



**USAID**  
FROM THE AMERICAN PEOPLE

# USAID AFYA PWANI QUARTERLY PROGRESS REPORT



**JULY- SEPTEMBER 2019**

This publication was produced for review by the United States Agency for International Development. It was prepared by Dr Eileen Mokaya, Chief of party, Afya Pwani.

USAID AFYA PWANI

FY 2019 Q4 PROGRESS REPORT

1<sup>st</sup> July 2019 – 30<sup>th</sup> September 2019

Award No: Aid-615-C-16-00002

Prepared for Mr. Vincent Ojiambo  
United States Agency for International Development/Kenya  
C/O American Embassy  
United Nations Avenue, Gigiri  
P.O. Box 629, Village Market 00621  
Nairobi, Kenya

Prepared by  
Pathfinder International-Kenya  
Lavington, James Gichuru Road, Hse # 158  
P. O. Box 1996 – 00502 Karen  
NAIROBI, KENYA  
Office: +254-20-3883142/3/4  
Mobile : +254-733-618359/+254-722-516275  
Fax : [+254 20] 2214890  
[www.pathfinder.org](http://www.pathfinder.org)

DISCLAIMER

The authors' views expressed in this report do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

## TABLE OF CONTENTS

<b>II. KEY ACHIEVEMENTS (QUALITATIVE IMPACT)</b>	<b>16</b>
<b>SUB-PURPOSE 1: INCREASED ACCESS AND UTILIZATION OF QUALITY HIV SERVICES</b>	<b>16</b>
Output 1.1: Elimination of Mother to Child Transmission (eMTCT):	16
Output 1.2: HIV Care and Support Services and Output 1.3: HIV Treatment Services	21
Output 1.3 HIV Care and Support Services	30
Output 1.4 HIV Prevention and HIV Testing and Counseling	41
Output 1.5: Tuberculosis/HIV Co-infection Services	48
Output 1.7: Determined, Resilient, Empowered, AIDS Free, Mentored and Safe (DREAMS) Initiative	51
<b>SUB-PURPOSE 2: INCREASED ACCESS AND UTILIZATION OF FOCUSED MNCH AND FP, WASH AND NUTRITION</b>	<b>59</b>
Output 2.1: Maternal, Newborn and Child Health Services	59
Output 2.3 Family Planning Services and Reproductive Health (FP and RH)	73
Output 2.4 Water, Sanitation and Hygiene (WASH)	80
Output 2.5 Nutrition	83
<b>SUB-PURPOSE 3: STRENGTHENED AND FUNCTIONAL COUNTY HEALTH SYSTEMS</b>	<b>87</b>
Output 3.1 Partnerships for Governance and Strategic Planning	87
Output 3.2: Human Resources for Health (HRH)	88
Output 3.3: Health Products and Technologies (HPT)	90
Output 3.4: Strategic Information and Monitoring and Evaluation Systems	92
Output 3.5 Quality Improvement	93
<b>III. ACTIVITY PROGRESS (QUANTITATIVE IMPACT)</b>	<b>94</b>
<b>IV. CONSTRAINTS AND OPPORTUNITIES</b>	<b>94</b>
<b>V. PERFORMANCE MONITORING</b>	<b>94</b>
<b>VI. PROGRESS ON CROSS CUTTING THEMES: GENDER AND YOUTH</b>	<b>102</b>
<b>VII. GRANTS</b>	<b>105</b>
<b>VIII. PROGRESS ENVIRONMENTAL MITIGATION AND MONITORING</b>	<b>106</b>
<b>IX. PROGRESS ON LINKS TO OTHER USAID PROGRAMS</b>	<b>106</b>
<b>X. PROGRESS ON LINKS WITH GOK AGENCIES</b>	<b>106</b>
<b>XI. PROGRESS ON USAID FORWARD</b>	<b>107</b>
<b>XII. SUSTAINABILITY AND EXIT STRATEGY</b>	<b>107</b>

<b>XIII. SUBSEQUENT QUARTER'S WORK PLAN .....</b>	<b>107</b>
<b>XIV. FINANCIAL INFORMATION .....</b>	<b>ERROR! BOOKMARK NOT DEFINED.</b>
<b>BUDGET DETAILS .....</b>	<b>Error! Bookmark not defined.</b>
<b>OBLIGATIONS VS EXPENDITURES .....</b>	<b>Error! Bookmark not defined.</b>
<b>NEW AWARDS .....</b>	<b>Error! Bookmark not defined.</b>
<b>COUNTY ANALYSIS.....</b>	<b>Error! Bookmark not defined.</b>
<b>DISAGGREGATED BY EARMARKS .....</b>	<b>Error! Bookmark not defined.</b>
<b>XV. ACTIVITY ADMINISTRATION .....</b>	<b>ERROR! BOOKMARK NOT DEFINED.</b>
<b>XVI. SUCCESS STORIES .....</b>	<b>109</b>
<b>LIST OF ANNEXES &amp; ATTACHMENTS .....</b>	<b>112</b>

## LIST OF TABLES

Table 1:Afya Pwani Performance Summary Table July- September 2019.....	14
Table 2:Afya Pwani Performance Summary FY19.....	16
Table 3: Quarter 4 PMTCT summary achievements against COP targets.....	17
Table 5:Beneficiaries of support groups in Q4 FY 19 .....	22
Table 6:Unsuppressed support group for AYLHIV in 4 sites in Mombasa .....	23
Table 7: Defaulter tracing July-September 2019 .....	24
Table 8:Retention and viral load suppression .....	26
Table 9:OTZ outcomes as at APR 2019 .....	27
Table 10: Linkage per age group July -Sept 2019.....	31
Table 11:Q4 Linkage per County .....	32
Table 12:Net gain analysis per County Q4 FY19 .....	33
Table 13:EID tests done July-Sept 2019 .....	36
Table 14:Viral load tests done during Quarter 4 FY19.....	36
Table 15:Viral load tests uptake and suppression by County FY19 .....	37
Table 16:Quarterly HTS performance FY 19 .....	41
Table 17: Q4 HTS performance per County .....	41
Table 18:Yields per age group Q4 .....	42
Table 19:PNS Cascade Q4 FY19.....	44
Table 20:Round 20 Proficiency Testing.....	47
Table 21:Gene Xpert Tests in Q4 FY19.....	48
Table 22:IPT uptake in Q4 FY .....	49
Table 23:TB/HIV Integration July-September 2019 .....	49
Table 24:MDR patients on treatment in Q4 .....	50
Table 25:Condom promotion and education.....	52
Table 26:AGYW reached with CMM service .....	53
Table 27:Summary of CSEA achievements .....	56

Table 28: Number of AGY layered by number of months in the project.....	57
Table 29: Gaps identified during DQA and corrective action .....	68
Table 30: Kilifi County key performance gaps, challenges noted and corrective action .....	68
Table 31: Tabulation of Facility-Based staff by Cadre.....	89
Table 32: Facility based EMR support.....	93
Table 33: Budget Details .....	<b>Error! Bookmark not defined.</b>
Table 34: Obligations vs Expenditures (I) .....	<b>Error! Bookmark not defined.</b>
Table 35: Obligations vs Expenditures (II) .....	<b>Error! Bookmark not defined.</b>
Table 36: Budget Notes .....	<b>Error! Bookmark not defined.</b>
Table 37: New Awards .....	<b>Error! Bookmark not defined.</b>
Table 38: County Analysis .....	<b>Error! Bookmark not defined.</b>
Table 39: Disaggregated by Earmarks.....	<b>Error! Bookmark not defined.</b>

## LIST OF FIGURES

Figure 1: Mombasa County Early EID achievement Q1 to Q4 .....	18
Figure 2: Active HEIs with documented initial PCR results at July (baseline) .....	19
Figure 3: Active HEIs with documented initial PCR results at September, 2019 (after CQI) .....	19
Figure 4: Defaulter tracing outcomes for Afya Pwani in Q4 FY 19 .....	25
Figure 5: Deaths Audit in Q4 FY 19 .....	25
Figure 6: OTZ outcomes .....	27
Figure 7: <i>Afya Pwani</i> 2nd and 3rd 95 performance as at APR.....	30
Figure 8: Linkage per County in Q4 FY19 .....	31
Figure 9: Explanations for unlinked clients in Q4 .....	32
Figure 10: <i>Afya Pwani</i> net gain analysis Q4 FY19 .....	33
Figure 11: Viral Load Suppression by gender FY 19 .....	37
Figure 12: Viral Load suppression by age group FY19 .....	37
Figure 13: Outcomes of unsuppressed PLHIV support groups .....	39
Figure 14: Increasing yields in FY19 .....	42
Figure 15: Yields per modality in Q4 .....	42
Figure 16: PNS Scale up in FY19 .....	43
Figure 17: Index testing contribution to positives .....	43
Figure 18: Improved yields during surge period .....	45
Figure 19: weekly identification of positives during surge period .....	46
Figure 20: Number of AGYW tested for HIV. ....	52
Figure 21: PrEP uptake among AGYW .....	53
Figure 22: Number of AGYW reached with EBIs .....	55
Figure 23: AGYW layering status by age group as at end of September 2019 . <b>Error! Bookmark not defined.</b>	
Figure 24: Trends in uptake of antenatal services in <i>Afya Pwani</i> supported sites .....	63
Figure 25: Graph depicting trends in uptake of SBA and PNC within 2 days of delivery .....	64
Figure 26: Trends of maternal deaths in Kilifi County from October 2018 to September 2019 .....	67
Figure 27: Graph depicting trends in neonatal deaths in Kilifi county from October 2018 to September 2019.....	67
Figure 28: Graph depicting immunization trend in <i>Afya Pwani</i> supported sites (Oct. 2018 to Oct. 2019).....	71
Figure 29: Graph depicting trend in diarrhea cases and current treatment in <i>Afya Pwani</i> supported sites (Oct. 2019 to Sep 2019).....	72

Figure 30:Graph showing the trend in uptake of FP services .....	76
Figure 31: Graph depicting the trend of CYP from October 2018 to September 2019 .....	76
Figure 32:FP method mix in Afya Pwani sites from July 2019 to September 2019 .....	77
Figure 33:Graph showing facility contraceptive consumption report and request form reporting rates (July 2019 to September 2019) .....	78
Figure 34:Graph depicting FP percentage stock out rates across the county (July 2019 to September 2019) .....	78
Figure 35:Graph depicting teenage pregnancies and FP uptake .....	80
Figure 37:Kilifi County FP Commodity Reporting rates for Q4 FY1.....	90
Figure 38: Afya Pwani Counties ART FCDRR Reporting Rates.....	91
Figure 1: Quarterly MoH 731 Reporting Rates by County .....	<b>Error! Bookmark not defined.</b>
Figure 2: Quarterly MoH 731 Reporting Timelines by County in FY19 .....	95
Figure 3: Quarterly MoH 731Reporting Rates by County .....	96
Figure 4: MoH Reporting rates .....	96
Figure 5: Kwale and Taita Taveta County Transition from old to revised MoH 731.....	97
Figure 7: VL data cleaning and suppression outcomes.....	99
Figure 45:Obligations vs. Current and Projected Expenditure .....	<b>Error! Bookmark not defined.</b>

## ACRONYMS AND ABBREVIATIONS

ADR	Adverse Drug Reactions
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
APH	Antepartum Hemorrhage
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASRH	Adolescent Sexual Reproductive Health
AYLHIV	Adolescents and Youth Living with HIV
AYSRH	Adolescent and Youth Sexual Reproductive Health
BEmONC	Basic Emergency Obstetric and Newborn Care
BFCI	Baby Friendly Community Initiative
BMI	Body Mass Index
CASCO	County AIDS and STI Control Officer
CBD	Community Based Distributor
CBP	Community Based Promoter
CCC	Comprehensive Care Center
CDC	Center for Disease Control and Prevention
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHEW	Community Health Extension Worker
CHMT	County Health Management Team
CHV	Community Health Volunteer
CLTC	County Leprosy and Tuberculosis Coordinator
CLTS	Community Led Total Sanitation
CME	Continuing Medical Education
CPGH	Coast Provincial General Hospital
CSB	Corn Soy Blend
CQI	Continuous Quality Improvement
CU	Community Unit
CWC	Child Welfare Clinic
CYP	Couple Years Protection
DBS	Dry Blood Samples
DDIU	Data Demand and Information Use
DQA	Data Quality Assessment
DWH	Data Warehouse
EBI	Evidence Based Interventions
EID	Early infant diagnosis
EMTCT	Elimination of Mother to Child Transmission
EmONC	Emergency Obstetric and Newborn Care
EMR	Electronic Medical Records
FANC	Focused Antenatal Care

FCDRR	Facility Consumption Data Report and Request Form
FMAPS	Facility Monthly ARV Patient Summary
F&Q	Forecasting and Qualification
FP	Family Planning
FSW	Female Sex Worker
GBV	Gender-Based Violence
GOK	Government of Kenya
HAART	Highly Active Antiretroviral Therapy
HC	Health Center
HCW	Health Care Worker
HEI	HIV Exposed Infant
HINI	High Impact Nutrition Interventions
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HMT	Health Management Team
HPT	Health Products and Technology
HRIO	Health Records Information Officer
HRH	Human Resources for Health
HSS	Health Systems Strengthening
HTC	HIV Testing and Counseling
HTS	HIV Testing Services
HVF	High Volume Facility
IFAS	Iron and Folic Acid Supplementation
IMAM	Integrated Management of Acute Malnutrition
IMCI	Integrated Management of Childhood Illness
IPC	Infection Prevention Control
IPT	Isoniazid Preventive Therapy
KEMSA	Kenya Medical Supplies Agency
KEPI	Kenya Extended Programme on Immunization
KHSSSP	Kenya Health Sector Strategic and Investment Plan
KHQIF	Kenya HIV Quality Improvement Framework
KP	Key Populations
KQMH	Kenya Quality Model for Health
LTFU	Lost to Follow Up
MAM	Moderate Acute Malnutrition
MCH	Maternal and Child Health
M&E	Monitoring & Evaluation
MNCH	Maternal, Newborn and Child Health
MNH	Maternal and Newborn Health
MOH	Ministry of Health
MPDSR	Maternal and Perinatal Death Surveillance and Review
MSM	Men Who Have Sex with Men
MSW	Male Sex Worker

M2M	Mother 2 Mother
NACS	Nutritional Assessment Counselling and Support
NASCOP	National AIDS and STI Control Program
NCD	Non-Communicable Disease
NDMA	National Drought Management Authority
NGO	Non-Governmental Organization
OI	Opportunistic Infection
ODF	Open Defecation Free
OJT	On Job Training
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
OTP	Outpatient Therapeutic Therapy
OVC	Orphans and Vulnerable Children
PAC	Post-Abortion Care
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PHO	Public Health Officer
PITC	Provider Initiated Testing and Counseling
PLHIV	People Living with HIV
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother to Child Transmission
PNC	Post-Natal Care
PNS	Partner Notification Services
POC	Point of Care
PRC	Post-Rape Care
PrEP	Pre-exposure Prophylaxis
PSS	Psychosocial Support Service
PT	Proficiency Testing
QA	Quality Assurance
QI	Quality Improvement
RED	Reach Every District
RH	Reproductive Health
RTK	Rapid Test Kits
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SCASCO	Sub County AIDS Control Officer
SCHMT	Sub County Health Management Team
SCLTC	Sub County Leprosy and Tuberculosis Coordinator
SCHRIO	Sub County Health Records Information Officer
SDGs	Sustainable Development Goals
SI	Strategic Information
SIMS	Site Improvement Monitoring System
SLTS	School Led Toy

SMS	Short Message Service
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
SW	Sex Workers
STI	Sexually-transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counseling and Testing
VL	Viral Load
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WRA	Women of Reproductive Age
YLHIV	Youth Living with HIV

## EXECUTIVE SUMMARY

### FY 19 Q4 Performance Snapshot

<b>127,596 (186%)</b> <b>Total Tested:</b>
<b>2,838 (148%)</b> <b>Positives Identified</b>
<b>2.2%</b> <b>Yield</b>
<b>2,272 (Linkage 80%)</b> <b>Linked on Treatment</b>
<b>52,832</b> <b>Current on treatment</b>
<b>87%</b> <b>Viral Suppression</b>
<b>21,844</b> <b>PMTCT ANCI Attendance</b>
<b>21,813 (Uptake 99.5%)</b> <b>PMTCT ANCI Know Status</b>
<b>641</b> <b>PMTCT Total Positives</b>
<b>626 (Uptake 98%)</b> <b>PMTCT Total ART</b>
<b>889</b> <b>PMTCT EID Tests</b>
<b>28</b> <b>PMTCT HEI Positive</b>
<b>26</b> <b>PMTCT HEI Positive ART</b>
<b>6,886 (72%)</b> <b>4th ANC (Kilifi County)</b>
<b>9,339 (112%)</b> <b>Skilled Birth Attendance (Kilifi County)</b>
<b>11,266 (111%)</b> <b>Fully Immunized Children (Kilifi County)</b>
<b>7,285 (76%)</b> <b>Post Natal Care (Kilifi County)</b>

Over the last three years of project implementation, *Afya Pwani* has successfully implemented activities geared towards achieving the 95:95:95 cascade as well as increasing access to and utilization of high-quality HIV, Maternal, Neonatal and Child Health (MNCH), reproductive health and family planning (RH/FP), water, sanitation and hygiene (WASH) and nutrition health services across the five project supported Counties namely; Mombasa, Lamu, Kilifi, Taita Taveta and Kwale.

### Qualitative Impact

As at the end of FY19, *Afya Pwani* had identified 9,227 new PLHIV against an annual target of 7,678, an achievement of 120%. In quarter four, the project achieved 150% of its quarterly target (2,838/1,920). This was achieved through scaling up the uptake of index testing, HTS screening and

### Q4 PLHIV IDENTIFICATION PER COUNTY

**Kilifi County 332% (1,133/342)**  
**Kwale 98% (556/569)**  
**Lamu 248% (48/20)**  
**Mombasa 109% (925/845)**  
**Taita Taveta 152% (219/144)**

improving the capacity of health care workers to provide quality HTS services in the spirit of surge resulting in increased yields from 1.6% in Q1, 1.9% in Q2 and Q3 to 2.4% in Q4 and positives identified from 2,058 in Q3 to 2,838 in Q4.

During the period under review, the project started 2,272 (80%) newly identified PLHIV on treatment. out of the 2,838 identified; Kilifi County linking 74% (797/1076), Kwale County 79% (436/550), Lamu County 124% (52/42), Mombasa County 84% (810/890) and Taita Taveta County 86% (189/220). The project has prioritized characterization, tracing, and linkage of the unlinked clients to ART by working with existing facility and community health structures.

By the end of Q4, *Afya Pwani* had achieved its target for new on ART at 104% (7,819/7,547 and 95% (52,832/55,506) of its target for clients receiving ART treatment. This was achieved through retention strategies, including case management, psychosocial support groups, OTZ clubs, special clinics for pediatric and adolescents among others. Differentiated care service delivery has been implemented as one of the retention as well as quality of care strategies. As at the end of September 2019, the retention rates for PLHIV started on DSD in September 2018 (one year after initiation into DSD) were 98% (5877/5985) in Kilifi, 93% (653/705) in Taita Taveta and 86% (3451/3998) in Mombasa.

In FY19, viral load tests were done for 50,508 unique clients giving a Viral Load uptake of over 100% and suppression rate of 87% (43,803/50,508), highest being Mombasa County at 89% (17,889/20,207) followed by Kilifi County at 88% (14,594/16,622) and the lowest Lamu County at 82% (1,107/1349). The project has implemented a mix of strategies to manage suspected treatment failure clients to address the gaps that contributed to them not suppressed. These strategies include; unsuppressed Clients' psychosocial groups, viremia clinics, multi-disciplinary teams, and case management.

In PMTCT, the project achieved 21,631 (88% of her quarterly targets) of pregnant women knowing their HIV and Syphilis status during their 1st ANC visit. A total of 640 HIV positive pregnant women were identified with 97% (617/640) of all pregnant women identified as HIV positive initiated on HAART. 288 pregnant women (1.4%) were newly identified as HIV positive against a quarterly target of 497 women representing a 58% achievement. A total of 20,991 out of 21,631 first ANC clients (97%) tested HIV negative during their first ANC while 352 were already known positives. The project successfully continued to engage and support mentor mothers in Mombasa, Kwale, Taita Taveta, and Kilifi Counties as part of its commitment to get the number of new HIV infections down to zero in these counties. The MTCT rates have consequently been reducing over time from 7.5% in 2016 to the current 3.2% (2019). A total of 2,042 polymerase chain reaction tests were processed in the quarter, of which 893 were initial tests while the repeat tests and confirmatory tests were 1,101, and 48 respectively. Out of the initial 893 PCR tests, 610 (68%) were done within 2 months of age. A total of 28 infants (3.4%) seroconverted in the quarter and 27 were initiated on HAART while one is still on follow up for initiation in the next quarter.

In DREAMS, the project continued to support 11,243 AGYW. Out of these, 4,084 were fully layered, with 7,789 receiving evidence-based intervention packages, while all the AGYW receiving at least one service in the safe spaces.

The project continued to work towards its goal of increasing access and utilization of high-quality MNCH, FP, WASH, and Nutrition interventions while strengthening Kilifi County Health systems and mainstreaming gender and youth. A total of 6,886 pregnant women completed at least 4 ANC visits in the period, resulting in the annual performance of 31,108 (98% of target). This achievement was as a result of intensified community mobilization activities such as universal antenatal screening and maternity open days. Besides, retention strategies like pregnant women support groups (mama groups and Binti Kwa Binti groups) and sensitization of the community on the importance of antenatal care were scaled up. Skilled birth attendants delivered 9,339 women in quarter 4. Cumulatively, a total of 39,258 women were delivered in the year, achieving 114% of the annual target. In the same period, 7,285 babies received PNC services within two days of birth, cumulatively in the year, a total of 29,911 babies achieving 104% of the annual target. The rise in coverage in SBA and PNC is due to enhanced community mobilization, retention strategies, and improvement of quality in maternity services.

During the period under review, a total of 11,761 children under one year of age, received the DPT3 vaccine compared to 9,653 children in Q3. Besides, 11,260 children under one year of age achieved the

fully immunized child (FIC) status in Q4 compared to 9,284 children in Q3. The increase in the number of children reached with immunization interventions is attributed to intensified community mobilization through targeted dialogues and multifaceted defaulter tracking interventions.

To increase access to modern family planning methods, *Afya Pwani* strengthened the FP CBD network by training an additional 570 community-owned resource persons (CORPS)<sup>1</sup> as CBD agents, increasing the CBD agents to 970 across the County.

In an effort to reduce stunting rate in Kilifi County, the project supported 85 health facilities to offer quality integrated management of acute malnutrition (IMAM) services, capacity built 52% of *Afya Pwani* supported health facilities to implement baby-friendly hospital initiative (BFHI), supported 40% of Kilifi County CUs to implement baby friendly community initiative (BFCl) and conducted PD hearth sessions in Kaloleni and Ganze.

The period under review was also marked by a significant paradigm shift following a change in strategy to HIV/AIDS and TB (PEPFAR COP 2018) programming that sought to accelerate the achievement of the 95-95-95 treatment targets, and subsequent budgetary cuts. Riding on this, *Afya Pwani* HSS efforts were focused on investments to improve service delivery systems and effectively respond to these new changes. The project worked with Counties to assess utilization of key budgeting tools in decision making; tracking staff performance management processes, the realization of the HRH plans and implementation of county health departments organization structures. Capacity building initiatives of county commodity management teams were also done to realize commodity security and direct technical support was provided to health facilities to ensure sound commodity management practices and continued use of EMR systems in HIV care and treatment.

### **Constraints and Opportunities**

During the reporting period, several challenges were encountered particularly in engaging CHMTS and facilities for improved access and provision of quality service delivery of HIV and MNCH/RH/FP/WASH and Nutrition. A detailed description of these challenges, opportunities, and mitigation measures covering the period between July-September 2019 are described at the end of the respective output sections.

### **Quantitative Impact**

Table 1 below is the detailed quantitative program performance for quarter 4.

---

<sup>1</sup> CHVs, Male Champions and Youth groups

**Table 1: Afya Pwani Performance Summary Table July- September 2019**

Afya Pwani Performance Oct'2018-Sept'2019									
Indicator	Technical Area	Cascade Age bands	Q1	Q2	Q3	Q4	Total Achiev'd FY19	% Achiev'd FY19	Afya Pwani Target
# of individuals who received HIV Testing Services (HTS) and received their test results.	HTS_TST	<15 Yrs.	10414	9391	6711	9771	36287	96%	37649
		>=15 Yrs.	123861	108953	104458	117825	455097	192%	237428
		Total	134275	118344	111169	127596	491384	179%	275077
# of individuals who received HIV Testing Services (HTS) and received their test results (Positive).	HTS_TST_Pos	<15 Yrs.	117	145	113	196	571	79%	720
		>=15 Yrs.	1981	2045	1945	2642	8613	124%	6958
		Total	2098	2190	2058	2838	9184	120%	7678
	Computed Indic 1	Positivity <15 Yrs.	1.1%	1.5%	1.7%	2.0%	1.6%		
		Positivity >=15 Yrs.	1.6%	1.9%	1.9%	2.2%	1.9%		
		Positivity Total	1.6%	1.9%	1.9%	2.2%	1.9%		
# of adults and children newly enrolled on antiretroviral therapy (ART)	TX_NEW	<15 Yrs.	123	129	122	150	524	71%	740
		>=15 Yrs.	1780	1792	1589	2122	7283	107%	6807
		Total	1903	1921	1711	2272	7807	103%	7547
	Computed Indic 2	Linkage <15 Yrs.	105%	89%	108%	77%	92%		
		Linkage >=15 Yrs.	90%	88%	82%	80%	85%		
		Linkage Total	91%	88%	83%	80%	85%		
# of adults and children with HIV infection receiving antiretroviral therapy (ART).	TX_CURR	<15 Yrs.	3557	3629	3602	3607	3607	71%	5059
		>=15 Yrs.	45276	46588	47624	49225	49225	98%	50447
		Total	48833	50217	51226	52832	52832	95%	55506
Numerator: # of pregnant women with known HIV status at first antenatal care visit (ANC1) (includes those who already knew their HIV status prior to ANC1). Denom: # of new ANC clients in reporting period	PMTCT_STAT	Denominator	24594	26776	21928	21844	95142	96%	98900
		Numerator	24502	26701	21862	21813	94878	96%	98900
		Known Positives	549	542	370	353	1814	78%	2316
		Newly Tested Pos	318	348	251	288	1205	61%	1985
		Total Positive	867	890	621	641	3019	69%	4351
# of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child-transmission during pregnancy.	PMTCT_ART	Already on ART	544	542	371	351	1808	77%	2356
		New on ART	314	347	236	275	1172	59%	1995
		Total on ART	858	889	607	626	2980	68%	4351
	Computed Indic 3	PMTCT Positivity	3.5%	3.3%	2.8%	2.9%	3.2%		
		ART Uptake - New Pos	99%	100%	94%	95%	97%		
		ART Uptake - All Pos	99%	100%	98%	98%	99%		
# of infants who had a virologic HIV test within 12 months of birth during the reporting period	PMTCT_EID	0<=2 Months	350	549	502	613	2014		
		2<12 Months	150	220	172	276	818		
		Total Tested	500	769	674	889	2832	65%	4351
	PMTCT_HEI_POS	0<=2 Months	5	8	6	12	31		

# of HIV-infected infants identified in the reporting period, whose diagnostic sample was collected by 12 months of age		2<12 Months	9	13	14	16	52		
		Total Positive	14	21	20	28	83	48%	173
ART initiation and age at virologic sample collection.	PMTCT_HEI_POS_ Initiated ART	0<=2 Months	5	8	5	10	28		
		2<12 Months	8	14	13	15	50		
		Total Initiated ART	13	21	18	25	77	45%	173
	Computed indic 4	HEI Positivity	2.8%	2.7%	3.0%	3.1%	2.9%		
		HEI ART Uptake	93%	100%	90%	89%	93%		
	Computed indic 5:	% EID <2months	70%	71%	74%	69%	71%		
% of ART patients with a suppressed viral load (VL) result (<1000 copies/ml) within the past 12 months	TX_PVLS (N) Suppressed	<15 Yrs.	2013	2429	2640	2559	2559	53%	4817
		>=15 Yrs.	32604	35257	39406	41244	41244	82%	50068
		Total	34617	37686	42046	43803	43803	80%	54885
	TX_PVLS(D) VL done	<15 Yrs.	3075	3717	3879	3822	3822	79%	4817
		>=15 Yrs.	37966	41073	45599	46686	46686	93%	50068
		Total	41041	44790	49478	50508	50508	92%	54885
	Computed indic 6	% Suppression <15 Yrs.	65%	65%	68%	67%	67%		
		% Suppression >=15 Yrs.	86%	86%	86%	88%	88%		
		% Suppression Total	84%	84%	85%	87%	87%		
	RMNCAH								
4th ANC			7426	8116	8680	6886	31108	98%	38482
Skilled Birth Attendance			9480	9817	10622	9339	39258	114%	33351
Fully Immunized Children (FIC) under 1 year			8507	11346	9284	11260	40397	101%	40628
PNC Infants receiving Postpartum care within 2-3 days			7980	7618	7028	7285	29911	104%	38482

## II. KEY ACHIEVEMENTS (QUALITATIVE IMPACT)

### SUB-PURPOSE 1: INCREASED ACCESS AND UTILIZATION OF QUALITY HIV SERVICES

*Afya Pwani* continued to partner with the county governments of Mombasa, Kwale, Kilifi, Lamu and Taita Taveta to implement interventions that contribute towards the provision of quality HIV services in efforts to achieve the UNAIDS 2030 targets of 95:95:95. These interventions range from technical assistance, capacity building, commodity security, HRH support, health system strengthening to direct service delivery.

**Table 2: Afya Pwani Performance Summary FY19**

Afya Pwani APR performance			
Indicator	Target	Achieved	Performance
HTST_STAT	275,077	490,718	178%
HTS_POS	7,678	9,183	120%
TX_NEW	7,547	7,807	103%
TX_CURR	55,506	52,822	95%
Viral Load test	50217	50508	101%
Suppression		43803	87%
PMTCT_STAT	98,900	94,878	96%
PMTCT_POS	4,351	3,023	69%
PMTCT_ART	4,351	2,979	68% (98%)
PCR by 12 months of age	4,351	2,831	65%
PCR_Pos	2832	85	3%

As at the end of quarter 4, the project had achieved its target for identification of positives at 120% (9183/7678) and that for new on treatment at 103% (7807/7547). In the same period, 52822 clients were on ART against a target of 55,506, a 95% achievement. The project achieved 69% (3023/4351) of its target for identification HIV positive pregnant mothers despite testing nearly all the mothers who present to supported facilities for ANC services. Of the 3023 HIV positives mothers identified, 2831 (98%) of them were started on ART, with 85 infants testing positive on DNA PCR, a 3% positivity.

The specific details of each section are outlined in the relevant outputs.

#### **Output 1.1: Elimination of Mother to Child Transmission (eMTCT):**

During the reporting period, *Afya Pwani* continued to support provision of comprehensive quality eMTCT package<sup>2</sup>. The project supported eMTCT service provision in 240 PMTCT sites (69 in Kwale, 25 in Mombasa, 55 in Taita Taveta, 64 in Kilifi and 27 in Lamu) Counties. The table below summarizes the achievements made in Quarter 4 of the reporting period:

<sup>2</sup> Focused on improving antenatal care (ANC) coverage, strengthening ART integration into maternal child health (MCH) clinics, early identification of HIV & Syphilis-infected pregnant and lactating women, prompt initiation of highly active antiretroviral therapy (HAART) for HIV infected mother baby pairs including infant prophylaxis, improving early infant diagnosis (EID) services, and strengthening retention among maternal and HIV-exposed infant cohorts

**Table 3: Quarter 4 PMTCT summary achievements against COP targets**

Indicator	COP 2018 Target	July 2019-Sept 2019 achievement	% Achieved
Number of sites	240	240	100%
Number of pregnant women with known status	98,900	21,813	22%
Number of HIV positive pregnant women identified	4,351	641	15%
Number of pregnant women known to be HIV positive (known positives)	2,316	353	15%
Number of newly identified HIV positive pregnant women (new positives)	1,985	288	15%
Number of HIV infected pregnant women on HAART	4,351	626	14%

Overall, the project recorded good uptake of HTS at ANC with 99.4% of all 1st ANC clients knowing their HIV status. Besides routine activities aimed at demand creation, HTS service provision, ART initiation, infant prophylaxis, case management, the following activities were implemented as described below:

**a) Roll out of SMS for EID results and NASCOP HIT System**

The project rolled out SMS for EID results at the Coast Provincial General Hospital (CPGH). A total of 143 pregnant and lactating women were enrolled into the program. The exercise was informed by lessons derived during a bench marking visit to USAID funded AMPATHPlus in Q1 by the project lab technical team to expedite EID result delivery to mothers and caregivers of HEIs. This complements the already adopted NASCOP HIT System in 6 high volume facilities in Mombasa, Kilifi and Taita Taveta Counties. During the period, facility staff were sensitized and supported to create a help desk at which all PMTCT clients were given information on the

---

***“This is really good as I do not have to wait till my next appointment for me to know my child’s EID status”,***

**PMTCT client**

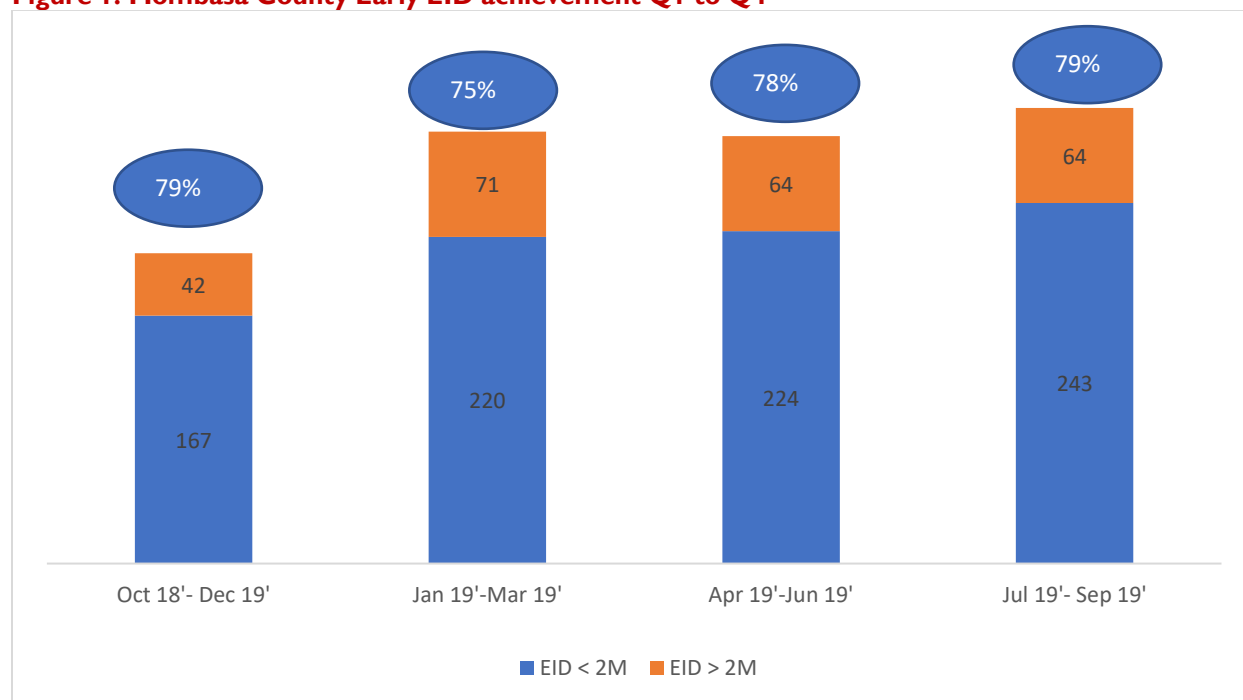
***“it is a good way to remind us when the next test is due, and I can ask if the doctor doesn’t remember to send me to the lab for one”,***

**PMTCT client**

---

SMS for EID results and offered the opportunity to enroll into the program. All clients opting in signed a written consent and provided their phone numbers to facilitate receipt of SMS notifications when their infant’s PCR results were ready. Initial feedback from those already consented and enrolled indicates huge acceptance and need for scale up. This is one of the legacy activities that the project hopes to scale up and institutionalize in all supported counties beginning Q1 of FY20. These efforts have helped Mombasa County ensure most PMTCT clients (79%) have initial PCR for their infants done by 2 months of age with the exception of referrals. The graph below summarizes the achievements seen so far in the County.

**Figure 1: Mombasa County Early EID achievement Q1 to Q4**



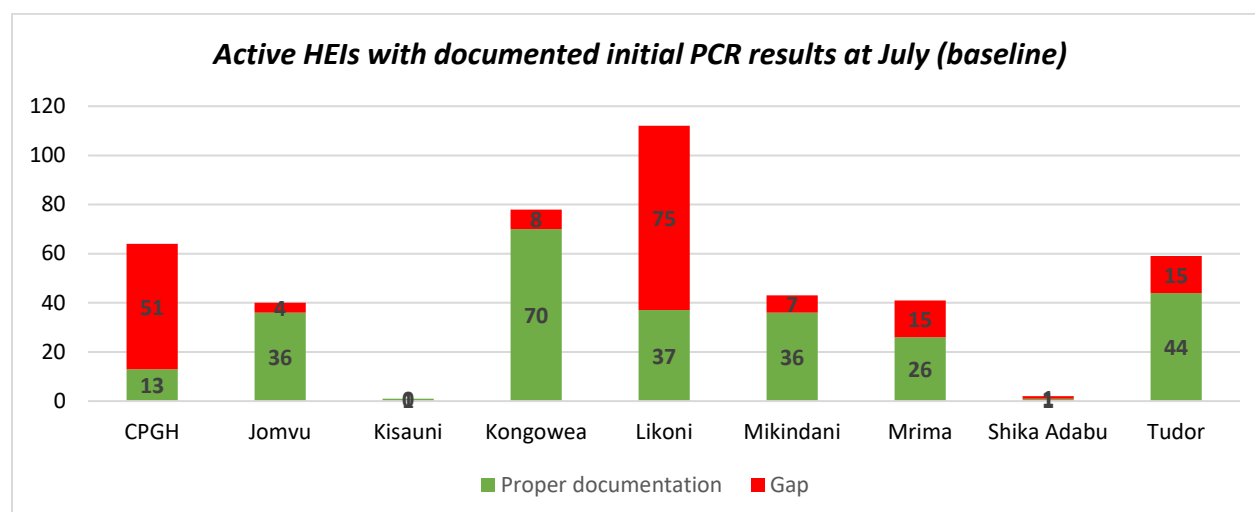
#### **b) Institutionalizing PMTCT CQI**

During the quarter, the project supported the Mombasa County Quality Management Unit (QMU) to institutionalize the use of CQI in order to ensure sustainability of the low MTCT rates reported by the County. As a result of this, 25 PMTCT sites held weekly PMTCT WITs meeting where four key indicators were routinely monitored: 1) testing for all 1<sup>st</sup> ANC and 6 weeks postnatal clients; 2) immediate ART initiation for all positives; 3) EID at 6 weeks for those due and 4) retention. Documentation of EID results in the PCR logbooks and MIP registers was also identified as a major gap during the assessment. At baseline for the quarter the EID documentation findings were as below among selected facilities:



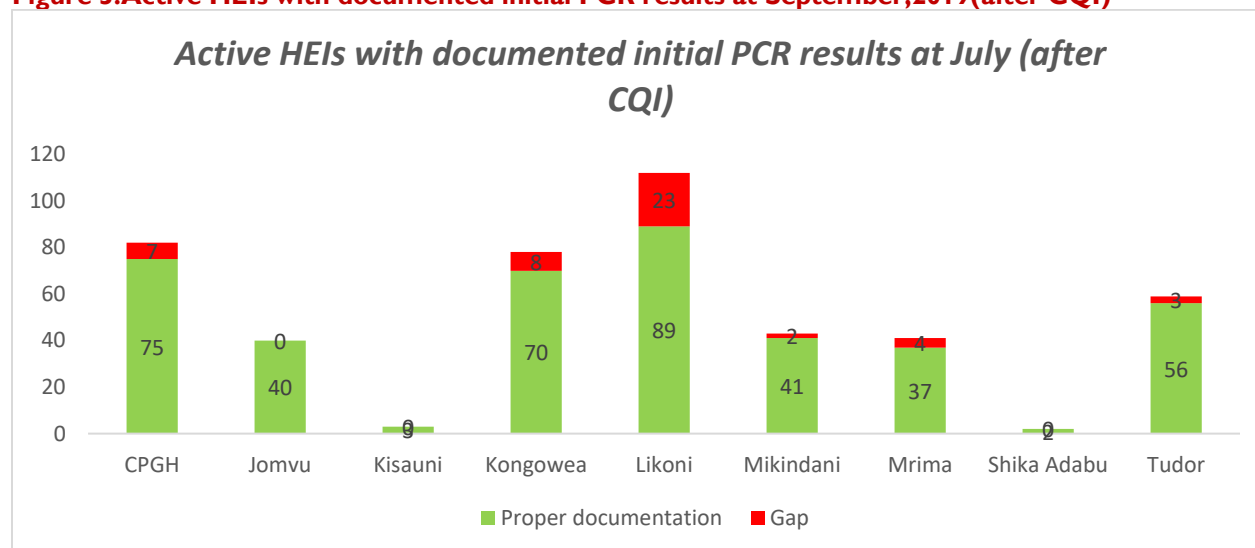
**Photo 1: PMTCT meeting in progress in Mombasa County**

**Figure 2: Active HEIs with documented initial PCR results at July (baseline)**



An intense cycle of reviews and implementation of small tests of change aimed at improving HEI follow up documentation has shown marked improvement with all facilities reporting improved documentation of initial HEI PCR results in the PCR tracking logs, HEI register and MIP register. The graph below shows improvement of initial PCR documentation among selected facilities selected for this CQI project.

**Figure 3: Active HEIs with documented initial PCR results at September, 2019 (after CQI)**



### c) Community PMTCT in Kilifi

In Kilifi County, the project leveraged on MNCH funding, to mainstream community PMTCT (cPMTCT). Through this support, community health workers (CHWs) working under the supervision of CHEWs successfully mapped out pregnant women and newborns who had not accessed the required ANC/MCH/PMTCT/CWC services and escorted them to health facility. The CHWs counselled and educated them on the need to access the required services and encouraged prompt ANC/MCH/ PMTCT clinic attendance. A total of 232 women and infants classified as LTFU were traced and linked back to care in the various health facilities. Similarly, a total of 342 CHVs were engaged in referrals reaching 24,133

households. Out of the 8,580 women presenting for 1<sup>st</sup> ANC in *Afya Pwani* supported facilities, a total of 1,051 women were from community referrals (12%). This led to an improvement in the number of pregnant women living with HIV identified in the Q4 from 224 to 262 despite the quarter reporting least number of pregnant women presenting for 1<sup>st</sup> ANC.

**d) National PMTCT Stock Taking meeting**

*Afya Pwani* took part in the National PMTCT stock taking meeting held on 27<sup>th</sup> -30<sup>th</sup> September 2019 at the Kenya School of Government in Nairobi. The meeting brought together representatives from NASCOP, NACC, GoK, MOH, CHMT, CEC including development and implementing partners to discuss the progress of PMTCT and RMNCAH in the Country. CHMT members from the project's supported Counties attended the meeting. The meeting provided an opportunity for each County to make a poster presentation and share their experiences as well as learn from the best performing PMTCT Counties. Mombasa County exemplary performance was singled out for its achievement in sustaining an MTCT rate of <5% in the last 3 years. The meeting emphasized the importance of Counties to be accountable to all PMTCT clients (including HEIs) and ensure strengthened integration of RMNCAH and HIV service delivery at all levels. Riding on the national government goodwill, the project in Q1 of FY20 will strengthen integration of HTS and ART into MCH to ensure MIPs receive all services under one roof.

**e) County Partner Implemented Projects (PIP) implementation**

In the journey to self-reliance (J2SR), *Afya Pwani* supported Kilifi County to take leadership and become more accountable and committed in its PMTCT and HIV programs. As such, the project signed an MoU with the County Health Department to facilitate support supervision and CQI activities. As a result of this, the County held a HIV/PMTCT annual performance review meeting under the PIP which brought together 50 participants to discuss progress and take stock of HIV and PMTCT services offered at the various facilities within the County. The PIP support enabled the CHMT to carry out facility site supervisions to assess the overall quality of health services provided in facilities in the County.

