workshop, I used the transport allowance I was given at the end of the workshop to start a business in selling firewood and paraffin. Later on, as the business improved I added to my business selling tea leaves. This has improved over the years and in August 2010 I expanded my business to include selling of new clothes (children's wear).

I greatly appreciate APHIA 2 Western through EPADA for empowering me with skills in doing business and now I am staying happily with my family. Though I do not own a farm, through my business am able to feed and clothe my family and meet our basic needs.



Figure 41. Jacklyne with her customers at Chavakali market in Vihiga County



Figure 42. Jacklyne with other business trainers from Epada and Grace, APHIA II field facilitator

Challenges

- Group wrangles affected activities in some groups.
- Pests and diseases affected some passion fruit demonstrations reducing the production.

Planned Activities for next quarter

- Follow-up and monitoring of implemented activities and documentation of success stories and best practices.
- Facilitate linkage of support groups to MFI and other grants institutions.
- Monitoring meeting for paralegal CHV.
- Facilitate quarterly meeting for paralegal networks at district level.
- Support PLHA/OVC household and support groups to start IGA.
- Strengthen the existing IGA activities in the support groups.

Monitoring & Evaluation

Planned activities and accomplishments

Data collection and strengthening CSOs affiliated to A2W

Routine data collection from the districts was conducted. The DHRIOs assisted and provided the guidance where there were delays in getting data from the facilities. Data from most of the facilities were reported to the districts in time. A few facilities still had issues to report on time to the districts but this was minimal. Data verification and validation was carried out and facility staff assisted to update the data where errors were noted. Some of the facilities whose data was validated included the following

- Nzoia Sugar Dispensary – ART data
- Kimaeti Dispensary – ART data
- Matungu DH – ART data
- Namasoli HC – ART data

CSOs in the respective districts were visited to reinforce reporting of the activities through COBPAN and the project tools. The project teams are working with support groups in different districts. The support groups have been supported to report using the COBPAN tool. 145 groups reported during the quarter. Documenting of the OVC especially the benefits was observed at some CBOs.

Data processing was done on monthly basis for all the data captured in the months of July to September, 2010.

Support supervision by M&E and MOH

Working with the DHRIOs, facilities that had data issues, lacked registers and other data tools like the MOH 711, were supported during the quarter. FTP data transfer in districts that initially had problems was addressed. All the new districts were issued with passwords to enable transmission of the data. The project team assisted those that could not be connected.

OJT of HMIS staff in districts and facilities.

OJT for facility staffs was carried out in districts as follows: Hamisi District in four facilities; Butula -4, Samia-4, Bungoma west-4, Kakamega South-5, Emuhaya-3. Most of the facilities had new staffs.

Support printing of and distribution of MOH registers and data tools.

MOH registers were distributed to facilities that had exhausted their stocks. Printed MOH 711 registers were distributed to the facilities in the districts.

Support to districts on reporting.

DHRIOs were facilitated to visit health facilities with issues to speed up reporting. This assistance has enhanced prompt reporting by the facility in-charges. The number of RH/FP facilities increased from 398 last quarter to 420 this quarter. The province recorded 100% reporting at National HMIS due to continued purchase of monthly airtime for DHRIOs. The figure below shows the current status nationally of reporting rates by province.

Service delivery Reporting rates

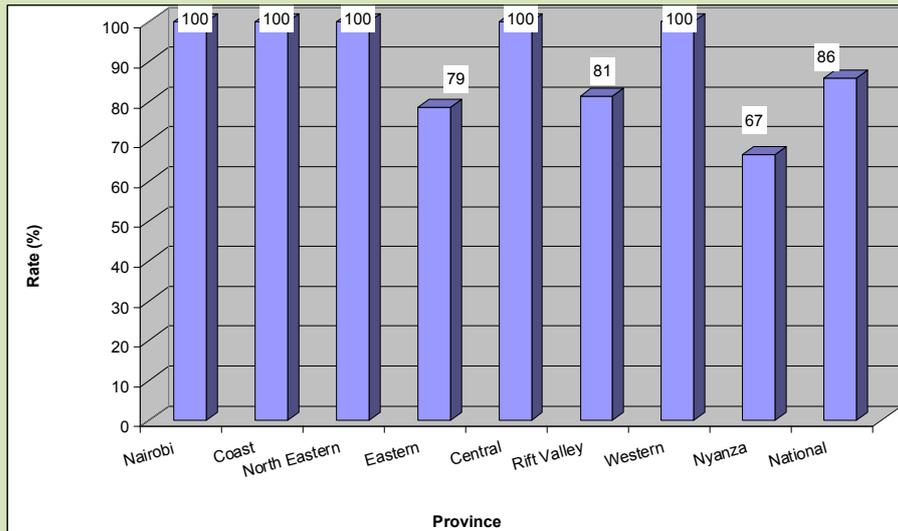


Figure 43. Service Delivery Reporting Rates

Quarterly meetings for health facilities.

Twenty two quarterly data review meetings were held in the month of July with DHMTs and facility in-charges to review data with facility staff data for the past months. For every meeting, a report was submitted covering the deliberations.

The meetings have been appreciated by the districts as the participants are in a position to share the status of the quality of services provided and reporting at the facilities. The figure below shows ANC attendance of pregnant women at facilities compared within the province.

