HIV/AIDS is the most devastating epidemic in the 21st century, most countries especially in Sub-Saharan Africa are not coping with the epidemic. There are more than 2.1 million people living with HIV/AIDS in Kenya and approximately 700 die daily of AIDS related illnesses.

Bed occupancy in the public health institutions by AIDS related cases averages 55% and AIDS has taken a toll on health professionals as well. The Kenya Government in its strategic plan of 1999-2004 laid emphasis on home based care of HIV/AIDS patients as a vital component of the continuum of care and support. There exists a gap in the demand for Home Based Care (HBC) and the available services with glaring weaknesses in the areas of training, referral systems and support centres in most districts.

This study sought to establish the factors influencing effective and quality HBC delivery by formal and informal care givers with particular emphasis on training, referral systems, care and support to the care givers as well as support groups for people living with HIV/AIDS (PLHA). This was a cross sectional study in design and information was gathered using semi structured questionnaires for PLHA and Community Health Workers (CHWs) while open ended questionnaires were used for key informants and focus group discussions (FGDs). Further information was obtained from hospital records and direct observation during home visits. Data were analyzed using the Statistical Package for Social Sciences (SPSS) while Chi-square was used to test the relationships between certain variables. Some information was however reported verbatim.

The results of this study showed that training of CHWs in HBC of PLHA was poor in the district for instance only 22.5% were trained in counselling, an essential component of HBC. It was also evident that care and support to CHW was poor given that only 2.5% received kits and the referral system was adjudged to be poor by 77.5%. It also emerged that Teso District, despite having a bed occupancy of 54% by AIDS related cases neither had an organized HBC programme nor a working voluntary counselling and testing (VCT) centre and that most PLHA relied on the neighbouring Tororo District in Uganda.

The results further showed that training of CHWs directly affected the quality of services they offer to PLHAs. For instance, of those respondents without training, 94% offered poor services ($\chi^2=70.505$, df= 3 and $P=0.000$). Curriculum of training also determines the quality of the services provided; the results indicated that the majority (73%) of the CHWs who had good training also offered good services while the majority (83%) of those with little or no training offered poor services ($\chi^2=158.77$, df = 9, $P=0.000$).

Training in counselling also emerged as one of the most important factors determining the quality of service provided to PLHAs; for instance, 78% of those with such training offered good quality services ($\chi^2=129.892$, df=3 and $P=0.000$).

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The study thus, established that the quality of service was influenced by multiple factors more significantly training, motivation, remuneration of CHWs, referral systems and professional support. Information generated from this study could enable establish sound and sustainable programmes not only in Teso District but in other similar districts in Kenya and that it will provide an impetus for further research work.