**f) Utilizing grantees to mitigate effects of industrial action**

In the month of September, Mombasa and Taita Taveta Counties experienced HCWs' industrial action which paralyzed health service delivery in the supported facilities. This prompted high volume facilities to work closely with the SCHMT, project technical teams and project supported grantees (NEPHAK, WOFAK, HFG, CIPK and Shelter of Hope Ikanga), to ensure uninterrupted services across the 40 PMTCT sites.

**g) Dedicated Viremia Clinic Days for PMTCT**

During the reporting period, Moi Voi, Mwatate, and Taveta facilities, Kilifi County Hospital, Malindi and Mariakani hospitals in Kilifi and Taita Taveta County respectively dedicated specific days for PMTCT only viremia clinics serving 104 unsuppressed women. Through these clinics, the clients received enhanced adherence sessions and were supported to make individual care plans which are used for close follow up and adherence support. The Viremia clinics are also an avenue to psychosocial support among the unsuppressed PMTCT clients. In both Counties, 36 (12M, 24F) health care workers comprising of

---

***“Since I was enrolled in the viremia clinic, I understand better the need to adhere to my drugs and am hopeful, my son will grow to be negative and attend university one day”,***

**PMTCT client**

---

nurses and clinicians, participated in a collaborative learning session to build their capacity and skills on the management of unsuppressed clients. Experiences were shared on the case management of the clients they have managed successfully. The 104 clients await a repeat viral load in October and November to access their re-suppression.

#### **Proposed PMTCT activities for Q1 FY 20**

Informed by lessons learnt in Q4 of FY19, Afya Pwani will support the CHMTs to institutionalize the adoption of the NASCOP HIT system for MIP follow up. The project will also support the scale up of SMS for timely EID results dissemination in all supported Counties whilst mainstreaming CQI in PMTCT settings. In an effort to scale up 1st ANC coverage for positive PMTCT mother's identification, the program will continue to fund LIPs through grants in kind to implement community PMTCT for demand creation and follow up of PMTCT clients to promote referrals for 1st ANC, good retention and PMTCT FO.

#### **Output 1.2: HIV Care and Support Services and Output 1.3: HIV Treatment Services**

As at the end of Q4, *Afya Pwani* provided care and support services to 52,822 PLHIV against an annual target of 55,506, translating to a 95% achievement. The project ensured that all clients received the standard package of care as per the MOH guidelines and are retained on ART by implementing several interventions including provision of PHDP package such as treatment literacy, disclosure, condom use, stigma messages just to mention but a few.

##### **a) Provision of Positive Health, Dignity and Prevention (PHDP)**

*Afya Pwani* continued to support the provision of Positive Health Dignity Prevention (PHDP) services for People Living with HIV (PLHIV) across the project's focus Counties. Facilities were supported to conduct psychosocial support group sessions reaching 10,664 (3182M,7482F) facilitated by 182 peer mentors. These sessions contributed to increased retention as clients were provided with information on treatment literacy, adherence training, share feelings and experiences hence helping them in disclosure thereby reducing self-stigma. During the forums, the PLHIV got the opportunity to discuss HIV-related issues openly within their respective support groups, which are otherwise not available in other contexts of their daily life. In Mombasa County, the project supported facilities to categorize clients into special cohorts in order to reach them with relevant and effective messages. Clients with unique needs, for example, those who have had issues on adherence to treatment were mobilized to hold a PHDP session with more emphasis on treatment literacy. For instance, in disclosure, 23 out of 73 PMTCT mothers in Magongo HC had not disclosed their HIV status to their partners. This cohort of mothers were put in a support group, their TCAs aligned and taken through PHDP sessions to address their need and within two months, all the PLHIV had disclosed and 17 /23 had their partners tested for HIV, while In Chaani, Kongowea HC, Likoni SCH and Portreitz Hospital where the focus was suppression all the unsuppressed Adolescents and Youth Living with HIV –(AYLHIV), held their unsuppressed support group while attending their special clinics. Their unique needs were addressed, more individualized support provided which contributed high rates of re-suppression as shown in table 5 below:

**Table 4: Beneficiaries of support groups in Q4 FY 19**

Beneficiaries of support groups in Q4 FY 19				
Type of PSSG	Kilifi	Kwale	Mombasa	Taita Taveta
Virally Unsuppressed/	804	446	415	377
PMTCT Mothers	1043	586	1275	4
AYLHIV- (OTZ Clubs)	618	203	426	79
Newly enrolled Clients	169	0	221	28
Traced Defaulters/LFTU (FGD)	0	0	31	0
Caregivers for CLHIV	314	690	186	36
Male Only	109	174	219	0
General and mixed	21	0	1691	535
<b>Total</b>	<b>3078</b>	<b>2099</b>	<b>4464</b>	<b>1047</b>



### PHDP

*In most facilities, the PHDP sessions were aligned to the client's clinical appointment dates hence leading to little or no expenses towards this activity. Afya Pwani will continue to support and guide facilities, to hold such activities in a less costly way and make them sustainable. Beside is a picture taken during a 'men only support group' session at Likoni Sub County Hospital. A total of 219 males were reached through the men only support group PHDP sessions*

**Photo 2: Men only PSSG meeting at Likoni SCH**

In Mombasa County, *Afya Pwani* supported facilities to categorize clients to special cohorts to reach them with relevant and effective messages. Clients with unique needs, for example, those who had issues on adherence to treatment were mobilized to hold a PHDP session with more emphasis on treatment literacy. For instance, in disclosure, 23 out of 73 PMTCT mothers in Magongo HC had not disclosed their HIV status to their partners. This cohort of mothers were put in a support group, their TCAs aligned and taken through PHDP sessions to address their needs and within two months, all the partners had disclosed and 17 /23 had their partners tested for HIV, while In Chaani, Kongowea HC, Likoni SCH and Portreitz Hospital where the focus was suppression. The unsuppressed Adolescents and Youth Living with HIV –(AYLHIV) from the March 2019 Cohort, were mobilized to attend a special OTZ viremia clinics. Their unique needs were addressed, more individualized support provided which contributed high rates of re-suppression after the repeat VL done in July/August 2019 as shown in the table below:

**Table 5: Unsuppressed support group for AYLHIV in 4 sites in Mombasa**

Facility	# of unsuppressed AYLHIV Jan-Mar 19	# of AYLHIV in Unsuppressed Support Group	# in the cohort with at least 3 enhanced adherence sessions	# in the cohort with repeat VL July-Sept 19	# of clients in the cohort suppressed
Chaani	4	4	3	3	3
Kongowea	7	6	6	6	5
Likoni	14	12	10	10	8
Portreitz	17	16	13	13	11

**Focused Group Discussion/ Focused community dialogues for LTFU:** To understand factors that make clients miss their appointments and some get lost to follow up, the project supported 27 community dialogues in Kwale County reaching 2,343(1,016F,1,327M) and 3 FGDs for defaulters in Mombasa County<sup>3</sup>. At Likoni Catholic Clinic in Mombasa County, clients requested for clinics start early to accommodate those who report to work at 7am. Following the request, flexi hours were introduced in the aforementioned facility to allow the clinic to operate from 6am to 6pm. This has shown a significant improvement in retention in Q4 which is at 96% compared to 89% as at the end of Q3.

**b) Case Management:**

A total of 46 ART sites were supported to implement case management model to improve patient outcomes e.g retention. As such, the unsuppressed clients, newly enrolled, AYLHIV and caregivers of unsuppressed children were given priority in case management.

**Mlaleo Case Management Outcome.**

Jane, (not her real name), 14 years old, was on ART but not sure why she was taking the drugs. Living with her auntie who had never disclosed to her that she was HIV positive.

The facility sought audience with her auntie due to her high viral load. Through case management, the auntie was assisted to disclose to Jane. One of her teachers was also later involved and offers support to Jane in school, the teacher keeps the drugs for her and ensure she takes them on time.

Jane attends the monthly OTZ support group while the auntie participates in the caregivers' support group. Jane has now achieved a viral suppress, at LDL, from 800,000 cp/ml of the previous VL test

<sup>3</sup> Shikadabu, Likoni Catholic Clinic and Magongo Health

### c) Improving appointment keeping and defaulter tracing

During the reporting quarter, SCHMT and project teams supported facilities to continue implementing client appointment system, where all ART clients are booked, and followed up to keep their appointments'. These efforts have ensured client follow up system is standard across all the 5 Counties. Due to poor facility documentation practices, it is always not easy to confirm accurately the number of active clients on care. To improve on this, *Afya Pwani*, supported the SCHMT and facilities to adopt tools that would make it easy to capture missed appointments, carry out prompt follow up,

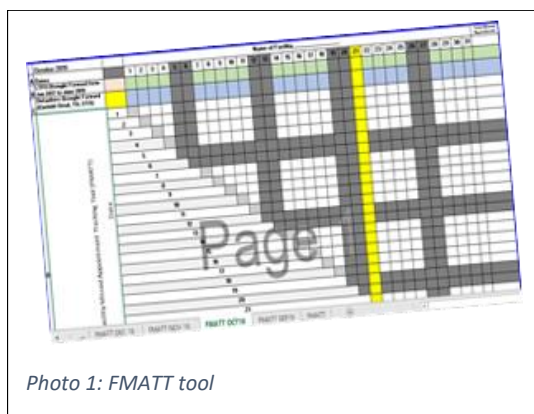


Photo 1: FMATT tool

document in the client follow up/defaulter tracing register and have the summary well captured hence the introduction of Facility Missed Appointment Tracking Tool- FMATT (borrowed from Afya Ziwani) during the period under review. In Mombasa County, 4 facilities piloted the use of the tool which reported improved tracking of defaulters and missed appointments. For example, at Shikadabu Dispensary when the tool was introduced, the team had 9 defaulters and 15 missed appointments. Upon seeing the daily summary of LTFU clients, they started active tracing of the clients and by closure of the week, 7 defaulters and 13 missed appointments had been traced back. Going forward, *Afya Pwani* plans to roll out the FMATT tool to all 75 facilities accounting for 80% of PLHIV on ART by the end of next quarter.

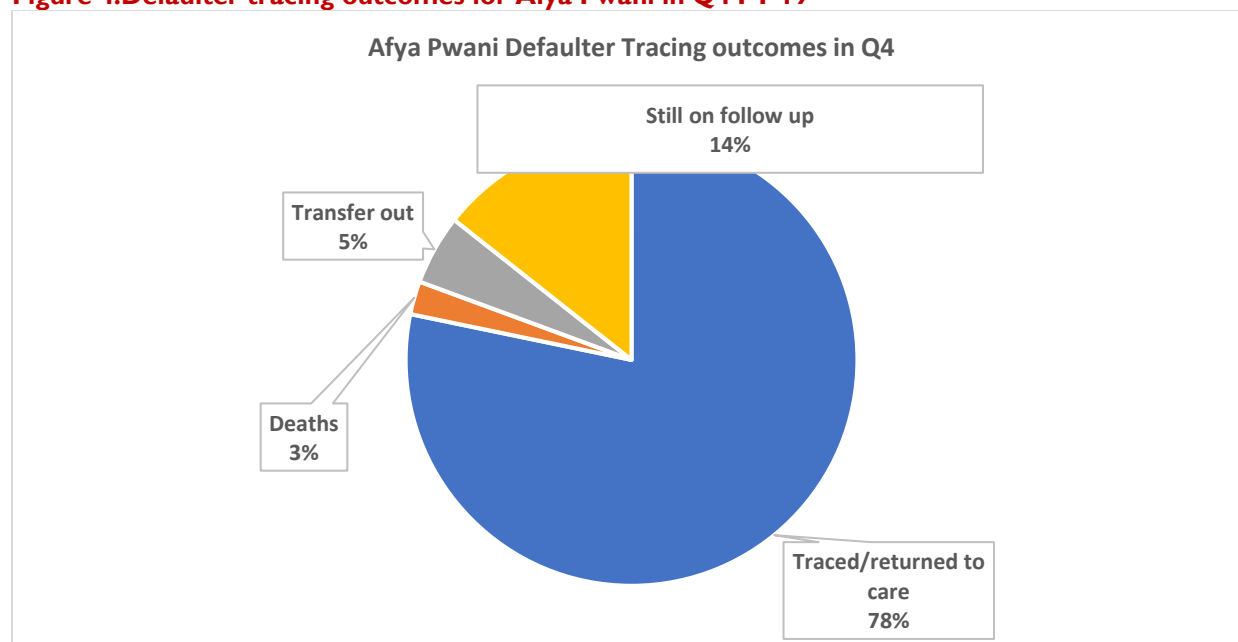
Below is a table that indicates the retention and defaulter tracing outcomes for the reporting period due to the existing defaulter tracing mechanisms and the minor contribution of the FMATT tool.

**Table 6: Defaulter tracing July-September 2019**

Defaulter Tracing per County July-Sept 2019						
County	Total missed appointments	Traced/returned to care	Success rate in tracing back	Deaths	Transfer out	Still on follow up
Mombasa	2531	1835	73%	74	191	431
Kilifi	2323	1805	78%	35	81	402
Kwale	2701	2266	84%	57	107	271
Taita Taveta	146	121	83%	17	7	2
Afya Pwani	7701	6027	78%	183	386	1106

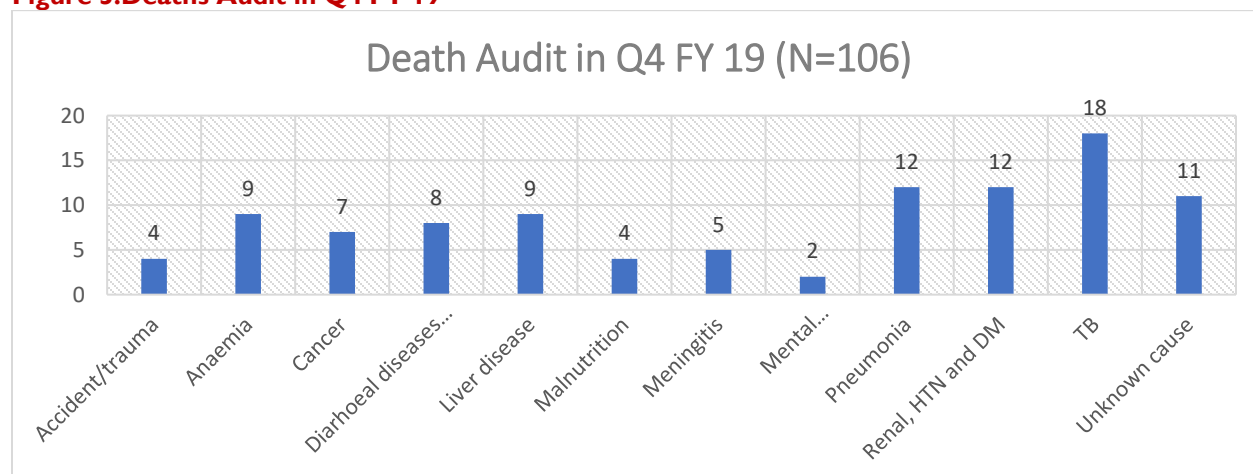
Overall, the project was able to return to care 78% of all missed appointments in the quarter, with 183(3%) reported to have died.

**Figure 4:Defaulter tracing outcomes for Afya Pwani in Q4 FY 19**



**Deaths Audit:** The project supported facilities to review the files and get information from relatives on the likely cause of death to inform improvement of services for PLHIV in their ART clinics. Most of the deaths were due to HIV related illnesses like TB, pneumonia, meningitis and diarrheal diseases. There was a notable proportion of 12% (12/106) of deaths that came from non-communicable diseases like hypertension, diabetes and renal causes.

**Figure 5:Deaths Audit in Q4 FY 19**



#### d) Differentiated Care Service Delivery

Differentiated care service delivery has brought opportunities for quality health services through creating space for those who mostly need clinical appointments while reducing the burden of visiting the clinic for those who are stable. As at the end of September 2019, the retention rates for PLHIV started on DSD in September 2018 (one year after initiation into DSD) were 98% (5877/5985) in Kilifi, 93% (653/705) in Taita

Taveta and 86% (3451/3998) in Mombasa. This reduction is attributed to changes to optimized regimen with some clients becoming unsuppressed and others being anxious with the new regimen, therefore, being brought back to standard care. The table below shows the retention and viral load suppression after one year on DSD for 42 sites<sup>4</sup> supported by *Afya Pwani*:

**Table 7: Retention and viral load suppression**

County	TX Curr as at Sept 2017	Number of PLHIV stable as of Sept 2018	Number of clients started on multi-months' prescriptions as of Sept 2018	% on DSD	# in the cohort still on multi-months' drug prescriptions as at Sept 2019	% Retention	# in the cohort still virally suppressed	% maintained VL suppression
<b>Kilifi (N=21)</b>	12866	6238	5985	96%	5877	98%	5877	100%
<b>Taita Taveta (N=10)</b>	2656	1365	705	52%	653	93%	653	100%
<b>Mombasa (N=11)</b>	14154	5672	3998	70%	3451	86%	3233	94%
<b>Afya Pwani</b>	29676	13275	10688	81%	9981	93%	9763	98%

One hundred and ten (110) Community ART groups (CAGs) were formed in Taita Taveta County reaching a total of 501 PLWHIV. The retention in the groups was 100% with only 12 clients being unsuppressed on year later who are on enhanced adherence support with other CAGs members offering therapeutic support to them so that they can rejoin the group once they get suppressed. The project will continue to saturate DSD in supported sites to reach all stable clients and retain those in the program.

**e) Addressing specific needs of children, adolescents and young people Living with HIV- OTZ Clubs**

To respond to the special needs faced by the Adolescents and Youth Living with HIV (AYLHIV), the project individualized care using the following strategies:

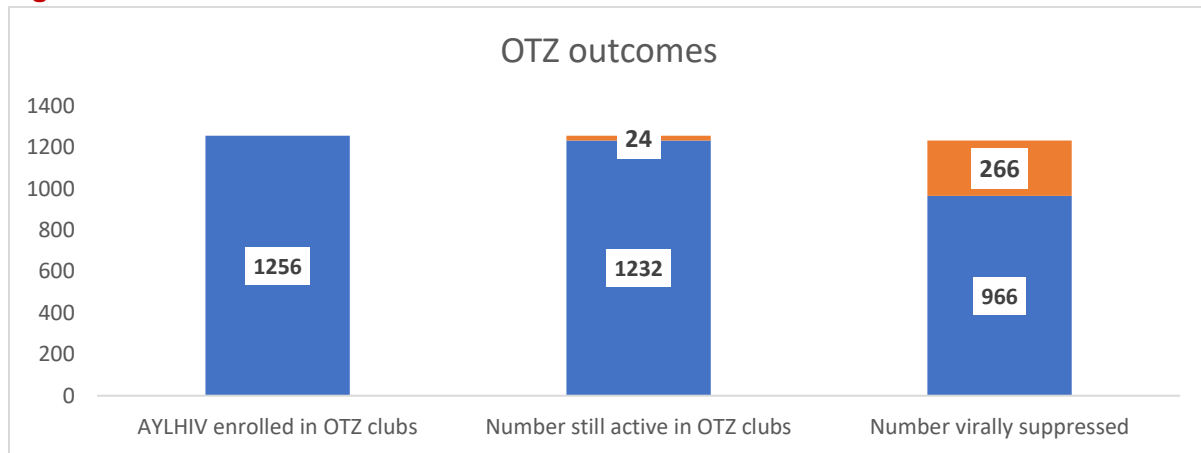
- 1) Operation Triple Zero (OTZ):** *Afya Pwani* continued to utilize both community CHVs, facility-based peer mentors and AYLHIV (OTZ) champions to improve retention and viral load suppression among adolescents and young people living with HIV. The project supported 74 OTZ clubs in 37 Facilities<sup>5</sup> in Kilifi, Mombasa, Kwale and Taita Taveta Counties with retention patterns of greater than 90% in all the Counties except Kwale as shown in the table below. Going forward, *Afya Pwani* will support inter

<sup>4</sup> Oasis Medical Center, Ganze HC, Marereni Disp, Chasimba HC, Mariakani SCH, Ganda Disp, Marafa HC, Gongoni H/C, Mtwapa H/C, Kilifi CH, Vipingo H/C, Gede H/C, Malindi SCH, Muyeye HC, Rabai H/C, Bamba SCH, Matsangoni H/C, Kakuyuni Disp, Mtondia Disp, Ngerenya Disp, Gotani H/C, Moi Voi CRH, Taveta SCH, Wesu SCH, Wundanyi SCH, Mwatate SCH, Njukini HC, Bura Ngambwa HC, Challa Dispensary, Coast PGH, Tudor SCH, Portreitz SCH, Likoni SCH, Kongowea HC, Kisauni Dispensary, Bamburi HC, Mikindani MCM, Magongo MCM, Mlaleo CDF HC and Jomvu Model HC

<sup>5</sup> Kwale, Msambweni, Kinango and Lungalunga hospitals, Mkongani, Samburu, Mnyenzi, Kikoneni, Diani, Mazeras, Mtwapa, Vipingo, Gede, Mariakani, Bamba, Ganze, Kilifi, Gongoni, Malindi, Marafa, Marereni, Rabai, Matsangoni, Takaungu, Ngerenya and Muyeye, CPGH Youth Zone, Kongowea, Likoni SCH, Likoni Catholic, Chaani, Magongo HC, Tudor SCH, Portreitz Hospital, Mlaleo CDF, Kisauni and Mikindani HC

County youth forums to promote learning and scaling up of best practices among the OTZ clubs to increase enrollment into OTZ clubs, retention and viral load suppression among AYLHIV.

**Figure 6: OTZ outcomes**



**Table 8: OTZ outcomes as at APR 2019**

OTZ outcomes APR 2019					
County	AYLHIV enrolled in OTZ club	No# active in OTZ clubs	% retention	No# virally suppressed	% viral suppression
Kilifi	493	485	98%	352	73%
Kwale	327	332	102%	274	83%
Mombasa	341	308	90%	263	85%
Taita Taveta	95	94	99%	71	76%
Afya Pwani	1256	1219	97%	960	79%

Among the challenges noted in rolling out OTZ is that some caregivers have not allowed their AYLHIV to participate in the OTZ clubs. They discourage them from attending health related forums and activities organized at both the community and facility level for fear of being discriminated and stigmatized. To mitigate this, health care providers and peer mentors are continuously providing counselling and follow up. Peer mentors have earnestly taken up the responsibility of being role models to these adolescents and hence overcoming the barrier.

2) **Special clinic days/weekend and holiday activities:**

During the period, the project supported 24 facilities<sup>6</sup> to hold special clinic days for the AYLHIV, that were scheduled on either Fridays, Saturdays or Sundays. In Lamu County, and as a result of regular support supervision and mentorship supported by the project, Mpeketoni and Lamu SCH have institutionalized special clinics for pediatrics and adolescent to ensure school going children access treatment services while at the CPGH Youth Zone, the facility was supported to hold a talent show where the AYLHIV showcased various talents e.g. singing, dancing, modeling, among others. Youths in facilities<sup>7</sup> in Changamwe Sub County held an OTZ clubs' fun day at the Wild Waters grounds where they share experience and encouraged each other on the ART treatment journey. The activities were not only dominated with fun moments, but also, had volunteer psychologist and counselors who conducted both group and one on one sessions with the AYLHIV. A total of **428** (286M 214F) participated in these activities.



**Photo 3:OTZ club members at wild waters for team building**

- 3) **Caregivers Training and Support Groups:** A total of 38 facilities<sup>8</sup> were supported to conduct care givers training for guardians of children and adolescents living with HIV on adherence, age appropriate disclosure, and the importance of viral load monitoring. In the same reporting period, 72 caregivers psychosocial support group sessions were supported reaching **1,217** (584M, 625F) in 15 facilities<sup>9</sup> in Kilifi and 15 facilities<sup>10</sup> in Kwale County.
- 1) **Games and Art therapy:** Play therapy sessions were offered to 26 and 199 pediatrics in 5 health facilities<sup>11</sup> in Taita Taveta and 16 facilities<sup>12</sup> Kwale Counties respectively to provide a platform for children and adolescents to express themselves as part of the process of disclosure and psychotherapy.
- 2) **Care to Adolescents and Children in School:** *Afya Pwani* partnered with the Kenya Network of HIV Positive Teachers (KENEPOTE) to conduct sessions that promote adherence among A/CLHIV in schools. In 28 primary schools<sup>13</sup>, HIV stigma reduction dialogue sessions were facilitated by and

<sup>6</sup> CPGH Youth Zone, Kongowea, Likoni SCH, Likoni Catholic, Chaani, Magongo HC, Tudor SCH, Portreitz Hospital, Mlaleo CDF, Kisauni and Mikindani HC, Samburu, Vigurungani, Tiwi, Kwale, Mkongani, Vitsangalaweni, Kikoneni, Lungalunga, Kinondo, Diani, Msambweni, Lamu County Hospital and Mpeketoni

<sup>7</sup> Portreitz Hospital, Chaani, Magongo HC, Tudor SCH and Mikindani

<sup>8</sup> Kilifi County Hospital, Mtondia, Takaungu, Matsangoni, Ganze health center, Bamba sub county hospital, Gotani model facility, Jibana health center, Rabai health center, Mariakani sub county hospital Ngerenya, Mtwapa, Vipingo, Chasimba, Oasis, Likoni SCH, Kisauni HC, Portreitz Hospital, Tudor SCH, CPGH-YZ, Mlaleo CDF health Centre, Mwatate , Taveta SCH, Kwale, Vitsangalaweni, Kikoneni, Lungalunga, Diani, Msambweni, Kinondo, Vigurungani, Kizibe, Ndavaya, Mwaluphamba, Kinango, Mazeras, Tiwi, Ng'ombeni and Mkongani

<sup>9</sup> Kilifi County Hospital, Mtondia, Takaungu, Matsangoni, Ganze health center, Bamba sub county hospital, Gotani model facility, Jibana health center, Rabai health center, Mariakani sub county hospital Ngerenya, Mtwapa, Vipingo, Chasimba and Oasis

<sup>10</sup> Kwale, Vitsangalaweni, Kikoneni, Lungalunga, Diani, Msambweni, Kinondo, Vigurungani, Kizibe, Ndavaya, Mwaluphamba, Kinango, Mazeras, Tiwi, Ng'ombeni and Mkongani

<sup>11</sup> Moi CRH, Mwatate SCH, Wesu SCH, , Moi Voi CRH, Taveta SCH.

<sup>12</sup> Kwale, Vitsangalaweni, Kikoneni, Lungalunga, Diani, Msambweni, Kinondo, Vigurungani, Kizibe, Ndavaya, Mwaluphamba, Kinango, Mazeras, Tiwi, Ng'ombeni and Mkongani

<sup>13</sup> Mbaraki Primary, Bahari Primary, Bomu Primary, Gome Primary, Mikindani Primary, Shikaadabu Primary, Mtongwe, Bomani Primary, Kinango primary, Kinango school for the deaf, Moyeni primary schools, Mwazaro Primary, Shimoni Primary, Kichaka Mkwaju, Kinyungu, Lungalunga primary, Perani, Menza Mwenye primary schools

KENEPOTE teachers assisted by health care providers and peer educators. In Mombasa County, 123 (51M,72F) AYLHIV in schools benefitted from the support while **823** (381M,442F) pupils were reached with stigma reduction messages. In Kwale, the program reached a total of 3,067 (1482F, 1585M) pupils and 117 teachers (67F,50M) in 12 schools<sup>14</sup>.

#### Lessons Learnt:

- Capacity building of community health care workers, CHVs, MMs, and Peer mentors, especially on documentation and reporting, ensures quality and accurate documentation of the data captured among all HFG supported facilities.
- Close client support including home visits within one month after being initiated on ART, alternatively escorting clients to their homes after ART initiation upon obtaining consent, to ensure clients place of abode is identified reduces risk of potential defaulting.
- The Community Differentiated care model of care has improved provider beneficiary relationship as clients feel involved in appointment scheduling, client's concerns are factored in the whole spectrum of care.
- Community ART Groups (CAGs) have reduced the workload in the health facility considerably.
- Continuous supervision, OJT and mentorship is key to improving knowledge and skills of health care providers.

#### Promising Practices

- Continuous provision of Psychosocial support in various support groups such as unsuppressed, eMTCT, men only, and SGBV support groups has strengthened linkages and retention to care.
- Semi-annual Sub County/facilities team building, and award ceremony have motivated facility staff and volunteers, enhancing team work and facility performance. Mvita, Changamwe and Likoni SCHMT and facilities held their sub county events in the reporting quarter.

#### Challenges

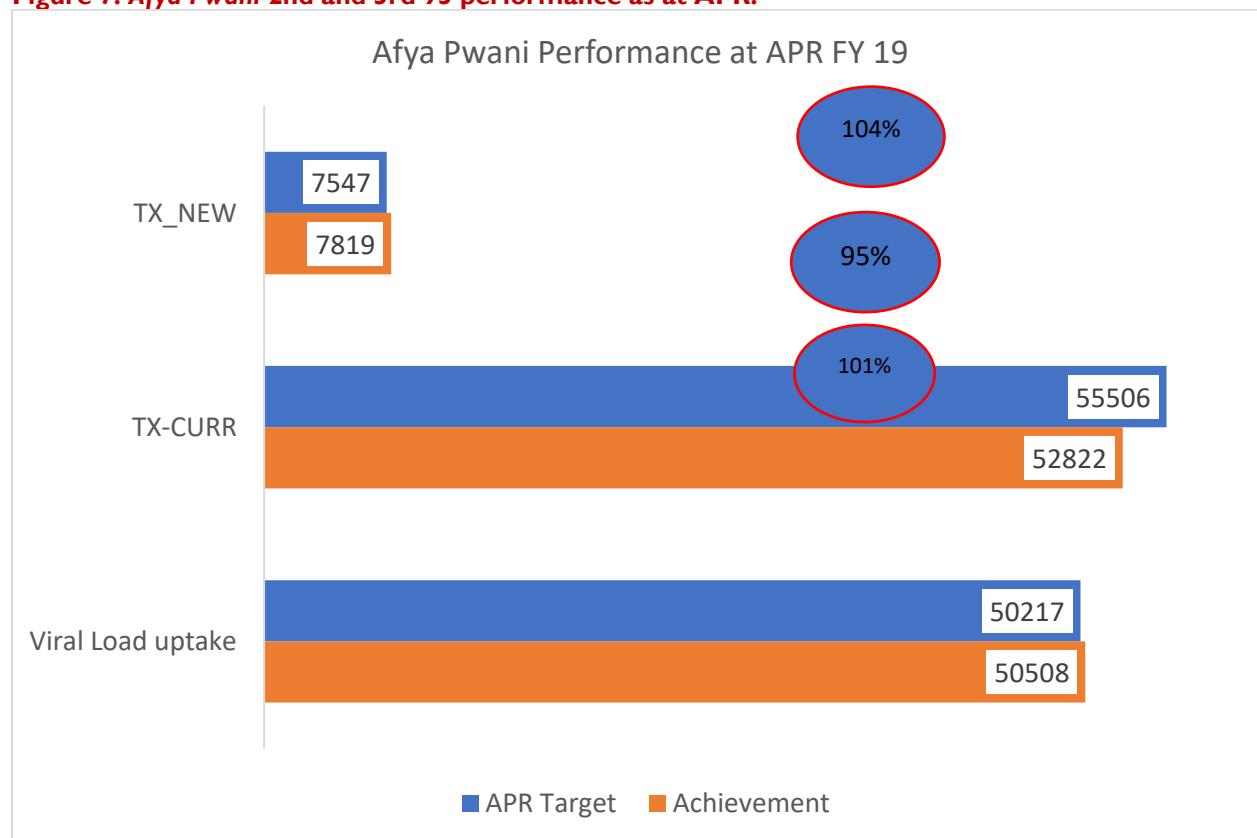
Challenges	How we overcame the challenges
Among the challenges noted in rolling out OTZ is that some caregivers have not allowed their AYLHIV to participate in the OTZ clubs. They discourage them from attending health related forums and activities organized at both the community and facility level for fear of being discriminated and stigmatized.	To mitigate this, health care providers and peer mentors are continuously providing counselling and follow up. Peer mentors took up the responsibility of being role models to these adolescents and hence overcoming the barrier.
Knowledge gap on HMIS tools	On job training and mentorship conducted to update Health care provider on HMIS tools
Inadequate Health care providers in ART sites	The project hired roving clinicians to provide care and treatment services at Oasis, Vipingo, Mtwapa. Chasimba and Gotani.

<sup>14</sup> Kinango primary, Kinango school for the deaf, Moyeni primary schools, Mwazaro Primary, Shimoni Primary, Kichaka Mkwaju, Kinyungu, Lungalunga primary, Perani, Menza Mwenye primary school.

### Output 1.3 HIV Care and Support Services

As at the end of Q4, *Afya Pwani* had achieved its target for new on ART at 104% (7819/7547) and for viral load uptake at 101% (50505/50217) as shown in the chart below. The project achieved 95% (52822/55506) of its target for current on ART.

**Figure 7: Afya Pwani 2nd and 3rd 95 performance as at APR.**

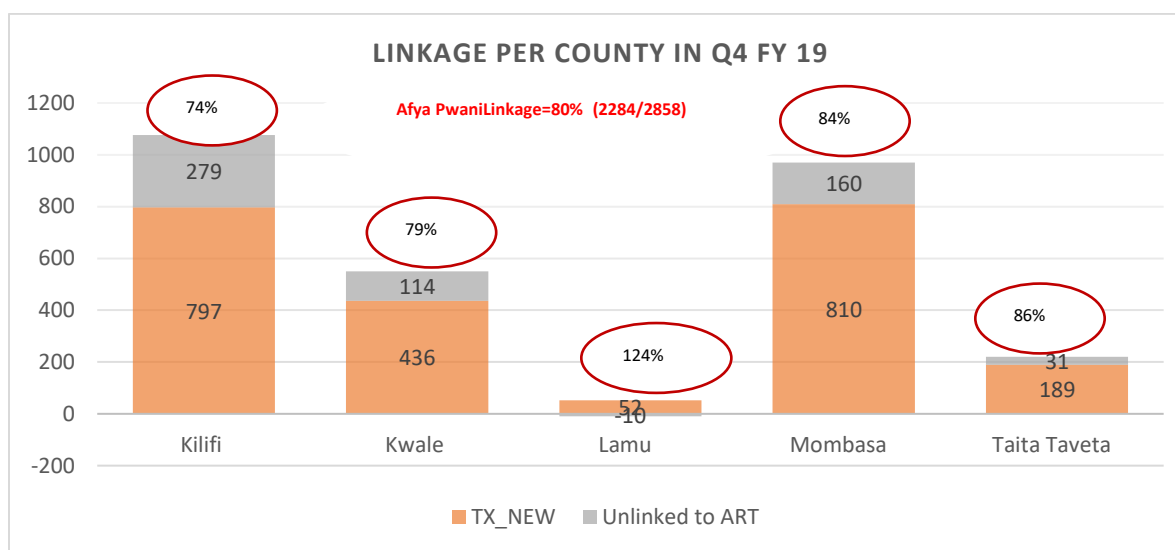


The specific interventions that contributed to the achievement of these indicators are discussed in the sections below:

#### a. Linkage to ART services:

During the period, the project started 2284 (80%) newly identified PLHIV on treatment out of the 2858 identified as shown in the chart below. Kilifi County linked 74% (797/1076), Kwale County 79% (436/550), Lamu County 124% (52/42), Mombasa County 84% (810/890) and Taita Taveta County 86% (189/220).

**Figure 8: Linkage per County in Q4 FY19**



**The linkage among the age groups and sex:** The linkage to ART was better among the older age groups with females having a significant higher linkage than males as shown in the table below. This is due to higher levels of stigma among men and their reluctance to get psychosocial support from family or other PLHIV compared to women.

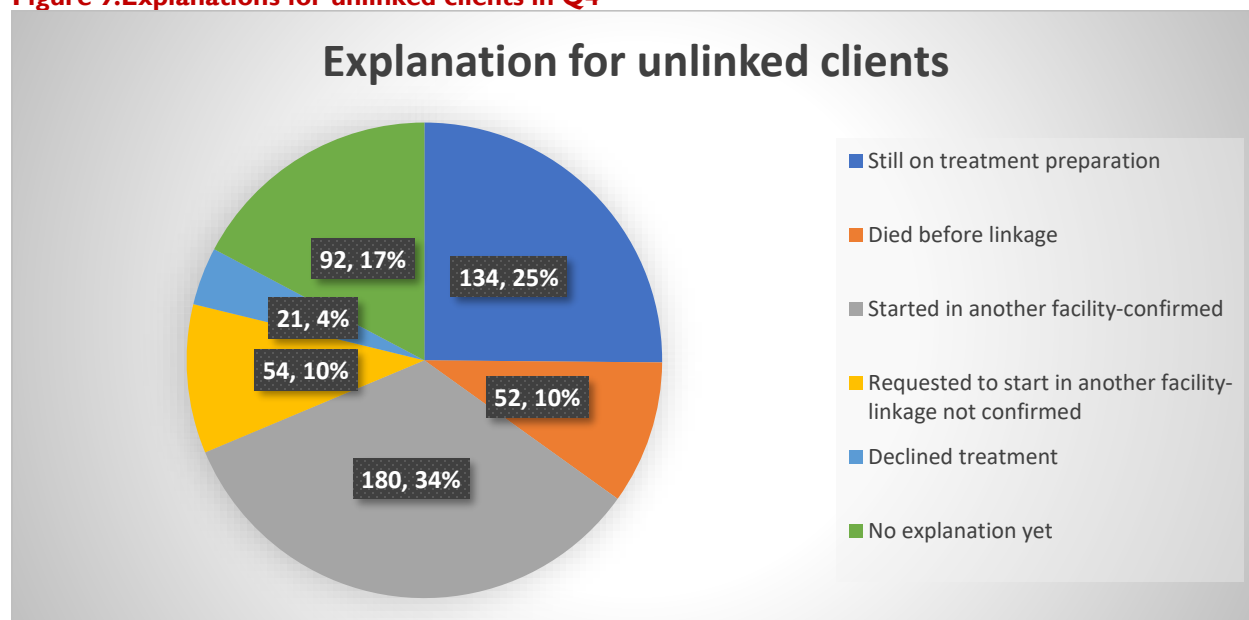
**Table 9: Linkage per age group July -Sept 2019**

Linkage per age group July -Sept 2019						
Age band	HIV Positive		TX NEW		Linkage %	
	Males	Females	Males	Females	Males	Females
1-4 Yrs..	43	47	29	36	67%	77%
5-9 Yrs..	25	31	16	40	64%	129%
10-14 Yrs..	21	29	14	17	67%	59%
15-19 Yrs..	18	47	8	39	44%	83%
20-24 Yrs..	72	249	45	211	63%	85%
25-29 Yrs..	136	362	111	298	82%	82%
30-34 Yrs..	170	397	142	288	84%	73%
35-39 Yrs..	163	256	120	217	74%	85%
40-44 Yrs..	135	180	101	164	75%	91%
45-49 Yrs..	99	122	82	100	83%	82%
50+ Yrs..	122	134	83	123	68%	92%
<b>Total</b>	<b>1004</b>	<b>1854</b>	<b>751</b>	<b>1533</b>	<b>75%</b>	<b>92%</b>

**Explanation for unlinked clients:** The pie chart and table below show the reasons for the 574 unlinked clients as at the end of quarter four. Twenty-five percent (25%) of them were still on treatment preparation while 10 % had died before starting ART. The project is still following up the unlinked clients through phone calls, SMS and used of existing community structures and provide more counseling support to them. In Lamu county, the 10 extra clients who were started on ART were HIV positive unlinked

clients identified in Q2 and Q3 who were successfully traced back and started on treatment from 6 facilities<sup>15</sup>.

**Figure 9: Explanations for unlinked clients in Q4**



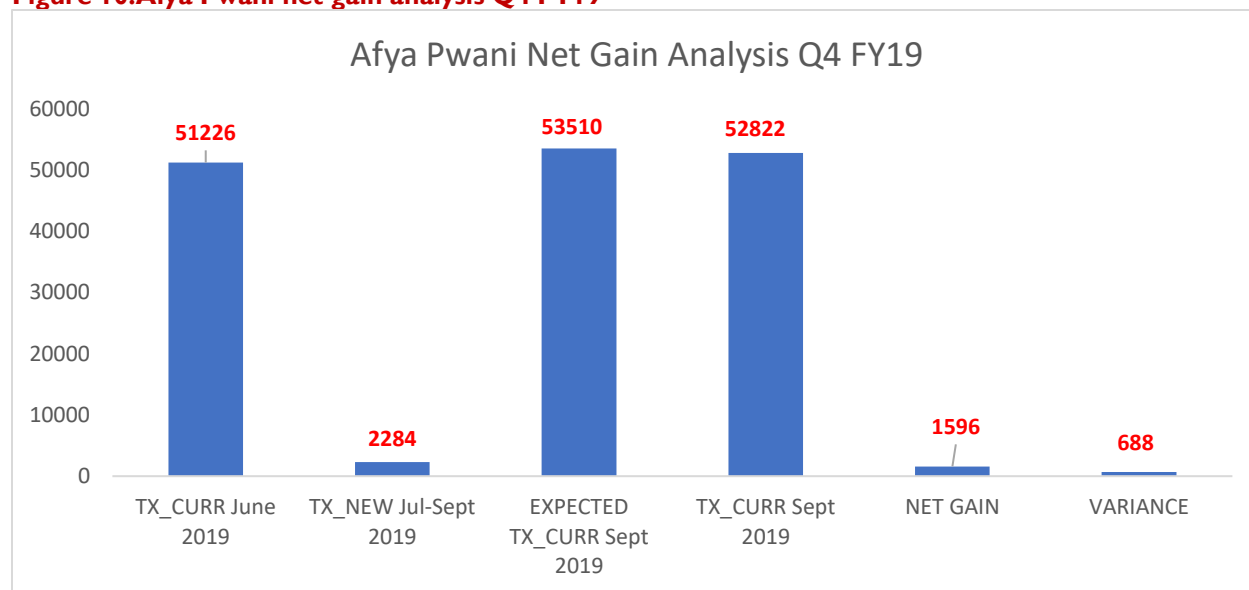
**Table 10: Q4 Linkage per County**

Q4 Linkage per County									
County	Positives in Q4	TX_N EW	Unlinked to ART	Still on treatment preparation	Died before linkage	Started in another facility - confirmed	Requested to start in another facility-linkage not confirmed	Declined treatment	No explanation yet
Kilifi	1076	797	279	80	30	118	20	21	10
Kwale	550	436	114	27	8	42	16	14	7
Lamu	42	52	-10						
Mombasa	970	810	160	20	14	7	34		85
Taita Taveta	220	189	31	7	0	13	4	7	0
Afya Pwani	2858	2284	574	134	52	180	54	21	92

<sup>15</sup> Hindi 2, Ibusina 1, Mapenya 2, Mokowe 2, Mpeketoni 1 and Witu 2.

**Net gain analysis:** In Q4, as shown in the chart below, *Afya Pwani* had a 52,822 PLHIV on ART out of the expected 53,510 with a net gain of 1,596 and a variance of 688 clients who are accounted for in the charts below.

**Figure 10: Afya Pwani net gain analysis Q4 FY19**



**Table 11: Net gain analysis per County Q4 FY19**

NET NEW ANALYSIS JULY -SEPT 2019						
	Kilifi	Kwale	Lamu	Mombasa	Taita Taveta	Afya Pwani
TX_CURR June 2019	17321	9023	1526	18259	5097	51226
TX_NEW Jul-Sept 2019	797	436	52	810	189	2284
EXPECTED TX_CURR Sept 2019	18118	9459	1578	19069	5286	53510
TX_CURR Sept 2019	18011	9472	1573	18510	5256	52822
NET GAIN	690	449	47	251	159	1596
VARIANCE	107	-13	5	559	30	688
% variance to TX_NEW Q4.	13%	-3%	10%	69%	16%	30%

**b. Quality improvement for adult treatment**

**Capacity building and support supervision:** To ensure HCWs provide quality ART services and corrective guidance in cases where gaps were identified, the project partnered with S/CHMTs to conduct supportive

supervision in 20 facilities<sup>16</sup> in Kwale County reaching 150 (76M,74F) HCWs and 29 facilities<sup>17</sup> reaching 91(37M,54F) HCWs in Kilifi County. In Mombasa County, *Afya Pwani* supported optimization of ART services by facilitating CHMT to mentor 44(20M,24F) HCWs in 22 facilities<sup>18</sup> and conducted 5 CMEs to 60(42F,18M) on TLD, TLE400 and new standard pediatric formulation which are effective, easier to take and have fewer side effects thus improving the adherence and retention. In Kwale County, 2 CMEs reaching 18 (8F,10M) HCWs were supported in Diani and Taru health centers to support health service providers to optimize eligible clients to the standard ART regimen. To improve management of children on ART, a CME was conducted at Diani Health Center reaching 13 (7F, 6M) health workers were in attendance while 56 (12M,18F) health care workers were mentored on pediatric ART services during mentorship visits done jointly by CHMT and *Afya Pwani* support supervision in 31 facilities<sup>19</sup> in Kilifi County.