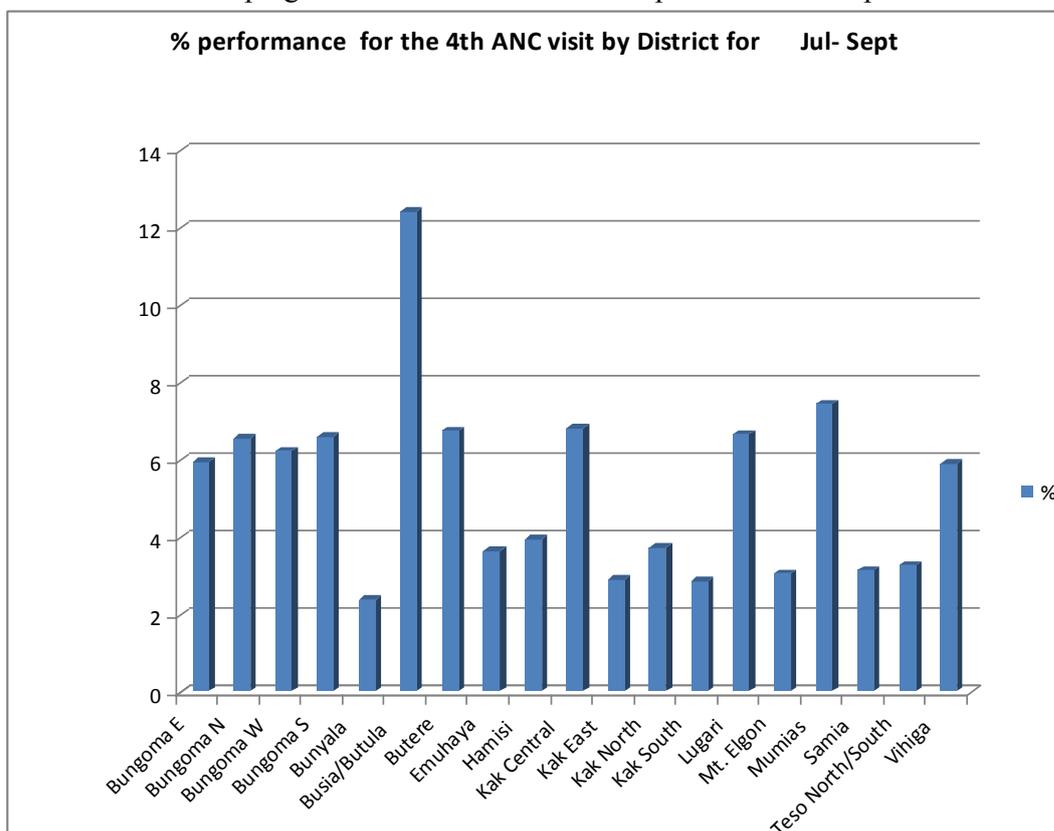


Figure 44. Performance for the 4th ANC visit by district

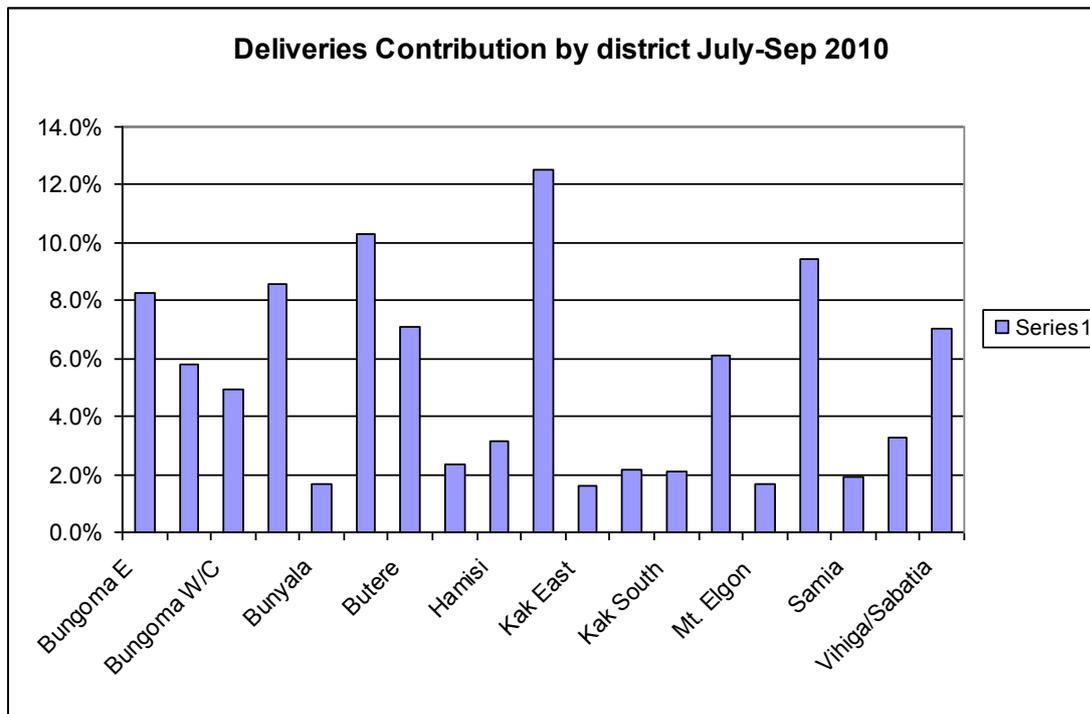


Figure 45. Deliveries under skilled health worker by district

Western Province has drastically improved in service provision and reporting.

Data audit/DQA

ART data audit was done in three facilities:

1. Lumakanda District Hospital in Lugari District
2. Tongaren Health Centre in Bungoma North District
3. Ndalul Health Center in Bungoma North

Lumakanda:

Plan to audit ART data at this facility was driven by two reasons:

- The June ART report from this facility showed very minor differences between cumulative number of patients started on ARVs at the facility and those currently on ARVs.
- Harmonization of ART data: Lumakanda is one of the facilities that is practicing the MCH Model of Care it was deemed necessary to check through the records, both at the CCC and the MCH to verify. All the data in the CIMS and KePMS was updated. A similar exercise had been undertaken in Malava District Hospital and this involved the DASCO, the DHIRO and the nurse in charge of the CCC. It was noted that mothers who had been started on ARVs at MCH in Malava District Hospital since March this year had not been reported on MOH 711 tool. The reports were re-done and the data was updated both on the CIMS and the KePMS.

Tongaren Health Centre

ART data for this facility had some errors and so the need to verify. This was carried out by a team comprising: M&E Officer, DHRIO and CO at the CCC.

Ndalul Health Center

Two of the staff at this facility had been trained on the job regarding reporting of ART data and this is a facility whose ART data has needed very close monitoring owing to errors. In the month of July it became necessary to visit the facility with the purpose of verifying the data they had submitted.

Reconstruction of Pre-ART Register in Likuyani SDH

The register needed to be corrected but this would not have been possible without having to redo the pre-ART register all over again. There were, for example, patients who had been recorded on the register more than once, thus giving a higher number of patients on care than were actually there. The other thing that needed to be done was to remove from the register names of those patients who were registered just because they were on PEP.

In the month of September, the M&E team visited three facilities to conduct data quality assurance. The facilities were: Lumakanda District Hospital, Likuyani SDH (both in Lugari District) and Moding Health Center in Teso North District.

In both Lumakanda and Likuyani, audit was done for ART and PMTCT data while for Moding audit involved the PMTCT data and FP.