Additionally, the project partnered with Kilifi CHMT and other stakeholders to conduct a county wide review HIV program performance, identified gaps and action plans developed which included improved documentation of viral load samples, prompt switching of clients failing treatment and revived efforts in following of defaulters and lost to follow up clients. Fifty (50 -28 M,22F) health care workers participated in the review meeting.

**Quality Improvement Initiatives:** Facilities were supported to continue meeting to review their performance, identify gaps and come up with change ideas on how to improve their performance. In the 5 supported counties, 74 surge facilities had work improvement team meetings as part of the surge initiative that focused on improving the quality of services along the HIV continuum of care. Refresher sensitizations on QI were done in 23 facilities<sup>20</sup> in Kilifi reaching 287(116 m,171f) health care workers and in Taita Taveta County reaching 101 (32M,69F) health workers from 14 facilities<sup>21</sup>.

In Mombasa County, *Afya Pwani* supported the County CQI team to provide coaching and mentorship visits to 13 facilities<sup>22</sup> and supported them to do proper root cause analysis and develop implementation

<sup>16</sup> Msambweni County referral hospital, Diani health center, Kinondo Kwetu health services, Gombato dispensary, Ukunda catholic, Kwale Hospital, Tiwi, Mkongani health centers, Ng'ombeni, Mwaluphamba dispensaries, Kinango hospital, Samburu, Mnyenzi, Mazeras, Taru health centers, Mackinon dispensary, Lungalunga sub county hospital, Kikoneni health center, Mwangulu and Vitsangalaweni dispensary

<sup>17</sup> Mariakani, Gotani, Rabai, Mtwapa, Vipingo, Chasimba, KCH, Matsangoni, Gede, Ganze, Bamba, Muyeye, Malindi, Gongoni, Marereni, Marafa, Mtondia, Ganda, Kakuyuni, Jibana, Jilore, Baolala, Madunguni Omar Project, Oasis, Makanzani, Kokotoni, Vishakani, Tsangatsini and Ngerenya

<sup>18</sup> CPGH, Tudor, Mvita, Ganjoni, Railways, Magongo, Chaani, PRDH, Miritini, Mikindani, Bokole, Jomvu Model, Likoni SCH, Likoni Catholic, Mrima, Shika Adabu, Mbuta, Kongowea, Bamburi, Kisauni, Mlaleo and Utange.

<sup>19</sup> Mariakani, Gotani, Rabai, Mtwapa, Vipingo, Chasimba, KCH, Matsangoni, Gede, Ganze, Bamba, Muyeye, Malindi, Gongoni, Marereni, Marafa, Mtondia, Ganda, Kakuyuni, Jibana, Jilore, Baolala, Madunguni Omar Project, Oasis, Makanzani, Kokotoni, Vishakani, Tsangatsini and Ngerenya.

<sup>20</sup> Matsangoni, Ngerenya, Mtondia, Vipingo, KCH, Gede, Mtwapa, Oasis, Chasimba, Ganze, Bamba, Gotani, Jibana, Mariakani, Rabai, Malindi, Muyeye, Ganda, Omar project, Kakuyuni, Marafa, Gongoni, Marereni

<sup>21</sup> Taveta SCH, Moi CRH, Mwatate SCH, Ndovu HC, Bura HC, Modambogho Disp, Challa Disp, Njukini HC, Rekeke HC, Ndilidau Disp, Kiwalwa Disp, Sagalla HC, Tausa HC, Wesu SCH

<sup>22</sup> CPGH, Tudor, Jomvu Model, Mikindani, Likoni SCH, Bamburi, Kongowea, PRDH, Ganjoni, Magongo, Miritini, Mlaleo and Kisauni.

work plans. Client feedback and client process mapping were done to assess satisfaction levels of clients as well as efficiency of client flows. Clients were general satisfied with services being provided but requested for reduction in waiting time, frequent facility visits and integration of services to avoid queuing in several service delivery points. To this end, the respective WITs in the facilities have developed corrective actions to address the above concerns. To promote cross facility learning and sharing of best practices, the project supported Likoni and Changamwe Sub County facilities<sup>23</sup> to conduct bench mark visits among themselves on ART services, partner elicitation techniques, PITC optimization, client appointment scheduling and management of unsuppressed clients.

### c. Strengthened laboratory services

**Lab networking:** *Afya Pwani* continued to support laboratory network optimization for Viral load, EID and GeneXpert to ensure samples reach the hubs and CPGH molecular Laboratory for testing. To ensure that samples meet the required standards, 14 (9M, 5F) health workers from 14 facilities<sup>24</sup> in Kwale county, (13M, 26F) from 22 health facilities<sup>25</sup> in Taita Taveta County and 46(21M,25F) health care workers from Kilifi County were trained on the job on sample harvesting, packaging and labeling to eliminate the rejection rates for these samples. Further, *Afya Pwani* partnered with CHMTs and other stakeholders to increase the number of sites doing remote logging for samples at the hubs from 15 in the last quarter to 24<sup>26</sup> currently. To achieve this, training on remote logging was done at these facilities, mapping and laboratory networking was redone and shared to all stakeholders to ensure efficient collection and transportation of samples to the central testing laboratory by motor riders. A newly hired motor rider in Kwale County was trained on sample packaging transportation, safety and specimen integrity, this has led to an efficient timely sample transportation from peripheral sites to the hubs and CPGH molecular Laboratory from Kwale County.

**Support to CPGH Molecular Lab:** The project continued to support the staffing and logistics of the molecular lab at CPGH during the period under review. Sample TAT was reduced to less than 5 days in Q4 from sample collection to result dispatch. This improvement is attributed to sample remote logging at sample collection hubs which significantly reduced back log at the testing laboratory. An SMS alert system at CPGH that prompts patients to come for their results the moment they are processed, and result released at CPGH Molecular Laboratory was rolled out as part of the efforts to reduce TAT as well improve the utilization of the results to make decisions benefiting the clients. In the same reporting period, the CPGH lab analyzed 2,926 EID tests and 28,189 Viral load tests as tabulated in the tables below:

<sup>23</sup> Shika Adabu, Mrima, Likoni Catholic, Mikindani, Magongo, PRDH.

<sup>24</sup> Mtaa, Vigurungani, Mkang'ombe, Ndavaya, Makamini, Godo, Mwenga, Majimoto, Majoreni, Kibuyuni and Mazumalume, in Kinango, Matuga and Lungalunga

<sup>25</sup> Taveta SCH, Moi CRH, Wundanyi SCH, Mwatate SCH, Ghazi Disp, Ndovu HC, Bura HC, Njukini HC, Ndilidau Disp, Kitobo Disp, Eldoro Disp, Maungu Model HC, Kishushe Disp, Kiwalwa Disp, Kiwalwa Disp, Modambogho Disp, Chumvini Disp, Ndome Disp, Nyache HC, Buguta HC, Sagalla HC and Mgange Nyika HC

<sup>26</sup> Kwale SCH, Diani HC, Tiwi HC, Msambweni CRH, Kikoneni HC, Kinango SCH, Lungalunga SCH, Mkongani HC, Samburu HC, Gede HC, Mariakani SCH, Kilifi CRH, Rabai HC, Bamba SCH, Gongoni SCH, Malindi SCH, Moi Voi CRH, Wesu SCH, Mwatate SCH, Buguta HC, Njukini HC, Taveta SCH, Wundanyi SCH, Tudor SCH, Port Reitz SCH and Likoni SCH.

**Table 12:EID tests done July-Sept 2019**

PCR/EID Tests done July-Sept 2019 at CPGH							
Month	Total Samples Received	Rejected Samples	Tested Samples (Including Repeats)	Valid Positive/Negative Results	Positive	Valid Negative Results	Failed Samples/Results
July	944	4	1100	1044	33	1011	0
August	877	3	946	896	36	860	0
September	733	6	880	741	32	844	0
<b>Total</b>	<b>2554</b>	<b>13</b>	<b>2926</b>	<b>2681</b>	<b>101</b>	<b>2715</b>	<b>0</b>

**Table 13:Viral load tests done during Quarter 4 FY19**

Viral Load tests done at CPGH July-Sept 2019						
Month	Received Samples	Rejected Samples	Non-suppressed	Virally Suppressed	Repeats	Total Tests Done
<b>JULY</b>	10078	11	1521	9029	404	10954
<b>AUGUST</b>	9149	20	1542	8303	175	10020
<b>SEPTEMBER</b>	7052	20	1152	5819	244	7215
<b>Total</b>	<b>26279</b>	<b>51</b>	<b>4215</b>	<b>2319</b>	<b>823</b>	<b>28189</b>

#### d. Strengthened laboratory services

**Viral load uptake:** In FY19, viral load tests were done for 50,508 unique clients giving a Viral Load uptake of over 100% compared to clients who were on ART as at SAPR FY 19. To improve VL uptake, in addition to building the capacity of health care workers to provide quality ART services which includes viral load monitoring, the project did on the job training to 114 (50M,64F)health care workers from 31 facilities<sup>27</sup> on sample collection, engaged roving phlebotomists to collect samples in 11 facilities<sup>28</sup> in Kwale and empowered PLHIV to request for VL tests through health education as some of the efforts in improving viral load uptake.

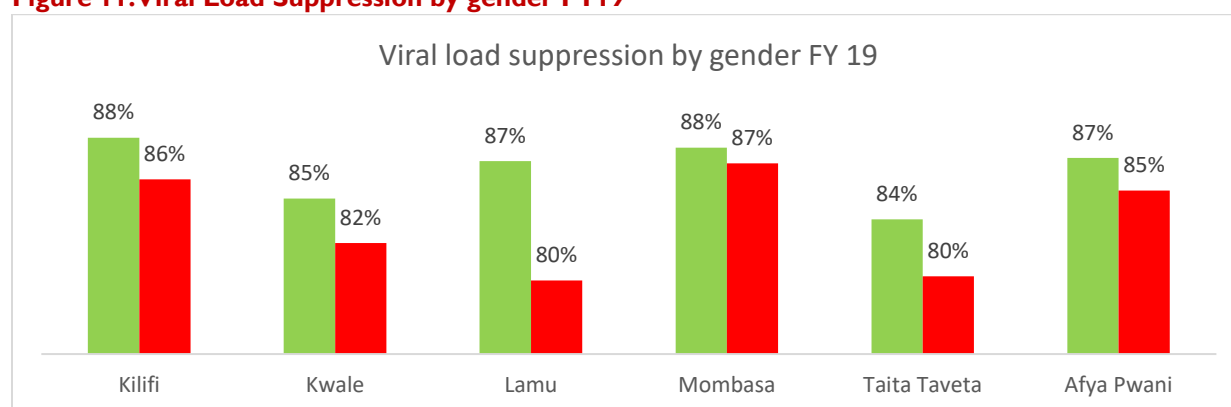
<sup>27</sup> Mariakani, Gotani, Rabai, Mtwapa, Vipingo, Chasimba, Kilifi CH, Matsangoni, Gede, Ganze, Bamba, Muyeye, Malindi, Gongoni, Marereni, Marafa, Mtondia, Ganda, Kakuyuni, Jibana, Jilore, Baolala, Madunguni, Omar Project, Oasis, Makanzani, Kokotoni, Vishakani, Tsangatsini and Ngerenya.

<sup>28</sup> Mtaa, Vigurungani, Mkang'ombe, Ndavaya, Makamini, Godo, Mwena, Majimoto, Majoreni, Kibuyuni and Mazumalume.

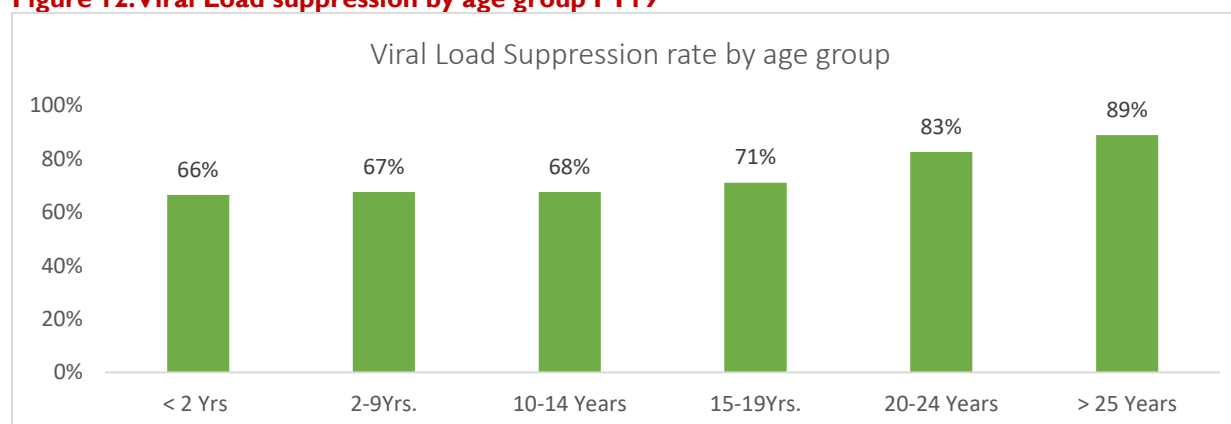
**Table 14: Viral load tests uptake and suppression by County FY19**

Viral Load Uptake FY 19					
	TX CURR March 2019	VL tests done (Unique numbers)	% Uptake	Suppressed	% suppression
Kilifi	16932	16622	98%	14594	88%
Kwale	8748	7948	91%	6593	83%
Lamu	1459	1349	92%	1107	82%
Mombasa	18108	20207	112%	17889	89%
Taita Taveta	4970	4382	88%	3620	83%
Afya Pwani	50217	50508	101%	43803	87%

The suppression rate for the project was 87% (43,803/50,508), highest in Mombasa County at 89% (17,889/20,207) followed by Kilifi County at 88% (14,594/16,622) and the lowest Lamu County at 82% (1,107/1349). The suppression rates were comparable in all the Counties except in Lamu where males had a lower suppression of 80% compared to females who had 87% which is attributed to the fact that women have embraced psychosocial support groups more than males in Lamu County.

**Figure 11: Viral Load Suppression by gender FY19**

Children had the lowest viral load suppression rates among all the age groups as shown in the figure below.

**Figure 12: Viral Load suppression by age group FY19**

#### e. Management of Unsuppressed Clients.

**Viremia Clinics:** *Afya Pwani* continued to support viremia clinics in 23 facilities<sup>29</sup> in Kilifi, 22 facilities<sup>30</sup> in Kwale, 15 facilities<sup>31</sup> in Mombasa and 22 facilities<sup>32</sup> in Taita Taveta County, by providing SOPs, unsuppressed registers, job aids and continuous mentorship to health workers to ensure unsuppressed clients are managed according to the standard ART guidelines. CMEs and mentorship on viral load monitoring and management of Unsuppressed PLHIV were conducted in 23 health facilities<sup>33</sup> reaching 32 (12M,20F) health workers and 37(16M, 21F) in Kilifi and Mombasa counties respectively.

**Unsuppressed support groups:** Unsuppressed support groups were conducted in 19 facilities<sup>34</sup> in Kwale, reaching 446 (327F, 119M) clients, 22 facilities<sup>35</sup> in Kilifi County with 801 PLHIV (186M,615M) clients,17 facilities<sup>36</sup> in Mombasa County with 745 clients and in 14 facilities<sup>37</sup> in Taita Taveta reaching 151 clients. Out of 2459 clients who had repeat VL test done after enhanced adherence and support from the Unsuppressed PLHIV support groups, 2002(81%) of them were virally suppressed.

---

<sup>29</sup> Matsangoni, Ngerenya, Mtondia, Vipingo, KCH, Gede, Mtwapa, Oasis, Chasimba, Ganze, Bamba, Gotani, Jibana, Mariakani, Rabai, Malindi, Muyeye, Ganda, Omar project, Kakuyuni, Marafa, Gongoni, Marereni

<sup>30</sup> Lungalunga, Kinango, Msambweni and Kwale Hospitals, Mnyenzeni, Diani, Tiwi, Mkongani, Ndavaya, Samburu, Kikoneni, Mazeras, Vanga Health Centre and Mwangulu Community, Gombato, Vitsangalaweni, Mwaluphamba, Ng'ombeni, Vigurungani, Taru, Kafuduni, Mackinon Road Dispensary and kinondo kwetu

<sup>31</sup> CPGH, Mvita, Ganjoni, Tudor, Kongowea, Mlaleo, Kisauni, Bamburi, Port Reitz, Magongo, Likoni SCH and Likoni Catholic, Jomvu Model, Chaani, Shika Adabu.

<sup>32</sup> Moi CRH, Mwatate SCH, Wundanyi SCH, Wesu SCH, Taveta SCH, Ndovu HC, Njukini HC, Kasigau HC, Mbale HC, Bura HC, Rekeke HC, Marungu HC, Kitobo Disp, Challa Disp, Eldoro Disp, Ndilidau Disp, Kiwalwa Disp, Tausa HC, Modambogho Disp, Sagalla HC, Buguta HC, Mata Disp.

<sup>33</sup> Matsangoni, Ngerenya, Mtondia, Vipingo, KCH, Gede, Mtwapa, Oasis, Chasimba, Ganze, Bamba, Gotani, Jibana, Mariakani, Rabai, Malindi, Muyeye, Ganda, Omar project, Kakuyuni, Marafa, Gongoni, Marereni

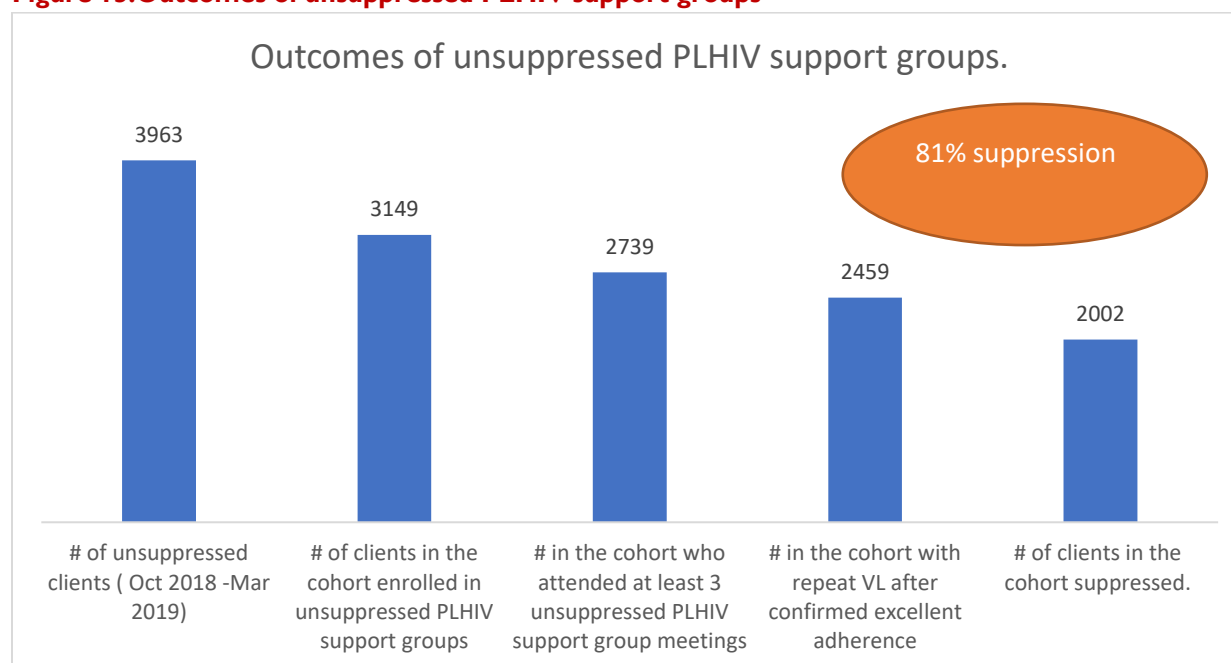
<sup>34</sup> Kwale, Msambweni, Kinango, Lungalunga hospitals, Mkongani, Samburu, Mnyenzeni, Kikoneni, Diani, Mazeras, Tiwi Health centers, Vitsangalaweni, Ndavaya, Vigurungani, Ng'ombeni, Mwaluphamba, Gombato, Vanga dispensaries and kinondo health services

<sup>35</sup> Mtondia, Takaungu, Matsangoni, Ganze health center, Bamba sub county hospital, Gotani model facility, Jibana health center, Rabai health center, Mariakani sub county hospital Ngerenya, Mtwapa, Vipingo, Chasimba, Oasis, Gongoni, Marereni, Marafa, Malindi, Muyeye, Ganda and Kakuyuni.

<sup>36</sup> CPGH, Portreitz SCH, Tudor SCH, Likoni SCH, Mlaleo HC, Shikaadabu Disp., Bamburi HC, Mikindani Disp, Jomvu HC, Bokole HC, Kisauni HC, Kongowea HC, Magongo HC, Mvita HC, Chaani HC, Likoni Catholic and Mrima HC.

<sup>37</sup> Njukini, Chala, Ndilidau, Taveta, Kimorigo, Eldoro, Rekeke, Kiwalwa, Mata, Kitobo, Wesu, Sagalla, Nyache and Mbale.

**Figure 13: Outcomes of unsuppressed PLHIV support groups**



**MDT meeting:** The project facilitated and supported MDT meetings in 14 facilities<sup>38</sup> in Kilifi where 489(187M,302F) suspected treatment failure clients were discussed. MDTs were also conducted in 9 facilities<sup>39</sup> in Mombasa reaching 517clients, in 12 facilities<sup>40</sup> in Kwale reaching 44 clients and in 14 facilities<sup>41</sup> in Taita Taveta reaching 69 clients. The providers were able to review patients who were failing on treatment and came up with action points tailored to the individual needs of the patients. A total of xx clients were switched to second line in the quarter.

**Case Management:** Case managers are attached to clients with unsuppressed Viral load for close follow up including conducting home visits, assessing the living conditions of unsuppressed PLHIV, ascertain how drugs are stored, assessing Adherence, disclosure status, nutrition issues and providing PHDP messages. As at the end of quarter four, 801(186M,615F) unsuppressed PLHIV from 23 facilities<sup>42</sup> in Kilifi had been

<sup>38</sup> Muyeye, Marereni, Bamba, Chasimba, Ganze, Matsangoni, Gede, Gongoni, Kilifi, Malindi, Rabai, Vipingo, Mtwapa and Mariakani)

<sup>39</sup> CPGH, Likoni, Tudor, Chaani Disp, Kisauni, Portreitz, Mikindani, Bamburi, Ganjoni

<sup>40</sup> Msambweni, Kwale, Lungalunga and Kinango Hospitals, Diani, Samburu, Mnyenzeni, Kikoneni, Tiwi and Mazeras health centers, Vitsangalaweni Dispensary and Kinondo Kwetu health services

<sup>41</sup> Moi CRH, Mwatate SCH, Wundanyi SCH, Wesu SCH, Taveta SCH, Ndovu HC, Njukini HC, Bura HC, Kitobo Disp, Challa Disp, Ndilidau Disp, Modambogho Disp, Sagalla HC, Buguta HC

<sup>42</sup> Mariakani, Gotani, Rabai, Mtwapa, Vipingo, Chasimba, KCH, Matsangoni, Gede, Ganze, Bamba, Muyeye, Malindi, Mambrui, Gongoni, Marereni, Marafa, Mtondia, Ganda, Kakuyuni, Omar Project, Oasis and Ngerenya.

enrolled, 782(327m,455f) PLHIV from 20 facilities in Mombasa and (238M,572F) from 21 facilities<sup>43</sup> in Kwale. Through the grantees 4 case managers were deployed in 4 facilities (Msambweni, Diani, Gombato and Kinondo) to follow and monitor unsuppressed as well as one on one sessions. This has seen an improvement in suppression and adherence in those facilities.

**Home visits:** Suspected treatment failure benefited from household visits conducted by CHVs and Peer educators. In Kwale 233 (138F, 95M) suspected treatment failure clients from 16 facilities<sup>44</sup> benefitted from household visits while 167(106F,61M) from 23 facilities<sup>45</sup> in Kilifi county were reached.

### Lessons learnt

- Continuous OJT and mentorship are key to improving knowledge and skills
- Regular support supervision plays an important role in improving quality of HIV services offered in facilities
- Remote logging helps reduce result TAT from specimen collection to reception of results by patients.

### Challenges

Challenges	How you overcame them
Human resource shortage (Clinicians, Nurses) has negatively affected the quality of care clients are getting.	The project hired roving clinicians to provide care and treatment services in facilities with inadequate staff e.g. Gotani Health Center
Poor documentation processes on Differentiated Care, Client files and Commodity records due to competing tasks by few service providers in the supported sites.	Regular support supervision and mentorship continue to build health care workers capacity on HMIS tools.
Reduced of Afya Pwani support in quarter 4 in Lamu county as part of the close out process.	Provided technical assistance through phone calls to CHMT and Health care workers at facility levels on HIV care and treatment.

<sup>43</sup> Kwale, Mwaluphamba, Tiwi, Ng'ombeni, Gombato, Diani, Kinondo, Msambweni, Vitsangalaweni, Kikoneni, Lungalunga, Mwangulu, Samburu, Mazeras Kinango, Mnyenzeni, Taru, Mkongani, Vigurungani, Ndavaya and Mackinon Road.

<sup>44</sup> Lungalunga, Mwangulu, Mnyenzeni, Samburu, Mazeras, Msambweni, Vitsangalaweni, Kikoneni, Kinondo, Ng'ombeni, Gombato, Kinango, Mkongani, Tiwi, Kwale and Diani HC

<sup>45</sup> Kilifi county and these include Mariakani, Gotani, Rabai, Mtwapa, Vipingo, Chasimba, KCH, Matsangoni, Gede, Ganze, Bamba, Muyeye, Malindi, Mambrui, Gongoni, Marereni, Marafa, Mtondia, Ganda, Kakuyuni, Omar Project, Oasis and Ngerenya

#### Output 1.4 HIV Prevention and HIV Testing and Counseling

As at the end of quarter 4, Afya Pwani had identified 9,227 new PLHIV against an annual target of 7678, an achievement of 120%. In Q4 of FY 19, 2,881 were identified against a quarterly target of 1,920 across the 5 supported counties of Kilifi, Kwale, Lamu, Mombasa and Taita Taveta as shown in the table below:

**Table 15: Quarterly HTS performance FY 19**

Afya Pwani HTS quarterly performance in FY 19			
Quarter	Quarterly target	Positives	% achieved
Q1	1,920	2,098	109%
Q2	1,920	2,190	114%
Q3	1,920	2,058	107%
Q4	1,920	2,881	150%
Total	7,678	9,227	120%

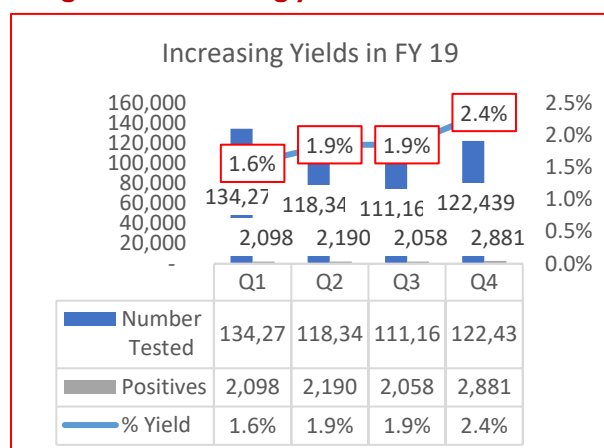
Kilifi County achieved 332% (1133/342), Kwale 98% (556/569), Lamu 248% (48/20), Mombasa 109% (925/845) and 152% (219/144) in Taita Taveta. The yield ranged from 1.0% in Lamu County to 3.0% in Mombasa County as shown in the table below.

**Table 16: Q4 HTS performance per County**

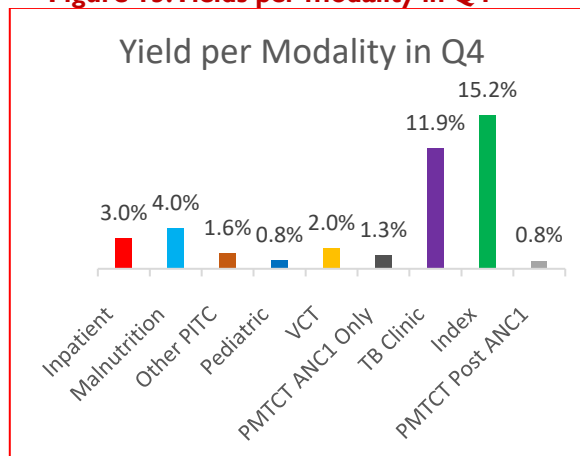
Q4 HTS performance per County					
County	Quarterly target	Positives in Q4	% achieved	Tested	Yield
Kilifi	342	1133	332%	48119	2.4%
Kwale	569	556	98%	28467	2.0%
Lamu	20	48	243%	5003	1.0%
Mombasa	845	925	109%	31121	3.0%
Taita Taveta	144	219	152%	12610	1.7%
Afya Pwani	1920	2881	150%	125320	2.3%

The project registered increasing yields from 1.6% in Q1, 1.9% in Q2 and Q3 to 2.4% in the last quarter as shown in the chart below. The highest yielding modality in the quarter was Index testing (including PNS) at 15.2%, TB at 11.9%, malnutrition clinic at 4% and inpatient at 3%.

**Figure 14: Increasing yields in FY19**



**Figure 15: Yields per modality in Q4**



The yields among the age groups were highest among the older than 30 years and were comparable between males and females across most age groups as shown in the table below.

**Table 17: Yields per age group Q4**

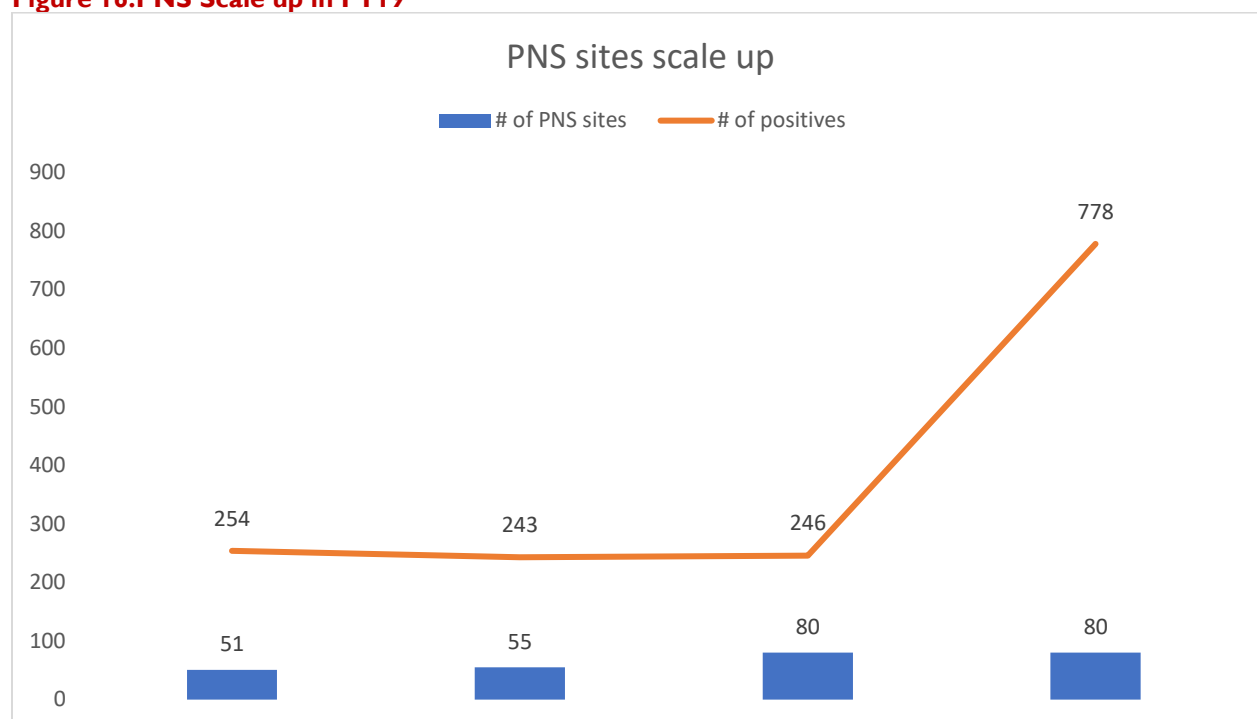
Yields per age group July -Sept 2019						
Age band	Total tested		HIV Positive		Yields %	
	Males	Females	Males	Females	Males	Females
1-4 Yrs..	1429	1519	43	41	3.0%	2.7%
5-9 Yrs..	1453	1564	25	31	1.7%	2.0%
10-14 Yrs..	1780	1955	21	29	1.2%	1.5%
15-19 Yrs..	3284	8385	18	47	0.5%	0.6%
20-24 Yrs..	5904	19048	72	249	1.2%	1.3%
25-29 Yrs..	6652	18136	136	362	2.0%	2.0%
30-34 Yrs..	6063	13907	170	397	2.8%	2.9%
35-39 Yrs..	4659	9014	163	256	3.5%	2.8%
40-44 Yrs..	3622	5144	135	180	3.7%	3.5%
45-49 Yrs..	2908	3494	99	122	3.4%	3.5%
50+ Yrs..	3453	4003	122	134	3.5%	3.3%

#### a) HTS strategies

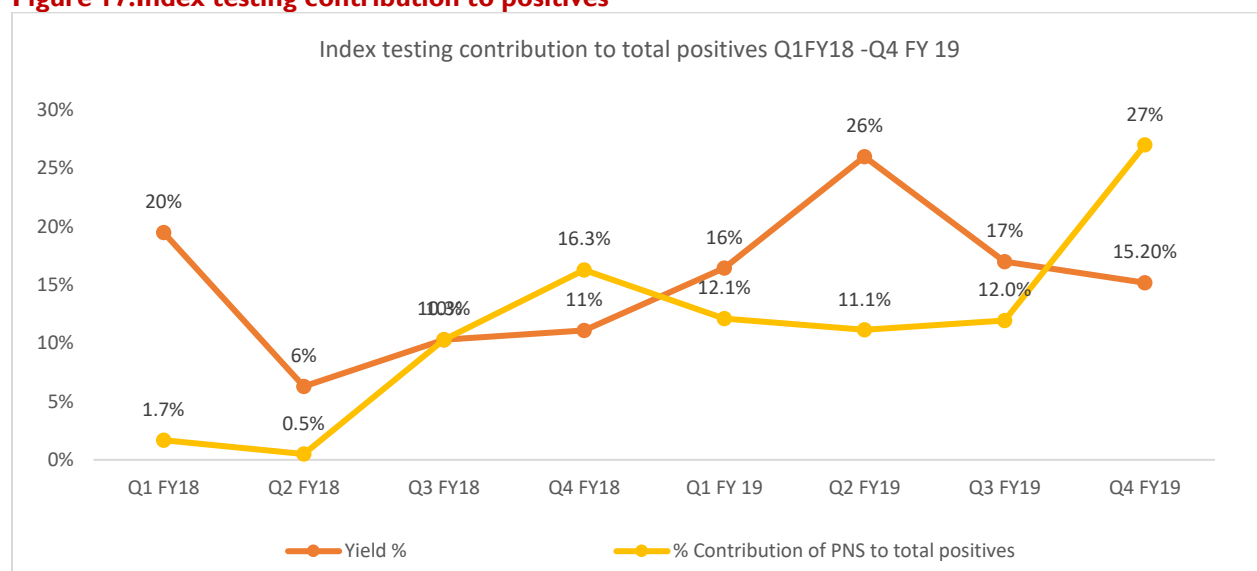
**Index testing including PNS:** To improve identification of positives, *Afya Pwani* scaled up PNS to 80 sites in Q3 and 4 up from 55 in Q2 with the number of positives identified increasing from 246 in Q3 to 778 in Q4 and the contribution of positives from PNS increasing to 27% from 12% in the same period. In addition to providing airtime, transport and other logistics for PNS, the project improved the capacity of HTS providers to implement PNS by conducting OJT/mentorship to 90(78F,12M) PNS providers in Kilifi, 41(15M,26F) in Kwale, 62 (13M,49F) in Mombasa and 59 (37F,23M) in Taita Taveta county. Fourteen (14) PNS champions were identified in all the counties and were utilized to provide peer mentorship to other PNS providers. In Kilifi county, 40(6M, 34F) HTS providers were trained on PNS while 67 (48F, 19M)

benefitted from CMEs on PNS in Mombasa and Kwale Counties. The project also recruited additional 75 HTS providers and tasked them with the responsibility of implementing PNS primarily

**Figure 16: PNS Scale up in FY19**



**Figure 17: Index testing contribution to positives**



As a result of the above efforts, 5,078 index clients were offered PNS with 90% (4,555) of them accepting and 9,679 contacts being elicited, giving an elicitation ratio of 1:2. Out of the 8,526 contacts eligible for HTS, 59% (5066) of them were tested with 778 (15.2% Yield) positives being identified and 690 (89%) of them linked to ART, as illustrated in Table 19 below:

**Table 18:PNS Cascade Q4 FY19**

PNS Cascade Q4 FY 19					
	Kilifi	Kwale	Mombasa	Taita Taveta	Afya Pwani
Number offered	1490	640	2394	554	5078
# Contacts elicited	2645	1319	4765	950	9679
Elicitation ratio	1:02	01:02.5	1:02	1:02	1:02
Contacts eligible for testing	2394	1217	4076	839	8526
Contacts tested	1679	702	2196	489	5066
% of eligible contacts tested	70%	58%	54%	58%	59%
Contacts tested positive	340	155	233	50	778
% yield	20%	22%	11%	10%	15%
Total Positives in Q4	1133	556	925	219	2833
% contribution from PNS	30%	28%	25%	23%	27%
Linked to ART	337	130	197	26	690
% Linkage to ART	99%	84%	85%	52%	89%

**HTS Screening in OPD:** Testing in the outpatient departments (other PITC and VCT) contributed to 56% of (1,546 out of 2,881) of HIV positive clients identified in the quarter with a yield of 1.7%. The project has applied HTS screening in OPD to target only high-risk individuals for HIV testing. The clinical officers, nurses and PITC counselors worked together to ensure all clients who turned up for health care services at OPD were screened at the triage, and in the treatment rooms, those found to be eligible for HIV testing were referred to the PITC room for further screening and testing. All TB patients and ANC mothers were also offered HIV testing services.



**Photo 4: Targeted mobilization for community HTS ongoing in Dziweni Village, Kwale County.**

**HIV Testing Booths:** To improve both access and quality of HTS services especially privacy and confidentiality, *Afya Pwani* procured 24 HTS booths and distributed to 20 facilities<sup>46</sup>.

**HIV self-testing:** HIV self-testing kits were offered to men in informal employment such as boda-boda riders and small-scale traders, index clients and ANC clients to give to their sexual partners especially those who could not come to the facility for HIV testing. In Q4, 2,329 kits were distributed in Kilifi, 4,073 in Mombasa and 442 in Taita Taveta Counties.

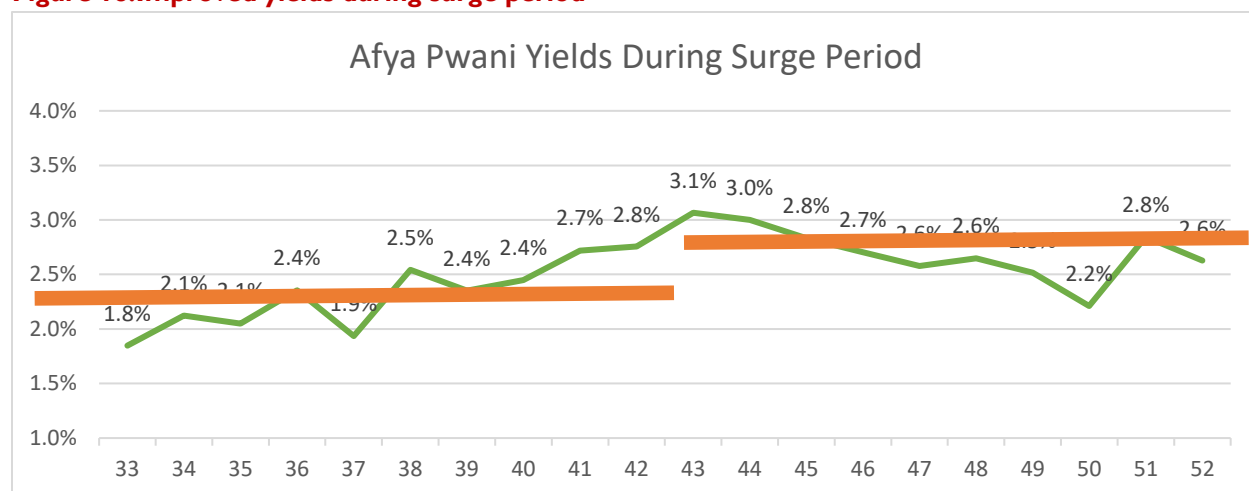
**Targeted community testing:** Facilities analyzed their data to identify villages where most positives were coming from and targeted them for outreach. Vipingo Health Center in Kilifi analyzed their data during their work improvement team meeting and noticed that most new positives were coming from the Vipingo Sisal Estate staff residences. An outreach was conducted, and five positives were identified in a one-day outreach at the Sisal Estate.

<sup>46</sup> Likoni SCH, Mrima HC, Shika Adabu HC, Bamburi HC, Portreitz SCH, Magongo HC, Miritini dispensary, Mtwapa HC, Vipingo HC, Kilifi CH, Malindi SCH, Mariakani SCH, Gotani HC, Kinango SCH, Vitsangalaweni Dispensary, Kikoneni HC, Lungalunga SCH, Ndovu HC, Moi CRH and Mwatate SCH.

**Reaching men with HIV testing services:** In addition to facility based HTS, PNS, couple testing in ANC settings, *Afya Pwani* continued to target men in their workplaces during the reporting period. In Kilifi County, the project distributed 514 pieces of HIVST and 3,500 pieces of condoms to men in formal and informal work places in Malindi sub county. In Taita Taveta workplace testing was conducted at Manyani, Voi and Wundanyi GK prison with 23 (7F, 16M) prison wardens being tested. Six outreaches were conducted targeting men in the mining sites (Kishushe, Mkuki, Chunga Unga and Kamtonga) where the HTS providers managed to test 174 (126M, 48F), 2 turned positive and were all linked to care.

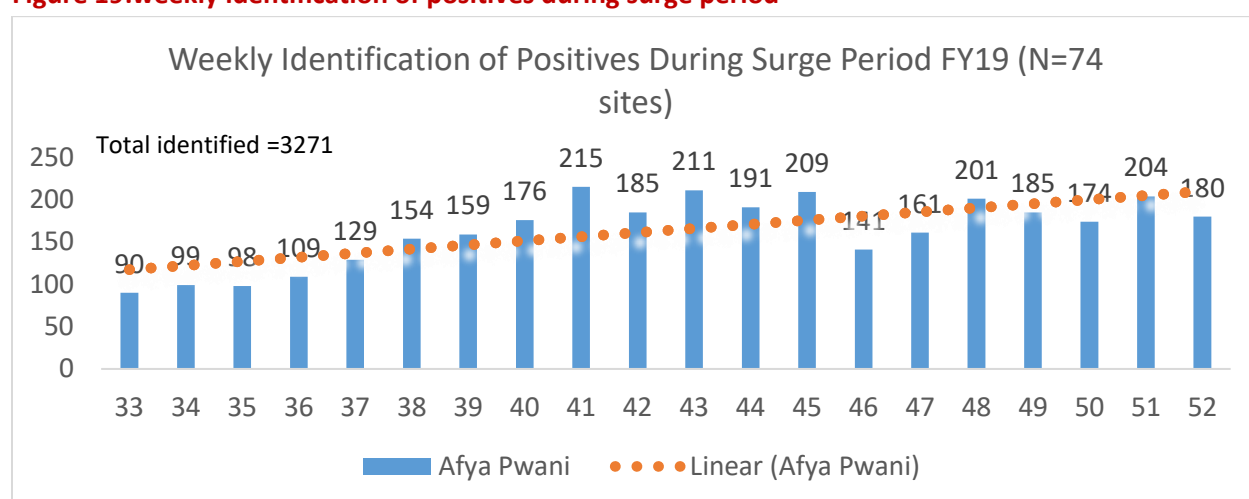
**Surge:** To accelerate the identification of PLHIV and linking them to ART, *Afya Pwani* implemented the surge initiative in 74 facilities (19 sites in Kwale, 22 in Kilifi, 19 in Mombasa and 14 in Taita Taveta). Weekly data review of performance against weekly targets by the facility surge teams informs timely interventions that address emerging challenges and led to facility ownership of the whole process. Index client testing through newly identified HIV positives at various HIV service delivery points and unsuppressed individuals on treatment was prioritized in alongside other high yielding testing modalities like TB clinic. HIV testing eligibility screening is being employed at service delivery points to limit testing only to individuals at risk of HIV or likely living with HIV. Surge teams also analyze their data to map out villages where many positives come from and target them for targeted community-based testing. As a result of the above efforts, the average yield increased from 2.3% in the first 10 weeks of the initiative to 2.7% in the last 10 weeks with increased number of PLHIV identified per week as shown in the figures below.