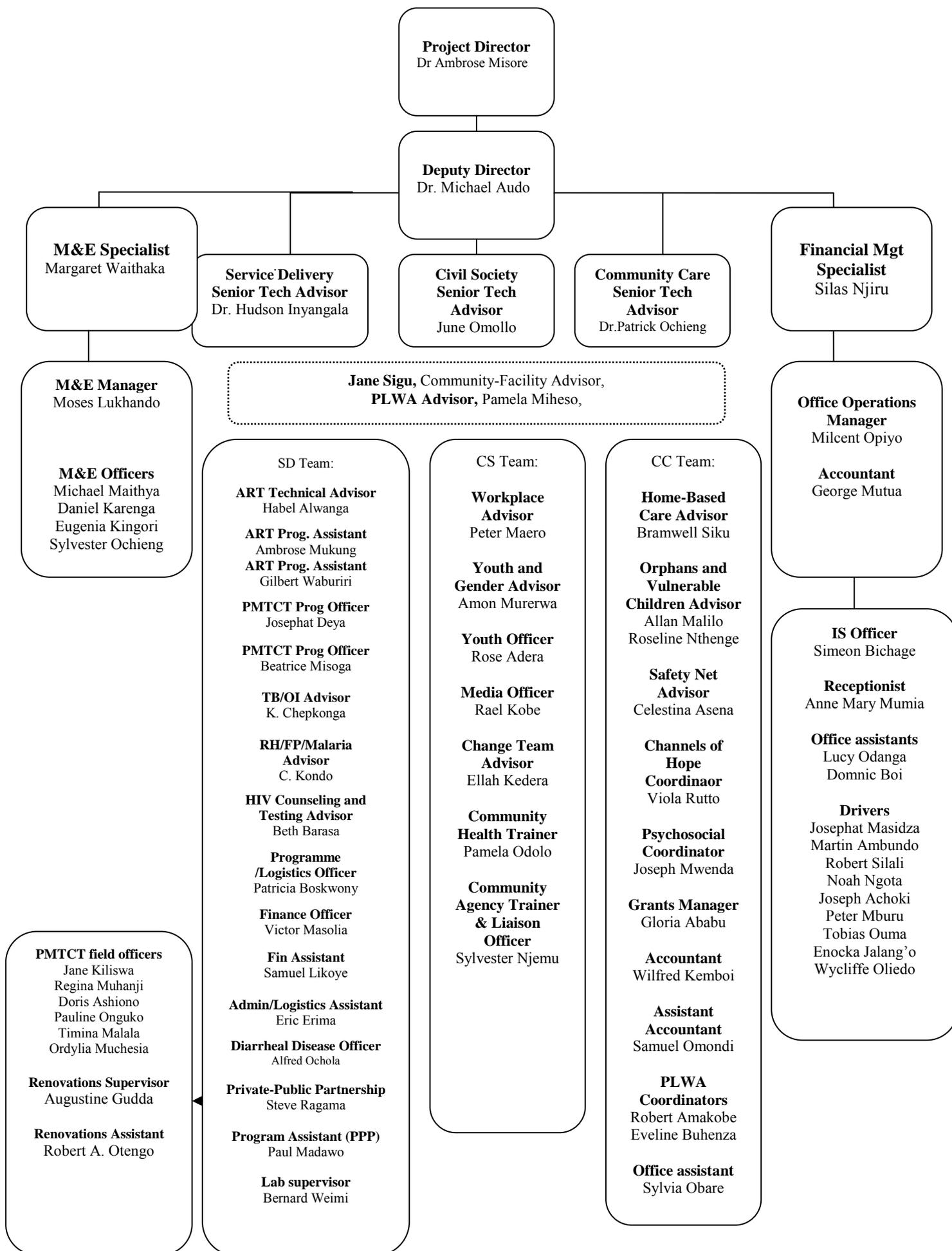
For some of the months the reports were accurate, while for others errors were noted and brought to the attention of the staff for action. The errors included tallying where in some cases tallying was incorrect which resulted in under-reporting. In other cases there were errors emanating from transfer into the reporting tools where one person would compile and make no errors but the person transferring this data into the final report ended up making errors either reporting less cases or more. This affected Likuyani and staff were encouraged to always go through the reports before submission to arrest any errors that might be there.

It was also observed that the ART registers were not getting updated and staff was encouraged to make this as routine.

Planned activities for next quarter

- Data collection and strengthening CSOs affiliated to A2W.
- Support supervision by M&E and MOH.
- Support districts on reporting
- Internal project reviews
- Support printing and distribution of MOH registers and data tools.
- Conduct DQA and QA/QI
- Quarterly meetings for health facilities.
- Facilitate data collection by DHRIOs.

Organogram



Annexes:

Table 53. Comparison on annual facility deliveries vs. facility delivery by positive mothers.

Indicators	Q1	Q2	Q3	Q4	Total	%
Expected facility deliveries	39,634	39,634	39,634	39,634	158,538	
Actual facility Deliveries	11,334	11,596	12,964	15,513	51,407	32 %
Mothers found HIV +	1,463	1,438	1,393	1,204	5,498	
Facility delivery by HIV+ mothers	245	283	394	327	1,249	23%

Table 54. District coverage against annual ANC C&T and prophylaxis October 2009 - September, 2010

District	CT Target	CT Results		Expected HIV positive	Found HIV positive	ARV Prophylaxis mother		ARV Prophylaxis Baby	
		No	%			No	%	No	%
Bungoma	38,214	40,312	105%	1,266	1,515	1,105	73%	996	66%
Busia	19,373	12,951	67%	1,365	658	480	73%	408	62%
Butere and Mumias	23,662	20,381	86%	1,295	884	848	96%	790	89%
Kakamega	29,937	28,646	96%	1,484	1,063	1,022	96%	950	89%
Lugari	10,712	11,086	103%	447	332	299	90%	235	71%
Mt Elgon	4,306	4,815	111%	85	62	39	63%	37	60%
Teso	7,587	5,839	77%	353	173	146	84%	146	84%
Vihiga	24,747	15,839	64%	1,320	768	744	97%	669	87%
Total	158,538	139,869	88%	7,616	5,455	4,683	86%	4,231	78%

MAGNET THEATRE SUCCESS STORIES

1. Case of Jijazie thespians-Kakamega

Mr. Stanley Murunga is the assistant chairperson of this group that has worked with APHIA II Western for over four years to ‘edutain’ the community on health issues, as well as mobilize community members to promptly seek health care services.

Stanley says that the group relationship with APHIA II Western has certainly built the group profile to a respected community-based theatre group and strengthened it to operate independently. “The profile of our group has really come up because of our relationship with APHIA II Western. We are working with so many other organizations because of that relationship.” He argues that the capacity-building and the specific magnet theatre approach taught by APHIA II Western is to credit for the visibility of the group and existing networks.