**Figure 18: Improved yields during surge period**



There was a general improvement in identification of positives in quarter 4 (2,858) compared to quarter 3 (2,058) due to the surge as shown by the chart below by the upward trendline in positives identified per week.

**Figure 19: weekly identification of positives during surge period**



#### **b) Improving the quality of HIV testing services**

**Capacity Building:** The project supported 8 CMEs to 14 Surge facilities<sup>47</sup> in Taita Taveta County to help 71 (22M,49F) health care workers to improve their skills on identification strategies, communication skills, assisted disclosure and linking unsuppressed clients to PNS. In Kwale county, OJT was offered to 41(15M,26F) HTS providers from 19 facilities<sup>48</sup> which included distribution of HTS screening tools, HTS job aids etc.

**Counselors Support Supervision:** To identify gaps in HTS service provision and provide appropriate targeted support to HTS providers in order to improve quality of services, the project partnered with the counties to conduct supervision for counselors reaching 74 (36M,38F) in Kilifi from 40 facilities<sup>49</sup>, 26 (11 M, 15F) in Kwale, 62 (13M,49F) in Mombasa and 17(4M, 13F) in Taita Taveta County. Action plans on addressing identified gaps were done that included some of the mentorship and CME sessions done in the quarter.

**Regular Performance Review:** The project supported facilities to conduct regular performance reviews to identify performance gaps and develop change ideas on how they will improve services in their facilities. County level performance reviews with counselors and S/CHMTs were done in Kilifi and Taita Taveta counties with 70 (58F, 12M) and 49(27F,22M) health care providers participating respectively.

**Proficiency testing:** To ensure that HTS providers provide HTS as per the quality standards set by the ministry, the project supported online registration of HTS providers for PT round 20 and distribution of PT panels by SCMLTs to the health facilities. The table below shows PT results for *Afya Pwani* supported facilities. The project will support correct OJT for those who got unsatisfactory results from the proficiency testing.

<sup>47</sup> Moi County referral Hospital, Ndovu Health Center, Taveta Sub County Hospital, Njukini Health Center, Challa Dispensary, Tausa Dispensary, Mwatate Sub County and Rekeke Model Health Center

<sup>48</sup> Kwale, Mwaluphamba, Tiwi, Ng'ombeni, Gombato, Diani, Kinondo, Msambweni, Vitsangalaweni, Kikoneni, Lungalunga, Mwangulu, Samburu, Mazeras Kinango, Mnyenzeni, Taru, Mkongani and Mackinon Road

<sup>49</sup> Kilifi CH, Malindi, Rabai, Mariakani, Mtwapa, Oasis, Vipingo, Chasimba, St Luke, Muyeye, Gede, Matsangoni, Vitengeni, Mtondia, Tamba Pwani, Kilifi Gk Prison, Adu, Mambui, Sabaki, Gk Prison Malindi, Marereni, Gongoni, Marafa, Sabaki, Marekebuni, Sosoni, Garashi, Baricho, Mjanaheri, Ganze, Bamba, Gotani, Jibana, Baolala, Pwani University Clinic, Kakuyuni, Ganda, Marafa, ICRH and Mewa

**Table 19: Round 20 Proficiency Testing**

Round 20 Proficiency Testing			
County	Satisfactory	Unsatisfactory	% satisfactory
Kwale	115	11	91
Mombasa	157	5	96
Kilifi	229	36	86
Taita Taveta	75	1	98
Lamu	72	8	90
Total	648	61	91

**Lessons learnt**

- Weekly meetings to review previous week performance enable provider get insight of what more is needed to achieve set targets.
- There was ownership of the program from county to the healthcare providers at the facility level because of engaging the teams from management to service delivery level. This was done by Afya Pwani involving all stakeholders in every step of implementation of surge. Introductory and feedback meetings were scheduled from time to time and joint support supervision done.
- Despite employing targeted outreach strategy through geo-mapping informed by data from known positive clients at the ccc, outreach activities did not yield thus did not consider it as a priority in Kwale. This was attributed to the distances between homes as much they could be under same administrative boundaries (not densely populated as urban areas).

**Challenges**

Challenges	How we overcame them
Partner elicitation is still a challenge for most Mombasa HTS providers with the county still recording a partner elicitation ratio of 1:2.	Mombasa county introduced exchange visits to model aPNS sites and mentorship by PNS champions and role plays to improve PNS partner elicitation.
HTS eligibility screening tool was not optimized in every facility especially OPD making it not easy to determine how many clients were eligible and were tested for HTS. This was due to laxity of clinicians to administer the tool and in some cases work load.	CMEs and discussions with clinicians were done and still on going to get them to understand the concept of optimized HTS.
Low uptake of PrEP among discordant couples despite high numbers from PNS due to low awareness and information both among clients and healthcare workers on PrEP.	Health education and counseling to clients on the benefits of PrEP in preventing HIV infection among people with ongoing risk of exposure to HIV.

## Output 1.5: Tuberculosis/HIV Co-infection Services

The project continued to provide integrated HIV and TB services across all the 233 ART sites in quarter four with emphasis on case identification for TB among PLHIV, HIV testing for TB clients and appropriate treatment, Isoniazid preventive therapy and preventing the spread of MDR TB.

### a) The 5I's:

**Intensified case finding:** In Q4, *Afya Pwani* continued to ensure PLHIV are screened for TB during their clinical visits. This was achieved through awareness raising for TB screening among clients and enhancing the capacity of HCWs to provide the same during clinical appointments. A total of 194 (94F, 100M) health care providers from 64 facilities<sup>50</sup> in Kwale, Kilifi, Mombasa and Taita Taveta were mentored. Similarly, the project supported peer educators and health providers who in turn provided health education to 982 (742F, 240M) PLHIV and 493 (301F, 192M) on waiting bays and during support group meetings respectively in 39 facilities<sup>51</sup> in Kwale County. This helped create demand for TB screening among the clients. As per guidelines, PLHIV who screened negative for TB and had not been on TB preventive therapy (TPT) were promptly started on TPT and those suspected to have TB had gene Xpert test done. The table below shows the number of gene Xpert tests done in the quarter.

**Table 20: Gene Xpert Tests in Q4 FY19**

Gene Xpert Tests done in Q4 of FY 19					
County	Tests Done	MTB		RIF Resistant	
		Positive	Negative	Positive	Negative
Kwale	843	96	701	1	0
Kilifi	1337	143	1149	2	0
Lamu	0	0	0	0	0
Taita Taveta	1052	64	62	2	0
Mombasa	4712	481	0	4	0
Afya Pwani	7944	784	1912	9	0

**IPT coverage:** During the quarter, the project continued to initiate new ART clients on Isoniazid Preventive Therapy (IPT), or Dapsone when appropriate) as part of the standard package of care for PLHIV. Thorough scrutiny of patient files was also done to identify old clients who may not have been given IPT for any reason and put them on the same. A joint supervision with SCHMTs, noted poor documentation of issued IPT in ICF cards as gap prompting for mentorship in 18 facilities<sup>52</sup> in Kilifi County reaching 47(32F, 15M) service providers, 12 facilities<sup>53</sup> in Kwale reaching 25(11F, 14M) and 17 in Taita Taveta<sup>54</sup> with 39(17F, 22M)

<sup>50</sup> Taru Dispensary, Mazeras Dispensary, Mackinon Road Dispensary, Kinagoni Dispensary, Mwaluphamba Dispensary, Mwanguda Dispensary, Mzizima Dispensary, Mwangulu Dispensary, Lungalunga Sub County Hospital, Kilimangodo Dispensary and Diani Health Center, Mariakani, Gotani, Rabai, Mtwapa, Vipingo, Chasimba, KCH, Matsangoni, Gede, Ganze, Bamba, Muyeye, Malindi, Mambui, Gongoni, Marereni, Marafa, Mtondia, Ganda, Kakuyuni, Omar Project, Oasis, Makanzani, Kokotoni, Vishakani, Tsangatsini and Ngerenya, (Bura HC, Mwatate SCH, Njukini HC, Ndilidau Disp, Kitobo Disp, Taveta SCH, Maungu Model HC, Buguta HC, Sagalla HC, Ndovu HC, Moi CRH, Werugha HC, Wesu SCH and Wundanyi SCH.

<sup>51</sup> Msambweni, Gombato, Diani, Lungalunga, Vitsangalaweni, Kikoneni, Kilimangodo, Vanga, Mwangulu, Kwale, Matuga, Tiwi, Mazumalume, Mwaluphamba, Kizibe, Waa, Ng'ombeni, Mkongani, Msulwa, Magodzoni, Matuga, Vyongwani, Kiteje, Shimba hills, Kinango, Samburu, Mazeras, Taru, Mackinon, Mwanda, Ndavaya, Vigurungani, Kafuduni, Lutsangani, Mnyenzi, Mkangombe, Makamini, Kilibasi and Nyango

<sup>52</sup> Marafa HC, Gotani HC, Sosoni Dispensary, Garashi HC, Marikebuni Dispensary, Madunguni Dispensary, Baolala Dispensary, Jilore Dispensary, Ngerenya Dispensary, Mtondia Dispensary, Matsangoni HC, vishakani Dispensary, Tsangatsini Dispensary, Lenga Dispensary, Chalani Dispensary, Kokotoni Dispensary, Makanzani Dispensary, and Kombeni Dispensary.

<sup>53</sup> Taru Dispensary, Mazeras Dispensary, Mackinon Road Dispensary, Kinagoni Dispensary, Mwaluphamba Dispensary, Mwanguda Dispensary, Mzizima Dispensary, Mwangulu Dispensary, Lungalunga Sub County Hospital, Kilimangodo Dispensary and Diani Health Center.

<sup>54</sup> Njukini HC, Werugha HC, Moi CRH, Kasigau HC, Kitobo Disp, Kishushe Disp, Ndovu HC, Marungu HC, Ghazi Disp, Modambogho Disp, Saghaighu Disp, Wundanyi SCH, Msau Disp, Dembwa Disp, Dawson Mwanyumba Disp, David Kayanda Disp, Mgange Dawida HC.

benefiting. These efforts contributed to 2,073 PLHIV being started on IPT in Q4 of the financial year as shown in the table below:

**Table 21: IPT uptake in Q4 FY**

IPT uptake in July to September 2019			
County	< 15Yrs.	> 15Yrs.	Total
Kwale	49	311	360
Lamu	3	43	46
Taita Taveta	9	123	132
Mombasa	42	714	756
Kilifi	71	708	779
Afya Pwani	174	1899	2073

**Integration of HIV/TB services:** To achieve universal HIV testing for TB patients in supported facilities, the project supported the SCASCOS and SCTLCS to mentor service providers on TB and HIV integration reaching 245 (94M,154F) health workers from 69 facilities (Kilifi 27<sup>55</sup>, Taita Taveta 20<sup>56</sup>, Kwale 12<sup>57</sup> and 5 facilities<sup>58</sup> in Mombasa). To improve coordination between the TB and HIV program, TB/HIV collaborative stakeholders' forums were conducted Mombasa and Kwale counties with 77 (47F,30M) stakeholders participating. The meetings tracked the progress made in addressing gaps in TB and HIV integration as well as coming up with facility-based solutions. In the same period, out of the 1438 new TB clients identified, 1409 (98%) were tested for HIV, 282(20%) were HIV positive and 275(98%) were linked to ART as shown in the table below.

**Table 22: TB/HIV Integration July-September 2019**

TB/HIV INTEGRATION JULY –SEPTEMBER 2019							
COUNTY	No of New TB Clients	No Tested for HIV	% Tested for HIV	No HIV Positive	% TB/HIV Co infected	No Started ART	% linkage to ART
Kwale	201	194	97%	43	22%	39	91%
Kilifi	431	429	100%	95	22%	93	98%
Lamu	80	76	95%	9	12%	9	100%
Taita/Taveta	119	118	99%	26	22%	26	100%
Mombasa	607	592	98%	109	18%	108	99%
Afya Pwani	1438	1409	98%	282	20%	275	98%

<sup>55</sup> Mariakani SCH, Gotani HC, Rabai HC, Mtwapa HC, Vipingo HC, Chasimba HC, Kilifi CH, Matsangoni HC, Gede HC, Ganze HC, Bamba SCH, Muyeye HC, Malindi SCH, Mamburui Dispensary, Gongoni HC, Marereni Dispensary, Marafa HC, Mtondia Dispensary, Ganda Dispensary, Kakuyuni Dispensary, The Omar Project, Oasis Medical Center, Makanzani Dispensary, Kokotoni Dispensary, Vishakani Dispensary, Tsangatsini Dispensary and Ngerenya Dispensary.

<sup>56</sup> Mgange Nyika HC, Nyache HC, Mbale HC, Kasigau HC, Kitobo Disp, Marungu HC, Bura HC, Mwatate SCH, Njukini HC, Ndilidau Disp, Kitobo Disp, Taveta SCH, Maungu Model HC, Buguta HC, Sagalla HC, Ndovu HC, Moi CRH, Werugha HC, Wesu SCH, Wundanyi SCH

<sup>57</sup> Taru Dispensary, Mazeras Dispensary, Mackinon Road Dispensary, Kinagoni Dispensary, Mwaluphamba Dispensary, Mwanguda Dispensary, Mzizima Dispensary, Mwangulu Dispensary, Lungalunga Sub County Hospital, Kilimangodo Dispensary and Diani Health Center.

<sup>58</sup> Tudor, Kongowea, Bokole, Bamburi, Kisauni

**Infection prevention and control:** The project continued to work with the County and Sub County TB Coordinators to develop and implement Infection Prevention and Control (IPC) plans in facilities to prevent the spread of TB. For instance, in Kilifi County, 32 (13M,19F) HCWs from 8 health facilities<sup>59</sup> were sensitized and mentored on infection prevention and control as an action point from the support supervision conducted by *Afya Pwani* and CHMT members within the quarter. In Mombasa County, the project scaled up formation of Infection Prevention and Control (IPC) plans from the current 5 to 15 facilities.

**Surveillance and management of MDR Tuberculosis:** In addition to supporting laboratory networking for gene Xpert testing, supervision and mentorship on diagnosis and treatment of MDR patients, the project conducted MDR clinical review meetings in 3 facilities (Kwale SCH, Kinondo Kwetu and Waa Dispensary) with MDR clients in Kwale County reaching 25(18F, 10M) health care providers. The forums have helped build the capacity of health workers to manage MDR clients as well as address specific facility gaps including patients. They have also helped address client factors affecting optimal management of MDR patients. In the reporting period, there were 27 MDR clients, 10 in intensive phase and in continuation phase of treatment in 22 facilities<sup>60</sup>.

**Table 23:MDR patients on treatment in Q4**

County	Intensive Phase	Continuation Phase
Kwale	1	3
Taveta	3	2
Lamu	0	2
Mombasa	3	6
Kilifi	3	4
Afya Pwani	10	17

#### Lessons learnt

- Regular joint support supervision plays an important role in improving quality of TB/HIV services offered in facilities
- MDR TB clinical review meeting are effective in providing quality care to MDR patients since views and skills of several health care workers are incorporated into the management of the client as opposed to a single clinician.

#### Challenges

Challenges	How you overcame them
The GeneXpert machine at Kinango and Lamu hospital has been in use due to the ongoing expansion of the laboratory	Transportation of the samples to Kwale hospital for testing
Low utilization of the gene Xpert Machine despite availability of lab networking support	CHMT and Afya Pwani staff continue to sensitize health care workers during project supported support supervision and meeting on

<sup>59</sup> Madunguni Dispensary, Jilore Dispensary, Baolala Dispensary, Makanzani Dispensary, Kokotoni Dispensary, Marikebuni Dispensary, Garashi HC and Marafa HC.

<sup>60</sup> Waa Disp, Kwale SCH, Kinondo kwetu, Moi Voi CRH, Wundanyi SCH, Maungu Model HC, Lamu County Hospital, Witu HC, CDC Ganjoni Dispensary, Kisauni Dispensary, Kongowea Health Center, Likoni District Hospital, Magongo (MCM) Dispensary, Miritini CDF Dispensary, Mlaleo Health Center, Port Reitz District Hospital, Tudor District Hospital, Malindi SCH, Timboni Community, Kilifi CH, Mtwapa Health Center and Rabai Health Center.

the importance of gene Xpert test and encourage staff to collect samples for testing.

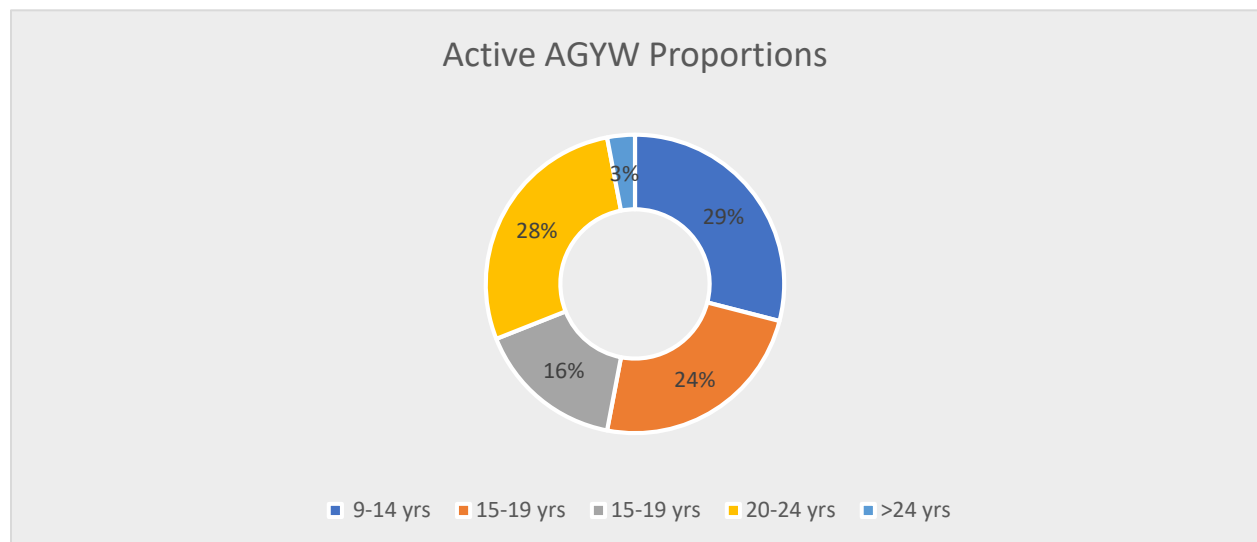
#### Output 1.7: Determined, Resilient, Empowered, AIDS Free, Mentored and Safe (DREAMS) Initiative

*Afya Pwani* continued to implement Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) project as part of the effort to prevent new HIV infections among AGYW aged 9-24 years in the 10 Wards, Mombasa County. Specifically, the project reached 11,243 AGYW with at least one standard evidence-based HIV prevention interventions with special attention on the DREAMS package of layering services to AGYW. The specific interventions are classified in four main categories including: interventions that empower AGYW; mobilization of communities to support AGYW through community level interventions; strengthening the socio-economic status of families of AGYWs; and decreasing the risk of male sexual partners. During the period, the project worked with various partners to increase the range of services available to the target population including strengthening collaborations with: County Government, Faith Based Organizations (FBOs), Community Based Organizations (CBOs), Civil Society Organizations (CSOs) as well as private sector to support project activities to improve the health outcomes of AGYW.

The report highlights key milestones, achievements, success, and lessons learned in the quarter 4 period (July to September 2019).

##### a) Enrollment of AGYW

In the period under review, there were no new AGYW enrolled in the program. Presently, there are 12,047



AGYW enrolled, out of which 11,243 (93%) are active while the remaining 803 (7%) are inactive. Upon follow-up by mentors and program staff, the number of inactive girls was reduced from 1,192 in Q3 to 803 in Q4. Of the 7% inactive, 488 (4%) cannot be traced, 194 (2%) opted out of the project, 98 (0.8%) permanently relocated, 23 (0.2%) their parents denied enrollment.

## b) Empowerment of AGYW to increase risk perception and protection against HIV infection

### i) *Promotion and provision of male and female condoms*

The project sustained efforts to promote correct and consistent condom use by providing information and actual condoms to AGYW aged 15-24 years at Safe Spaces during EBI sessions and during HTS sessions. These sessions are facilitated by mentors, facilitators and HTS providers. During the reporting period, 982 AGYW were reached with information on both male and female condoms with 443 AGYW requesting and issued with condoms. Condom outlets were checked and refilled periodically to increase access among the group. Approximately 4,128 condoms were picked from the dispensers, a notable increase compared to previous periods. The project has continued experiencing increased demand for condom.

**Table 24:Condom promotion and education**

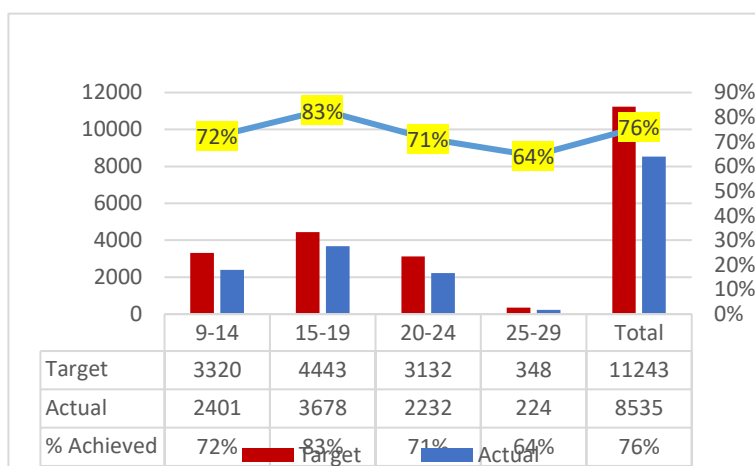
Age Category (in years):	Target	Q4 reach	Cumulative Achieved	% Achieved	Cumulative Condom provision
9-14	-	-	5	-	-
15-19	4,443	687	3,570	80%	883
20-24	3,132	295	2,600	83%	833
25+	348	-	264	76%	74
<b>Total</b>	<b>7,923</b>	<b>982</b>	<b>6434</b>	<b>81%</b>	<b>1,790</b>

### ii) *HIV testing services (HTS) and linkage of HIV positive AGYW to care*

During HTS sessions, AGYW 15-24 years old were provided with risk reduction counseling using the RESPECT K protocol. In

**Figure 20: Number of AGYW tested for HIV.**

the quarter, HTS\_TST was provided to 1,135 AGYW totaling 8,535 AGYW cumulatively (disaggregated by age in chart 2). All of these were negative except 3 identified as known positives. The HTS\_TST numbers in the quarter were attributable to the targeted mobilization and one on one counselling sessions with AGYW who had initially refused HTS services.



---

***“At first, I was afraid to know my HIV status because I had three sexual partners of whom one was married. I am happy with my HIV free. I will strive to have one sexual partner and consistently use a condom. I am grateful to God for giving me another chance to change my sexual behavior and maintain a HIV negative status,***  
**Mwanasaumu, DREAMS beneficiary**

---

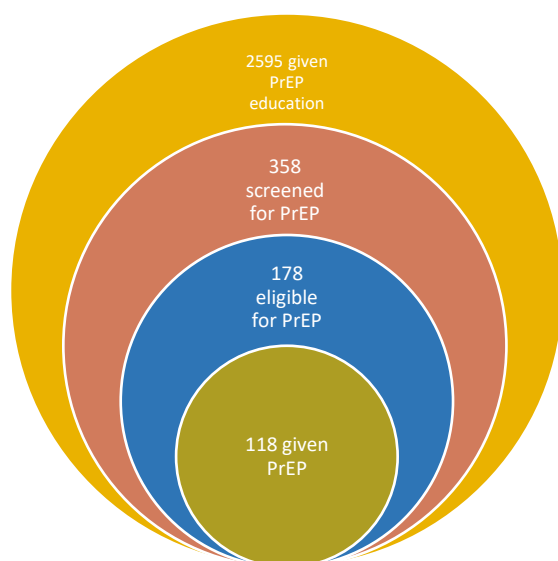
*iii) Expanded and Improved Contraceptive Method Mix information*

To increase knowledge and uptake for family planning services, clinicians continued to provide education and respond to questions at safe spaces for girls 15-24 years of age. Of the 4,174 AGYW reached with FP education, 88 received individual counseling and 51 were initiated on modern contraceptive methods i.e. 40 on oral pills, 11 on injectables. The table below indicates the actual number of AGYW provided with CMM education and those initiated on a method.

**Table 25:AGYW reached with CMM service**

Age Groups (in years)	Target	Qtr 4 reach	Actual	% Achieved	Contraception uptake
15-19	4443	97	2517	57%	15
20-24	3132	104	1652	53%	30
25-29	348	5	5	14%	6
<b>Total</b>	<b>7923</b>	<b>206</b>	<b>4174</b>	<b>53%</b>	<b>51</b>

**c) Provision of information on PrEP and Oral PrEP for treatment as prevention for most at risk AGYW**



**Figure 21:PrEP uptake among AGYW**

By the end of Q4, 2,595 of the targeted 5,224 young women were reached with PrEP education, 358 screened and 178 established to be eligible for PrEP in line with the latest PrEP guidelines. There were 118 AGYW on PrEP i.e. 105 PrEP\_NEW and 118 PrEP\_CURR by the end of the quarter following 100% retention of those initiated on PrEP. The remaining 60 of the eligible AGYW are being followed up for initiation. This was a significant improvement from the previous quarter where only 38 AGYW were initiated on PrEP. The improvement is attributed to the increased one on one sessions on PrEP by trained staff, mentors and PrEP champions which helped

demystify myths and misconceptions as well as reduce negative peer pressure, stigma and parental discomfort about PrEP. To ensure adherence, priority was given to continuous engagement with parents during meetings, utilization of PrEP IEC materials, linkage to friendly health facilities<sup>61</sup>, longitudinal follow-up on 118 AGYW on PrEP, empowerment of service providers on adherence counselling and AGYW to provide feedback on their experiences. Sporadic PrEP medicine stock-outs in the project's identified facilities was experienced during the period leading to switch of regimens which affected adherence.

#### d) Social Asset Building (SAB)



**Photo 5: Girls playing football as part of SAB session in Kadzandani ward.**

AGYW have been supported to continually build their social assets by forming 'Binti Hodari' groups. During the period under review **11,041** AGYW continued to meet in the project's safe spaces. Notable safe spaces attendance activities during the quarter include; peer to peer life skills training, Voluntary Savings and Loan Associations (VSLA) activities, play among others. During the sessions, AGYW are able to relate with one another, share experiences, connect, and learn together. This has helped build trust and friendship which has subsequently resulted to formation of 14 (VSLAs) who are now engaged in savings and loaning culture. For instance, in Mtongwe, one group was engaged in small-scale horticultural farming specifically vegetables for income and livelihood improvement.

---

***"I have completed MHMC sessions successfully. With the knowledge and skills acquired, I know that my sexual behavior contributes to my HIV status. Am well equipped on correct use of both male and female condom and also where to get them. However, I choose to abstain till am married",***

**Mariam, DREAMS beneficiary**

---

#### Mobilizing Communities

Communities and community structures were mobilized to support HIV prevention efforts and protect AGYW through interventions targeting peers of adolescent girls and interventions targeting the wider community as outlined below:

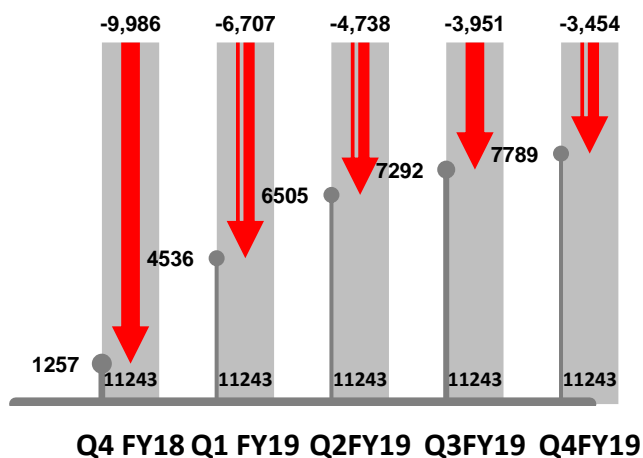
---

<sup>61</sup> Mikindani, Consolata, Marianist Catholic health facilities and Mbuta health center

i. *In and out of school-Based HIV and Violence Prevention*

The project targeted all 11,243 active AGYW with at least an EBI, where 7,789 were reached. The following three evidence-informed HIV and Violence Prevention interventions were delivered: —*Healthy Choices for a Better Future* (HCBF)<sup>62</sup> (1,764 girls and 96 boys), *My Health, My Choice* (MHMC)<sup>63</sup> (1,189 females and 52 males) and *Shuga II*<sup>64</sup> (2881 females and 60 males) with Respect-K also provided to 15-24-year-old AGYW. It is anticipated that AGYW will utilize the knowledge and skills impacted on then to maintain negative HIV status.

**Figure 22: Number of AGYW reached with EBIs**



e) **Strengthening Families**

Parenting/caregiver programs to improve communication between parents and adolescents; and social protection initiatives were used to strengthen families and in turn sustain HIV prevention among AGYW.

ii. *Parenting/Caregiver Programs*

During the reporting period, there were no families matter (FMP I & FMP II) sessions provided. However, there were parents' meetings and positive reports from trained caregivers on improved communication with their children in relation to sexual and reproductive health matters as indicated in the quote 1. Cumulatively, 1,143 parents completed FMP I and 252 parents completed FMP II required sessions against an annual target of 744 and 235 respectively. Parents briefing meetings on the program progress were held. Emerging issues from parents and the community were also addressed.

*"I have have never discussed sexuality with my 17 year old daughter because it was uncomfortable. I now appreciate the knowledge I acquired in FMP II training class. My daughter and I can now discuss freely issues around her sexuality. I am now more aware of her relationships hence able to guide her best. How I wish every parent can get this information",*  
Amina, a mother of DREAMS girl

iii. *Social Protection*

**Educational Subsidies:** Girls not accessing education or on the verge of dropping out of school were identified through community structure and by mentors. Among those willing to return or remain in school, 4,553 girls were provided with various forms of education support i.e 328 with school fees subsidies and 4,296 with dignity packs<sup>65</sup>. Stories of happiness were shared by both AGYW and caregivers.

<sup>62</sup> Offered to 10-14-year-old boys and girls in seven (7) weekly sessions in school

<sup>63</sup> Offered to 13-17-year-old young boys and girls in four (4) weekly sessions in school

<sup>64</sup> Offered to 15-24-year-old young women in five sessions in a community setting.

<sup>65</sup> 6months pack with 3 panties, 6 packets of 8 pieces sanitary pads, toothbrush & toothpaste)

**Combination Socio-Economic Approaches (CSEA):** The project employed a variety of approaches to provide economic support to the AGYW. This includes training in financial literacy to develop a culture of saving, entrepreneurship training to provide skills to start and run small enterprise and Vocational skills



**Photo 6:AGYW attending to their kitchen garden at Mtongwe safe space**

summary of these achievements is provided in the table below:

**Table 26:Summary of CSEA achievements**

Type of CSEA Support	Target	Age Group (in years)				Total	
		10-14	15-19	20-24	>24		%
Financial Capability Training	11,243	2,583	3,280	2,076	226	8,165	73%
Entrepreneurship Training	705	0	1,080	773	77	1933	274%
Vocational Skills Training	281	0	63	213	19	295	104%
Linked to employment after training	-	0	1	11	3	15	-
Linked to internships after training	-	0	3	11	5	19	-

#### f) Service layering within the minimum Package<sup>66, 67, 68</sup>

AGYW are considered as layered, when they are active and have received age appropriate primary package of services as explained on MER. 2.3 guideline under AGYW\_PREV indicator. During the reporting period, 36% (4,084) of 11,243 active AGYW were fully layered. Below is a table indicating AGYW layered over a period of 18 months in the project.

<sup>66</sup> **9-14 years:** Financial Capability, Social Asset Building and EBI

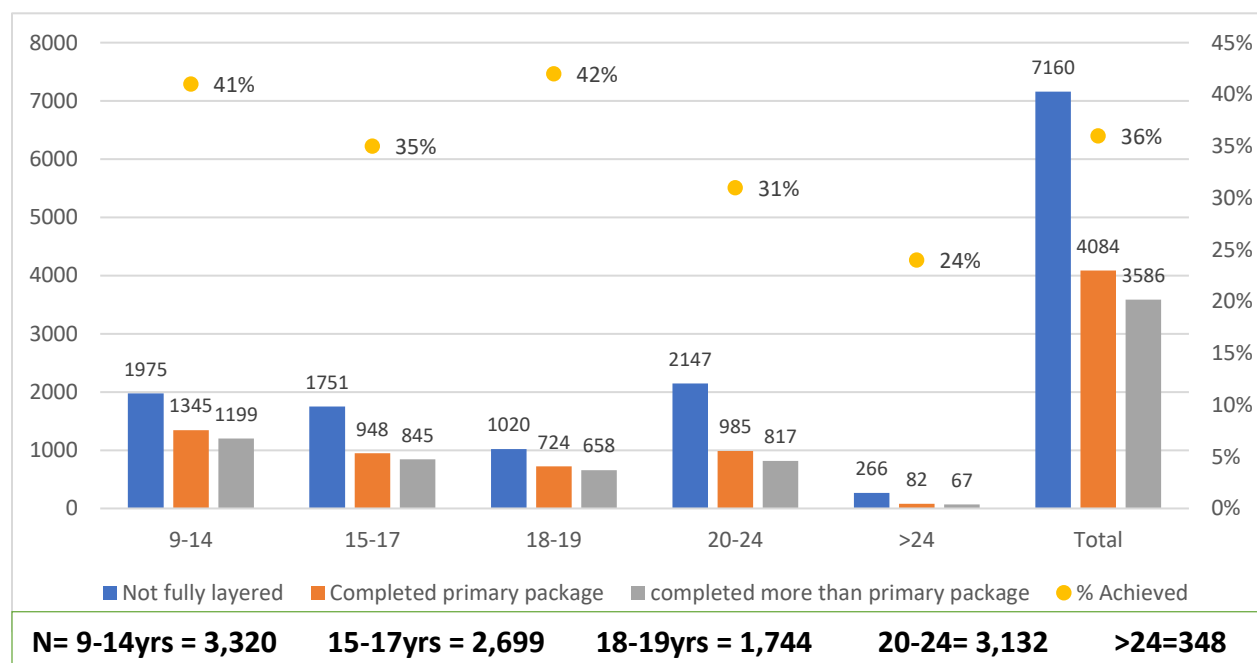
<sup>67</sup> **15-17 years:** Financial Capability, Social Asset Building, EBI, HTS, Condom Education and Contraception Education

<sup>68</sup> **18-24 years:** Financial Capability, Social Asset Building, EBI, HTS, Condom Education, Contraception Education and PrEP Education

**Table 27: Number of AGY layered by number of months in the project.**

Layering status	Months	9-14y	15-17y	18-19y	20-24y	25-29y	Total
<b>Fully layered</b>	0-6 Months	4	0	2	1	0	7
	7-12 Months	197	262	213	204	5	881
	13-18 Months	1144	686	509	780	77	3196
<b>More than primary package</b>	0-6 Months	4	0	1	1	0	6
	7-12 Months	181	236	199	187	5	808
	13-18 Months	1014	609	458	629	62	2772
<b>Not fully layered</b>	0-6 Months	17	13	4	7	0	41
	7-12 Months	444	431	287	279	12	181
	13-18 Months	1514	1307	729	1861	254	5665

**Figure 23: AGYW layering status by age group as at end of September 2019**



#### *g) AGYW Engagement*

AGYW are actively involved at various stages of the project including planning and implementation. The selected AGYW represent other AGYW in monthly project meetings where they have an opportunity to share their experiences and what they feel would work best to support other AGYW.

#### *ii) Government, Civil Society and Private Sector Engagement*

The project engaged the community, GOK, civil society and the private sector to support in providing services to AGYW. These stakeholders contributed in various ways to the project as outlined in Annex x

Besides these partnerships, *Afya Pwani* has continued to work with Program Advisory Committees (PAC)<sup>69</sup> in each ward. The PACs met and members gave feedback on the importance of having at least one Chief from the three sub-counties as a member of education support committee. Their input was discussed and incorporated in the next annual program plans.

## Challenges

- Teenage mothers and married girls willing to go back to school or attend vocational skills training are hindered by a lack of caregivers for their children and permission from their husbands. Various options are being explored to mitigate this challenge including identifying family members who may act as care givers, identifying other girls within the group who can provide day care services for the children and quarterly meetings with AGYW husbands for sensitization on DREAMS services.
- Low uptake of service by AGYW 20 -24 years due to other competing priorities and family responsibilities especially for married AGYW. AGYW mentors have adjusted on safe space meeting time and days to accommodate everyone including AGYW who are working and those who are married.

## Lessons Learned

- There is a need for greater male involvement in the program which will help AGYW access more services at the social asset building (SAB) level
- Involving parents of AGYW creates ownership and hence increase access to services by the girls
- Ongoing psycho social support through group therapy is required for those initiated on PrEP to enhance continuation.

---

<sup>69</sup> PAC are composed of representatives of AGYW, CHV, village elders/community leaders, youth leaders, representatives from other CSOs working in the area, and teachers

## SUB-PURPOSE 2: INCREASED ACCESS AND UTILIZATION OF FOCUSED MNCH AND FP, WASH AND NUTRITION

### Output 2.1: Maternal, Newborn and Child Health Services

#### a) Addressing socio-cultural barriers to utilization of Maternal and Neonatal Health (MNH) services

##### i. *Integrated community sensitization sessions*

Capitalizing on the social acceptability and mobilization efforts of the project's trained community resource persons, *Afya Pwani* and its grantees,<sup>70</sup> organized community resource persons into teams, comprising of 1 TBA, 1 male champion, and 1 CHV. The teams were tasked with the responsibility of organizing and conducting community dialogue sessions to promote uptake of MNH services. Each group was linked to a HCW to provide technical backstop during the dialogue sessions. During the forums, the teams sensitized community members on the importance of seeking maternal, newborn, child health, and family planning services within the health facilities. The panels also provided the community members an opportunity to reflect on norms and values that deter uptake of maternal health services. The dialogues have led to some shifts in viewpoints, with a promise to catalyze positive change in the communities. Overall, the teams conducted 293 sessions across the County, reaching **8,791 (6512F, 2279M)** clients with MNCH information. The project anticipates improved maternal health-seeking behavior and subsequent increase in uptake of services in the areas reached.

##### ii. *Traditional Birth Attendants Championing Maternal Health*

To address low institutional deliveries, the project supported dialogue sessions in Mrima Wa Ndege (Ganze Sub-County) and Marafa (Magarini Sub County). The dialogues established that some women still preferred services of TBAs to institutional delivery due to 'disrespectful' attitudes of health care providers, unlike respectful care by TBAs. The women also attributed the preference to the fact that TBAs understand their cultural context and can counsel them on traditionally acceptable practices during and after pregnancy. In this regard, the project facilitated three dialogue forums in Ganze and Magarini Sub Counties, bringing together 82 TBAs and 12 HCWs to foster collaborative partnerships and demystify the myths and attitudes to enhance skilled delivery. Collectively, the TBAs agreed to mobilize and refer ANC clients and women who sought home delivery services to health facilities. In Magarini Sub County, the project further facilitated TBAs with transport to allow them to accompany their clients to health facilities for skilled delivery services. As a result of this, the project supported TBAs to



**Kaya men leading a community sensitization session on skilled deliveries in Marafa area, Magarini Sub County**

<sup>70</sup> Magarini Cultural Centre and Ananda Marga Universal Relief Team (AMURT)

refer **1310** clients for antenatal care services and accompany **311** clients for institutional delivery. The project will continue to nurture more linkages between TBAs and health care workers going forward, to increase uptake of MNCH services in the County.

## **b) Increase demand creation for MNH services**

### *i) Door to door community mobilization*

During the quarter, the project implemented a community universal pregnancy screening strategy to promote early initiation of antenatal care and ensure optimal maternal health status in pregnancy. The process involved: sensitization of CHVs on preconception care, importance of ANC services, and delivery by a skilled health care worker. The CHVs were then engaged in door-to-door household sensitization drive, within their respective community health units. During the visits, the CHVs provided information to all women of reproductive age within the households irrespective of their pregnancy status and thereafter screened for pregnancy using an interview guide in line with the strategy.

The CHVs provided tailored information on preconception care, with a focus on good health practices including appropriate age for pregnancy, birth spacing, optimization of weight, proper feeding, micronutrient supplementation, and prevention from infectious diseases for those women who were not pregnant. The CHVs referred those who had confirmed or suspected pregnancy, to health facilities for services. On repeat visits, the CHVs reviewed the clients' mother-baby booklets to ensure adherence to their ANC schedules. A total of 3,595 households were visited, and 2,676 cases referred for ANC services. Additionally, the CHVs successfully referred 369 clients for facility-based deliveries. The project will scale up the strategy in the next quarter to cover more community health units.

### *ii) Scaling up of Maternity Open Days*

Afya Pwani has continued to document significant gains in Maternal and Newborn Health in Kilifi County, exemplified by improved uptake and utilization of MNH services. Over time, the project has utilized



**Photo 7: Maternity Open Day session at Madunguni Dispensary, Kilifi County**

various interventions to address barriers to uptake and use of MNH services, demystify myths and misconceptions surrounding pregnancy and childbirth. One of the essential strategies is Maternity Open Days<sup>71</sup>. This intervention has provided an entry point into the provision of Longitudinal MNCH/FP services through the

<sup>71</sup> Maternity open day: pregnant women only dialogue that provides an opportunity for pregnant women to interact with health care providers and visit the maternity unit to demystify birthing practices and mitigate fears regarding MNH services.

formation of ANC groups. It has also enhanced institutional delivery by demystifying birthing practices thus mitigating fears regarding labor and delivery during the Maternity tours<sup>72</sup>. During the period under review, the project supported 12 Maternity Open Days in 12<sup>73</sup> facilities reaching **794** pregnant women (**548-1st ANC and 246 ANC revisits**). These efforts resulted in the formation of 12 mama groups and 9 Binti Kwa Binti groups. Above and beyond, these interventions provided an opportunity for **136** revisit ANC clients to receive laboratory services which they had missed in the first visit. Additionally, the intervention has helped address issues of disrespectful and abusive treatments throughout pregnancy, birth, and the postnatal period.

### iii) *Mama and Binti Kwa Binti groups*

Mama<sup>74</sup> and Binti Kwa Binti<sup>75</sup> groups have proved to boost retention in the MNCHFP care cascade. During the period under review, the project supported 69 Mama and 56 Binti Kwa Binti monthly groups meetings. During these monthly sessions, the women received clinical services, health education and also shared a hearty peer to peer bonding session.