“Based on the good work we are doing with APHIA II Western we have other partners coming on board to support our efforts. Currently we are working with Population Service International (PSI) to conduct community outreach on malaria, we are also working with Kenya Aids NGOs Consortium (KANCO) and various government ministries including that of health.”

“Our group has grown from strength to strength during the period we have been working with APHIA II Western. With the skills acquired in theatre, some members of the group have been able to secure employment. though mainly on temporary basis.” “I, for example am implementing the “chill” club activities for PSI because of these skills and many other members are doing the same with other groups.” “We are also involved in training other groups and this year alone we have trained three other groups in magnet theatre.”

Stanley believes that perhaps the greatest milestone the group will recount after APHIA II Western is gone is its ability to continue its mission path. “Because APHIA II Western has built a good base for Income Generating Activities (IGAs) the sustainability of the group is now ok.” The group has brick making IGA that generates approximately Kshs, 10,000 per month, has procured a Public Address (PA) system for hire, and is strengthening the groups training unit as bases for income. Networking with other partners has also seen support for the group’s activities grow. But what is perhaps the most exciting thing is to see “lives of group members change for the better” says Stanley.

Case of Zinduka MT Group-Kakamega

“Our relationship as a group with USAID APHIA II Western is accredited for the skills, experience and even courage for this group to come up and build a recognizable and visible long-term relationship with our community.” says Mr. Andrew Shamalla, the coordinator of the group.

“Before we started working with USAID APHIA II Western, we were really trying to be artists and to reach the community the best we know how. Then even holding a community gathering for a few minutes to get to listen to us was a big problem. Today we have that ability to hold a crowd for long hours, and deliver that important message without a struggle at all.” Andrew argues that the entire magnet theatre approach has turned the group around but is more upbeat with the response the group has received from the community during its performances. “The community treats us well; they know us and appreciate what we are trying to do and this has created a lasting relationship between our group and the community.”

Andrew is equally encouraged by the relationship between his group and Malaba District Hospital and says theirs is a visible relationship with the group participating in health campaigns organised by the hospital and referring those seeking all sorts of services to the hospital. He also takes pride in the fact that the group is supplementing the health care efforts to educate the community as well as distribute condoms and further argues that the group has become a great resource to the community.

Asked what he thinks will happen after the closure of USAID APHIA II Western program, Andrew admits that the group will miss a ‘big brother’ but is confident that the group is of age to continue on its own. Zinduka MT group has expanded its partnerships beyond USAID APHIA II Western and is working with PSI, Ministries of Health and the community, a road Andrew feels guarantees continuity.

In addition, Andrew says the group has engaged in several IGAs. The groups’ brick production business generates more than Kshs. 50,000 per month and with poultry (50 layers), and dairy (3 cows) keeping the group expanding its income generation base. He is also quick to mention that USAID APHIA II Western trained three members as TOTs in MT and these members are crucial in strengthening the group’s skills base. But it’s the community appreciation of the group that Andrew feels presents it with a long life. The group has initiated a new partnership with schools where it is able to conduct health education at no cost while the schools support this effort by meeting the group’s transport cost. Such initiatives, Andrew says, give his group a solid base for not only continuity, but growth.

Case of Pamoja MT Group-Samia

Mr. Heston Makamu is the secretary of Pamoja youth group in Samia District. Heston says he has two main reasons why he thinks the group’s relationship with USAID APHIA II Western was for the better. “USAID APHIA II Western taught us a new methodology in conducting community theatre and this completely turned the group around. In addition, the direct support from the program enabled us to save 12 percent to expand our IGAs and now we are a more solid group that does not only contribute to community development but do so by empowering ourselves.”

Explaining the new methodology, Heston says that “the nature of operation and the MT structure has generated more impact, exposed us to communities and enabled us to be more visible.” He simply summarizes it by saying that “USAID APHIA II Western opened us up.”

At the individual member's level, Heston argues that USAID APHIA II Western training in MT was one of the best thing that happened to individuals. Because of that training, individual members are more organized and confident about themselves and this has helped build the profile of the group. At the group level, Heston says, the group's image has appreciated and its networking ability has improved. "We are known everywhere in the entire district and beyond," he concludes.

Evidently, over the period, the group worked with the National AIDS Control Council (NACC) through the TOWA awards. The group was funded with Kshs. 666,900 to conduct community outreach activities on HIV and AIDS. The group is working with PSI on two initiatives; the malaria control program and the theatre for development program. Uwezo Kenya program has committed to supporting the group to carry out education campaigns in primary schools from January 2011 and similarly, Uzima foundation program 'Jadili' on good governance, democracy and constitutional reforms has selected the group as its lead community education and mobilization team in Samia District.

Heston is confident that the life of the group beyond USAID APHIA II Western support is not under any threat and sites the newly established group's information bureau that provides internet, secretarial and printing services as one the IGAs put in place with continuity in mind. Heston confides that the group income for year 2009 was above Kshs. 700,000 and says with the expansion of partnerships, things could only get better.

Table 55. Workplan Tracking

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			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					

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
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(250 Paeds)	1000(200 paeds)	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

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
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		16 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	

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
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

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
		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

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
		Support the establishment of Kitchen gardens at 15 ART sites	EGPAF, WV,SWAK	5	X	X	X	X		20		on going
1.1.14	6.2, 7.2, 11.2, 11.3, 11.4	Site Technical assistance	EGPAF/BRCH		X	X	X	X	X	113sites ,	Project reports	on going
	6.2, 7.2, 11.2, 11.3, 11.4	Facilitate PHMT and DHMT supervisory visits	EGPAF		X	X	X	X		25 districts and PHMT/DHMT	Project reports	on going
		Support PHMT/DHMTs in AOP monitoring- review meetings			X	X	X	X				on going
1.1.15	6.2, 6.3, 7.2,7.3, 11.2, 11.3, 11.4, 11.5	Pediatric ART Training including private practitioners	EGPAF/BRHC		30	30	30			90	Project reports	
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

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
1.1.18	6.2, 6.3, 7.2,7.3, 11.2, 11.3, 11.4, 11.5	Integrated Management of Adolescent/adult Illness training including private practitioners	EGPAF, JHPIEGO		40	40	40			120	Project reports	
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

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
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

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
1.1.26	6.2, 7.2,11.3, 11.4	Strengthen facility PLWH support groups and facility-community linkages model-including pediatric PSS groups	EGPAF,PATH, SWAK		X	X	X	X	X	53 sites	Project reports	on going
Increase number of individuals continuing with ART			Baseline	8000						14,450		
		Strengthen defaulter tracing using various mechanisms	EGPAF		X	X	X	X	X			on going
		Link malnourished HIV exposed and infected infants and young children to FbP programmes	EGPAF/BRHC		X	X	X	X	X	53		on going
Increase the number of pregnant women receiving HIV counseling and testing in PMTCT			Baseline	100,000						158,538		
1.1.27	1.1, 1.2, 1.3	Increase number of facilities providing package of PMTCT services according to national and international standards-including FP, reproductive	EGPAF	250	260	X	X	X	X	300	District HMIS	

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
		health, MCH and management of Oise										
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, JHPIEG O, PATH, BRHC		285	285	285	285		1,140 outreaches	Project reports	on going
1.1.30	1.3, 1.4	Avail IEC materials/job aids / new guidelines	EGPAF/BRHC		X	X	X	X	X		Project reports	on going
		Support couple counseling sensitization meetings to enhance partner/ spouse testing within MCH setting	EGPAF		X	X	X	X	X	31,708 spouses tested		on going

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
		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

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
Increase hospital deliveries												
		Improve infrastructure in Maternity wards in 5 sites	EGPAF		X	X	X			5	project reports	
		Purchase and distribute mama packs	EGPAF		x	x	x	x	X	5000 packs		ongoing
		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												

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
		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/JHPIE GO/BRCH		X	X	X	X	X			on going

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)			
		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

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
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, BP machines for new PMTCT sites,	EGPAF, JHPIEGO,BRHC		X	X	X				procurement documents	on going
		Purchase and distribute TV & Audio visual equipment to PMTCT sites	EGPAF/BRHC		X	X				20 Sites	procurement documents	complete
		Support inter-facility technical exchange visits (2 per quarter)	EGPAF		2	2	2	2		10 Visits	trip reports	pending
		Support DHMTs to carry out facilitative supervision	EGPAF/BRHC		X	X	X	X	X			on going
		Integrate PMTCT interventions in Malezi Bora week - bi-annual for all Districts	EGPAF/JHPIEGO/PATH		X		X					

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
		Support to regional conferences	EGPAF		X	X	X	X	X	10 Persons	trip reports	on going
Increase number of individuals receiving CT			Baseline	120,000	37,500	37,500	37,500	37,500		150,000	Facility reports	
Number of individuals who received counseling and testing for HIV and received their test results												
		Conduct home-based HIV testing in 6 Districts(15 days monthly)	Jhpiego		X	X	X	X		6 Districts	Activity reports	on going
		Printing of T-Shirts and bags for Home based HIV-Testing providers	Jhpiego		X					300 bags & 500 T-Shirts	Purchase receipts	
		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

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
		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 (1 visit 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)												

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
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 3districts (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

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
		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 forservice providers (5 day trainings for 25 providers each)	Jhpiego				25			25 providers	training reports	

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

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
		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			Baseline									
		Train health workers, including private practitioners, on TB/HIV management	PATH/BRCH		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

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
		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

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
		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 Reports	on going
		World TB Day Commemorations - 24 Districts and the province(24th March)	PATH			X						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	X					complete

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
		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

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
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/ SWAK		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	on going
1.2.16		Support RH supervision , 1per quarter per district (PHMT and DHMTs)	Jhpiego		x	x	x	X	X		supervisory reports	on going

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
1.2.19		Standards Based Management and Recognition training(SBM-R)	Jhpiego			25				25	training reports	
1.2.20		Quarterly RH coordinators meetings	Jhpiego		1	1	1	1	1	5	Minutes	1 meeting held
1.2.22		Regional conferences support for PHMTand DHMTs(Obstetric/Nurses/Paeds)	Jhpiego		X	x	x	X	X	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	procument 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						procument Documents	complete

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
1.3 Reinforced networking between levels of care and between clinical services and communities												
1.3.0		Support facility/community linkage meetings to enhance referral	Jhpiego/SWAK/ PATH		X	X	X	X	X	150 Persons	Event reports	on going
1.3.1		Advocacy ,Community mobilisation for RH, COMMPAC and Hospital delivery	Jhpiego /SWAK/PATH		X		X			150 trainees	Event reports	on going
						X		X	X			
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

Act Ref	PEPFAR Ind Ref	Activity description	Responsible Party		October 2009-Sep 2010					Project Targets	Data Source	Status
			TA partners)	IP(s)	Oct-Dec 09	Jan-Mar 10	Apr - Jun 10	Jul-Sep 10	Oct-Dec10			
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

Act Ref Nos.	Ind Ref Nos.	Activity description	Resp Party	Year 4					Project targets	Quarter targets	Comments / Notes
				Oct-Dec 09	Jan-Mar 10	April-Jun 10	July-Sept 10	Oct-Dec			
RESULT 2: Improved and expanded civil society activities to increase healthy behaviors											
2.01	All	BCC Steering Committee Meetings	PATH	1	1	1			2 mtgs	2 meeting were held. One replaced the BCC visit	1 meeting was held though was not in workplan. This was an impromptu meeting to discuss the Gaps
2.02	All	BCC Steering Committee conduct supervision visits for activities	PATH		1		1		2 visits	This was supported by AMREF	
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 facilitators participated in 2 meetings at the district level	2 meetings held
2.1.1.2	2.1, 5.2	S/L CHVs (159) have 6 meetings with CHVs	PATH	318	159	318	159	See District meetings	954 mtgs	160 S/L CHVs attended the meeting	318 meetings was done
		CHV conduct DGD	x	x	x	x	33143	14080 SESSIONS		Ongoing	ongoing
		CHV issue condoms	x	x	x	929083	747648	100000 issued	100,000	1676731	Exceeded the targets
		Health talks at public places	x	x	x	x	x	7040 sessions	7040	Ongoing	Ongoing

Act Ref Nos.	Ind Ref Nos.	Activity description	Resp Party	Year 4					Project targets	Quarter targets	Comments / Notes
				Oct-Dec 09	Jan-Mar 10	April-Jun 10	July-Sept 10	Oct-Dec			
2.1.1.3	2.1, 5.2	CHW contacts	PATH	375,000	387,936	490,748	336,731	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)		Trained 288 CHC
2.1.1.6		Assist health facilities to mobilize for integrated health outreaches	PATH	x	x	x	x		132 outreaches supported	77 outreached 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	432	98	912 performances	392	
		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	
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 1 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 participation	attended 2 meetings at the district level