To further strengthen these groups, Afya Pwani introduced entrepreneurship coaching. This effort is aimed at increasing income opportunities for the women and subsequent personal development. The project engaged mentors to build entrepreneurial skills for the group members. The mentors coached the groups on how to develop business plans and how to position themselves to access available local resources like the National Government Affirmative Action and Women Entrepreneurship funds. To this end, the project supported coaching sessions in 10<sup>76</sup> facilities reaching **340** clients (142 Bintis and 198 Mamas). The entrepreneurship coaching has primed the groups to transition into entrepreneurship

### Mama and Binti kwa Binti Group Best practices

- Use of expert patients (group Graduates) to run the groups and conduct mobilization for MOD
- Peer-to-peer defaulter tracing
- Use of the group Graduates as MNCHFP champions
- Utilization of the group platform to form self-help groups (chamas) and table banking
- Pregnant health care providers and community health volunteers as part of the group membership
- Collaboration with the local administration to give clients goats
- Utilization of Linda Mama funds to facilitate running of

<sup>72</sup> Maternity tour: Involves taking the pregnant women through the physical Maternity unit whilst explaining the delivery process, environment and rationale for the various procedures

<sup>73</sup> Kakuyuni Dispensary, Baolala HC, Muyeye HC, Gede HC, Kiwandani HC, Kijanahe Medical Centres, Madunguni Disp, Mryachakwe Disp, Mwangatini Disp, Madamani Disp, Midoina Dispensary and Uwanja Wa ndenge Dispensary

<sup>74</sup> **Mama group** is a peer support structure, made up of different cohorts of pregnant women (both HIV positive and negative; both first-time mothers and non-first-time mothers). Each group consists of 2 to 30 women, who are grouped based on their ANC visit, i.e., All women attending their first ANC visit at a given time (i.e., Month) or those who deliver (Postnatal) at a given time (i.e. Month) form one group. Once grouped in the same cohort, all members have their revisits scheduled on the same day where they receive a comprehensive package of *integrated* services and information, including but not limited to Maternal, Newborn and Child Health, Family Planning (FP), Water, Sanitation and Hygiene (WASH), Nutrition health services and other auxiliary services

<sup>75</sup> Binti Kwa Binti are a subset of the Mama group, comprising of young girls and women below 24 years focused on ensuring quality integrated services for adolescent girls and young women either pregnant or breastfeeding. The BKB offers a targeted approach that puts adolescent and youth-friendly services at the core of the initiative.

<sup>76</sup> Kiwandani Disp, Gotani HC, Chasimba HC, Dzikunze Dispensary, Ngomeni Disp, Mambrui Disp, Marafa HC, Marereni Disp, Rabai HC and Matsangoni HC.

groups post graduations. Cumulatively, the groups have contributed approximately Ksh. 65,000 approximately USD 650. With the support of the entrepreneurship coaches, the groups have developed business plans. Their choice of income generating activities ranged from goat and chicken rearing, Tents and chairs hire, cereal supply and brick making.

In collaboration with the Kilifi County department of health, the project convened a consultative forum, to share best practices and lessons learnt from the implementation of maternity open days and Mama groups. In this forum, the team also reviewed the project's implementation guide, giving inputs on how to



**Photo 8: Entrepreneurship Coaching session at Matsangoni HC, Kilifi County**

improve implementation to achieve better results through these interventions. This meeting was aimed at achieving the County teams buy in to ensure sustainability and institutionalization beyond the project. Building on the meeting deliberations, the health department has agreed to adopt the minimum package of care, align the sessions with the current WHO guidelines on Antenatal care, and standardize operation of the interventions. In the next quarter, the project will anchor these critical interventions in a Kilifi RMNCAH Strategic Plan (2019-2025), which is currently in the formulation stage. Besides this, the updated SOPS will be rolled out to all facilities in the County. Significantly, the KDOH has included the Maternity open days, mama groups, and Binti Kwa Binti groups interventions in its AWP for implementation.

### **c) Improve access to MNH services by optimizing functional existing County health services**

#### *i) Increasing ANC Service*

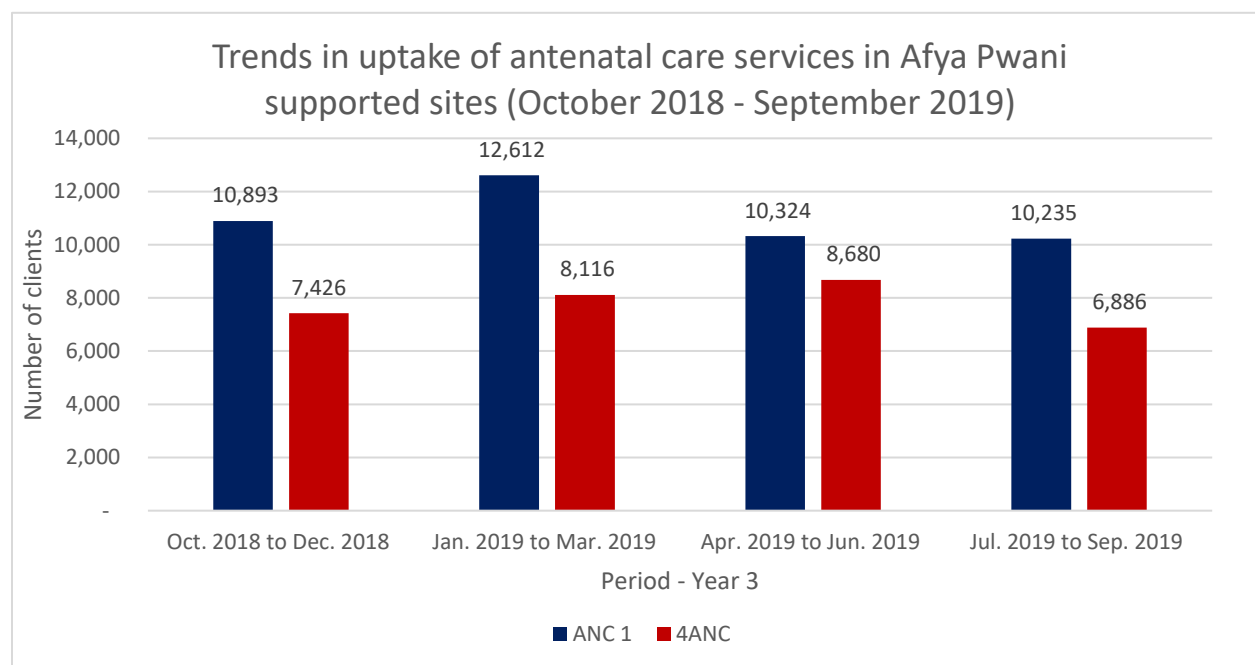
The project supported CHVs to conduct door to door household sensitization on the importance of early initiation to antenatal care and pregnancy screening within their respective community health units. This intervention was dubbed “Universal referral of ANC women”. The activity targeted women for both Maternity Open Days and regular ANC visits to increase uptake of antenatal services. Besides, the project supported laboratory networking to improve access to laboratory services for ANC Profiling. *Afya Pwani* also assisted six facilities, Ganze Sub County<sup>77</sup>, and Magarini Sub County<sup>78</sup>, with HB Meters to strengthen laboratory networking. This quarter, 10,232 women were seen at 1<sup>st</sup> ANC and cumulatively 44,064 in the year, achieving 90% of the annual target for 1<sup>st</sup> ANC. The retention strategies like pregnant women support groups (mama groups and Binti Kwa Binti groups) and sensitization of the community on the

<sup>77</sup> Dida Dispensary, Ganze Health Centre and Jaribuni Dispensary

<sup>78</sup> Sabaki Dispensary, Matolani Dispensary and Mwangatini Dispensary

importance of antenatal care resulted in 6886 women pregnant women completing 4 ANC visits in Q4 and cumulatively 31,108 in the year achieving 98% of the annual target. The graph below represents trends in the utilization of Antenatal Care Services in the project supported sites.

**Figure 24:Trends in uptake of antenatal services in Afya Pwani supported sites from October 2018 to September 2019.**



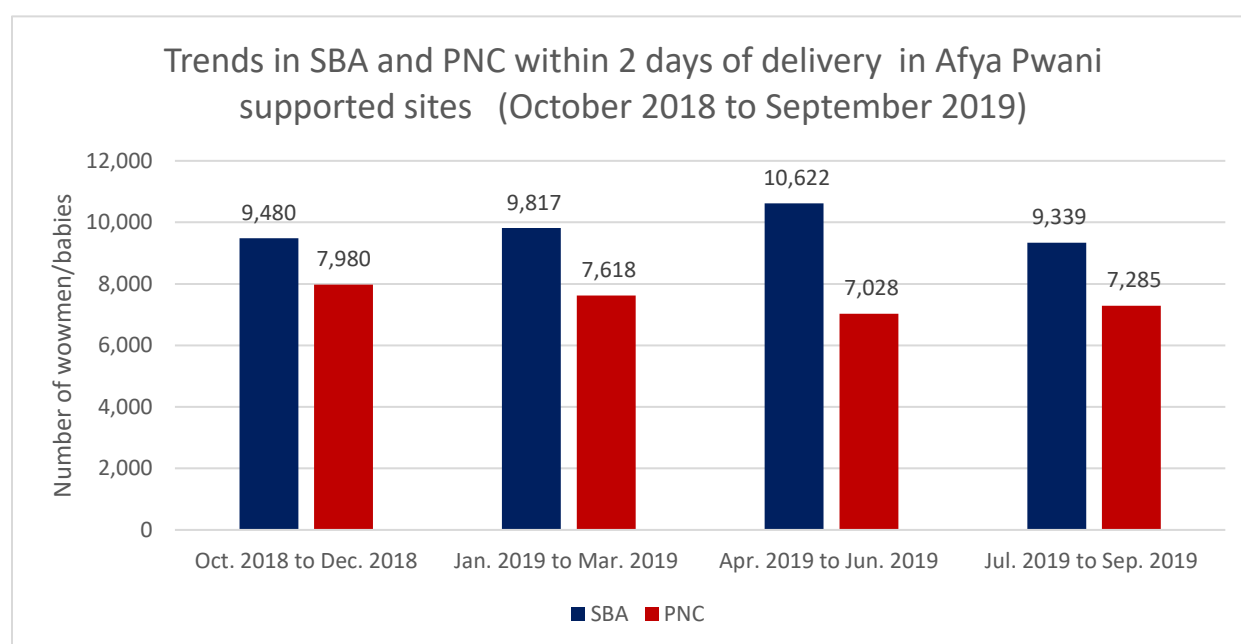
In FY 4, the project will scale up community pregnancy assessment, mapping of pregnant women, especially in Ganze, Rabai, and Malindi Sub-counties, to enhance early initiation into antenatal care. The project will also introduce an appointment register for antenatal clinics and child welfare clinics, coupled with SMS reminders and health messaging. This strategy will further strengthen retention in the continuum of care.

#### ii) *Increasing Skilled Birth Attendance and Postnatal care services*

In the reporting period, 9,339 women delivered under the care of a skilled birth attendant across the County. Cumulatively, in year 3, 39,258 pregnant women were delivered by a skilled birth attendant, achieving 114% of the annual target. The rise in coverage in SBA is due to enhanced community and facility-based interventions. These included; community dialogues, pregnant women only dialogues during Maternity Open Days, referrals by reformed TBAs, and continuous clinical mentorship that has improved HCWs' capacity. The facility and maternity tours during maternity open days have also played a significant role in attracting clients who have never had a hospital delivery. Additionally, USAID equipped 56 health facilities with 130 delivery packs and 50 autoclave machines. The donated equipment contributed to improved quality of care given in these facilities.

The project continued to sensitize health care workers on the PNC Indicator definition and the integrated postnatal package of care. Additionally, the project supported training and onsite clinical mentorship on essential newborn care, reaching 64 and 135 HCP's, respectively. As a result, **7,285** babies received PNC services within two days of birth in Q4, an increase from **7,028** in Q3. This period, **29,911** babies received postnatal care within two days in the project supported sites, achieving 104% of the annual target. Figure 25 below represents trends in the uptake of SBA and Postnatal care services in *Afya Pwani* supported sites in year 3.

**Figure 25: Graph depicting trends in uptake of SBA and PNC within 2 days of delivery in Afya Pwani supported sites (October 2018 to September 2019)**



In FY20, the project will further support the county to strengthen the quality of postnatal care and maternity services by bringing to scale high impact interventions like respectful maternity care, integrated postnatal care, and kangaroo mother care to achieve population coverage.

#### **d) Strengthening the County capacity to offer emergency maternal and newborn health services**

##### *i) Health Care workers Capacity Building on EMONC*

*Afya Pwani* project, in collaboration with LSTM and DoH, trained 64<sup>79</sup> health care workers drawn from 34<sup>80</sup> facilities across the seven<sup>81</sup> Sub Counties of Kilifi on BEmONC. The training was in response to capacity gaps noted during the MPDSR audits. The BEmONC training incorporated Respectful maternity

<sup>80</sup> KCH, Malindi SCH, Mariakani SCH, Mkondoni Disp, Garashi, Jimba, Gongoni, Gede HC, Kijanaheri MC, Sososbora disp, Baolala HC, M'Mangani Disp, Marereni Disp, Zowerani Disp, Marafa HC, Shakahola Disp, Kambi ya waya Disp, Dagamra Disp, Matolani Disp, Mambrui Disp, Jila HC, Mwapula ,Rabai HC, Mtwapa HC, Kinarani Disp, Lenga disp, Chasimba HC, Ndatani Disp, Chilodi crossfit, Makanzani, Gotani HC, Tsangatsini Disp, Bamba Hosp, Malanga Disp

<sup>81</sup> 52 Nursing officers, 7 Medical Officers and 5 Clinical officers

care, structured communication model -SBAR (Situation, Background, Analysis, and Response) and MOeWs (maternity obstetric early warning signs). Additionally, the training offered an Integrated approach to address gaps identified during maternal and perinatal audits, i.e., inadequate EMONC skills, poor documentation practices, gaps in respectful maternity care, communication gaps, and gaps in monitoring of labor. The trainees will provide a critical pool of champions for the implementation of these interventions in FY20.

Capitalizing on the partnership with DOH and LSTM, 14 Mentors identified in Q3, were given a refresher course through the support of LSTM. Besides, LSTM trained five mentors as course directors and EmONC quality assurance officers. The trained mentors were supported by the *Afya Pwani* during the period to provide Onsite clinical Mentorship for Health care providers in 15<sup>82</sup> High and Medium volume facilities reaching 135 HCPs.

In FY20, the project plans to support the County to strengthen quality assurance processes in the management of maternal and newborn emergencies. This will be done alongside capacity building of HCPs through structured onsite mentorship and bringing to scale high impact interventions like RMC, SBAR, use of MoEWs, and use of uterine balloon tamponade (UBT) and Non-Pneumatic Anti-shock garments. The Onsite clinical mentorship will incorporate a structured EMONC post-training follow-up, which will include tracking of performance, continuous quality improvement, and supporting quality improvement learning sessions.



**Photo 9: Health care workers during EMONC Training in Malindi**

#### *ii) Kangaroo Mother Care Services*

Averagely, Kilifi County reports **8%** low birth weights among live birth. Over 40% of these live births occur in Kilifi County Hospital, Malindi, and Mariakani Sub County hospital. The project has advocated on the use of Kangaroo mother care in these three hospitals to increase the survival of low birth weight newborns. As a result, among the 413 low birth weight newborns, 153 received Kangaroo mother care, and 140 successfully discharged during the period under review. The project will, in the next quarter, conduct HCWs sensitization on the importance of Kangaroo Mother Care and roll out KMC to all the Medium volume facilities.

<sup>82</sup> Kilifi County Hospital, Malindi Sub county Hospital, Gede Health Centre, Kijanaheri Medical Centre, Matsangoni Health Centre, Baolala Health, Mariakani Sub county Hospital, Jibana Health Centre, Rabai HC, Vipingo Health Centre, Mtwapa Health Centre, Tawfiq Hospital, Chalani Dispensary, Tsangatsini Dispensary, Mtondia dispensary .

## **e) Strengthening data quality and utilization for decision making for MNH**

### ***i. Maternal and Perinatal Death Audits***

Kilifi County Department of Health, with the support of *Afya Pwani*, has been undertaking Maternal death reviews at different levels achieving 100% audit of maternal deaths. To strengthen County-level coordination of MPDSR, the project has instigated formation of a County MPDSR Technical Working Group (TWG) whose mandate will be; to provide technical assistance to county MPDSR committee, support and track recommendations of the County MPDSR committee, coordinate partners supporting MPDSR, conduct performance and trend analysis of maternal and perinatal deaths and a confidential enquiry into the maternal and perinatal deaths. Besides, the County MPDSR TWG rolled out an Online Maternal Death Review Form<sup>83</sup> for use in the collation of MDR to identify recurring gaps during the period under review.

The MPDSR Technical working group has also adopted an MPDSR dashboard to be used to track maternal and perinatal mortality, the performance of MPDSR committees, and action plan implementation. This intervention will improve the coordination and oversight role of the county and sub-county MPDSR committees. The project will further enhance the capacity of MPDSR committees through a structured mentorship program. Identified MPDSR champions/mentors would be supported to attend sessions of the committees and provide technical assistance and coaching on the smart formulation of action plans adopting the RCAPA model (root cause analysis, preventive action, and preventive action). Additionally, the mentors will mainstream quality assurance in the MPDSR committees.

Despite the increase in skilled birth attendance in the reporting period, the progress in reduction of Maternal and perinatal mortality has been slow, with six maternal deaths and 44 neonatal deaths reported in the period, as shown in figures 10 and 11 below. The decline is due to a structured onsite clinical mentorship on emergency obstetric and newborn care and the use of data for decision making. Audits have informed interventions that *Afya Pwani* has supported over the period.

Hemorrhage remains the leading cause of maternal mortality, accounting for 67% of the deaths, 16% caused by eclampsia, and 17% due to the ruptured uterus. The maternal mortalities were attributed to first and third delays, inadequate supply of blood and blood products, and inadequate coverage of Ambulance services within the County.

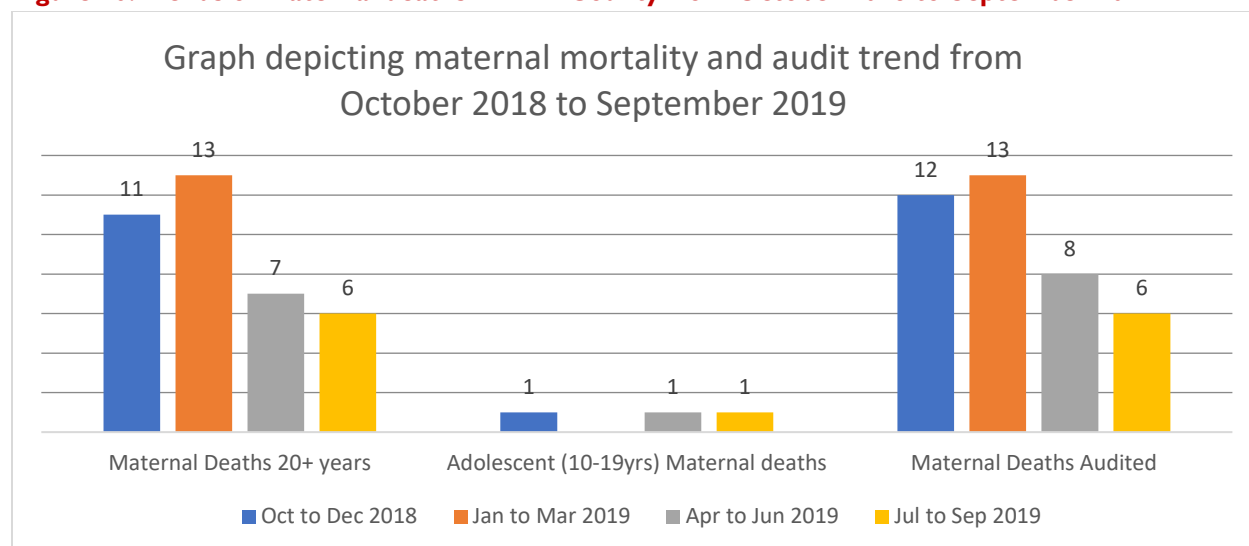
During the period under review, the project supported Magarini Sub County to reinvigorate facility MPDSR committees by conducting a sensitization meeting on perinatal audits. Consequently, the MPDSR committee audited 28 perinatal deaths. The audit findings indicated that 65% (17) of the deaths were due to Asphyxia, 3% (1) due to prematurity, 15% (4) due to congenital anomalies, and 15% (4) due to other causes. The underlying cause of mortalities was attributed to skills gap in Neonatal resuscitation and lack of adequate preparedness during delivery. As such, the project is currently supporting the sub-county to conduct targeted mentorship to address the gaps noted.

---

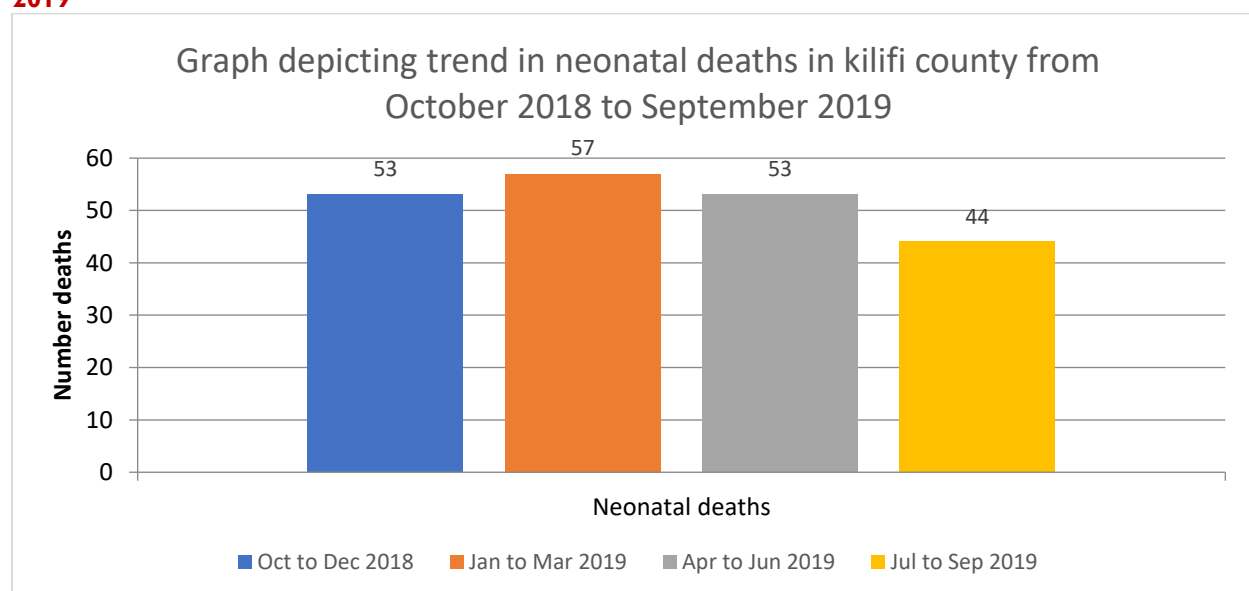
<sup>83</sup> A customized MOH 372 provided in google docs that populates the audit findings and provides an analysis at the back end.

Besides, *Afya Pwani* has advocated for the DOH in Kilifi County to increase capacity of the County to offer blood and blood products, improve access and quality of Maternal and Newborn Care (Rationalization of Health care workers to improve staffing, Centralized coordination of Ambulance services, increase number of facilities offering 24/7 maternity services, optimize Post-natal & Kangaroo mother care and scale up partnerships with TBAs) and strengthening the Community Health Strategy (Enhancing ANC attendance through Scale-up of Preconception care, Universal ANC referral, Intensified health education & promotion through dialogues, fostering social accountability and strengthening MPDSR to start at the community level.

**Figure 26: Trends of maternal deaths in Kilifi County from October 2018 to September 2019**



**Figure 27: Graph depicting trends in neonatal deaths in Kilifi county from October 2018 to September 2019**



## Quarterly RMNCAH Data Quality Audit

During the period under review, USAID conducted a Data Quality Audit in four facilities in Kilifi County; - Kilifi County Hospital, Gede Health Centre, Vitengeni Health Centre, and Mtondia Dispensary. The audit targeted RMNCAH indicators (new ANC Clients, o. of pregnant women completing 4 ANC visits, number of deliveries, infants receiving postnatal care within 2-3 days, DPT 3, and FIC. The table below indicates the gaps identified and the corrective actions instituted.

**Table 28: Gaps identified during DQA and corrective action**

Gaps Identified	Action Taken
Gaps in the documentation of Community data; MNCH, Nutrition, WASH	Consultative meetings with DOH held and adopted Standardized tools and SOPs, which were disseminated during performance review meetings and support supervision exercises.
Capacity gaps in indicator definitions resulting in underreporting and overreporting, i.e., Adolescent pregnancy, 4 <sup>th</sup> ANC, PNC	Health care worker sensitizations on indicator definition for Adolescents pregnancy, 4 <sup>th</sup> ANC, and PNC is ongoing.
Poor documentation of previous RDQAs	Afya Pwani supported a countywide RDQA in 42 facilities across the county and dissemination of results ongoing.

### ii. Sub County Level Performance Review Meetings

During the reporting period, *Afya Pwani* supported Integrated review meetings in all the 7<sup>84</sup> Sub Counties. The sessions were used to review performance on MNCHFP indicators, identifying bottlenecks, addressing challenges to improve the quality of data, and service delivery. Besides, the meeting offered a platform to disseminate findings of an RDQA done in Q4 and sensitize on indicator definitions. The table 28 below indicates the performance gaps highlighted during the review meetings:

**Table 29: Kilifi County key performance gaps, challenges noted and corrective action**

Gaps	Bottlenecks	Corrective action
Low ANC 1 coverage in Rabai (45%), Malindi (65%) and Ganze (63%) Sub counties	<ul style="list-style-type: none"> <li>Inadequate capacity of Health facilities<sup>85</sup> to offer ANC profile.</li> <li>Inconsistent reporting by private facilities</li> </ul>	<ul style="list-style-type: none"> <li>Strengthening of Laboratory networking for ANC profiling</li> <li>DOH to provide guidelines on the utilization of Linda mama funds</li> <li>SCHMT includes private facilities in their routine support supervision schedule and conducts an assessment of the private facilities.</li> </ul>

<sup>84</sup> Kilifi North, Kilifi South, Magarini, Rabai, Kaloleni, Ganze, Malindi

<sup>85</sup> Midoina Disp, Mirihini Disp, Dzikunze Disp, Kachororni disp, Sokoke, Palakumi Disp, Midoina Disp, Mwapula, Dungicha, Jaribuni, Muryachakwe, Madamani, Malanga Disp, Jilore, Kakoneni, Mkondoni, Madunguni, Mmangani, Mitsajeni, Bwagamoyo disp, Uwanja wa ndege Disp, Kambe disp, Kombeni, Lenga disp

Low 4 <sup>th</sup> ANC coverage in Rabai (32%), Malindi (39%), Kilifi South (56%) and Ganze (41%) Sub- counties	<ul style="list-style-type: none"> <li>• Late initiation at 1<sup>st</sup> ANC</li> <li>• Poor retention of antenatal women within the MNCH care cascade</li> </ul>	<ul style="list-style-type: none"> <li>• Scale-up of Universal ANC referral-community mop-up</li> <li>• Streamline appointment scheduling and defaulter tracking by the introduction of appointment registers coupled with SMS reminders</li> <li>• Bring to scale Mama and Binti Kwa Binti groups</li> </ul>
Low SBA coverage in Kilifi South (54%), Rabai (37%) and Ganze (50%) Sub-county	<ul style="list-style-type: none"> <li>• Lack of 24/7 maternity services in some facilities to HRH and staff accommodation.</li> </ul>	<ul style="list-style-type: none"> <li>• Advocate county to increase funding for health</li> <li>• Working with national administrators to enhance social accountability</li> </ul>
Low coverage of PNC in all the Sub counties – Kilifi County 55%	<ul style="list-style-type: none"> <li>• Documentation gaps</li> </ul>	<ul style="list-style-type: none"> <li>• Health care workers sensitization on PNC and Indicator definitions</li> </ul>
Low DPT 3 coverage in Kilifi south (77%), Malindi (69%), Rabai (52%)	<ul style="list-style-type: none"> <li>• Stock out of OPV, IPV, and measles caused a perception in the community that there is no vaccine; hence, they kept away.</li> <li>• Inconsistent reporting by Private facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen microplanning/F&amp;Q Intensify targeted defaulter tracing</li> <li>• Supporting county do a private facility assessment and support supervision</li> </ul>

## Output 2.2: Child Health Services

### a) Increase demand for child health services

#### *i. Community dialogues to challenge community perceptions on immunizations*

Afya Pwani supported 174 targeted dialogue forums for communities around facilities that recorded high levels of immunization defaulters. CHVs were utilized to mobilize and trace defaulters to participate in these forums. The dialogues were designed to challenge the prioritization of income generation by parents over seeking child health services. This intervention was informed by dialogues held in the previous quarter (Q3), where the project established that most parents would rather ignore their children's immunization appointments, and instead seek income generation opportunities to fend for their families. The communities were guided to view immunization as a way of preventing childhood illnesses and hence saving time spent nursing sick children as well as medication costs. Beyond health, the community members were also challenged to organize their work and family schedules, so that there are no competing priorities on the days set for immunization clinics. Health Care workers present in these activities provided immunization services to the **2,417** children.

## *ii. Bring back the children Campaign*

During the quarter, the County experienced a vaccine stock out owing to a national stockout of OPV, IPV, and measles antigens. Consequently, many children missed out on OPV and measles vaccines across the County, and many community members became reluctant to go back for immunization services as a precaution to “wasting” fare and time. This assumption reduced uptake of all recommended vaccines even after restocking. To address this, *Afya Pwani* adopted a myriad strategy to bring back the children for services. For instance, the project supported targeted mop-up activities that involved door-to-door immunizations in targeted regions, hard to reach areas and densely populated areas. HCWs were facilitated to visit households within their catchment areas to assess the immunization status of all children under one and provided missed antigens to identified clients. As a result, **747** children received immunization services.

Across the County, CORPs, including CHVs, male champions, and TBAs, were also engaged in a performance-based reward system to enhance successful referrals of immunization defaulters. The project reimbursed the CORPs transport at a rate of Ksh.100 for each case successfully referred for immunization. A total of 1,845 children were identified and served during this process.

Additionally, AMURT engaged administrative chiefs and village elders to mobilize their constituents for community Baraza’s, especially parents with children below one year of age. The meetings served as health education sessions, informing community members of the availability of vaccines and strategically serving as outreach points for immunization services to reduce missed opportunities. Eight meetings were held in Kaloleni, Rabai, and Kilifi South Sub Counties. Through these efforts, **476** children received antigens they had missed.

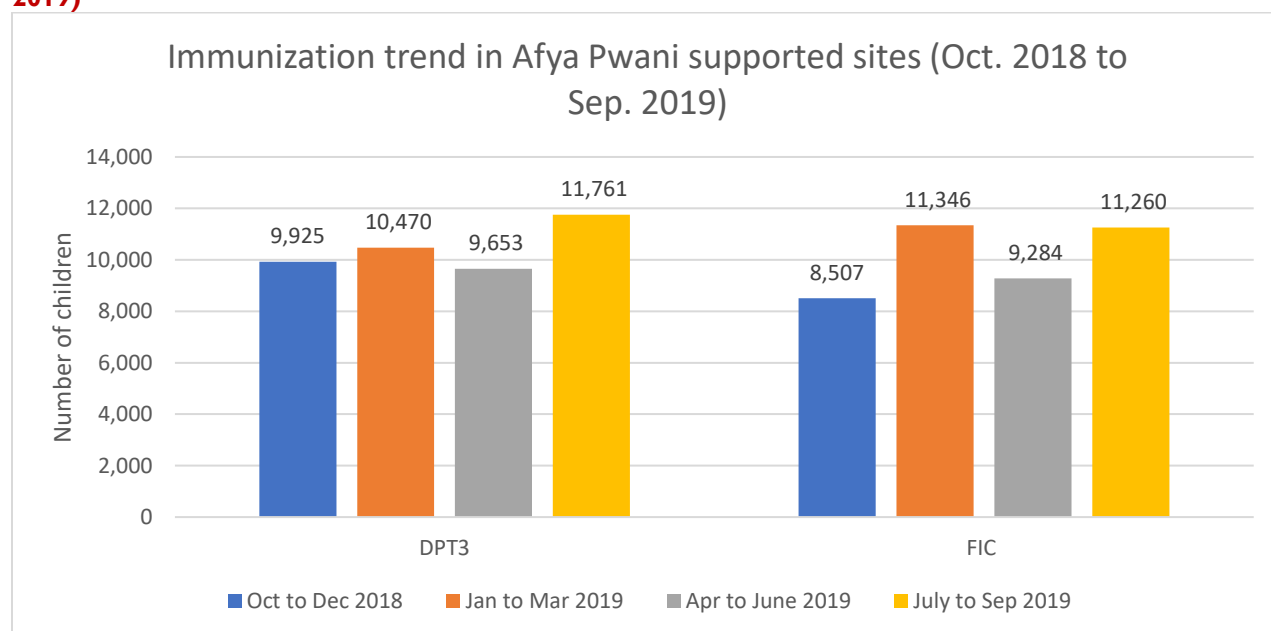
## *iii) Facility open Child Day*

In Q4, *Afya Pwani* supported Ganze S/CHMT to conduct a facility open child day in Madamani dispensary to increase awareness of the child health services provided in the facility while providing information on the importance of the services. Besides, the community was engaged in a dialogue to identify barriers to uptake of services in the facility. The SCHMT selected the facility because of poor performing FIC. During the exercise, **215** children received child health services, twenty-five children received missed vaccine antigens, 154 VIT A supplementation, 154 helminthic medication, LLTNs issued to under one-year-old children, and 1540 sachets of MNPs issued. Six underweight children also received nutritional counseling and support.

During the reporting period, the above mentioned interventions resulted to **11,761** children under one year of age received DPT3 immunization up from **9,653** children in Q3. Cumulatively in the year **41,809**, children were reached, achieving 98 % of the annual target. **11,260** children under one year of age were fully immunized (FIC) in Q4 compared to **9,284** children in Q3. Cumulatively in year 3, **40,397** children were fully immunized, achieving **101%** of the annual target.

The figure below depicts the immunization trends in *Afya Pwani* supported sites.

**Figure 28: Graph depicting immunization trend in Afya Pwani supported sites (Oct. 2018 to Oct. 2019)**



#### a) Improve county coordination in child health service delivery

##### i) *Supportive supervision for quality assurance*

During the quarter, *Afya Pwani* supported the Sub County health Management team to conduct integrated supportive supervision in 33 health facilities in Ganze<sup>86</sup>, Rabai,<sup>87</sup> and Kilifi North, Kilifi County. The supervision focused on the quality of service and documentation. Challenges noted include; documentation gaps, poor archiving, and filing of reports. Besides, there was a knowledge gap in case classification and management of diarrhea/pneumonia in under-fives. The team mentored the HCPs on documentation and management of children under five to address the gaps noted. The project will, in year 4, support the SCHMT to continue with the onsite mentorship to address the gaps while strengthening quality assurance systems.

##### ii) *Strengthening commodity supply*

In the reporting period, the project supported the SchMT to conduct child health commodity redistribution coupled with mentorship and OJT on child health commodity management in 23 health facilities in Malindi<sup>88</sup> sub-county, Ganze<sup>89</sup> sub-county, and Rabai<sup>90</sup> Sub Counties. The project also

<sup>86</sup> Sokoke, Dida, Mapula, Jaribuni, Ganze HC, Madamani, Dzikunze dispensaries

<sup>87</sup> Kokotoni dispensar, Dagamra med. Clinic, Uwanja wa ndege dispensary, Ultramed healthcare ltd – mazeras, New mazeras healthcare clinic, Kombeni dispensary, Chilodi dispensary, Makanzani dispensary, Union medical clinic, Ultramed healthcare ltd – Mkapuni, Khadija medical centre, Ribe dispensary, Kambe dispensary, Lenga dispensary, Mitsajeni dispensary, Bwagamoyo dispensary, Mwembeni medical centre

<sup>88</sup> Jilore, Kakoneni, Sososbora, Mkondoni dispensaries & Baolala HC`

<sup>89</sup> Sokoke, Bamba SCH, Mirihini, Vitengeni HC, Dida, Madamani, Malanga & Dzikunze dispensaries

<sup>90</sup> Rabai HC, Kokotoni, Uwanja wa ndege,Chlodi, Kombeni, Makanzani,Kambe, Lenga, Mitsajeni and Bwagamoyo dispensaries

facilitated the distribution of vaccines and immunization tools to ensure no stock-outs in the project supported facilities.

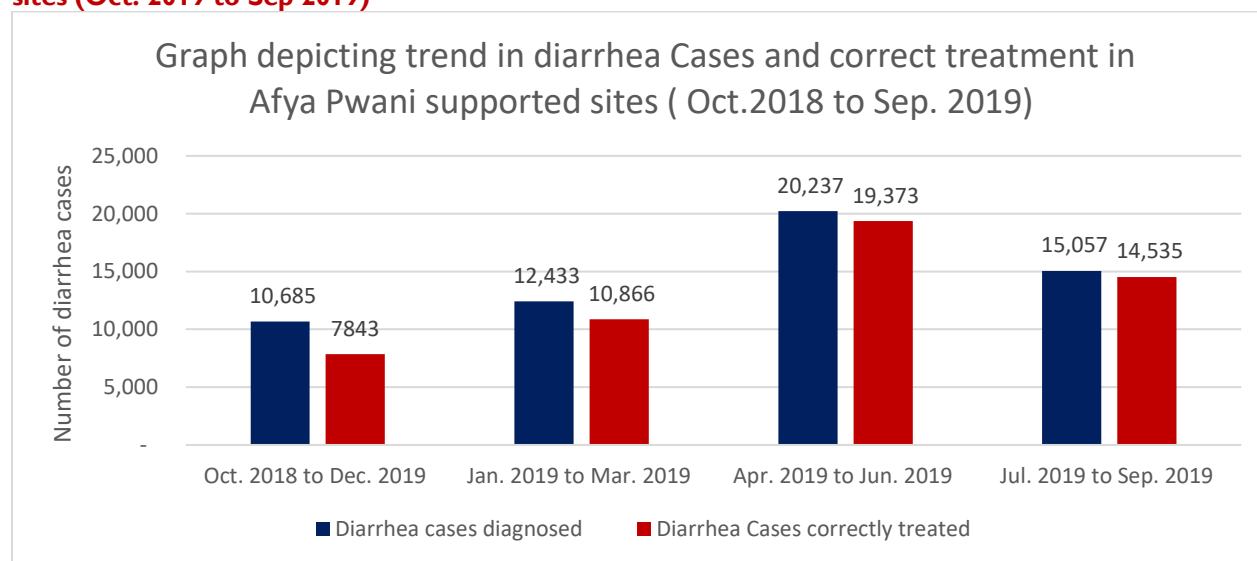
## b) Strengthening the quality of Child health services

### i) Capacity building in child health services

**Training:** To enhance the quality of child health services, the project in Q4 trained 26 (19F, 7M) newly employed HCWs in EPI. The HCWs were from Malindi and Magarini Sub Counties. Following the completion of the training, all the trainees were given the EPI performance monitoring handbook for reference<sup>91</sup>. In FY20, the project will support the County to conduct a post-training follow up mentorship to reinforce the trainee's knowledge & skills and monitor the implementation of action plans developed during the training. *Afya Pwani* will also support the County to train an additional 26 HCWs from Kilifi North, Kilifi South, and Rabai Sub Counties on EPI. It will also support targeted onsite structured mentorship and sensitizations to further build the capacity in EPI.

**Clinical mentorship:** *Afya Pwani* supported structured onsite clinical mentorship of 22 health care workers from seven health facilities<sup>92</sup> in the Kilifi North sub-county and Ganze Sub County. The mentorship covered specific skill-set gaps identified during supportive supervision. The scope of the mentorship was mainly on case identification and management of children with diarrhea and pneumonia. There was a notable reduction in the use of antibiotics for No Pneumonia Cough and Cold (NPCC) cases and diarrhea as a result of the mentorship. There was also a notable decrease in the number of pneumonia and diarrhea cases diagnosed due to an understanding of the case definitions. The reduction of diarrhea cases is depicted in the graph below.

**Figure 29: Graph depicting trend in diarrhea cases and current treatment in Afya Pwani supported sites (Oct. 2019 to Sep 2019)**



Additionally, the onsite mentorship has improved the treatment of Diarrhea and the use of the ORT corner register at facilities in Mtondia, Sokoke, and Midoina dispensaries. In year 4 Q1, the project will further mentor 25 health facilities across the seven sub-counties.

<sup>91</sup> EPI performance monitoring handbook

<sup>92</sup> Gede, Mtondoni, Konjora, Matsangoni, KCH, Kiwandani and Madamani dispensary

## Output 2.3 Family Planning Services and Reproductive Health (FP and RH)

### a) Increase uptake for FP services

#### i) *Increasing access to FP services through community-based distribution*

Building on past efforts of expanding access and continued use of family planning services, *Afya Pwani* continued to strengthen family planning community-based distribution (CBD) in Kilifi County. During this period, the project focused on increasing the CBD workforce while strengthening the community-facility linkage to enhance successful referrals, commodity supply, and client follow-up. The project trained an additional 570 community-owned resource persons (CORPS)<sup>93</sup> as CBD agents, increasing the CBD agents to 970 across the County. The training covered: - client counseling and referral, the technical package on family planning methods, management of FP supplies, and record keeping. With this knowledge, the CBD agents will provide outreach family planning services (providing family planning information, condoms, and refill oral contraceptives prescriptions where appropriate) free of charge. Besides, they will refer those who need contraceptives to their link facilities. This intervention is expected to increase access and enhance the continued use of FP because it allows women to access services at the conveniences of their homes, avoiding the stigma attached to family planning use in some communities. It also increases access to information as the CBDs are mandated to make regular home visits to raise awareness on family planning and refer newly identified clients.

Post-training, the CBDs conducted **191** community sensitization meetings in Barazas<sup>94</sup>, health facilities, women's groups, youth groups, and other community meeting points, to raise awareness on FP. Eight



**Photo 10: Demonstration on use of the FP display bag during a CBD training session in Dida, Ganze Sub County**

thousand seven hundred thirty (**8,730**) community members were reached with FP information. The CBDs also distributed select contraceptives – **312** pills and **15,646** condoms. One thousand four hundred eighty-six (1486) clients identified during these engagements were referred for other FP services in nearby health facilities. Notably, youth CBDs have demonstrated attitude transformation and embraced contraception to curb unplanned pregnancies. They have organized

youth fairs and deliberately created avenues for AYSRH education for young people while proactively making referrals for services.

To ensure coordination and timely commodity supply, *Afya Pwani* attached the CBDs to facility Community Health Extension Workers (CHEWS), who are trained in community-based family planning.

<sup>93</sup> CHVs, Male Champions and Youth groups

<sup>94</sup> Community meetings at the administrative Chief's camp

The CHEWs provide supportive supervision, monitors implementation, and ensures timely reporting by the CBDs. The project will, in year four, leverage on the CHEWs capacity to provide injectable contraceptives and Implanon NXT at outreach points to expand the method mix that clients will be able to receive at home.

#### *ii) Sports for Change- Increasing contraception awareness through football*

*Afya Pwani* has continued embracing sports as a platform for raising awareness among the youth on sexual and reproductive health issues impacting their lives, including unplanned pregnancies and HIV/AIDS. Through Magarini Cultural Centre, the project convened a football tournament in Marereni location, which for a long time has had high cases of teenage pregnancies, hence the choice of venue. The tournament dubbed “Kick off teenage pregnancies,” brought together four well-renowned football teams in Magarini and 1200 youth. The ball and football socks were used to symbolize pregnancy and condoms for safe sex, respectively. Every

kick showed the players' determination to rid unplanned pregnancy in the area. The project supported youth CBDs and male champions to mentor and educate the young people on SRH. Interludes of health discussions were used to convey health information, and strategic information desks also positioned for clients who required contraception counseling and



**Photo 11: Health education session on youth contraception at Marereni football tournament**

condoms. The male champions emphasized that men should take responsibility to ensure safe sex while the youth shared messages on the effects of risky sexual behaviors. One thousand two hundred and fifteen condoms were distributed during the event, and 36 clients accompanied Marereni dispensary for the provision of other contraceptive methods.

#### *iii) Maximizing opportunities for FP Child Welfare Clinics*

*Afya Pwani* continued to support CHVs to provide FP education to post-partum women during their child welfare and immunization visits. Owing to the recurring nature of these visits, it increases opportunities to reach more women who may have an unmet need for FP with information, counseling, referrals, and services. A total of 22 CHVs were engaged in Magarini, Ganze, and Malindi Sub Counties. In coordination with the facility CHEW and nurse, the CHVs convened all post-partum women on days recommended by the health providers. The CHVs educated the women on the importance of FP, the different methods available, and further demystified misconceptions held by community members. Interested clients were referred to FP clinics, where they received further counseling and services. A total of 67 facility health education sessions were held, and **209** FP clients referred for services.

#### iv) Commemorating World Contraceptive Day

In Q4, the project, along with other stakeholders, supported the Kilifi DOH to plan and celebrate the World Contraceptive Day (WCD), which was held on September 26, 2019, in Rabai Sub County. The theme for this year's event was the *"Power of Options."* The CEC health Kilifi County, who graced the occasion called upon men to get involved in family planning to ensure healthier families. Besides, the CEC urged the community to plan their families using modern contraceptives, which are safe and effective. During the commemoration, *Afya Pwani* supported HCPs and CHVs to provide FP messages to **450** community members. Also, the project supported CBDs to conduct demonstrations of the female condom to increase awareness of its use, availability and to dispel myths and misinformation about the female condom. During the event, **920** female condoms were issued, and those who required other methods were referred to the nearby facilities.