Act Ref Nos.	Ind Ref Nos.	Activity description	Resp Party	Year 4					Project targets	Quarter targets	Comments / Notes
				Oct-Dec 09	Jan-Mar 10	April-Jun 10	July-Sept 10	Oct-Dec			
2.1.1.15	2.1, 5.2	PF facilitators (250) conduct monthly sessions with 2 groups	PATH	1500	1500	1500	36175	1000	7000 people		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	1 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			76	76	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 level done	was dome
		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	25388	x	6600 events	24298 contacts have been made through the various contacts	66,496 contacts made

Act Ref Nos.	Ind Ref Nos.	Activity description	Resp Party	Year 4					Project targets	Quarter targets	Comments / Notes
				Oct-Dec 09	Jan-Mar 10	April-Jun 10	July-Sept 10	Oct-Dec			
		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			290	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 KGGA)	Remove & reallocate funds for new program idea: Tuko Pamoja Health Corners. Total budget: \$80,778 (does not include Masinde & Eregi costs nor KGGA)
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	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	32000 peer educators	108106 students reached by the peer educators	
2.2.1.4	2.1, 2.2, 5.2, 5.3, 14.5,	AEOs & TACs supervise activities	PATH	x	x	x	x	x	54 AEOs, 14 TACs over 6 trips	ongoing	

Act Ref Nos.	Ind Ref Nos.	Activity description	Resp Party	Year 4					Project targets	Quarter targets	Comments / Notes
				Oct-Dec 09	Jan-Mar 10	April-Jun 10	July-Sept 10	Oct-Dec			
	14.6										
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						meetings was done	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		Monotred 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 meeting hels	

Act Ref Nos.	Ind Ref Nos.	Activity description	Resp Party	Year 4					Project targets	Quarter targets	Comments / Notes
				Oct-Dec 09	Jan-Mar 10	April-Jun 10	July-Sept 10	Oct-Dec			
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

Act Ref Nos.	Ind Ref Nos.	Activity description	Resp Party	Year 4					Project targets	Quarter targets	Comments / Notes
				Oct-Dec 09	Jan-Mar 10	April-Jun 10	July-Sept 10	Oct-Dec			
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 Lugari	all districts	

IR 2.3 Reinforced networking between communities and clinical services

2.3.1 Strengthening community group networks

Child Survival Activities											
2.3.1.1		Feedback meetings between HF staff & 1000 CHWs	PATH	100	50	100	50	X	300 mtgs total (6 mtgs per HF)	26 meetings held	
		CHV training on pregnancy follow up, ANC, delivery	PATH		1000				1000 CHVs		This will be done to the MA mentors
		Defaulter tracing						x			
		Production of MCH IEC materials						x			
2.3.1.3		Purchase of water treatment tablets for 2000 households for 12 months	PATH	2000	2000	2000	19392		2000 households reached	59,541 households now treating water beyond the 2000 households targetted	
		Follow up on safe water activities within households						x			
2.3.1.4		Conduct follow up meetings with 60 MtMSG leaders.	PATH	1	1	1			60 groups in 4 meetings	1 meeting was held	
		Vitamin A - sweet potato project	PATH							community orientaion conducted and 36 stakeholders trained	This is a cost share through SASHA\$30k budgeted to be reallocated
		IYCN training for PLH	PATH		120				120 PLH	Trained	

Act Ref Nos.	Ind Ref Nos.	Activity description	Resp Party	Year 4					Project targets	Quarter targets	Comments / Notes
				Oct-Dec 09	Jan-Mar 10	April-Jun 10	July-Sept 10	Oct-Dec			
		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		50			50 toilets constructed in schools	
		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	1 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 eggs and vegetables are given to the clienst and also sold for sustainability	
		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	Not bought	
		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	

Act Ref Nos.	Ind Ref Nos.	Activity description	Resp Party	Year 4					Project targets	Quarter targets	Comments / Notes
				Oct-Dec 09	Jan-Mar 10	April-Jun 10	July-Sept 10	Oct-Dec			
		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/Highway			32				Busia	
		GBV task force monthly meetings	PATH/Highway	x	x	x	x	x		Busia	

Act Ref Nos.	Ind Ref Nos.	Activity description	Resp Party	Year 4					Project targets	Quarter targets	Comments / Notes
				Oct-Dec 09	Jan-Mar 10	April-Jun 10	July-Sept 10	Oct-Dec			
		Advocacy and monitoring	PATH/Highway							Busia	
		Weekly support group meetings for alcoholics	PATH/Highway							Busia	
		PLHA	PATH/Highway	2	2	1	2		6	Busia	
		PLHA Monthly support group meetings	PATH/Highway	3	3	2	2		9	Busia	
		Public speaking by AOP	PATH/Highway	9	9	9	9		39	Busia	
		HBC kits	PATH/Highway	3	2	2	2		9	Busia	
		Cluster and health providers review meeting	PATH/Highway							Busia	
		Paralegal activities	PATH/Highway	3	3	3	3		12	Busia	
		Advocacy and monitoring of paralegal activities	PATH/Highway	260	x	x	x	x		Busia	
		Cluster group monthly steering meeting	PATH/Highway			1				Busia	
		OVC	PATH/Highway							Busia	
		Nutrition	PATH/Highway	x	x	x	x		x	Busia	
		Health	PATH/Highway	3	2	2	2		9	Busia	
		Education	PATH/Highway	x	x	x	x	x		Busia	
		School uniforms	PATH/Highway	400						Busia	
		Shelter	PATH/Highway	670						Busia	

Act Ref Nos.	Ind Ref Nos.	Activity description	Resp Party	Year 4					Project targets	Quarter targets	Comments / Notes
				Oct-Dec 09	Jan-Mar 10	April-Jun 10	July-Sept 10	Oct-Dec			
		Monthly meetings	PATH/Highway		80					Busia	
		Volunteers quarterly meeting	PATH/Highway	1	1	1	1			Busia	
			PATH	1						Busia	
		Youth	PATH/Highway	3	2	2	2		9	Busia	
		GBV and Alcohol Abuse Awareness Workshop	PATH/Highway	1	1	1			1	Busia	
		GBV Task Force monitoring and advocacy Activities	PATH/Highway	x	x	x	x		Ongoing	Busia	
		Peer Educators monthly meetings (For men at risk & players & coaches	PATH/Highway	x	x	x	x			Busia	
		Support to Youth sporting activities	PATH/Highway	1		1			2	Busia	
		Magnet theatre performance	PATH/Highway	x	x	x				Busia	
		Magnet theatre monthly meeting	PATH/Highway	1	1	1				Busia	
		Puppeteers performance	PATH/Highway	2	2	1			6	Busia	
		Barazas for MAPS	PATH/Highway	2	1	1			4	Busia	
		Outreach at Drinking clubs	PATH/Highway	3	3	3			12	Busia	
		Cycling races with Health education and raffles	PATH/Highway	2	2	1			1	Busia	
		Business and entrepreneurial skills	PATH/Highway			12			12	Busia	
		Training of leadership and group dynamics	PATH/Highway	1	1	1			1	Busia	

Act Ref Nos.	Ind Ref Nos.	Activity description	Resp Party	Year 4					Project targets	Quarter targets	Comments / Notes
				Oct-Dec 09	Jan-Mar 10	April-Jun 10	July-Sept 10	Oct-Dec			
		Training on proposal writing	PATH/Highway			1			1	Busia	
		Steering committee meeting	PATH/Highway	1	1	1			1	Busia	
		Resource Centers activities	PATH/Highway	x	x	x			ongoing	Busia	
		Kenya Truck Driver Activities	PATH/Highway	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				Done	All districts	
2.3.5		Broadcast and play radio spots on GBV	PATH	x	x	x	x		Ongoing	All districts	

Result 3

Act Ref No	Ind Ref No	Activity description	Responsible Party		Oct 2009 - Sep 2010				Data Source	Q1, 2, 3 & 4 achievements
			TA(s)	IP(s)*	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10		
RESULT 3: Improved and expanded care and support for people and families affected by HIV/AIDS										
IR 3.2 Expanded support for OVC										
3.1.1 Strengthening and Building CBO/FBO HBC Programs										
3.1.1.1	8.1, 8.2, 14.1, 14.4	Conduct 2 Organisational capacity building (OCB) trainings for CBO/FBO focal persons (2)	WVK	CBO/FBO	24		24		training report	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	X	cbo/fbo financial and activity reports	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	72	activity reports	all CBO visited for mentorship/supervision
3.1.1.4	8.1, 8.2	Conduct Quarterly meetings with CBO/FBO leaders & line minisries provincial heads	WVK	CBO/FBO	1	1	1	1	meeting reports	done
3.1.1.5		Support to CBO/CBO COPBAR	PATH	WVK/PATH	12	12			training report	24 CBO trained
3.1.1.6	14.2, 14.4	Print and distribute HBC, OVC, CoH, IPT-G, AoH, child counsellors, standard PLHA packageberaevement and community counselling monitoring and reporting tools	WVK/SWAK	MOH/NASCOP	10,000	5,000			stores inventory	quarters' tools printed as needed
3.1.1.7	14.2, 14.4	Support district HCBC quarterly review meeting between MOH and HCBC	WVK	MOH	25	25	25	25	activity reports	all districts/PHMT supported

Act Ref No	Ind Ref No	Activity description	Responsible Party		Oct 2009 - Sep 2010				Data Source	Q1, 2, 3 & 4 achievements
			TA(s)	IP(s)*	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10		
		providers								
3.1.1.8	6.2	Support CBO-based CHW with incentives (transport facilitation, T-shirts and badges)	WVK	MOH CBO/FBO	2,700	2,700	2,700	2,700	stores inventory	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				1	supervisory reports	done
3.1.1.10	6.2	Support PHMT/DHMT conduct one supervision of HCBC activities in each district	WVK	DHMT	26	26	26	26	supervisory reports	all districts/PHMT supported
3.1.1.11	6.2	Train CHVs on HCBC for PLWHA	WVK	MOH	60	60	60		Training reports	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	accomplished
3.1.1.13	6.2	Conduct community mobilisers quarterly review and capacity building meeting	SWAK	SWAK	1	1	1	1	activity reports	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	9	activity reports	done
3.1.2.2	6.2	conduct quarterly debriefing session for IPT-G group leaders	WVK	CBO/FBO	1	1	1	1	activity reports	done
3.1.2.3	6.2, 2.1, 5.2	conduct public disclosure sessions for stigma reduction by Ambassadors of Hope	SWAK	SWAK	480	480	480	480	AoH outreach monitoring forms	done in all districts

Act Ref No	Ind Ref No	Activity description	Responsible Party		Oct 2009 - Sep 2010				Data Source	Q1, 2, 3 & 4 achievements
			TA(s)	IP(s)*	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10		
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	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	300	Discordant couples outreach monitoring forms	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 trained
3.1.2.10	6.2, 2.1, 5.2	Support group leaders monthly meetings	SWAK	SWAK	51	51	51	51	meetings reports	done
3.1.2.13	6.2	conduct Quarterly Meetings with all Ambassadors of Hope	SWAK	SWAK	280	280	280	280	Participants registration	done in all districts
3.1.2.14	6.2	conduct meetings held with discordant couples(merge)	SWAK	SWAK	50	50	100	150	Participants registration	done in all districts
IR 3.2 Expanded support for OVC										
3.2.1 Comprehensive Support For OVC										
3.2.1.5	8.1	Provide for and support OVC in the programme to access 3 or more benefits in health, education, nutrition, protection, shelter & psychosocial support	WVK/SWAK	CBO/FBO	40,000	45,000	50,000	60,000	receipts/school reports	66,458 children supported
3.2.1.1		Mobilise Children for HIV counselling & testing during	WVK/SWAK		8,500	8,500	8,500	8,500	number tested	48,434 tested

Act Ref No	Ind Ref No	Activity description	Responsible Party		Oct 2009 - Sep 2010				Data Source	Q1, 2, 3 & 4 achievements
			TA(s)	IP(s)*	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10		
3.2.1.6		Facilitate Registration of Births of children and Deaths certificates acquisition for deceased parents/guardians	WVK		26	26	26	26		done
3.2.1.7	8.1	Support MOE G& C dept to monitor children OVC in schools	WVK		26	26	26	26		activity dropped
3.2.1.8		conduct quarterly child status index (CSI) monitoring in health, education, nutrition, protection, shelter & psychosocial support in 3 district for 3,000 children	WVK/PATH		3,000	3,000	3,000	3,000		activity dropped
3.2.1.10	8.1	train caregivers on child care and support	WVK	CBO/FBO	2,700	2,700			training report	15,183 trained
3.2.2. Strengthening Child Protection For OVC										
3.2.1.2	8.1	support one provincial OVC stakeholders meeting	WVK/SWAK	PCO/DCO	1		1		meetings reports	only one meeting held
3.2.1.3		support children department hold quarterly AAC meetings at district level in all districts	WVK		25	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	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	kits procured for 240 children
3.2.2.3	8.1	Support to childre's club interaction meetings for counselling & lifeskill information sessions	SWAK	SWAK	24	24	24	24	Children club register	done