**Photo 12: Afya Pwani supported HCPs demonstrating use of the various contraceptive**

#### b. Increased uptake and quality of FP services

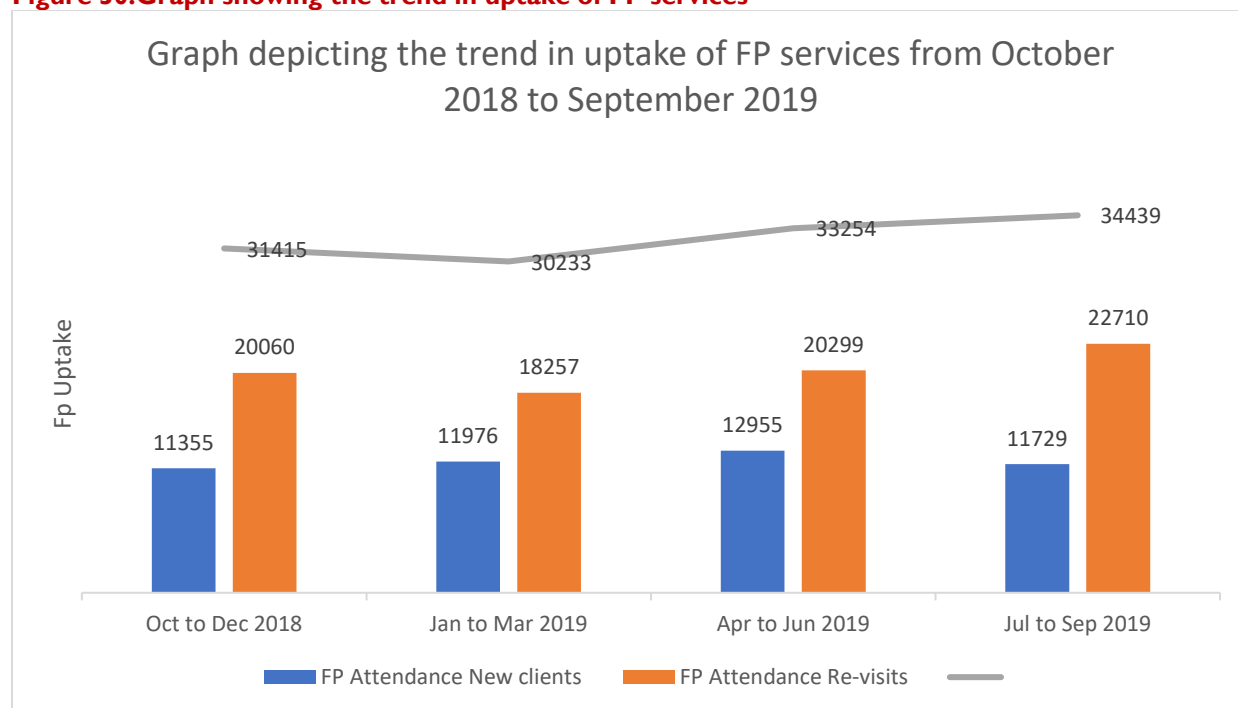
During the period under review, *Afya Pwani* continued to strengthen the capacity of facilities to provide quality, responsive, client-centered, and gender-sensitive family planning services. The project conducted whole site sensitization in 5 facilities<sup>95</sup>. The project further conducted sensitizations during facility in charges meeting across the 7 seven Sub Counties<sup>96</sup> of Kilifi County. The facilities also received job aids and posters like Tiahrt charts and adolescent counseling cue cards to enhance counseling. The project also supported capacity building of both community and facility health providers through CMEs, training, mentorship, and on job training.

As a result, **34,439** women of reproductive age accessed FP services compared to **33,254** in the previous quarter, as shown in Figure 27 below. Figure 28 below depicts an increase in CYP from **31,150** in Q3 to **35,588** in the current review period. The increase is attributed to more women getting access to a broad range of contraceptive methods as well as demand creation interventions like male champions and use of administrators as FP champions.

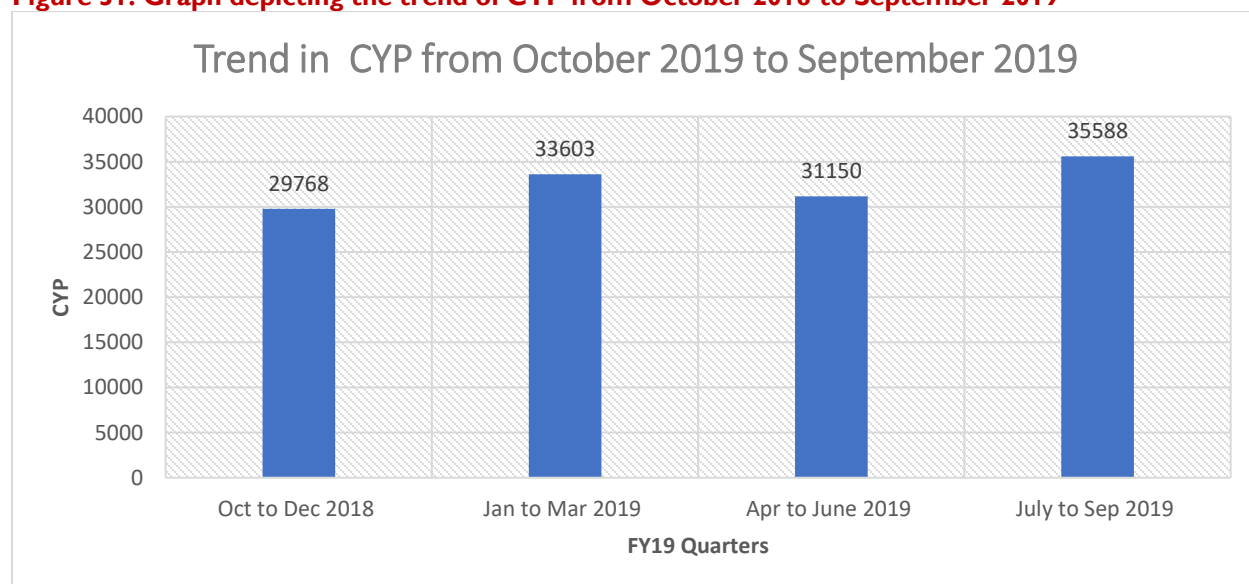
<sup>95</sup> Marafa Health centre , Marereni Dispensary , Mtwapa Health centre , vipingo health centre, Gongoni Health centre, Kizingo and Kijana Kheri facilities

<sup>96</sup> Kilifi North subcounty, Kilifi South Sub County, Malindi subcounty, Magarini subcounty, Kaloleni subcounty , Rabai subcounty ,Ganze subcounty

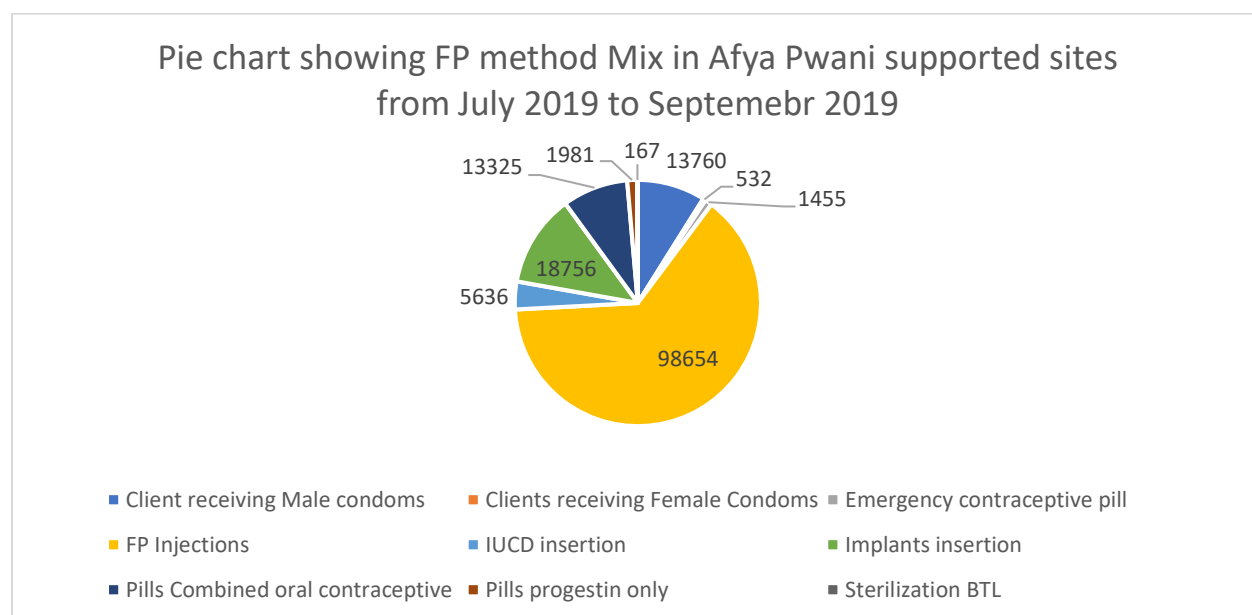
**Figure 30: Graph showing the trend in uptake of FP services**



**Figure 31: Graph depicting the trend of CYP from October 2018 to September 2019**



**Figure 32:FP method mix in Afya Pwani sites from July 2019 to September 2019**



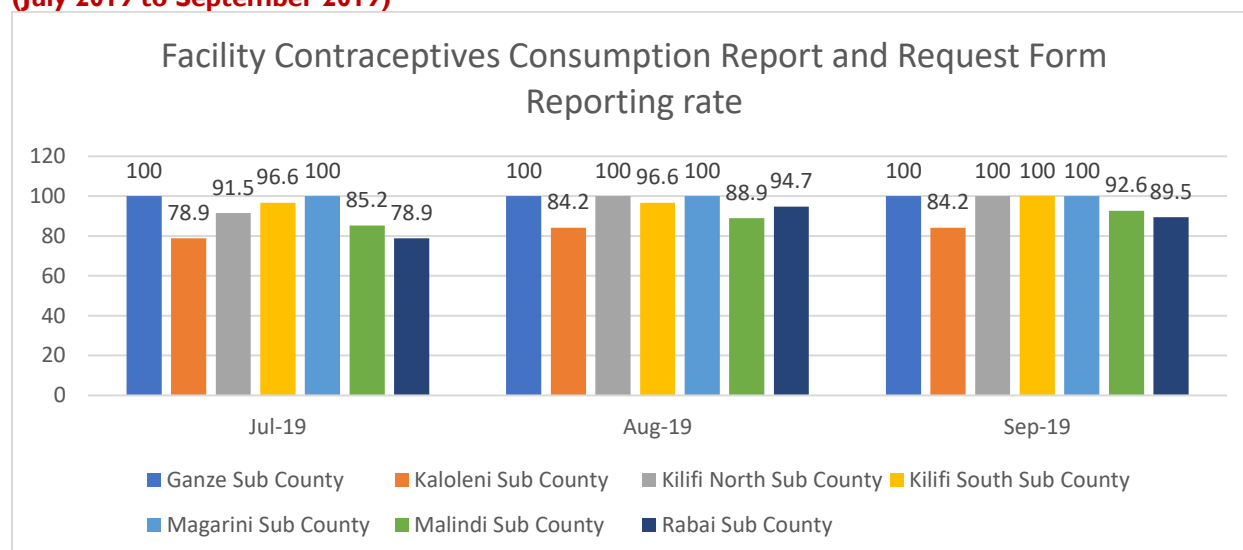
#### *Strengthening commodity logistics management*

Afya Pwani supported the Kilifi North SCHMT to conduct FP and RMNCH commodities redistribution, mini DQA, and OJT in **17** health facilities<sup>97</sup> in Kilifi North Subcounty. During the exercise, **101** health workers (**48 male and 53 female**) received on the job training on good storage practices, excellent inventory management, and accurate reporting of both services and commodity data. It was noted that private facilities were under-supervised by the S/CHMTs. Advocacy was done with the SCHMT members in the exercise for the individual facilities to be included in the schedules for supportive supervision. The SCRH was also urged to be considering the private facilities for a full refill of the FP commodities they required. One-rod implants have been out of stock at the National Warehouse since January 2019. This posed a challenge in ensuring clients have access to all methods during the period. To Mitigate the stock out, Afya Pwani conducted redistribution and mentorship in the previous quarters. In quarter 4, The project leveraged on its relations with Kwale county DOH and Kilifi county DOH to facilitate Malindi Subcounty in Kilifi County to exchange DMPA injections with one-rod implants from Kinango Sub County in Kwale County.

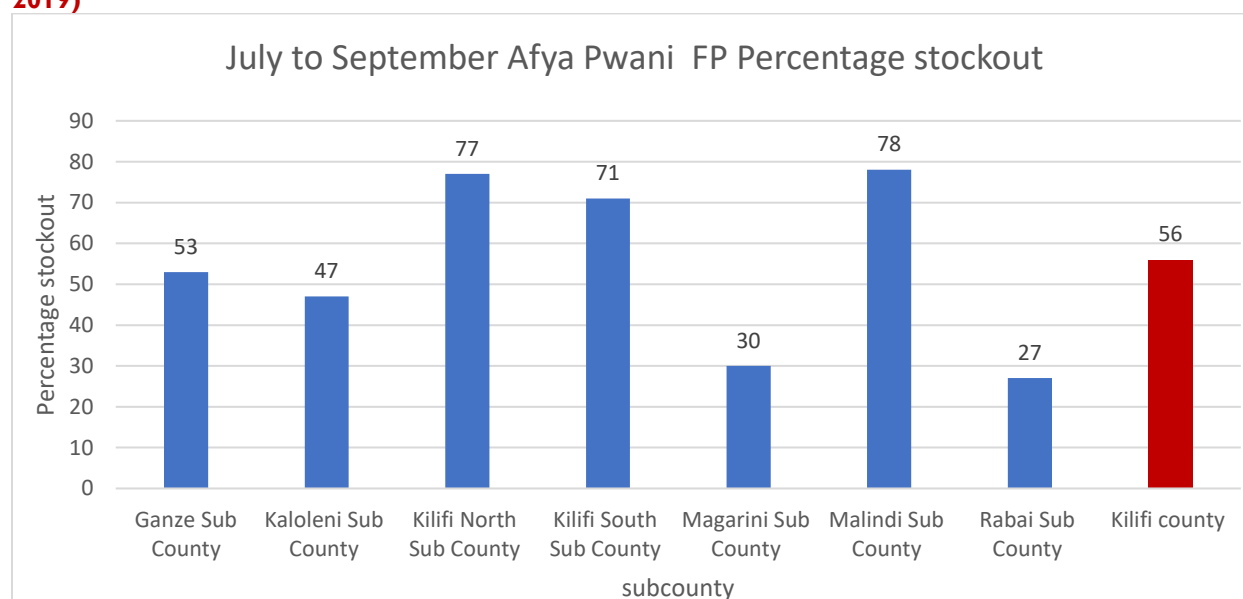
During the period, the reporting rates improved, as shown in the graph below. However, despite the redistribution exercise and mentorship exercise in the reporting period, the county still reported a high percentage stockout, as shown in figure 22. In year four, the project will support the county in family planning commodity forecasting and quantification while strengthening the supply chain to ensure resilience in the supply chain. It will also support the county to conduct support supervision in private facilities and ensure that private get complete refills of their orders to improve access of contraception to all segments of the population.

<sup>97</sup> Kilifi County Hospital including the Subcounty Store and the KEPI Store, Pwani Medical Centre, Khairat Medical Centre, Mission Medical Clinic, Blue Nile Medical Centre, Kiwandani Dispensary, Mephi Health Services, ICRH Drop-in Centre, New Wananchi Maternity and Nursing Home, Kilifi Tumaini Medical Clinic, Dzitsoni Medical Clinic, Amani Medical Clinic, Watamu Maternity and Nursing Home, Watamu Community Clinic, Clarence Park Clinic, Timboni Community Clinic and Gede Health Centre

**Figure 33: Graph showing facility contraceptive consumption report and request form reporting rates (July 2019 to September 2019)**



**Figure 34: Graph depicting FP percentage stock out rates across the county (July 2019 to September 2019)**



*i. Integrated Joint support supervision of MNCH Services*

During the reporting period, *Afya Pwani* supported integrated supportive supervision of 8 health facilities in Ganze Sub County<sup>98</sup>, 5<sup>99</sup> facilities in Kilifi North Sub-County, three<sup>100</sup> facilities in Malindi Sub-county, and 12 in Rabai Subcounty<sup>101</sup> to offer quality Maternal and Neonatal Health services. The supervision team

<sup>98</sup> Bamba SCH, Ganze Health Centre, Vitengeni HC Palakumi Dispensary, Jaribuni Dispensary, Madamani Dispensary, Midoina Dispensary, Dida Dispensary

<sup>99</sup> Matsangoni Health Centre, Gede HC, Konjora Disp, Mijomboni Dispensary and Cowdry Dispensary

<sup>100</sup> Malindi SCH, Muyeye HC, Baolala HC

<sup>101</sup> Bwagamoyo Disp, Mitsajeni Disp, Rabai HC, Lenga Disp, Kambe Disp, Ribe Disp, Uwanja wa Ndege Disp, Kokotoni Disp, Boyani dispensaries, Makanzani Disp, Kombeni Disp, Chilodi Disp,

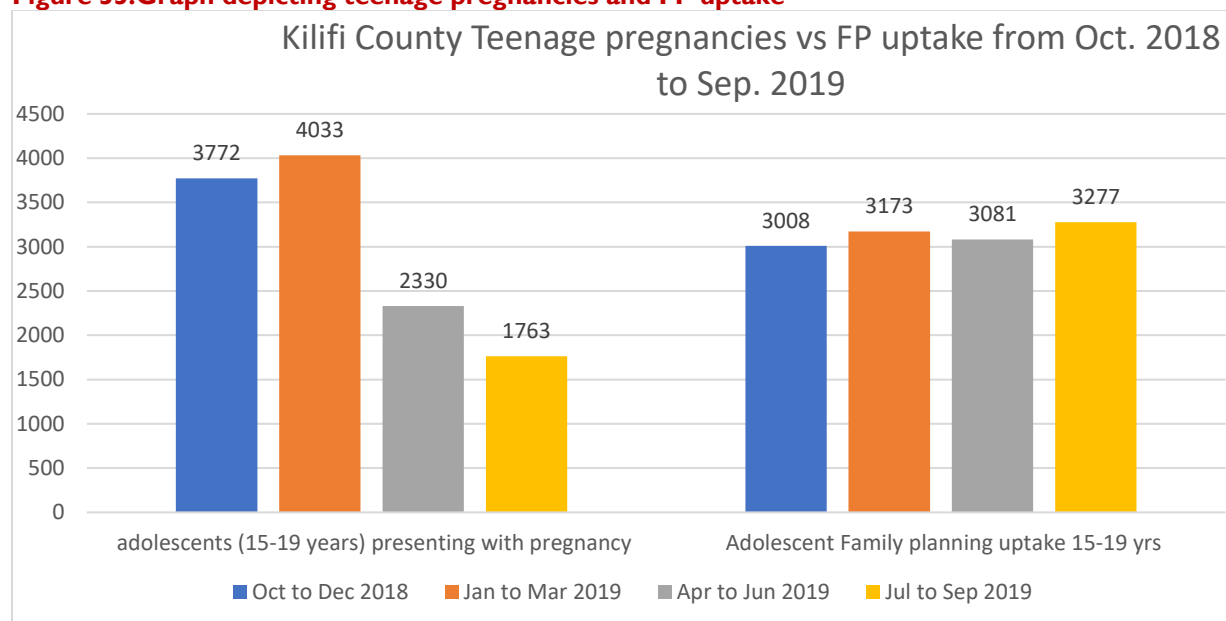
comprised members of the County and Sub County health management teams and program staff. The teams assessed service delivery points for quality in service provision, documentation, and routine program monitoring, and evaluation. The supervision was done to assist the health care providers in improving their performance while improving knowledge and skills. The table below shows the challenges identified and the corrective measures.

Identified Gaps	Corrective action
Sub-optimal functioning of the Facility Health Management Committee	Ongoing capacity building of the FHMT by SCHMT
Suboptimal commodity management practices, incomplete bin cards, FCDRR, Ledger books	Onsite mentorship on Supply and Commodities management
Inconsistencies in documentation in the FP DAR, MOH 711 AND FCDRR	Mentorship on the correct completion of the FP DAR, MOH 711 and FCDRR
Weak community to facility linkages evidenced by poor referral feedback and inadequate documentation on referrals	Joint facility and community meetings held to streamline referrals

*ii. Strengthen youth-friendly services to increase uptake of FP*

In Q4, the project continued to pilot an informative toll-free line, where young people can call and listen to a fellow young person tell them about their rights and shares her own experience seeking contraceptive services. The educative audio dubbed “Binti Wa Kisasa” is aimed at priming youth on contraception and empower them by sensitizing them on their rights and how to overcome providers' bias. The line faced a challenge in congestion of the tracks, but this was resolved following the purchase of equipment to enable multiple simultaneous calls. Learning from the pilot *Afya Pwani* will enhance the platform by including information on all the contraceptives. Besides, the youth who will have questions or need a method will be linked to a healthcare provider. These efforts aim to reduce teenage pregnancy by increasing access and utilization of adolescent and young people friendly services have led to a notable decline in the number of teenage pregnancies as depicted in Figure 32 below.

**Figure 35: Graph depicting teenage pregnancies and FP uptake**



Moving forward, the project will seek to address the unmet contraceptive needs among adolescents and young people by establishing an RMNCAH network for religious leaders and youth leaders as champions for change in family planning and maternal and child health services. The network will undertake regular dialogues forums to speak on RHFP messages to communities. *Afya Pwani* will also strengthen FP community-based distribution by supporting the 980 trained FP CBD to effectively function by providing transport reimbursements, regular refresher training, and tools while ensuring a seamless commodity supply chain.

## Output 2.4 Water, Sanitation and Hygiene (WASH)

*Afya Pwani* has over the period implemented WASH activities in collaboration with the County Department of Health and two grantees (SPEAK and USTADI) in an effort to enhance access to water, improve sanitation and hygiene in the project's supported health facilities, schools and at community level in Ganze, Kaloleni, Magarini, and Kilifi South Sub Counties resulting to reduced morbidity in children under 5 years of as a result of diarrhea and pneumonia. Principal activities carried out in the quarter include: installation of water shades in 17 facilities, pipeline extension in Ganze Health Centre, Community-Led Total Sanitation (CLTS) follow-up, and Sub County verification of 5 ODF claiming villages. The project also promoted sanitation hygiene in schools and household levels by distributing 40,440 water treatment chemicals (Aqua tabs and Pur tablets). During the period, the project also supported the training of 61 community resource persons on implementation of sanitation scale-up and conducted 20 community dialogues on handwashing, latrine construction, and use.

### a) Improved access to water for drinking, domestic and animal use

During the reporting quarter, the project extended the water pipeline and installed rain gutters at Ganze Health center outpatient department. The pipeline extension and installation were implemented using trained local artisans who will support the facility on routine operation and maintenance of the facility WASH systems. As a result of the investment, 500 people have access to drinking water in the facility. In the same period, the project completed the installation of shades for water tanks installed in the previous quarters<sup>102</sup> in 17 institutions from Ganze, Magarini, and Kaloleni. The project also initiated the procurement process for the installation of 11<sup>103</sup> water tanks for rainwater harvesting in schools and health care facilities. When the process is completed, it will increase access to safe water to 7700 people.



**Photo 13: Patient Pipe stand at Ganze health Centre**

### b) Increase access to sanitation services

#### i) *Scaling up of Community-led total sanitation (CLTS)*

**Support post-triggering follow-up and Verification:** During the quarter under review, *Afya Pwani* conducted CLTS post triggering follow-ups in 81 out of the 137 project supported villages with the PHOs, CHVs, and CBPs in 9 of 20 sub-locations<sup>104</sup>. The post-triggering CLTS follow-ups exercise also included social amenities; - churches, halls, and market places. During the exercise, the community's resource persons sensitized 10,000 community members on sanitation hygiene and construction of latrines. Consequently, 200 households constructed toilets, and as a result, 1200 people (M-592, F-608) have access to improved sanitation. The project also witnessed an increased preference for durable toilets, unlike in the earlier phase of the project, where most households constructed traditional toilets. The choice for permanent latrines is due to increased penetration of Sanitation Marketing (San Mark) in the project supported villages. The project will, in FY20, support 41 villages that were verified as ODF by the Sub County Verification teams (SCPHO) in Q4 Y3 to undergo certification by external certifiers (third party), followed by the National ODF Quality Assurance team. The verification process will culminate in the celebration of the community's ODF status.

**Sanitation Scale-up:** During the period, the project trained 61 (M32, F29) local artisans on ISSB block making and techniques in a bid to create demand for improved sanitation and hygiene at the household

<sup>102</sup> **9 health facilities** (Marekebuni, Mambrui, Sabaki, Bamba, Chalani, Tsangatsini, Dida, Dzikunze, and Mtondia) and **8 primary schools** (Mutoroni, Danicha, Maojo, Lwandani, Walea, Kizurini, Shangia, and Chalani).

<sup>103</sup> **2 Primary schools** (Baraka jembe & Mwaeba primary school) **9 healthcare facilities:** (Kachororoni Dispensary, Midoina, Dungicha, Chasimba, Tsangatsini, Musumarini, Kiwandani, Roka Maweni and Zowerani Dispensaries).

<sup>104</sup> Rare, Nyari, Dungicha, Mweza Migodomani, Tsangalaweni, Birini Mamleka, Chasimba, Vitengeni and Vyambani sub locations of Ganze and Kaloleni sub counties.

level. The artisans who also double up as the community health volunteers in Mamleka, Jaribuni, and Ganze locations constructed 15 permanent latrines in 3 villages<sup>[1]</sup> of Birini Mamleka sub-location in Kaloleni sub-county after the training

*ii) Support construction and rehabilitation of sanitation and waste management*

Towards construction and rehabilitation of sanitation and waste management, the project supported the creation of refuse pits in Marereni dispensary, repair of an incinerator in Bamba Sub County Hospital, and fencing of medical waste management sites in Rabai Health center. The restoration of the incinerator at Bamba Sub County hospital was critical because it is the final disposal site for Ganze Sub County health facilities. Additionally, the project supported the County Public Health Officer to disseminate FY19 WASH FIT findings to Ganze, Kaloleni, and Rabai sub-counties. The County public health officer, during the dissemination, rallied health facility in-charges to pay closer attention to WASH in their health facility.



**Photo 14: Placenta Pit at Rabai health center**

**c) Uptake of desirable Hygiene promotion practices and behaviors for the prevention of childhood diarrhea**

*i. Promote water safety improvement practices*

In Q4, the project continued to support point of use water treatment as a critical intervention in ensuring household water quality to prevent diarrheal diseases among household members and children under 5. The project purchased and distributed 20,000 Aqua tabs and 20,440 sachets of Purr for treatment of 584,400 liters of water at the point of use (POU) in Ganze, Kilifi South, and Kaloleni sub-counties using community resource persons. Notable feedback from communities indicates that water palatability is a significant barrier to the use of water treatment chemicals for household water treatment. *Afya Pwani* has consequently consulted the County health department and explored other viable options for household water treatment options.

In FY20, the project will adopt the use of Bio-Sand filters drawing from learning on the increased uptake of durable latrine coverage courtesy of Sanitation Marketing. The project will also undertake Household Water Treatment Technology Marketing for the absorption of Bio Sand filters. Bio Sand filters have the advantage of not altering the taste of the water while ensuring the treatment of contaminated water for drinking.

*ii. Enhance community engagements on hygiene promotion*

A total of 53 (26M,27F) hygiene champions were supported to conduct 20 community dialogues on hygiene promotion at Birini, Mamleka, Chasimba, and Jaribuni villages. The talks covered practice on techniques of handwashing, installation of ‘tippy taps,’ and household water treatment.

<sup>[1]</sup> Vuvu la wimbi, mamleka “B”, and mamleka “C” villages

### iii. Implementation of school hygiene and sanitation promotion interventions

School-led total sanitation (SLTS) approach is an effective way of ensuring school environments and their catchments are safe and clean to minimize disease transmission. The approach recognizes that schools as an entry point and pupils as change agents that can contribute to achieving universal toilet coverage and improved hygiene behavior practices at the school level to the community through the C.T.C and C.T.P methodology. During the period, the project conducted SLTS activities in 14 primary schools<sup>105</sup> in Ganze ward and four schools in Chasimba Location, reaching 9036 (Boys-4436, Girls-4600) pupils. Besides, the project supported 14 schools in the Ganze ward with handwashing buckets. The school patrons and the teachers were encouraged to mobilize resources from the government, communities, and other partners to address sanitation gaps like inadequate latrines.

#### Challenges:

Challenges Encountered	Corrective action
<b>Collapsing pit latrines due to weak soil structure</b>	Scaling-up of sanitation marketing
<b>Inadequate school sanitation facilities- latrines</b>	Involvement of all partners-parents, government, NGO through advocacy and participatory approach
<b>The slow uptake of the use of water treatment chemicals for household water treatment</b>	Adoption and promotion of Bio sand filters.
<b>The willingness of the community and leaders supporting the use of locally available resources</b>	

## Output 2.5 Nutrition

In collaboration with the Kilifi County Department of Health, *Afya Pwani* continued to build County capacity for quality nutrition services in order to reduce stunting rates in Kilifi County (39% KDHS 2014, 26%<sup>106</sup> SMART survey 2016). Notable strides have been made in addressing malnutrition through various activities and interventions. The interventions include: supporting 85 health facilities to offer quality integrated management of acute malnutrition (IMAM) services, capacity building 52% of the project supported health facilities to implement baby-friendly hospital initiative (BFHI) and supporting 40% of Kilifi County CUs to implement baby friendly community initiative (BFCl) improving vitamin A supplementation through ECD supplementation(150%) and prevention, identification and treatment of malnutrition at community level using locally available resources ( PD Hearth) in Kaloleni, Ganze and Magarini Sub-counties. Despite the gains made during the period, there are still gaps, those related to low

<sup>105</sup> Total of 18 primary; Chasimba central, Kolongoni, Chasimba, Mwangaza, Migodomani, Sokoke, Mgamboni, Nyari, Silala, Kachororoni, Muhoni, Rare, Mibirikani, Mpirani, Mwaeba, Malomani, Dungicha and Tsangalaweni schools

<sup>106</sup>

uptake of IFAS supplementation and growth monitoring at 63% and 58%, respectively. *Afya Pwani* continues to invest in interventions at County, Sub-County, health facility, and community level to reduce malnutrition rates amongst the vulnerable populations. Besides, implementing high impact community initiatives that foster sustainable behavior change on maternal-infant and young child nutrition, the project also implemented three primary strategies in year 3 of implementation, including:

1. Improve coordination mechanisms and capacity to offer quality nutrition services at three different levels: County/Sub-county, health facility, and community
2. Improve community knowledge attitude and practice on maternal, infant and young child feeding
3. Improve household food security and nutrition initiatives in target communities.

**a) Improve coordination and capacity building in nutrition service delivery at three different levels: County/Sub-county, health facility, and community**

*i. Support targeted quarterly County Nutrition Technical Forums (CNTF)*

In Q4, the project supported Kilifi County to conduct one CNTF where **32** (18 M,14 F) participants drawn from the SCHMT, partners, National Drought Management Authority (NDMA), Ministry of Agriculture and Ministry of Education attended. During the meeting, the DOH mobilized funds from partners and planned for the world breastfeeding week. The meeting also scheduled for County Nutrition Action Plan 2 (CNAP2) workshop. In the same period, *Afya Pwani* supported Kilifi County to commemorate the World Breastfeeding Week, where messages on breastfeeding were provided through 12 community dialogue sessions in 7 baby friendly community units in Kaloleni and Ganze Sub-counties reaching **2642** (**2381** Women,**261** Men) people.

*ii. Support CHMT, SCHMT, to conduct support supervision/gap assessment in targeted health facilities.*

In August, the project supported SCHMT in Kilifi North Sub County to conduct joint support supervision in 6 targeted health facilities<sup>i</sup>. Gaps identified included: -

- Poor commodity management,
- Knowledge gap on indicator definitions,
- Wrong completion of CWC registers and gaps in the collation of data, mainly Vitamin A and Immunization, leading to data inconsistencies.

Action points from the support supervision included: -

- Health workers' sensitization on indicator definitions.
- OJT on commodity management.
- Development of a data collation tool to be used across all the indicators.

In September of the same reporting period, the project supported the Kilifi North Sub County to conduct a sensitization meeting on nutrition indicators where **24** (16M,8F) health workers were reached. These interventions are expected to improve data quality and support data for decision making in the subsequent reporting periods.

**b) Improve community knowledge, attitudes and practice on maternal, infant and young child feeding**

*i. Support SCHMT implement the Baby-Friendly Community Initiative (BFCI)*

The project supported the County department of health to perform BFCI activities in 50 community units of Kaloleni, Ganze, Malindi, Magarini, and Kilifi North Sub Counties. The project anticipates an increase in uptake of nutrition services in Q1 of FY20. During the period, the project also supported 15 community



**Photo 16: BFCI review meeting in Malindi**



**Photo 15: BFCI meeting at Mariakani**

units in Kaloleni, Malindi, Ganze, and Kilifi North Sub Counties to conduct BFCI data review meetings where a total of **298 (180 M, 118 F)** CHWs were reached. During the meeting, CHVs were sensitized on BFCI form 1, data collation, and data storage both at community and facility level to address reporting gaps. Besides, the projects procured 300 document wallets for storage of BFCI household visit form by CHVs and 100 Box files for facility storage of BFCI data. Through strengthening the reporting system, the projects anticipate an increase in the number of children 0-24 months whose parents/caregivers are reached with key messages on maternal and young child nutrition.

**c) Support SCHMT to conduct P D hearth sessions to promote prevention, identification, and treatment of malnutrition at the community level.**

During the reporting period, *Afya Pwani* supported Kaloleni Sub County to conduct one P D hearth session for **22 (14M, 8F)** children at Mikiriani village. The village was identified to have a high stunting rate of 24% among children aged 6-24 months during a mass screening for malnutrition exercise. After the 14 days of hearth sessions, 98% of the children gained the desired weight. Besides, caregivers who participated in the hearth sessions received training on the use of energy-saving stoves, which are cost-effective as they use less firewood and are safe for the respiratory system.

The project has noted sustainable behavior change in infant and young child feeding methods due to the 5 PD hearth interventions conducted in Kaloleni Sub-county in FY 19. Besides, three villages have demanded mass screening due to increased awareness of malnutrition and observed benefit by mothers who had previously



**Photo 1: Village mapping on households with children with malnutrition**

attended the hearth sessions. These mothers are taking the lead in the identification and treatment of malnutrition using locally available resources.

*Afya Pwani* will, in year 4 of its implementation, build the capacity of CHVs to manufacture the energy-saving stoves. The trained artisans' will, in turn, train beneficiaries from several interventions, including P D hearth and Mama groups, as an income-generating activity to improve the quality of the family pot. The project will further support the County department of health to implement the Population Health Environment (PHE) initiative to enhance the integration of services at the community level.

#### **d) Improve household food Security**

##### *i. Identify and train 4 Mama groups and support setting up of 4 small gardens near selected water points.*

Apart from the 42 existing Mama group kitchen gardens in Ganze, Magarini, Kilifi North, and Kilifi South Sub Counties, the project also supported 1 Binti Kwa Binti group of 15 members at Vipingo health center (Kilifi South Sub County) to set up a demo kitchens garden at the health facility. The project plans to support 10 BKB groups to set up demo kitchen gardens in Q1 of FY20. The kitchen gardens have experienced challenges with regards to water sources, which leads to seasonal gardens, especially for the gardens replicated at home. *Afya Pwani* is currently supporting the groups to set up sack gardens that consume less water and kitchen gardens near water points.

### SUB-PURPOSE 3: STRENGTHENED AND FUNCTIONAL COUNTY HEALTH SYSTEMS

The period under review was marked by a major paradigm shift following a change in strategy to HIV/AIDS and TB (PEPFAR COP 2018) programming that sought to accelerate the achievement of the 90-90-90 treatment targets, and subsequent budgetary cuts. Riding on this, *Afya Pwani* HSS efforts were focused on targeted investments to improve service delivery systems and effectively respond to these new changes.

In this regard, health systems strengthening interventions targeted S/CHMT's and health facilities while at the same time ensuring the gains made at the County health management levels in the previous period are sustained. The project worked with Counties to assess utilization of key budgeting tools in decision making; tracking staff performance management processes, the realization of the HRH plans and implementation of county health departments organization structures. Capacity building initiatives of county commodity management teams were also done to realize commodity security and direct technical support was provided to health facilities to ensure sound commodity management practices and continued use of EMR systems in HIV care and treatment.

#### Output 3.1 Partnerships for Governance and Strategic Planning

##### a) Strengthen the planning and budgeting process in the sector

To strengthen the capacity of Counties in governance and strategic planning for increased resources allocation towards health services, the project focused on key public sector budget cycle milestones to realize enhanced overall responsiveness to the development of budgets. In Mombasa and Kilifi Counties, the project sensitized CHMT's and technical working teams on how to develop key strategic documents to enhance planning and budgeting process. For instance, in Mombasa County and based on the knowledge gained, CPGH Hospital Management Team (HMT) initiated the process of developing the hospital's strategic plan and RMNCAH strategy for the next five years. In Kilifi County, the project participated in the health department led service delivery review meeting for 2018/19 financial year and validated the results which will be used to inform target setting during the next budget preparation process for financial year 2020/21.

##### b) Strengthen stakeholder coordination and collaboration

To strengthen private sector engagement mechanism, *Afya Pwani* is currently working with the Department of Health in Mombasa County to directly engage private partners to improve health service delivery in the 26 dispensaries. Through the project support, a comprehensive structural and service assessment report for the health facilities was conducted to reflect the current needs and cost implication for each of the earmarked dispensary. In a bid to amass enough resources, the department has hatched a resource mobilization campaign dubbed "**Adopt a Dispensary**" which is on the final process of roll out. It is believed that improving health services at the primary health facilities will decongest the Sub County hospitals and by extension Coast Provincial Teaching and Referral Hospital (CPGH). Moving forward to Q1 of FY20, the project will continue to provide TA and other resources in this process to realize the intended results.

## **Output 3.2: Human Resources for Health (HRH)**

### **a) Strengthen stakeholder coordination and collaboration**

In the reporting period, the project sustained provision of TA to the County HRH stakeholders committee meetings in Kwale, Kilifi and Mombasa. In Kilifi County, *Afya Pwani* used the opportunity to assess the progress made by HRH Kenya Mechanism as they planned to transition out of the County. During the meeting, initiatives that had been undertaken by HRH Kenya were discussed and *Afya pwani* project took the opportunity to plan the way forward beyond HRH Kenya with the committee. Utilization and institutionalization of IHRIS in the County was also discussed and Sub County HR officers were urged to continue using and updating the system for improved county HRH data and to sustain the system as a decision support tool. In Kwale County, discussions focused on the progress made towards the realization of the health department organization structure. The discussions were based on feedback received from the County Executive Committee who recommended changes on the proposed structure. Some of the changes recommended include; aligning position titles to reflect coordination roles that the current S/CHMT's are engaged in as opposed to what was contained in the draft structure. The meeting also agreed that the committee and S/CHMT's convene to factor in the recommendations before the organization structure approval and subsequent implementation. These efforts have seen CHMT take a leading role in putting a living organization structure in place to guide their operations. In Mombasa County, the meeting reviewed the utilization and updating of the IHRIS data as a repository and decision support tool. In the meeting the department expressed the desire to have the system integrated with other operating systems for institutionalization as a sustainability strategy.

### **b) Performance Management**

Over the period, Mombasa County has continued to receive sustained TA and other support towards preparation and finalization of the performance appraisal reports for FY2018/2019. The project is currently working closely with the County Public Service Board (CPSB) and the Department of Health to revitalize the performance appraisal feedback loop and employees are likely to receive feedback on their performance with both rewards and sanctions activated. The project continued to provide technical support to the department of health HR unit to prepare performance reports which will build to the planned event for rewarding the best performing employees.

In Kilifi County, the HR unit in the health department received sustained support towards finalizing performance appraisal reports for FY18/19 and plans are underway to give performance feedback to employees. Further, the Kenya Devolution Support Program recognised the health department outstanding efforts in completing performance appraisals within the stipulated period. As a result of this, the department has been earmarked for an award which will subsequently be used to equip the new health complex with additional equipment's to help make it operational soon. In Taita Taveta County, the project supported the department of health HR unit to make presentations to Kenya National Union of Nurses (KNUN) County representatives and the County Secretary on the proposed organization structure. During the presentation it was agreed that the teams will converge soon to conclude the proposed amendments to the structure before its approval. It is hoped that with a clear and operationalized organization structure, the departments of health will be better organized with officers in the S/CHMT's

assigned specific roles for improved coordination which in turn would lead to improved health service delivery.

**c) Facility Based Staff Contract health workers Management framework**

During the reporting period, the project embraced rapid scale up (SURGE) to enhance identification, linkage to treatment, retention and viral suppression. These efforts led to recruitment of 75 (63 HTS providers, 5 HRIO's, 5 clinical officers and 2 mentor mothers) additional facility-based staff to increase coverage in the targeted health facilities. In the same period, 185 facility-based staff were distributed in the select health facilities comprising cadres as depicted in Table 29. A detailed breakdown of all facility-based staff hired directly by the project and their current work stations is attached as Appendix vi. Moreover, the project continued to engage the CPSBs, CDH and CHRD in the management of facility-based staff in Kilifi, Kwale and Mombasa Counties. Employment contracts for staff in Kilifi and Kwale Counties which were coming to an end, the departments of health and the County public service boards took the initiative to have the staff undergo performance appraisals in preparation for employment contract renewals as per the provisions of the Letters of Agreements (LOA's) that guide performance management process of the said staff. The appraisals have been concluded and contract renewals are underway for those that met the performance expectations and targets. This joint effort will continue in year 4 as the project works closely with the select Counties in transitioning the staff to the County Public Service.

**Table 30:Tabulation of Facility-Based staff by Cadre**

Number	Cadre	Total in-post as at September 2019
1	Medical Officer	1
2	Clinical Officer	8
3	Nurse	5
4	Pharmaceutical Technologist	4
5	Laboratory Technologist	3
6	HTS Providers	101
7	Health Records Information Officers	15
8	Nutrition and Dietetics Assistants	4
9	Medical Social Worker	1
10	Mentor Mother	42
11	Field Assistant	1
	<b>TOTAL</b>	<b>185</b>

**d) IHRIS skills building for High Volume Facilities.**

In quarter 4, the project worked with County Health Management Teams (CHMT's) and the County Public Service Boards (CPSB's) to institutionalize IHRIS as an HRH repository and decision-making support tool. Consultations held with the recently inaugurated Kilifi County Public Service Boards enabled the new Board to begin using the system in trying to resolve HRH issues for the department of health. Plans are underway to issue the responsible person in the Board with a user password for the system and subsequent coaching and mentorship sessions on how to navigate through the system. Similarly, Sub-County HR Assistants continued to receive coaching and mentorship in enhancing their skills in the use and update of data in the system. In Kwale County ,the department of health designated a full-time officer

to update and manage data in the system. In Quarter 4, the project will work with the Counties to begin drawing more benefits in using the system to inform HRH decisions.