Act Ref No	Ind Ref No	Activity description	Responsible Party		Oct 2009 - Sep 2010				Data Source	Q1, 2, 3 & 4 achievements
			TA(s)	IP(s)*	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10		
3.2.2.4	8.1	conduct Quartely Monitoring Meeting for child counselors CHW	SWAK	SWAK	230	230	230	230	Participants registration, monitoring forms	done
3.2.2.5	8.1	conduct Quartely Monitoring Meeting for memory book CHW	SWAK	SWAK	151	151	151	151	Participants registration, monitoring forms	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					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	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	8	meetings reports	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	1	meetings reports	done
3.3.1.5	6.3, 14.5, 14.6	Conduct Quartely Monitoring Meeting for community counsellors	SWAK	SWAK	194	194	194	194	Participants registration	done

Act Ref No	Ind Ref No	Activity description	Responsible Party		Oct 2009 - Sep 2010				Data Source	Q1, 2, 3 & 4 achievements
			TA(s)	IP(s)*	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10		
3.3.1.6	6.3, 14.5, 14.6	Conduct Quarterly Monitoring Meeting for bereavement counselors	SWAK	SWAK	189	189	189	189	Participants registration	done
3.3.1.7		Support to positive living day	SWAK	SWAK	7	7	5			not done
3.3.2 Providing Livelihood Support Activities for PLWHA/OVC households										
3.3.2.1		Support Support groups to start IGA	WV/SWAK		25	25			number of groups supported	done
3.3.2.2		Support Line Ministries in Agri-Business to monitor IGAs by support groups/OVC households activities	WV/SWAK		x	x	x	x	activity reports	done
3.3.2.3	6.2	facilitate educational tours for CBO/FBO/support groups to other APHIA/community development projects	WV/SWAK	CBO/FBO	1	1	1		activity reports	done
3.3.2.4		support CBO/FBO/Support groups to conduct exchange visits between themselves	WV/SWAK		50	50	50	50	2Youth groups & 4CBO	done
3.3.2.5	6.2	Link support groups to MFI & other grants institutions/organisations for business skills training and credit	WVK/SWAK	SWAK	25	25	25	25	assessment & funding reports	290 linked
3.3.2.6		conduct quarterly review meetings with MFIs linked to support groups for progress reports	WVK/SWAK		1	1	1	1		done
3.3.2.9		conduct training for organisational Capacity	SWAK	SWAK	x	x	x	x		done

Act Ref No	Ind Ref No	Activity description	Responsible Party		Oct 2009 - Sep 2010				Data Source	Q1, 2, 3 & 4 achievements
			TA(s)	IP(s)*	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10		
		building for support groups								
3.3.2.10	6.2	conduct Paralegal Training for PLHA	SWAK	SWAK	50	50			Trainee registration, paralegal monitoring forms	50 trained.
3.3.2.11	6.2	conduct Quartely meetings for paralegals	SWAK	SWAK	217	267	267	267	meeting reports	done in all districts
3.3.2.13	6.2	facilitate quarterly meetings for paralegal networks at district level	SWAK	SWAK	6	6	6	6		Done

Monitoring and Evaluation Year 4 Activities

					Oct- Dec 09	Jan - Mar 10	Apr - Jun 10	Jul - Sep 10	Oct - Dec 2010	Activity Tracking for Quarter 4
	Output	Activity	IP							
Improved Reporting rates for CSOs from current 16% to over 50%										
		Support the Community Based Management Information System team (PHRIO,NACC, PPHO, A2W M&E, AMREF, PASCO,)	PATH	X						
		CBMI Meetings	PATH	X	X	X				
3		Data collection strengthening among A2W affiliated CSOs	PATH	X	X	X	X	X		Carried out in all the districts
22		Support and strengthen the COBPAP reporting through meetings with the CACCs in all the 24 constituencies	PATH/ WV	8	8	8				
		Support supervision by M&E, CACC and MOH	PATH	X	X	X	X	X		DHRIOs and Team carried out the activity
18		Harmonizations of CBOs and Youth Anchor Organisations' reporting	PATH	X	X	X	X			Assisted the organizations in reporting
		Disseminate and Distribute COBPAP tools	PATH	X	X	X	X	X		Reinforced reporting by CSOs
Improved Data quality										
6	13.2	Capacity building for stakeholders on M&E (CBOs and individuals working with project teams)	PATH	X	X	X				
10		Internal project reviews (Data audits for facilities, communities and CBOS)	PATH		X	X		X		Data audits at facilities in Bungoma district
12		On the job training of HMIS staff	PATH	X	X	X	X			Done in 20 facilities
16		Supportive supervisory visits by DASCOS/Records officers	PATH		X	X				

				Oct- Dec 09	Jan - Mar 10	Apr - Jun 10	Jul - Sep 10	Oct - Dec 2010	Activity Tracking for Quarter 4
	Output	Activity	IP						
		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	Conducted in Lugari, Teso Districts.
		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	Distribution of registers, DHRIOs facilitated to visit facilities
21		Validation of OVCs within the OVC program	PATH/ WV	X	X	X	X	X	Validation ongoing
		Train providers on tools		X	X	X			
25		Quarterly meetings for Health facilities in 20 districts	PATH	X	X	X	X	X	22 quarterly review meetings held.
		Support Provincial Children's Database system	PATH/ WV		X	X			
Data Collection, Analysis and enhanced data Use/utilization									
		Facilitate data collection by DHRIOs in the districts	PATH	X	X	X	X	X	DHRIOs supported to get data from facilities.
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			
		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					

				Oct- Dec 09	Jan - Mar 10	Apr - Jun 10	Jul - Sep 10	Oct - Dec 2010	Activity Tracking for Quarter 4
	Output	Activity	IP						
		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					
Improved reporting by Districts to national level									
		Training of A2W M&E team on FTP		X					
		Purchase internet access gadgets for DHRIOs in support of the officers in reporting through the FTP.		X					
		Maintaince of internet access gadgets		X	X	X	X	X	DHRIOs facilitated with airtime
23		Training 10 ART sites on Data reconstruction.	PATH	10					