### Output 3.3: Health Products and Technologies (HPT)

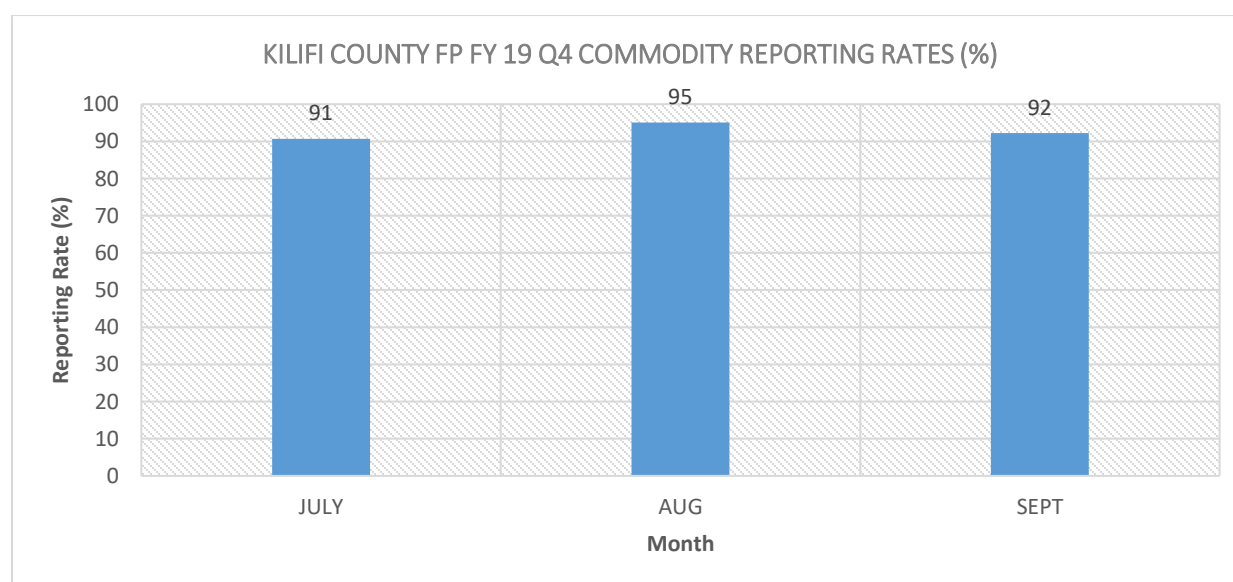
#### a) Strengthen County commodity management oversight and planning

The project continued to support the County Commodity Security TWGs in the target Counties to provide commodity oversight and coordination as well as carry out quantification and allocation of HIV Rapid Test Kits. Two teams (Mombasa and Taita Taveta) were supported to hold meetings to allocate ART commodities. The decision to support the Mombasa team was reached during the previous quarter's Commodity Security TWG meeting in June 2019 after gaps were reported in quantities of antiretrovirals allocated to high volume facilities. Additionally, clients who had been restricted to one-month refills at the Coast Province General Hospital for commodities like Tenofovir/Lamivudine/Dolutegravir which were not stocked out at the National Level. Both *Afya Pwani* and *Afya Ugavi* alternated in supporting the meetings which helped stabilize stocks. In Taita Taveta County, the team was supported after some gaps were discovered by a USAID team during SIMS and SURGE facility visits in July 2019. These efforts saw ART commodity reporting rates in the County increase to 95.9% from **80.6%** reported in April to June 2019. During the meetings, the teams were oriented on how to generate program commodity stock status pivot tables from DHIS 2 to aid them in mapping commodities for redistribution.

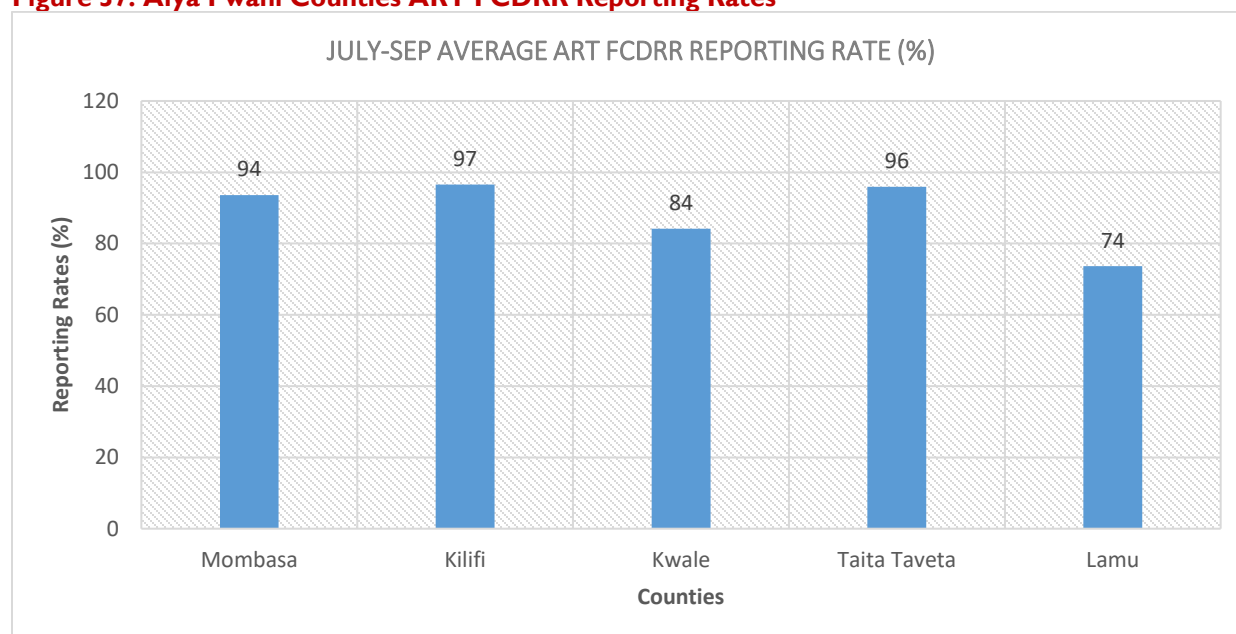
#### b) Improve commodity data quality at Facility Level

During the period under review, County and Sub County pharmaceutical facilitators, laboratory coordinators and nutritionists were supported to upload commodity reports into the various databases (DHIS 2, HCMP and Nutrition LMIS). The various reporting rates are as follows.

**Figure 36: Kilifi County FP Commodity Reporting rates for Q4 FYI**



**Figure 37: Afya Pwani Counties ART FCDRR Reporting Rates**



**c) Build the capacity of S/CHMTs and facility staff for good commodity management**

**Fourteen (14)** health facilities<sup>107</sup> were visited for general commodity management support, SIMS compliance and stabilization of supplies for the HIV SURGE initiative while **17** health facilities<sup>108</sup> in Kilifi North Sub County were visited for FP and RMNCH commodities redistribution, mini DQA and OJT. A further **19**<sup>109</sup> health facilities were visited to redistribute other commodities<sup>110</sup>. Malindi Sub County exchanged DMPA injections with One-rod implants from Kinango Sub County in Kwale County. One-rod implants have been out of stock at the national warehouse since January 2019. A total of **101** health workers (**48M, 53F**) were reached with on job training on good storage practices, good inventory management and accurate reporting of both services and commodity data. During the redistribution exercise, it was noted that private facilities were under-supervised by the S/CHMTs. The project called on SCHMT members to include private facilities in the schedules for supportive supervision. The SCPF were also urged to consider the private facilities for full refill of the FP commodities they required. A total of 10,500 short expiry Determine HIV Test Kits were also redistributed from Kwale County Mombasa, Taita

<sup>107</sup> Moi Voi County Referral Hospital, Msambweni County Referral Hospital, Mwatate, Taveta, Lungu Lungu and Kinango Subcounty Hospitals, Rabai, Chasimba, Bura, Ndovu, Njukini, Diani, and Tiwi Health Centres and Kinondo Kwetu Health Services

<sup>108</sup> Kilifi County Hospital including the Subcounty Store and the KEPI Store, Pwani Medical Centre, Khairat Medical Centre, Mission Medical Clinic, Blue Nile Medical Centre, Kiwandani Dispensary, Mephi Health Services, ICRH Drop-in Centre, New Wananchi Maternity and Nursing Home, Kilifi Tumaini Medical Clinic, Dzitsoni Medical Clinic, Amani Medical Clinic, Watamu Maternity and Nursing Home, Watamu Community Clinic, Clarence Park Clinic, Timboni Community Clinic and Gede Health Centre.

<sup>109</sup> Kilifi, Msambweni and Moi Voi County Referral Hospitals, Port Reitz, Malindi, Kinango Subcounty Hospitals, Mlaleo, Mrima, Mvita, Gongoni, Mtwapa, Rabai, Magongo, Samburu and Diani Health Centres, Mazeras, Mikindani and Gombato Dispensaries and Kinondo Kwetu Health Services.

<sup>110</sup> Abacavir 300mg tablets, Nevirapine Suspension, Nevirapine 200mg tablets and Lopinavir/Ritonavir pellets, amoxycillin dispersible tablets, artesunate injection, Determine HIV Test Kits, FP commodities

Taveta, Kilifi and Kajiado to prevent them from expiring. HIV/AIDS commodities inventory management and reporting tools printed in the previous quarter were distributed across the project supported Counties. Similarly, there was sustained liaison with the KEMSA MCP project and other branches of KEMSA to advocate for faster supply of stocked out or low stocked commodities for example Antiretrovirals, vaccines, FP commodities and HIV Rapid Test Kits especially HIV Self-Testing Kits.

*Afya Pwani* Commodity Management Technical Lead attended two National HIV Commodity Security TWG meetings to stay abreast with emerging issues and give feedback on constraints in the supported counties. He also attended a meeting with the Optimize Project to plan on how best to streamline the ART Optimization process especially in the area of detecting, managing and reporting adverse drug reactions.

### **Output 3.4: Strategic Information and Monitoring and Evaluation Systems**

#### **a) EMR partnership and collaboration**

With the exit of Palladium Group in Q3, *Afya Pwani* reached out to KenyaHMIS II (a project implemented by Palladium) to build internal capacity in the management and administration of the IQcare system which has been successfully deployed in 53 health facilities. Through the partnership, a one-week technical training for the *Afya Pwani* ICT and M&E teams was conducted including site visits to select facilities. These efforts have enhanced the skills and knowledge of project teams in the administration and use of the system. The ICT team has also begun system upgrades to all project EMR sites to enhance efficiency in data management and service delivery in health facilities. To further strengthen partnership, leadership teams for the two projects met and discussed their roles in the transition of HIS support and capacity building activities to Service Delivery Partners

#### **b) Facility Based EMR support**

The project sustained its EMR sites direct support by visiting the sites and helping facility teams to address system challenges noted during the reporting period. As such, the project provided targeted support to 18<sup>[1]</sup> health facilities to address ICT issues such as; hardware repairs and maintenance, network extension and troubleshooting and IQCare/IQTools troubleshooting. 5<sup>[2]</sup> sites had the operating system (IQCare) upgrade from version 1.0.0.7 to 2.0.0 in and another 6<sup>[3]</sup> facilities from version 2.0.0 to 2.1.1. The table below provides a summary of facility EMR support during the period:

---

<sup>[1]</sup> Lungalunga Sub County Hospital, Coast Provincial General Hospital (PGH), Kongowea Health Centre, Kisauni Health Center, Bamburi Health Centre, Mrima Maternity, Kwale Sub District Hospital, Msambweni District Hospital, Kinango Hospital, Tiwi Health Centre, Kikoneni HC, Kilifi County Hospital, Mariakani District Hospital, Malindi District Hospital, Oasis Medical Clinic Gede HC, Gongoni HC

<sup>[2]</sup> PortReitz, Kwale SCH, Kongowea

<sup>[3]</sup> CPGH, Kikoneni, Kwale, Diani

**Table 31: Facility based EMR support**

#	Facility	Support
1	Kikoneni Dispensary	IQCare upgrade to 2.1 IQCare Tools re-installation and Hardware repair on one computer
2	Lungalunga Health Center	Hardware repairs on 2 computers
3	Kisauni Health Center	Hardware and LAN repairs
4	PortReitz Health Center	IQCare upgrade to 2.0
5	Tudor Health Center	Damaged motherboard replaced
6	Mikindani Health Center	IQCare troubleshoots and Hardware repair
7	Bamburi Dispensary	Hardware repair, IQCare upgrade to 2.1
8	Kwale Sub County	IQCare upgrade to 2.1
9	Coast Provincial General Hospital	IQCare upgrade to 2.1
10	Kongowea Health Center	IQCare upgrade to 2.0
11	Diani Health Center	IQCare upgrade to 2.1
12	Mtwapa Health Centre	Hardware repair, and UPS replaced.
13	Oasis Health Centre	IQCare upgrade to 2.0.
14	Vipingo Health Centre	Hardware servicing Operating system update and IQCare upgrade to 2.1
15	Gede health Centre	Hardware repair and servicing for two computers, IQCare upgrade to 2.1
16	Tiwi Health Centre	Hardware servicing for 3 computers
17	Kilifi County Hospital	IQCare upgrade to 2.0 and replacement of a computer at the pharmacy with a new one.
18	Malindi Hospital	IQCare Upgrade to 2.0

In FY20, the project will continue with direct support to EMR sites to ensure the system runs smoothly with reduced down time at service points as well as enhance capacity of health facility staff who are direct users of the system in data capturing and generating facility reports.

### **Output 3.5 Quality Improvement**

#### **a) Strengthening QI at County and Sub County levels**

During the reporting period, the project technical staff (44) were trained on QI using the Kenya Quality Model for Health (KQMH) and Kenya HIV Quality Improvement Framework (KHQIF) tools. This was a capacity building initiative aimed at equipping the project technical staff with skills to mainstream QI in their project activities. In Mombasa County, the project worked closely with the County Health Department Quality Management Unit (QMU) riding on the SURGE strategy to mainstream Continuous Quality Improvement (CQI) as a system strengthening component to 25 ART sites in an effort geared towards Journey to Self-Reliance (J2SR). For instance, Mombasa County through the QMU has fully taken lead in the implementation of QI activities across its health facilities. Similarly, a few QI projects in main health facilities i.e. Tudor Sub County Hospital, Bamburi Dispensary, Kilifi County Hospital, Msambweni

County Referral Hospital, received direct support in their respective health service points to improve service delivery and client satisfaction. In Mombasa and Kwale Counties, client exit interviews were conducted based on which health facilities developed remedial plans for improved service delivery. The remedial plans for Kilifi and Taita Taveta Counties also included recommendations from the SURGE and SIMS facility reports. In the next quarter (FY20) QI will be mainstreamed and integrated with activity reports.

### **III. ACTIVITY PROGRESS (QUANTITATIVE IMPACT)**

Please see Attachment II for the full performance summary tables.

### **IV. CONSTRAINTS AND OPPORTUNITIES**

These have been described under respective output sections.

### **V. PERFORMANCE MONITORING**

During the quarter, the project ensured compliance to donor reporting requirements, sustained SURGE performance monitoring, conducted data quality improvement activities, spearheaded SURGE data review meetings and supported distribution of MoH and SURGE reporting tools. Also, the project continued with KDHS2 support, EMR strengthening, capacity building and supportive supervision activities on aspects of M&E in HIV and RMNCAH programming.

#### **Key Achievements**

##### **i) Compliance to donor Reporting:**

During the quarter, the project M&E team spearheaded routine data capture at SDPs and consolidation of summary reports for both HIV and RMNCAH indicators as per USAID guidelines. All data for the project was keyed into USAID recommended information systems; JPHES, DATIM, DREAMS, Partner Performance Portal (PPP) and KHIS2 on time.

Besides, the project also sustained SURGE weekly reporting by collecting and uploading SURGE data in PPP on every Monday of the subsequent week. The data collected and reported for SURGE covered HIV testing, early retention, re-initiation of ART treatment for LTFU clients, viral load uptake and re-suppression.

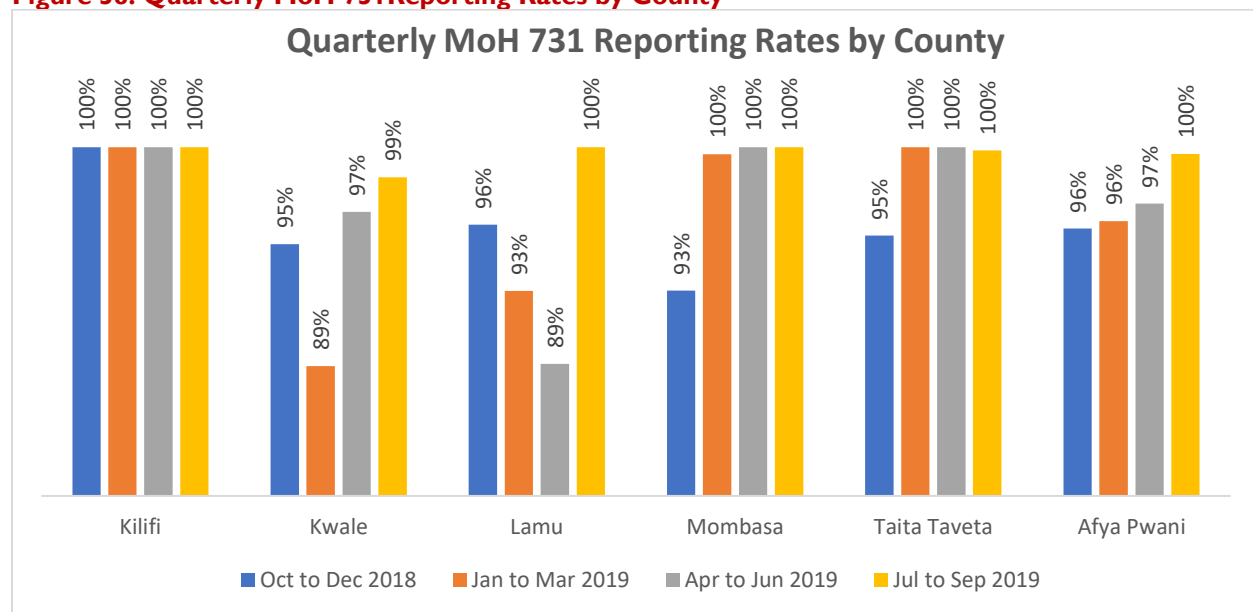
In response to OHA requirement that partners submit weekly High Frequency Report (HFR) for HIV surveillance, the project revamped M&E department by engaging temporary roving HRIOs to support data collection and submission on timely basis. So far, the project has ensured 100% completeness and timeliness in submission of HFR to USAID/OHA.

## ii) Performance monitoring

### Reporting Rates and Timeliness

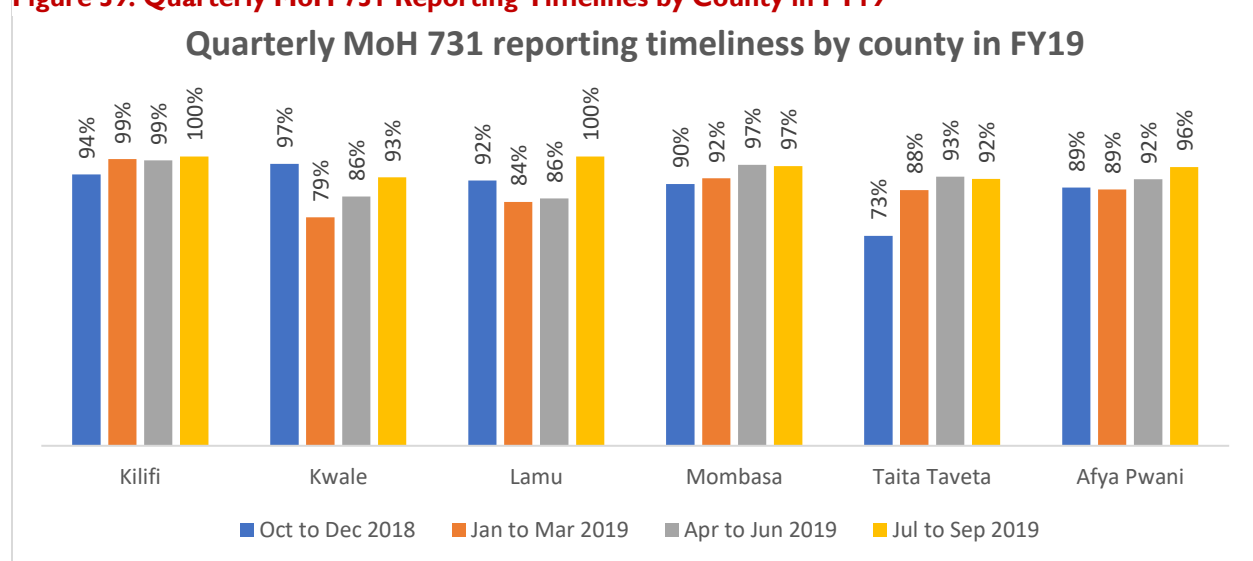
Performance monitoring is the overarching deliverable for any project M&E system. In this regard, during the quarter, the project continued supporting the County, Sub-county, and facility HRIOs with Airtime to follow up on missing reports and access KHIS2 data. As a result of this support, HIV reporting rates (RR) for all counties were sustained at over 99% in the period under review as demonstrated in figure below:

**Figure 38: Quarterly MoH 731 Reporting Rates by County**

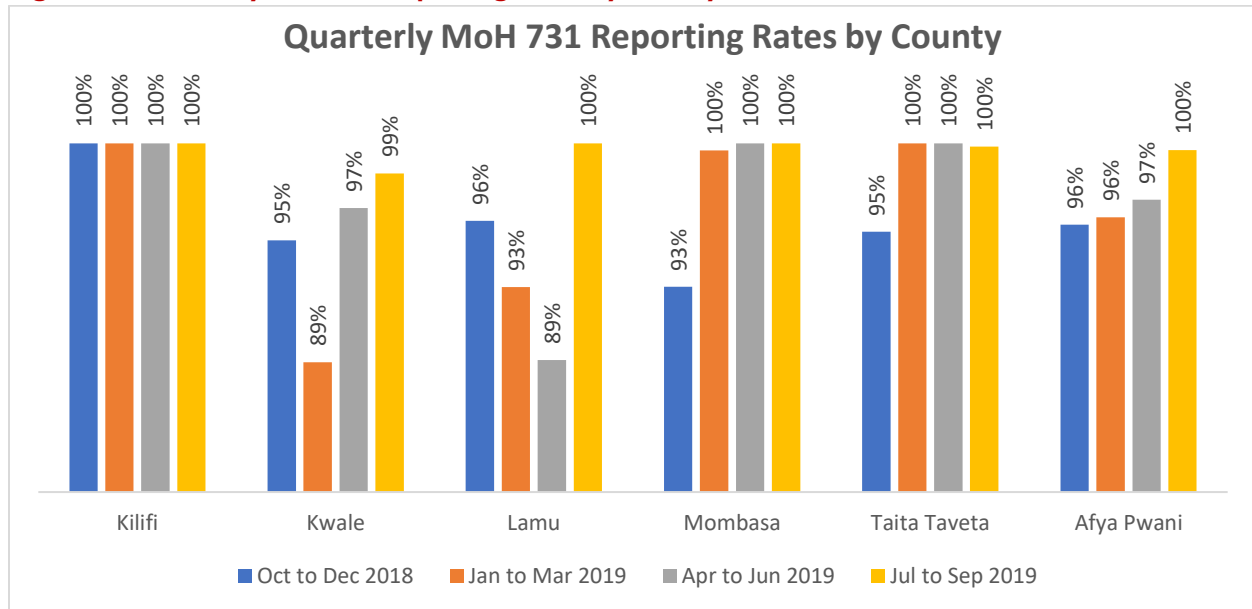


Additionally, this support assisted the counties to optimize timely submission of MoH 731 reports from 89% in FY19 Q1 to over 96% in FY19 Q4 as demonstrated in figure below:

**Figure 39: Quarterly MoH 731 Reporting Timelines by County in FY19**

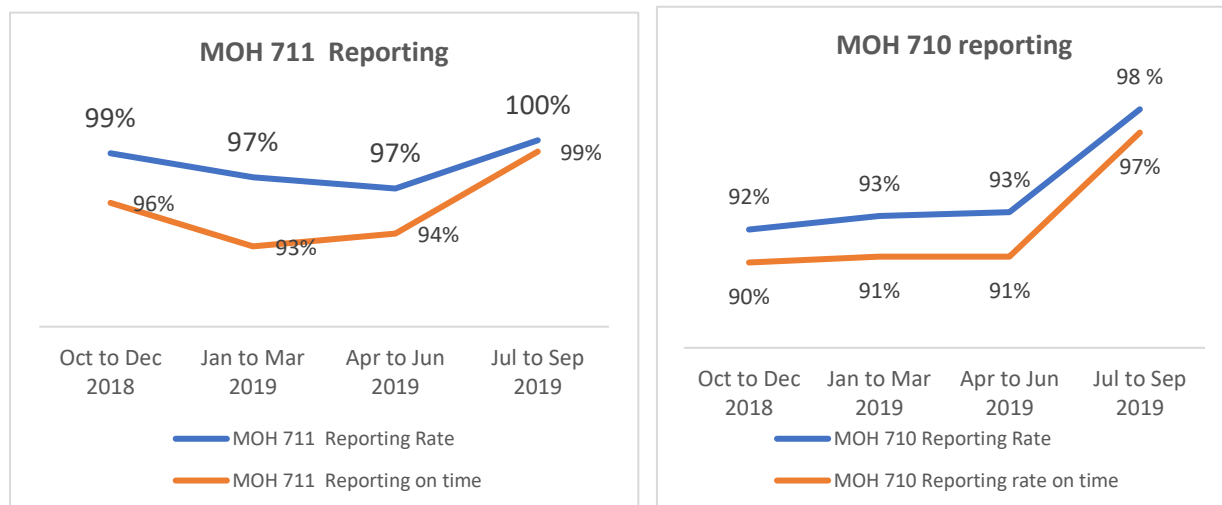


**Figure 40: Quarterly MoH 731 Reporting Rates by County**



Regarding RMNCH reporting in KHIS2 for Kilifi County, the project sustained 100% RR for all major forms (MoH 711 and 710) in the project supported sites. Notably, at county level, the project support has boosted the RR to over 98% with timeliness improving from lows of 90% in FY18Q1 to over 97% in FY19Q4 as illustrated in figure below. The gap in RR and timelines recorded in the quarter was majorly occasioned by private facilities in the county which report intermittently.

**Figure 41: MoH Reporting rates**

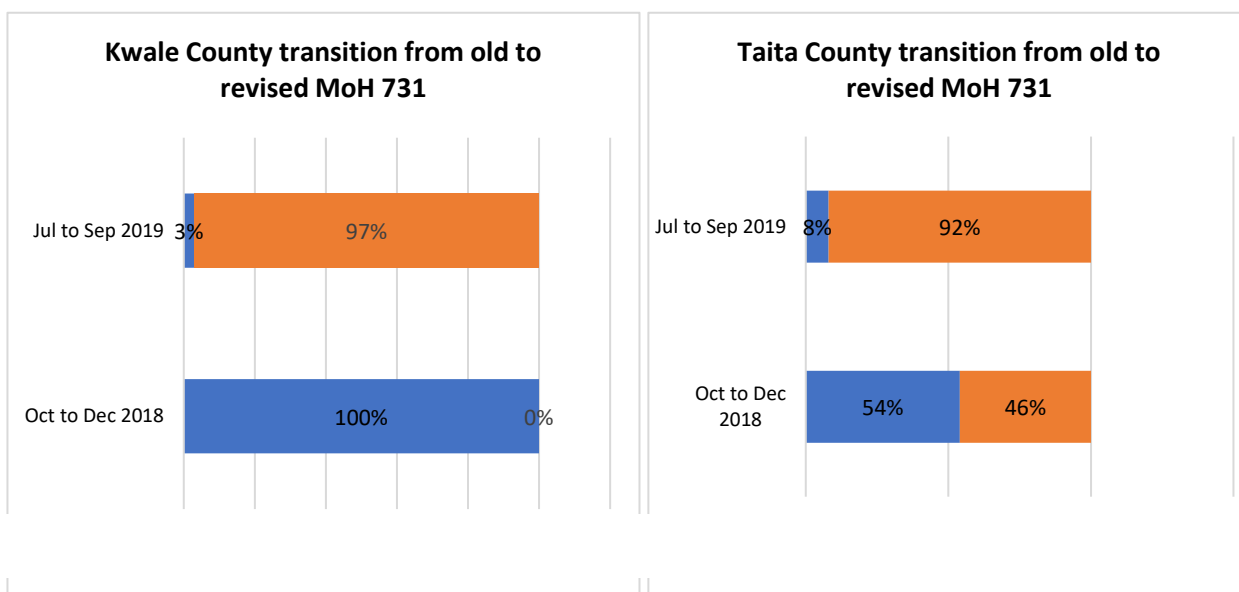


In FY20, the project will continue collaborating with CHRIO's office and PSK (mechanism supporting private facilities) in supporting the affected facilities to attain 100% reporting.

## Transition from use of Old to revised MoH 731

During the quarter, the project intensified support to Kwale and Taita-Taveta (the counties lagging in use of revised HIV tools) to transition from use of old HIV tools to the revised ones. This was done through targeted mentorships and redistribution and photocopying of revised HIV tool to bridge shortages whenever reported. As result, there is marked improvement in HIV reporting through the revised HIV tools in the two counties. For instance, in Kwale, the use of revised MoH 731 for reporting has improved from lows of 0% in FY19 Q1 to 97% in FY19 Q4 while in Taita-Taveta, the use improved from 54% to 93% over the same period. The figure below demonstrates this improvement.

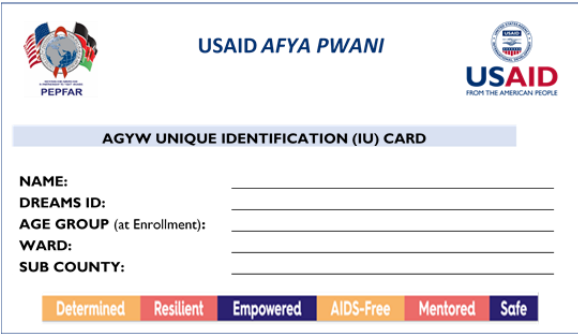
**Figure 42: Kwale and Taita Taveta County Transition from old to revised MoH 731**



Also, worth noting during the quarter, was the introduction of weekly SURGE performance monitoring where data for indicators are collected, analyzed and shared at SDPs, county and donor levels for service quality improvement. This has led to early in detection of performance gaps and initiation of corrective actions on time at all project levels.

On monthly basis, the SURGE weekly reports collected were consolidated into DATIM/MOH 731 report and analyzed for tracking the project cumulative performance. In the monthly analysis, the M&E team optimized drill down and coverage data analysis approach to help the program staff pinpoint performance gaps and focus their effort to the lowest operating unit (SDP, facility and community levels). For non-KHIS2 and non-MER data which includes BEmONC monitoring, correct treatment of diarrhea and pneumonia and DCM for HIV, Afya Pwani maintained use of customized tools for data management and monthly reporting.

To address the challenges in identifying AGYW targeted for specific services as well as keying their details correctly in DREAMS online system. The project designed and rolled out unique identification cards (figure 3) with the names and DREAMS ID for each AGYW which improved accuracy in serving the correct AGYW while ensuring that only the enrolled beneficiaries received the DREAMS intervention. This improved mobilization and targeting of AGYW with service delivery while reducing errors in entry of data into the DREAMS database which houses all identification and service details of each DREAMS beneficiary.



The image shows a 'USAID AFYA PWANI' AGYW Unique Identification (IU) Card. It features logos for PEPFAR and USAID at the top. The card is titled 'AGYW UNIQUE IDENTIFICATION (IU) CARD'. Below the title, there are fields for 'NAME:', 'DREAMS ID:', 'AGE GROUP (at Enrollment):', 'WARD:', and 'SUB COUNTY:'. At the bottom, there is a row of six colored boxes with labels: 'Determined' (orange), 'Resilient' (red), 'Empowered' (purple), 'AIDS-Free' (yellow), 'Mentored' (green), and 'Safe' (blue).

**Figure 44: AGYW unique identification card**

To further enhance treatment retention monitoring in the FY20, the project intends to institutionalize the implementation of Facility Missed Appointment Tracking Tool (FMATT) to assist in tracking the missed appointments, defaulters and LTFU. The tool has been piloted in four facilities<sup>111</sup> in Mombasa county. Also, more efforts will be put towards accounting for ART clients and linking tracking efforts to results. By using the weekly data, the team will provide a weekly retention analysis and facility level trajectory towards current on ART.

### iii) Data Quality and Improvement

#### Data quality audit

For data to be trusted and used confidently by the intended audience, it should meet all dimensions of data quality. As such, the project during the quarter continued to invest in data quality improvement activities that are simple and sustainable. To this end, leveraging on SURGE, the project conducted DQA for HIV program indicators in Kilifi, Kwale, Mombasa and Taita-Taveta counties covering 53% (91/170) of the project ART sites during the quarter. Of the 91 ART sites, 74 were SURGE sites and this translated to 100% (74/74) coverage of the SURGE sites. The gaps identified in the DQAs included different interpretation of early retention on treatment, linkage and lost to follow up. During the DQA, these gaps were found stem from different definitions of the same indicators by MOH and USAID. To remedy the gaps, instant feedback and clarification on the indicator was provided to the affected HCPs and reinforced with targeted OJTS and mentorship. As result, by end of the quarter, such gaps had been minimized.

In Kilifi County, through the CHRIOs office, the project supported DQA for RMNCH and dissemination of revised DQA and data review protocols to 60 targeted facilities. The DQA objective was to verify, validate and clean data for 4th ANC, SBA, PNC, DPT3 and teenage pregnancy indicators. Findings from the DQA showed that there was both under and over reporting of 2-5% in PNC and Teenage pregnancies. In the case of PNC, the gaps were as result of incompatibility between PNC register variables and the summary reporting tool (MoH 711 variable); the current PNC register captures data for 0-2 days, 3 days-6 weeks and above 6 weeks while MoH 711 require data for 2-3 days thus resulting to different interpretation of the indicator by HCPs. For teenage pregnancies, over reporting was as a result of counting subsequent visits after the 1<sup>st</sup> ANC. The project in collaboration with CHMT provided rapid guidance on the correct

<sup>111</sup> Shika-Adabu, Magongo MCM, Mvita Clinic

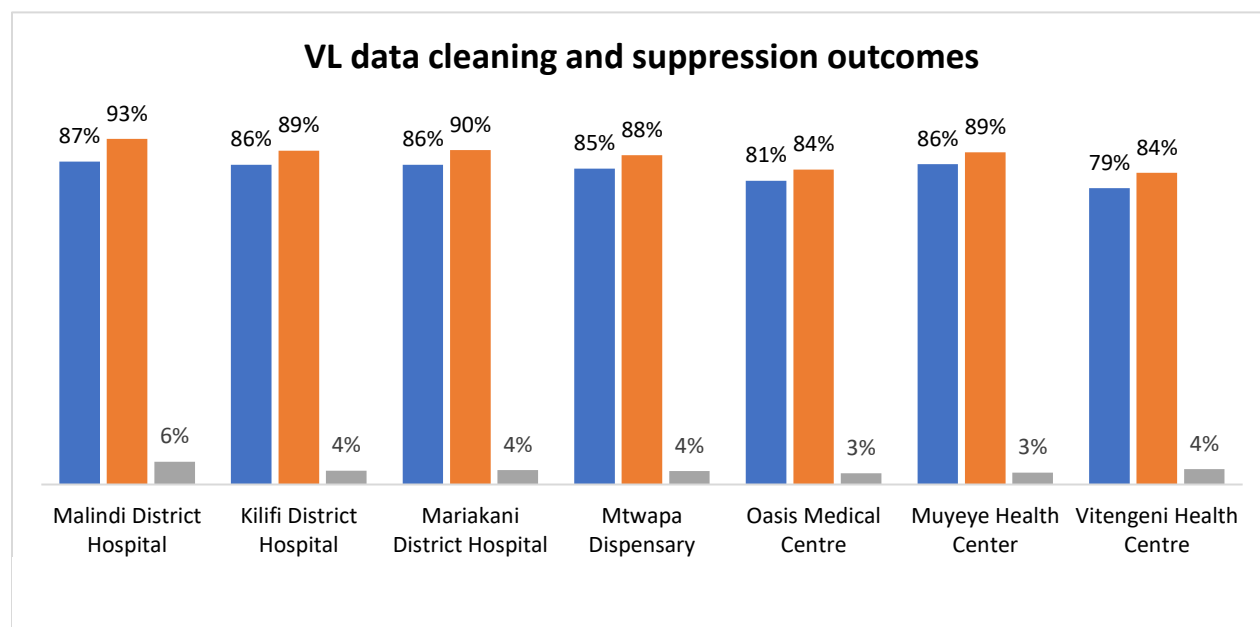
interpretation of these indicator through WhatsApp groups for HCPs. The same was also reinforced through support supervisions and OJTs. Other documented reporting gaps were missing tally sheets for outreaches and poor archiving of registers in some high-volume facilities. To remedy these gaps, the project in FY20, the project has planned to provide all facilities with box files for archiving reports and reporting checklists for tracking all reports from SDPs in each facility.

Moreover, as part of data quality assurance, the project continued to conduct side by side data comparison analysis between DATIM and KHIS2 to ensure data for comparable indicators in the two platforms remain consistent. This has helped to maintain concurrence of data in KHIS and DATIM at above 95% for the project.

### Data cleaning and documentation

Poor documentation of CCC numbers in VL sample has been a challenge in access of VL results particularly to unsuppressed clients whose identity is captured several times using different CCC numbers. This has also led to declining trend in VL suppression rate in most facilities. As a remedial measure, the project supported Kilifi CASCO and CHRIO to conduct VL data verification and validation on NASCOP website during the quarter. This helped in merger of CCC numbers for unsuppressed clients whose identity had been captured multiple times using different CCC numbers. The activity was also coupled with updating of Viremia registers and filing of patient VL results in client file. As result of this exercise, HCPs are now able to easily access client viral load results and history on the website. Additionally, VL suppression rate improved by 3-6% in over 30 facilities that were reached during the exercise. Figure 44 below illustrates % VL suppression for some HVFs in Kilifi County before and after the data cleaning

**Figure 43: VL data cleaning and suppression outcomes**



To cement these gains and ensure sustainability, the M&E team working with laboratory staff in FY20 will lead targeted mentorships to all clinicians on the standard format for completing VL sample form.

#### **iv) EMR Implementation:**

The project sustained EMR support in 55 sites spread across the 5 supported counties. This done through targeted OJTs and mentorships to HCPs. The areas that were prioritized for EMR capacity building included generation of line lists for differentiated services delivery (DSD), treatment optimization, daily clinic appointments, use of data queries for data validation and quality checks and patient management. During the period, the EMR sites that had reported breakdown of EMR computers were supported to repair them. Also, during the quarter, the project conducted IQCare sensitization for all project M&E staff to update them on the new features in IQCare version 2.1.1. which was released in August 2019. As result of this sensitization, over 40% (22/55) EMRs were upgraded by end of the quarter.

#### **v) Data demand and information use:**

In the quarter, the project continued to support MoH on activities geared towards data demand and information use through focused data review meetings and monthly deep dive data analysis. During the period, M&E team leveraged on SURGE and intensified weekly data review in the 74 SURGE sites for *Afya Pwani*. The reviews focused on HIV positive client identification, early retention on treatment, defaulter tracing, treatment optimization and viral load uptake.

In PMTCT, over the same period, the M&E team continued supporting generation of monthly line lists of expected deliveries from HIV+ve mothers in each facility with an objective of continually guiding program staff on the expected number of infants who eligible for initial EID test with the first two months of birth. This approach was adopted by the project in FY19 and has significantly improved the project initial EID uptake within 2months from 66% in FY18 to 74% in FY19.

At County level, the project supported Kilifi County to conduct both SURGE and routine quarterly performance review meetings for HIV to track progress towards 90:90:90 targets. From the review meetings, identification of positives through PNS modality and viral load suppression was noted to be unacceptably low. Among the leading causes of low PNS uptake noted in the meeting was lack of adequate training and skill on PNS among HCPs. As result the county through the support of *Afya Pwani* was supported to train more counselors on PNS and this helped the county to increase uptake of PNS and the number of positives identified through index testing to over 30% of the total positives identified in the period under review. Regarding the declining viral suppression, especially in HVF, mislabeling of CCC numbers on VL samples was identified as major cause of the many duplicate unsuppressed samples on the NASCOP website that have led to decline in suppression rate for the county. As result, during the quarter, the project M&E team supported MOH led VL data cleaning and documentation in the county targeting HVFs. This resulted to improvement of 12-month VL suppression from 84% to 88% as at the end of the quarter.

At the same period, the project in collaboration with other partners in the County supported CHMT and SchMTs to conduct targeted review meetings on PreP uptake and RMNCAH performance at county and sub county levels respectively.

#### **vi) Supportive supervision and other activities**

During the period, Kilifi county was visited by USAID for RMNCAH DQA where several data quality improvements were recommended. So far, most of the data quality improvement action points recommended by the DQA team have been implemented fully. These include: re-sensitization of HCPs on DQA protocols, RMNCH DQA for year 2019 and provision of box files for proper archiving of reports at facility and HRIOs offices.

Other activities supported by the project M&E team in the quarter included;

- Development of Kilifi county water quality assessment protocol which is scheduled to take place by end of year 2019.
- Review of Kilifi FY18/19 AWP performance and development of FY19/20 for the County.

#### **Lessons Learnt:**

- Weekly reporting and data sharing have impacted greatly on the performance of surge. Through close monitoring of indicators, the project can understand the impact of the strategies, adopt quick learning opportunities and action points for improvement.
- DDIU helps facilities with informed decision making on the right way to handle clients i.e. which needs more attention and for what reason and why?
- Data quality audits helps healthcare provider know the actual number of clients who are either defaulters, LTFU, deaths within a specified period.

#### **Key Challenges and Recommendations**

- Shortage of revised MOH tools for HIV reporting. The project plans to photocopy the tools to bridge any shortage reported.

#### **Key Planned Activities**

- Weekly reporting of SURGE outputs, DDIU and learning
- Monthly reporting of HFR to OHA
- OJTs and mentorship of facility staff in documentation and reporting of HCA in DHIS and DATIM
- Targeted DQAs in supported ART and RMNCAH/Nutrition and WASH sites
- Support adoption of data quality improvement plans at facility level
- Facility-based data review meetings

## **VI. PROGRESS ON CROSS CUTTING THEMES: GENDER AND YOUTH**

During the reporting period, the project premised its activities on previous quarters efforts to increase access and utilization of sexual and reproductive health and MNCH services among youth, men and women across the supported counties. The project continued to collaborate with County and Sub County Health Management Teams (C/SCHMTs) to conduct two trainings for CBD and male champions respectively. The project also participated in Kilifi and Mombasa quarterly Gender working group meetings for synergy with other partners and to address limiting gender norms contributing to inequality leading to poor health outcomes. There was routine technical assistance on post-rape care (PRC) services while leveraging on the surge intervention at health facilities. The narrative below highlights key activities conducted within the reporting quarter.

### **1. Improving gender mainstreaming in programming**

The project has continued to support gender sensitive approaches in AYSRH interventions including HIV care services as follows:

#### **a) Community Based Distributors (CBDs) Training**

The project collaborated with C/SCHMT to train 28 youth (20F; 8M) aged 20-24 years as community-based distributors of AYSRH commodities and information targeting emancipated adolescents and youth in the communities around Matsangoni Health Center. The CBDs were attached to Matsangoni Health Center where they will get supplies of selected contraceptive commodities namely: male condoms, female condoms and pills for distribution to the community and report monthly on the same. In the coming year, the project plans to support the C/SCHMT to establish youth networks within Kilifi county with representation community-based distributors as part of the networks. This will strengthen sustainability and ownership of AYSRH interventions targeting adolescents and youth in Kilifi and outcomes of these efforts by CBDs will be tracked in the coming quarter to indicate number of adolescents and youth reached with the services.

#### **b) Improved Knowledge on Gender and Male engagement**

Engagement of men and boys is a necessary element of gender transformative approaches to contribute to sustained positive gender norms and increased access to SRH information and services by the community. The Male engagement thematic group led by *Afya Pwani* is part of Kilifi County's Gender technical working group. The team had the following achievements this quarter: The project collaborated with the C/SCHMT to train 60 male health advocates on SRH and Contraception to disseminate correct SRH information and referrals for SRH services including SGBV response services at *Afya Pwani* supported health facilities in Kilifi County. The project has supported 17 males- only dialogue sessions and quarterly review meetings in the previous quarters. This approach will help communities understand and challenge social norms that perpetuate inequalities between men and women while enabling men to participate in ways that address their reproductive health needs and support women's and girls' family planning and reproductive health decision-making. The project has an opportunity to consolidate the positive outcomes of the male advocates work within the community in the coming year. Other partners within the thematic team trained a total of 559 men in child protection which includes referrals for GBV services to health facilities in efforts to increase uptake of PRC services.

## 2. Sexual and Gender based Violence

### a) SGBV response services at Health Facilities

The project facilitated a cross-learning session with county GBV response teams including data managers of Likoni and Port Reitz Hospitals respectively where Likoni Staff received a refresher session on filling updated tools as facilitated by the Post Rape Care service in-charge from Port Reitz. Evidence provision in court based on the PRC form by health care workers was discussed. The conclusion of the latter legal process entailed medical officers attending SGBV court cases on a rotation basis. At Port Reitz hospital, this has been the system for the last three years and it has worked successfully. Both facilities agreed to maintain the PRC book tracking system already in place both to ensure confidentiality and guard against compromise. Staff mentoring each other on correct and completeness in documentation of client information was highlighted by Port Reitz staff as a good practice to improve documentation. Another good practice cited was the mentorship provided by Likoni Hospital PRC services manager to Mrima CDF Health Center and as a result, Mrima provided PRC services to 43 survivors from October 2018 to September 2019 as shown in the table below. Prior to the mentorship, Mrima was referring SGBV survivors to Coast General Hospital GBVRC. To expound on the PRC data from Mrima H/C: 43 SGBV survivors (40F; 3M) received PRC services from October 2018 to September 2019. They all received first line support including PEP. The age ranges were as follows: the 3 males were <10 years; 8 females were <10 years, 8 were 10-14 years, 8 were 15-19 years and 16 were 20-24 years old. 10- 24-year-old females were given emergency contraception to prevent unplanned pregnancies. Psycho-social support is still a weak area due to inadequate capacity of health workers to conduct the sessions professionally and failure of survivors returning for the sessions.

Challenges discussed included sporadic reporting on MOH 364 despite the minimum package of services being provided and documented. The minimum package of services entails treatment of injuries, rapid HIV testing, PEP within 72 hours, emergency contraception (EC) within 120 hours, STI testing/screening and treatment, counselling and referrals. Acknowledging limited resources to facilitate multi-sectoral coordination in SGBV response for instance, movement to various courts by clinicians and survivors, correspondence with children's office and the police. Expensive laboratory reagents for running tests for survivors was raised as a challenge while acknowledging the policy on provision of free post-rape care services. There has been limited capacity to conduct support supervision specific to PRC services across health facilities to allow HCWs to support each other cope with mental distress arising from attending to SGBV survivors.

Going forward, The Mombasa GBV technical working group team will document these systemic challenges are part of the document to the Mombasa County Assembly members in efforts to have them address these gaps SGBV multi-sectoral response. The technical working group will be adopting the NGEK model policy on SGBV for counties and the NGEK model legislative framework on GBV for County governments. This was discussed by various stakeholders during the quarterly Pwani GBV network meeting in Mombasa County.

Building on CMEs on post-rape care services conducted at health facilities in the previous three quarters, continued mentorship was done on the utilization of the post rape care guidelines and tools in 13

facilities<sup>112</sup> with emphasis on documentation in consent forms to be filled by the survivors/caregivers prior to physical exams, SGBV service referral forms and reporting data through MOH 364.

### **Lesson learned**

Leveraging on Surge has initiated an opportunity to change limiting gender norms of health providers to increase access to HTS whereby, health providers including counsellors at surge sites have been coached to elicit for partners or contacts of PLHIV, to access HIV testing services as part of assisted partner notification services intervention. This is contrary to the norm before surge was implemented whereby PLHIVs were assumed to have single sexual partners and the focus was only on one sexual partner and family testing. Sexual networks have become the focus of HIV identification through the assisted partner notification services intervention. The project has an opportunity to quantify these efforts as the PNS intervention continues to be optimized at project-supported health facilities.

### **Next Steps**

- The cross-learning meeting by Likoni and Port Reitz hospitals on post-rape care services highlighted the need for a forum to discuss and review AYSRH and Gender indicators through quarterly data review meetings in collaboration with the C/SRHMSU and C/SCHRIOs. This will be specific to health care workers across facilities in the four counties to share good practices, improve reporting rates and lobby for the C/SHMTS to help in addressing systemic challenges being experienced such as support supervision gaps and resources to support multi-sectoral response to SGBV.
- The Gender departments of two counties (Mombasa and Kwale) have confirmed having received county government funds to set up and maintain rescue centers at hot spots for GBV survivors. The Kilifi County Gender Office through the ASRH coordinator plan to establish seven GBV response clinics at the seven sub-counties in Kilifi County (Magarini, Ganze, Malindi, Rabai, Kaloleni, Kilifi North and Kilifi South). These clinics will be anchored within high volume health facilities. In the coming year, the project plans to scale up consistent reporting, provide technical assistance on PRC services and support the county in ensuring consistent provision of tools to the GBV response clinics.
- The coming quarter will focus on conducting joint quarterly support supervisions by C/SCASCOS/CRHCO for SQA and improvement of SGBV management at HVFs while applying the GBV action improvement strategy as shared by USAID. Other activities will include conducting IPV information analytics in green cards and unsuppressed line lists to understand gender power dynamics to improve ART adherence among PMTCT and AYPs cohorts as well as implement interventions that will feed into promoting gender equality, linkage with health, legal and judicial services.

---

<sup>112</sup> Matsangoni, Kongowea, Bamburi, Mlaleo, Kisauni, Likoni Hospital, Shika Adabu, Mrima, Likoni Catholic, Bamburi, Utange, Tudor, and Port Reitz

## **VII. GRANTS**

### **Grants Award and Management**

During the quarter under review, *Afya Pwani*, continued to work with the approved grantees enhance demand creation, effective linkage and defaulter tracing activities at community level. In this regard, a meeting was held on 10<sup>th</sup> July 2019 with grantees supporting implementation of demand creation activities under sub purpose 1. The meeting sought to address the shift in program implementation. The project objective had shifted to testing less and identifying more. All 15 grantees' work plans and budgets were realigned to SURGE activities. The strategy worked well and will be embraced in the new financial year. Additionally, the project worked with 4 grantees to continue implementing demand creation activities under Sub Purpose 2 namely: Maternal Child health, Family Planning services and WASH and Nutrition. On the other hand, contracts for 6 grantees (2 implementing Sub Purpose 1 demand creation, effective linkage and defaulter tracing and 4 implementing demand creation activities under Sub Purpose 2) were terminated. The close out process is still undergoing.

### **Grantee Reporting and Compliance**

To ensure adherence to grant agreement terms and conditions, the project ensured timely submission of both financial and program reports by the grantees except for WOFAK. The project has called upon WOFAK to have the reports before project close out. During the period, the project disbursed Ksh. 9,453,098.68 to support grantee's planned activities. The burn rate against the grantee budget obligation for the financial year is currently at **92%**.

### **Capacity Building of Local Implementing Partners (Grantees)**

*Afya Pwani* has continuously provided capacity building support on grantees at an individual organization to strengthen their internal control systems and identify weak areas for corrective actions. The period under review, recorded significant improvement in financial and program reporting structures by the grantees. However, there still exist gaps such as weak financial monitoring systems to support multi-donor funding, weak M&E systems and inadequate understanding on gender concepts, integration and mainstreaming to project implementation. The project will develop need-based capacity building plan for the grantees who are transitioning to year 4.

### ***Afya Pwani* Partner Implemented Projects (PIPs)**

*Afya Pwani*, has been implementing activities through Memoranda of Understanding (MOU) signed with the facilities which allows the project to directly pay for all allowable costs known as 'Partner Implemented Projects' (PIP) in Lamu County for the last two years (2017-2019). Lamu county will not be supported in year 4 therefore the contract will be terminated. A comprehensive report of the achievements will be share in the annual report.

### **Grantee contribution to the project outputs**

The project noted accelerated activity implementation by the grantees in the respective thematic areas because they have worked in in line with *Afya Pwani* program objectives. This has been possible because of the on-going support from the *Afya Pwani* team and the continuous learning and improvement the grantees are getting over time. A detailed description of the interventions by grantees is available in Annex III at the end of this report.

### **VIII. PROGRESS ENVIRONMENTAL MITIGATION AND MONITORING**

Please see Appendix I which contains the detailed Environmental Mitigation and Monitoring Report (EMMR) for the period July-September 2019.

### **IX. PROGRESS ON LINKS TO OTHER USAID PROGRAMS**

During the period, the project worked closely with the following USAID programs and other USG agencies as follows:

- *Afya Pwani* collaborated with **Project Optimize** to strengthen the use of EMR and uploading of data to the National Data Warehouse and communication between various IQcare and the VL dashboard, detection, management and reporting of adverse drug reactions through EMR.
- In July 2019, during the Mombasa County ART allocation meeting, the project collaborated with USAID Afya Ugavi in facilitating the meeting. Afya Ugavi supported logistics (meals and transport allowances) while *Afya Pwani* provided the venue, internet and Technical Assistance.
- Afya Pwani partnered with the HCM project in the final steps of taking up the logistics and technical support for VL/EID hubs to enhance efficiency of laboratory networking. On quality management systems, the project was also involved in the close out meeting of the lab QMS project supported by AMREF with Afya Pwani taking up the role of HTS quality assurance that was being done by the project.

### **X. PROGRESS ON LINKS WITH GOK AGENCIES**

The Activity continued to work closely with key government line ministries as follows:

- Integrated national stock taking meeting on eMTCT and RMNCAH: The project also participated in a national PMTCT and RMNCAH stock taking meeting organized by NASCOP and attended by all Counties and PEPFAR implementing partners in Nairobi. This meeting reviewed the lost progress in PMTCT and other key MNCH indicators as well as consolidating support for renewed push towards elimination of MTCT of HIV and Syphilis.
- In Mombasa County, the project led by the CHMT, worked with other stakeholders to strengthen HIV/TB reporting and referrals for prisoners who are released back to the community to ensure continuity of HIV and TB services.
- The project participated in Kilifi County annual performance review meeting for the HIV program that was also attended by NASCOP representatives. The meeting identified successes to celebrate like optimization of ART, gaps that needed to be addressed and developed action plans for implementation.

## ***XI. PROGRESS ON USAID FORWARD***

- **Transitioning out of Lamu County:** As part of the wider PEPFAR strategy to focus investments in counties worst hit by the HIV epidemic, Afya Pwani started the process of transitioning Lamu county through strengthening the capacity of the CHMT to supervise HIV services. Support to the CHMT was tapered and offered remotely while the discussions on the management of project assets like the speed boat “*MV Afya*” on going.
- In the spirit of Journey to Self-Reliance and increasing efficiency, an internal staff rationalization exercise was undertaken thereby releasing funds for direct service delivery. The project also started empowering counties to take up leadership and coordination of services like joint support supervision. In Kilifi County, the project implemented a **grant-in-kind** arrangement with the CHMT for the implementation of select surge activities.
- *Afya Pwani* implemented Surge with success, improving the identification of positives (see sub-purpose 1 section above) and retention for the project in quarter 4. Regular facility level review of progress and short learning loops were developed with action plans followed through. The project will carry on the Surge Spirit through FY 20.

## ***XII. SUSTAINABILITY AND EXIT STRATEGY***

- To strengthen the capacity of Counties in governance and strategic planning for increased resources allocation towards health services, the project focused on key public sector budget cycle milestones to realize enhanced overall responsiveness to the development of budgets. In Mombasa and Kilifi Counties, the project sensitized CHMT’s and technical working teams on how to develop key strategic documents to enhance planning and budgeting process. For instance, in Mombasa County and based on the knowledge gained, CPGH Hospital Management Team (HMT) initiated the process of developing the hospital’s strategic plan and RMNCAH strategy for the next five years.
- *Afya Pwani* will continue to strengthen the capacity of CHMTs to provide quality HIV and RMNCAH/FP/WASH services leveraging on and providing strategic directions to implementing partners through well-coordinated stakeholders’ forums. *Afya Pwani* will continue to support counties to do regular stakeholders mapping and conduct stakeholders’ meetings quarterly.

## ***XIII. SUBSEQUENT QUARTER’S WORK PLAN***

**Towards Increased Access and Utilization of Quality HIV Services**, and in regard to **PMTCT** targets of identifying HIV infected pregnant and breastfeeding women and link them to immediate ART, the project will focus on narrowing the gap between 1<sup>st</sup> ANC and expected pregnancies in Kwale and Taita Taveta Counties as guided by the SAPR program performance report. This is going to be implemented in line with SURGE to bring more women to facilities for 1<sup>st</sup> ANC and hence HTS uptake in PMTCT setting with an average yield of 5% in Q2. The project will in Q1 of FY20 scale up the use of SMS for EID results while saturating PMTCT sites with peer mothers (women who have undergone PMTCT successfully and qualified to be mentor mothers) engaged on a stipend basis to accompany PMTT clients and their infants in the 24

months of PMTCT. The project will further in Q1 rapidly transition all pregnant and lactating women to TLD from TLE based regimen as per the latest NASCOP rapid advice.

To achieve the 95:95:95 targets, the project will continue with and scale up SURGE to identify PLHIV and link them to ART. Specifically, PNS and HTS screening in OPD settings will be optimized with adherence counselors being engaged to strengthen adherence counselling, defaulter tracing and optimum functioning psychosocial support groups to improve retention. Multi-month scripting of ART will be offered to all stable clients who had been brought back to standard care after ART optimization. The project will further line list all clients remaining on NVP based regimen and rapidly switch them to optimized regimen in line with government recommendations. To improve viral suppression, focus will be on building the capacity of health care workers to manage unsuppressed PLHIV and support them to appropriately switch treatment failure clients to 2<sup>nd</sup> or 3<sup>rd</sup> line regimens appropriately.

**Towards Increased Access and Utilization of Focused MNCH and FP, Wash and Nutrition, *Afya Pwani*** project will continue to work towards its goal of increasing access and utilization of focused maternal and neonatal and child health (MNCH), Reproductive Health (RH)/Family Planning (FP), water, sanitation and hygiene (WASH) and Nutrition health services, while strengthening quality health services in Kilifi County in Q1. *Afya Pwani* will build on the gains of an increased number of women utilizing focused antenatal care, skilled birth attendants, Postnatal care, and increased number of children accessing child health services. Besides, implementing high impact community and facility initiatives that foster sustainable behavior change on maternal-infant and young child nutrition.

The project will support the county to develop an RMNCAH strategic Investment Framework. The framework will anchor MNCH's best practices and will guide the implementation of MNH strategies. As part of J2SR, increasing DOH efficiency and improving the quality of care, the project will work with the county to support resources alignment. *Afya Pwani* will provide technical assistance and support to the county to come up with a guide on the utilization of county resources like Linda mama.

The project will ensure retention in the MNCH cascade by introducing appointment registers coupled with SMS reminders while strengthening defaulter tracing. Besides, *Afya Pwani* enhance the capacity of health care providers to provide quality services through structured mentorship, on job training and training. The project will also establish a SRHR network for religious leaders and youth leaders as champions for change in family planning and maternal and child health services. It will also reinvigorate task-shifting, community distribution, and referrals to increase community access and coverage while reducing workloads on facility-based providers by supporting FP CBD who were trained in Q4.

The project will continue to enhance CLTS post-triggering follow ups and verification of Open Defecation Free claiming communities. To the enhance sustenance ODF status the project will scale up CLTS coupled with sanitation marketing.

As for Health System Strengthening, *Afya Pwani* will continue strengthening and supporting the operation of Commodity Security Technical Working Groups in all the four counties of Mombasa, Kwale, Kilifi and Taita Taveta in the spirit of J2SR. Quantification and Allocation of ART medicines and HIV Rapid Test Kits will continue to be supported to ensure an uninterrupted supply. Quantification and ordering of all other

program commodities will continue to be supported for example vaccines, FP commodities, Viral Load Monitoring reagents, etc. The threat of FP commodity stock outs will be tackled by using various interventions for example one day sensitizations on accurate data collection and reporting for all the seven sub counties of Kilifi County, advocacy for supply of commodities by KEMSA MCP and redistribution of already supplied commodities. All SURGE health facilities will continue being supported to have adequate commodities and have good commodity management practices.

## ***XVI. SUCCESS STORIES***

These are outlined below:

### **Empowering mothers to improve nutritional Practices**



For the last four months Silvester Safari, 10 months, has displayed troubled behavior in feeding. He has been crying and refused to eat and whenever he agrees to eat, he coughs and splutters.

In most cases, Safari has fallen asleep before His mother, Zawadi, has been worried about the health of her son. The son is underweight – weighing only 8.4kg. Two weeks ago, Zawadi started contemplating on how she can take him to the hospital for medical checkup. She actually begun to save money to cater for the hospital expenses. Little did she know that the problem was entirely based on her poor choice of dieting and feeding practices.

As she pondered on where and when to take the baby for treatment, a community health volunteer approached her and talked to her about a group of mothers with malnourished children who have been meeting at a nearby homestead. The CHV convinced Zawadi that she should consider taking her son there since the women teach and learn from each other good feeding practices. “I felt I had nothing to lose since the exercise is done for free, so I decided to go.” Says Zawadi.

Reluctantly, Zawadi decided to give it a trial. On a Monday afternoon, she Joined the group, at Mikiriani village, Kaloleni constituency of Kilifi county. She found mothers and care givers with mal nourished and healthy babies preparing a meal.

When the nutrition officer examined her son, she was quick to note that her son was underweight and had started showing signs of stunted growth. “The boy had not been getting adequate nutrients, a condition that makes the tissues weak which reduces weight.” says Madam Damaris– a nutritionist and Hearth coordinator at the village.

Similarly, most women had the same issues. Zawadi and other malnourished babies were put on 2 weeks diet. The nutritionists demonstrated using locally available foods that the mothers were sked to bringe parents of these children on best food to feed their children with a variety of nutrients. They used the

parents who had healthy babies to share tips on how they feed their babies so that they can extend those good practices to the others.

These women met every afternoon, they prepare the meals together whose recipes are well guided by the nutritionists and Hearth coordinators. The coordinators usually use the Positive deviance (PD) Hearth as a tool to rehabilitate mild malnutrition cases.

The group of 14 women, of young and old age spare two hours per day between 2 o'clock and 4:00pm to assemble at a central point for health nutritional talks – popularly referred as PD class (positive deviance classes).

The hearth sessions (which are fully funded by USAID Afya Pwani program) are geared towards treating and preventing acute Malnutrition among children and adults for a healthy generation.

The women usually meet at a central point where they discuss different nutritional topics and how they can live healthy even though most of them hail from poor backgrounds. The Positive Deviance exercise is a thorough assessment of their behavioral and economic practices. The USAID Afya Pwani supported initiative runs for 14 days and brings together mothers and caregivers of healthy children from poor and well up families so that they can transfer such positive practices to other women in the community with malnourished children.



**Photo 1: Women learn how to prepare a simple balanced diet meal during the positive deviance exercise in Mikiriani village, Kilifi county**

During the sessions, women are taught how to prepare a well-balanced diet meal based on their budgets which goes as low as sh.40. The Measuring and Promoting Child Growth tool is used to rate different family's economic status ranging from low income, middle income and high-income levels.

According to Mr Nyawa, a hearth coordinator at the village, the two weeks exercise is very vital in harnessing the health of a baby.

"We do wealth ranking; weighing all children under 5 to determine who is malnourished; focus group discussions; transect walk and community mapping, we have come to learn that even children from rich families can as well be malnourished," says Nyawa.

Upon completing the 14 days exercise, Safari had already gained 2kg. He weighed 10.6 an addition of 2.2 kgs. His mother actually noted that the baby's feeding habits had tremendously improved. "I'm happy that my baby is strong and healthy, he can now eat comfortably because I know what to give him." Says Safari's mother.

The exercise encourages locals to consume PD foods and other nutrient – rich food which are locally available and affordable while discussing the positive deviant practices.

The community takes ownership of the program and everybody celebrates as the children at the Hearth begin to gain weight and enjoy better health.

## Relentless follow up and defaulter tracing saves Teresa`s Life



**Photo 17: Teresa at hospital**

After being diagnosed with HIV, Teresa\* (*not her real name*), 26, was enrolled into care and treatment at Portreiz Sub County hospital in Mombasa County. From that moment, Teresa decided to keep her HIV status to herself for fear of facing stigma from the community.

Even though she was constantly falling ill, she feared being rejected by her husband and kept her status a secret. She immediately stopped attending her clinical appointments and medication. Her viral load went up and her health started to deteriorate.

In June 2019, *Afya Pwani*, a USAID funded project rolled out intensified defaulter tracing mechanisms, with an aim of improving retention and establishing reasons for client defaulting. The project established a line list of clients who had missed their appointments to initiate tracing. Teresa was one of them.

A series of unfruitful phone calls to her prompted Josephine, a peer mentor who works for the USAID supported health facility to look for her. Her relentless efforts paid off at last after she was directed to her home by a neighbour. Unfortunately, Teresa had already given birth to a baby boy who was also positive. By that time, the guilt and pain in her was excruciating.

As a peer and mentor mother, Josephine has learnt the art of talking and encouraging her clients not to give up in life. “Meeting with Josephine changed my life for good,” says Teresa. The meeting helped her begin the journey to a healthy life. She was ready to disclose to her husband about her HIV status.

Surprisingly, the husband was supportive. He did not even show any sign of anger but rather went to test. They were relieved to learn that he was HIV negative.

The service providers advised them on how they can live together as discordant couples. The husband was supportive, and he vowed not to leave her. Overwhelmingly, she got enrolled back to care where she receives treatment and psychosocial support.

Since then, peer educators and mentor mothers have become regular visitors to her home where they ensure Teresa and her baby adhere to medication.

“Afya Pwani helped me to achieve this feat. Without them, I wouldn’t have been able to live again. I now walk with confidence and I have no shame,” says Teresa.

She now operates a salon as well as an Mpesa shop in Migandini village where she live,s with renewed commitment to protecting her husband from infection and staying on top of her own treatment and that of their son.

### ***LIST OF ANNEXES & ATTACHMENTS***

ANNEX I: USAID *Afya Pwani* Organogram

ANNEX II: List of Tracer Commodities in the Supportive Supervision Checklist

ANNEX III: Grantees specific activities implemented during the quarter

APPENDIX I: USAID *Afya Pwani* EMMR for July-September 2019

ATTACHMENT I&II: USAID *Afya Pwani* Project Monitoring Plan Oct 18-June 19



## ANNEX I: USAID AFYA PWANI ORGANOGRAM

### ANNEX III – LIST OF TRACER COMMODITIES IN THE SUPPORTIVE SUPERVISION CHECKLIST

Amoxicillin caps 250mg  
Cotrimoxazole Susp. 240mg/5ml  
Sulphadoxine Pyrimethamine tablets  
Ferrous Sulphate 200mg/FEFOL tablets  
Vitamin A 20000IU Capsules  
Oxytocin Injection  
Magnesium Sulphate Injection  
Zidovudine/Lamivudine/Nevirapine 60mg/30mg/40mg Paed. FDC  
Isoniazid 300mg tabs  
Ready to Use Therapeutic Food (RUTF) Satchets  
Artemether/ Lumefantrine tabs 20mg/120mg (24's)  
Cotrimoxazole tabs 960mg  
Implants 1 Rod  
Combined Oral Contraceptive pills  
Depot-medroxyprogesterone acetate injection vials  
Zinc Tabs/ORS packs  
Paracetamol tabs 500mg  
TB Patient Pack  
Tenofovir/ Lamivudine/ Efavirenz 300mg/150mg/600mg tabs  
HIV Rapid Test Kits (RTKs)- Screening  
HIV Rapid Test Kits (RTKs)- Confirmatory  
DBS Filter Papers  
Abbot Amplification Kit Viral Load  
Cobas Ampliprep Reagent Viral Load  
Malaria Rapid Diagnostic Tests (RDTs)

## ANNEX IV: GRANTEES SPECIFIC ACTIVITIES IMPLEMENTED DURING THE QUARTER

### Sub-Purpose 1: Increased Access and Utilization of quality HIV services

Output	Activity	Achievement
<b>Output 1.1: Elimination of Mother-To-Child Transmission (eMTCT)</b>	Early identification of HIV & Syphilis positive pregnant and breastfeeding mothers	<p><b>Kwale County</b></p> <p><i>Health talks:</i></p> <ul style="list-style-type: none"> <li>The project supported health talk sessions in 25 facilities during clinic days at the facility waiting bays where a total number of 4,457(M1,326, F 3,131) were reached with FANC key messages, Importance of knowing your HIV status, Partner testing, family testing, HIV care and adherence in the following facilities; Kinango,Taru,Ndavaya,Vigurugani,Mwangulu,Kilimagondo,Mwaluphamba,Ngombeni,Gombato,Kinondo, Msambweni, Diani, Mkongani, Tiwi, Lungalunga, Vitsangalaweni, Kikoneni, Kwale, Mazeras ,Kizibe, Mazumalume, Msulwa, Shimba hills, Matuga and Samburu.</li> </ul> <p><i>Maternity Open Day</i></p> <ul style="list-style-type: none"> <li>A total of 65 new ANC mothers were successfully reached and attended to at Ndavaya. Out of these 45 had previously delivered at home in the previous deliveries or had intended to. 42 men accompanied their wives in this event. 20 CHV's were earlier sensitized with targets set for ten 1st ANC mothers for each CHV. Emerging issues reported were lack of laboratory services, men as not willing to accompany wives in fear of getting tested for HIV. This was handled well by CHVs since they were able to mobilize 42 men accompany their spouses. Out of the 65 tested 2 were positive. New ANC mothers queuing during Maternity Open Day at Ndavaya,Sub County RH coordinator attending to some-right.</li> </ul> <p><i>Psycho social support services</i></p> <ul style="list-style-type: none"> <li>Mentor mothers assisted by MCH clinicians and nurses conduct one on one sessions, support group therapy sessions with clients following positive health dignity prevention concept (PHDP). Mothers are triggered to discuss various issues and empower one another. The project through grantees supported 27 EMTCT support groups monthly in (Mwangulu-1, Kinondo-2,Diani-3,Msambweni-3,Kwale-2,Mkongani-1,Tiwi-1,Kinango-3,Lungalunga-2,Kikoneni-1,Vitsangalaweni-1,Samburu-2,Mazera-1,Gombato-1,Ngomeni-1,Shimbahills-1,Vigurugani-1)</li> <li>A total of 597 mothers have attended the three sessions in the quarter and benefited from health literacy as well as therapeutic group counselling session. The topics include nutrition, Emtct importance of testing, HIV prevention, Fanc,birth preparation ,patient rights and gender rights, male/partner involvement.</li> <li>In a bid to bring men onboard 7 male support groups of 123men have been formed. These are PMTCT mothers spouses at Kinango-21,</li> </ul>

Output	Activity	Achievement
		<p>Mazeras-17, Vigurugani-12, Lungalunga-16, Kikoneni-19 Vitsangalaweni-18 and Kinondo-20.</p> <p><i>Engagement of community key (CHVS, TBAs) and volunteers to identify and mobilize, refer/escort pregnant women for early ANC contributing to early HIV testing</i></p> <ul style="list-style-type: none"> <li>A total of 120 TBAs from Msambweni, Samburu, Gombato, and Kinondo Health facilities who were earlier sensitized on PMTCT and enrolled as birth companions for early ANC referrals and heightened skilled delivery. 21 women have been referred by or through the help of TBAs in Tiwi, Msambweni, Samburu and Lungalunga facilities. This quarter 27 MMs(27F) and 190 chvs (113F, 77M) were sensitized for two days on the importance of early identification, referrals/ escorting pregnant women for early ANC and HIV testing and were involved in aggressive elicitation of the non-tested partners of ANC and PMTCT mothers and mobilization during the SURGE period.</li> </ul> <p><i>Identify, train, and deploy male champions to promote male involvement in Emtct</i></p> <ul style="list-style-type: none"> <li>Male involvement is still a challenge in Kwale county. To counter this the project continued to support 12 male champions to reach men at the community. The 12 male champions had earlier been identified, trained and deployed in the previous quarter. The male champions are PLHIV-persons who are community champions in various health related issues such as HIV and were deployed in the following facilities; Kwale, Lungalunga, Kikoneni, Vitsangalaweni, Msambweni, Diani, Kinondo, Gombato, Tiwi, Mazeras, Ng'ombeni and Waa. This quarter they were able to refer 113 men for testing, all of them tested negative except one.</li> <li>They also work closely with community health strategists to enhance referral from facility and referral from community to facility.</li> </ul> <p><b>Mombasa County</b></p> <ul style="list-style-type: none"> <li>During the quarter, Grantees in Mombasa Facilitated Community Health Volunteers to carry out escorted referrals on Focused antenatal care (FANC). 201 adolescent girls were effectively referred for their first ANC visit</li> <li>Held 6 Support dialogue days with male partners of PMTCT clients where we reached 344 males were reached</li> <li>Through the help of the CHEWs, HFG was able to organize 6 meetings with the CHVs on how to strengthen community facility referrals.</li> <li>In Likoni Sub County, the grantee, facilitated male champions in carrying out community dialogues sessions on gender inequalities preventing access and utilization of eMTCT reaching 67 men. The</li> </ul>

Output	Activity	Achievement
		<p>session further targeted male partners who many at times, are hard to reach with PNS. Seven men newly identified and linked to ART, two in Mrima H/C, three in Shikaadabu and two in Likoni Catholic.</p> <ul style="list-style-type: none"> <li>The program supported psychosocial support group sessions reaching out to a total of 490 HIV positive mothers in the period July-September. Both pregnant and breastfeeding mothers were mobilized to attend the sessions</li> </ul> <p><b>Kilifi County</b></p> <ul style="list-style-type: none"> <li>To enhance HTS services among ANC clients, Pwani University conducted 2 maternity open days in Mtondia Dispensary and Matsangoni H/C. A total of 64 new pregnant mothers were reached with ANC and HTS services.</li> <li>17 community dialogues targeting different groups were conducted in Mikanjuni, Kwa Konde, Dzitsoni, Gotani, Rabai and Goa Mtomondoni areas reaching 262 participants, 227 male and 277 female. During the dialogues 62 clients (54M 8F) received HTS services. 2 tested positive.</li> <li>41 CHVs were supported to conduct Door to door health education sessions in marereni and Gede areas. 3,175 households were visited, resulting to 595 referrals -202 referrals were for ANC and were all tested for HIV and syphilis, 264 were referred for HIV testing and counselling and 69 for skilled deliveries</li> <li>The project also successfully established 2 facility- community link desks to ensure enrolment of all ANC referred cases from the community in Malindi hospital and Muyeye Health Centre</li> <li>During the quarter 571 (196M, 375F) clients were tested both from PNS and hotspots where 70(28M, 42F) clients were reactive and 62 linked to Afya Pwani surge facilities while 8 declined to be linked to care.</li> </ul>
	Improving retention of mother baby pairs (MBP)	<p><b>Kilifi County</b></p> <ul style="list-style-type: none"> <li>The project engaged mentor mothers and treatment champions to follow up mother baby pairs and conduct home visits to unsuppressed pairs and trace back defaulters and Lost To Follow Up. A total of 75 mother baby pair missed appointments were identified and were successful traced back to care.</li> <li>10 EMTCT support groups were conducted in Mtwapa 4, Oasis 3, Chasimba 1 and 2 in Vipingo. During the sessions, demonstrations on how to use the self- testing kits were done where 6 mothers carried a testing kit each in order to have their partners tested. 4 managed to test and one was reactive but declined to get to the health facility for confirmatory. Efforts to have the partner get to the facility are being done.</li> </ul>

Output	Activity	Achievement
<b>Output 1.2: HIV Care and Support Services</b>		<ul style="list-style-type: none"> <li>31 PMTCT mothers received prioritized home visits by the mentor mothers, where they were able to discuss issues affecting adherence one on one. Among the issues identified to have contributed to poor adherence was drugs skipping and poor storage, family conflicts resulting to depression, lack of proper diet and hygiene.</li> </ul>
	Enhance the access and utilization of the standard package of care for adults	<p><b>Taita Taveta County</b></p> <ul style="list-style-type: none"> <li>Expert clients were utilized at the various ccc outlet and conduct home visits to defaulters</li> <li>Programme supported 68 session for the support groups meetings in the community which reached 535 PLHIVS (411f124m) with PHDP messages, while the expert clients in the facilities managed 70 health education sessions covering 987 PLHIVS with PHDP messages (690f297m)</li> </ul> <p><b>Kwale County</b></p> <ul style="list-style-type: none"> <li>Topical updates, health talks and one on one sessions benefited 625(424F,191M) clients in the 177 sessions held by 68 Pes and 4 CHVs.</li> <li>A total of 88 support groups covering 264 sessions in the quarter benefited 2163(1550F,613M) PLHIVs.</li> <li>Aggressive LFTUs follow-up activity enabled accounting for 688 clients out of 1280 LFTUS. In this exercise 495 clients were resumed to care,127 were transfer outs,40 were deaths,26 declined. We are still following 592 clients.</li> <li>The project through grantees traced and resumed to treatment 2266 clients out of 2701 which is 90% of accounted for clients. There were 107 transfer outs and still following 271 clients. There were 57 deaths in the quarter 19 of them not HIV related (accidents &amp; injuries) and the rest OPIs especially TB and meningitis.</li> <li>Currently 20 unsuppressed support groups in 20 facilities. (Kinango-2, Kwale-2, Mazeras-1, Samburu-1,Mnyenzi-1,Mwangulu-1,Taru-1,Lungalunga-1,Kikoneni-1,Vitsangalaweni-1,Vigurugani-1,Mwaluphamba-1,Ngombeni-1,Mackinon-1,Shimba-hills-1,Tiwi-1,Mkongani-1,Vanga-1). 446(327F,119M)he grantees followed up 2561 clients on treatment and accounted for 91.4% (2341 clients) on treatment.</li> <li>233 household visits were conducted in this reporting period reaching (138f, 95m) in the facilities below lungalunga, Mwangulu, Mnyenzi,Samburu,Mazeras,Msambweni,Vitsangalaweni,Kikone ni,Kinondo,Ngombeni,Gombato,Kinango, Mkongani-2, Tiwi, Kwale and Diani</li> <li>A total of 54 unsuppressed sessions were conducted by grantees reaching 218(117F,101M).</li> </ul>

Output	Activity	Achievement
		<p><b>Mombasa County</b></p> <p><i>Provision of Positive Health, Dignity and Prevention (PHDP)</i></p> <ul style="list-style-type: none"> <li>In Mombasa, Afya Pwani Grantees, CIPK, HFG, NEPHAK and WOFAK, continued to support the provision of Positive Health Dignity Prevention (PHDP) services for People Living with HIV (PLHIV) across the Four sub counties.</li> <li>23 facilities were facilitated to conduct psychosocial support group sessions. During those forums, the PLHIV were given the opportunity to discuss HIV-related issues openly within the support groups, which may otherwise not be available in other contexts of daily life. The program reached a total of 4464 (M=1160 F=3304) clients</li> <li>NEPHAK, with support from Afya Pwani, guided Magongo Health Centre, where 23 out of 73 PMTCT mothers had not disclosed their HIV status to their partners. This cohort of mothers were put in a support group, their TCAs aligned and taken through PHDP sessions to address their need and within two months, all the partners had disclosed and 17 /23 had their partners tested for HIV.</li> <li>In Chaani, Kongowea HC, Likoni SCH and Portreitz Hospital, all the unsuppressed Adolescents and Youth Living with HIV -AYLHIV, held their unsuppressed support group while attending their special clinics.</li> <li>A total of 219 males were reached through the men only support group PHDP sessions.</li> </ul> <p><b>Kilifi County</b></p> <ul style="list-style-type: none"> <li>A total of 3811 clients benefited 79 various support groups among these, 202 Pead's, 56 men,114 caregivers,101 adolescents (49m, 52f); 35(19m 23f) discordant couples;154 newly identified clients 154(52m,102f); PMTCT 1035; 2114 (562M, 1552F) A total of 167 home visits were conducted during the period reaching (61 m ,106 f)</li> </ul>
		<p><b>Defaulter tracing</b></p> <p><b>Mombasa County</b></p> <ul style="list-style-type: none"> <li>In this reporting period Grantees supported facility peer mentors to develop line list of defaulters and LTFUs where the CHVs were facilities to do active tracing and bringing these clients back to care. A total of 571 defaulters and upto 212 LTFUs were brought back.</li> <li>191 Clients were confirmed and documented as having transferred to other facilities outside Mombasa County.</li> </ul>

Output	Activity	Achievement
		<ul style="list-style-type: none"> <li>During Psychosocial group sessions, the grantees, took the clients through treatment literacy, adherence sessions with the aim of retention and achieving viral suppression.</li> <li>Afya Pwani supported Grantees to conduct 3 FGDs for defaulters on Care which were done in Shikadabu, Likoni Catholic Clinic and Magongo Health, the below table shows the participants interviewed, Duration for each FGD and feedback from each facility.</li> </ul> <p><b>Taita Taveta County</b></p> <ul style="list-style-type: none"> <li>During the quarter 146 missed appointments 121 were trace back 17 died 7 transferred out and 2 are still being followed.</li> </ul> <p><b>Kilifi County</b></p> <ul style="list-style-type: none"> <li>2323 appointments were missed out of which 1805 were traced 35 died, 81 were transfer outs and 271 were still being followed up.</li> </ul>
	Addressing specific needs of adolescents and young people.	<p><b>Operation Triple Zero (OTZ CLUBS)</b></p> <p><b>Taita Taveta County</b></p> <ul style="list-style-type: none"> <li>5 facilities held 7 clinics Reaching 74 adolescent as a result two otz clubs were formed in Moi and Taveta 38 female and 35 male</li> </ul> <p><b>Kwale County</b></p> <ul style="list-style-type: none"> <li>A total of 19 sessions reaching 203 (124F, 79M) in the following facilities<sup>113</sup> were conducted</li> </ul> <p><b>Mombasa County</b></p> <p><i>Addressing specific needs of adolescents and young people Living with HIV- OTZ Clubs</i></p> <ul style="list-style-type: none"> <li>In the efforts to address the special needs faced by the Adolescents and youth living with HIV (AYLHIV), the project supported grantees to implement individualized care for AYLHIV through Operation Triple Zero (OTZ) plus specific strategies to reach those in schools, including collaborating with schools' management and networks of HIV positive teachers.</li> <li>In this reporting quarter, the Grantees utilized both community CHVs, facility-based peer mentors and AYLHIV (OTZ) champions to improve linkage and retention of Adolescents and young people to care. The project strengthened the provision of the Adolescent standard package of care (APOC) and OTZ.</li> <li>Grantees facilitated 11 Facilities<sup>114</sup> were supported to hold special clinic days for the AYLHIV, that were scheduled on Fridays and</li> </ul>

<sup>113</sup> Mazaras, Samburu, Kinango, Mkongani, Lungalunga, Vitsangalaweni, Kikoneni, Msambweni, Tiwi, Diani, Kwale, Kinondo and Gombato

<sup>114</sup> CPGH Youth Zone, Kongowea, Likoni SCH, Likoni Catholic, Chaani, Magongo HC, Tudor SCH, Portreitz Hospital, Mlaleo CDF, Kisauni and Mikindani HC

Output	Activity	Achievement
		<p>Saturdays, while during the August school holidays, special activities and events were done. At the CPGH Youth Zone, Afya Pwani supported the facility to hold a talent show where the AYLHIV showcased various talents; music competition, dancing, modeling contest among other activities. NEPHAK supported the youths in Changamwe facilities, held their OTZ club fun day at the Wild Waters Grounds. These events provided a platform for the AYLHIV to share experience while encouraging each other on the ART treatment journey. The activities were not only dominated with fun moments, but also, we had volunteer psychologist and counselors who held both group and one on one sessions with the AYLHIV. A total of 428 (286M 214F) participated in these activities</p> <p><b>Kilifi County</b></p> <p>A total of 16 OTZ clubs in 16 facilities continued to meet on weekends 430 caregivers and 438 children were engaged in the clubs, during which adherence to their regime was emphasized</p>
<b>Output 1.3: HIV Treatment Services</b>	Enhancing the uptake of ART among Adults Living with HIV	<p><b>Home visits for PLWHIS by peer mentors</b></p> <p><b>Taita Taveta</b></p> <ul style="list-style-type: none"> <li>A total of 356 home visits for the unsuppressed clients were supported by the grantees</li> </ul> <p><b>Community Differentiated Care Services (DSD)</b></p> <ul style="list-style-type: none"> <li>60 new community ART groups formed</li> <li>296 new members enrolled into CAGS</li> <li>A total of 110 CAGS formed cumulatively</li> </ul> <p>501 members are enrolled on CAGS</p> <p><b>Mombasa County</b></p> <p>The facility peer mentors and mentor mothers were supported by Grantees to do home visits to reach clients especially those who were unsuppressed and serial defaulters. 297 home visits were done reaching a total 317 (M93 F224) clients. 176 were unsuppressed clients. Visits proved to be useful towards defaulter tracing, with 65 clients traced back</p>
	Treatment for adolescents and Key populations	<p><b>Kwale County</b></p> <ul style="list-style-type: none"> <li>There are 10 youth and adolescent support groups in ten facilities that are supported twice a quarter when the schools are closed and during mid-terms. A facilitator trained on youth friendly basics facilitates the sessions so that they are enticing and appealing to the youths. This quarter 20 sessions were held benefiting 203(124F,79M) in Kwale county.</li> <li>The project through the grantees is working closely with KENEPOTE teachers to reduce stigma in schools by facilitating teachers to conduct stigma reduction sessions and educate on HIV. The teachers are also seeking audience through the head teachers during assembly and sensitizing the pupils and teachers.</li> </ul>


Output	Activity	Achievement
		<ul style="list-style-type: none"> <li>A total of 3067(1482F,1585M) pupils and 117 teachers(67F,50M) were sensitized and given a health talk. A big knowledge gap was realized not only among pupils but teachers too. These sessions will continue in the coming quarter especially targeting the schools with most pupils who are HIV positive.</li> </ul> <p><b>Mombasa County</b></p> <ul style="list-style-type: none"> <li>HFG and NEPHAK, utilized the Kenya Network of HIV Positive Teachers (KENEPOTE) to conduct sessions that promote adherence among AYLHIV in schools. 8 Primary 115 Schools conducted HIV stigma reduction dialogue sessions which were facilitated by Peer Educators and KENEPOTE teachers. In Mombasa County 123 (51M; 72F) AYLHIV in schools were targeted and a total of 823 (381M; 442F) pupils reached</li> </ul>
<b>Output 1.4: HIV Prevention and HIV Testing and Counseling</b>	HIV Prevention activities to vulnerable populations	<p><b>Mombasa County</b></p> <ul style="list-style-type: none"> <li>Afya Pwani supported 24(9M;15F) CHVs and 11 mentor mothers to attend and conduct health sessions. During the quarter, HFG focused on increasing the awareness and utilization of PrEP and PEP among the vulnerable populations in Likoni sub-county through facilitation on the importance of PrEP and PEP towards reducing risks of HIV infections. Awareness creation on HIV PrEP and PEP was done among vulnerable populations of AYLHIV, Victims of SGBV, and KPs on the importance of taking pre and post-exposure prophylaxis. During the sessions, clients discussed how PrEP is a powerful HIV prevention remedy, combined with condoms and other prevention methods. Discussed too was the categories of people to access PrEP when in need; A total of 321 (76M ,245F) community members were reached</li> <li>Grantees reached a total of 562 young mothers aged 15-19Yrs. (151 and 20-24 (411) They were sensitized on importance of personal hygiene, exclusive breast feeding, knowing their HIV status, having an individual birth plan, early visit to ANC, honoring clinic dates and encouraging their partners to accompany them to the clinic</li> </ul> <p><b>Kilifi County</b></p> <p>42 home visits were made to mentors.</p>
	Improving the uptake and quality of HIV Testing Services	<p><b>Taita Taveta County</b></p> <ul style="list-style-type: none"> <li>3 counsellors were contracted by grantees to fasttrack surge in Tausa, Mwachabo and Bura and reached 121 clients with testing services</li> </ul> <p><b>Kilifi County</b></p> <ul style="list-style-type: none"> <li>The program reached 2751 (1401m, 1350) students with HIV prevention messages in Pwani University</li> </ul>

<sup>115</sup> Mbarak Primary, Bahari Primary, Bomu Primary, Gome Primary, Mikindani Primary, Shikaadabu Primary, Mtongwe and Bomani Primary

Output	Activity	Achievement
		<ul style="list-style-type: none"> <li>The program was supported to implement HTS activities under SURGE this facilitated the reaching of 1732 who were tested among the 80(34M,46F) reactive 62 were linked to treatment.18 being followed up.</li> <li>-House to house visits were conducted by 41 CHVs and reached 3,175 households with key messages on HIV prevention. They were also sensitized on availability of pre-exposure and post exposure prophylaxis for HIV prevention. Mamburi dispensary does not have CHV hence no households are visited in this facility.</li> <li>In this reporting period, 144 people index client and family or partner testing 36 were positive. Due to the referral system, any positive clients found at the CCC of the facilities are started on ART at the facility. Newly identified clients were linked to care. 6 support groups for newly diagnosed clients was conducted in Gede Health center reaching 40 clients (12M, 28F)</li> </ul>
<b>Output 1.5: Tuberculosis/HIV Co-Infection Services</b>	Optimize the Afya Pwani six "I"s approach for TB/HIV control	<p><b>Mombasa County</b></p> <ul style="list-style-type: none"> <li>The Grantees leveraged on the Adherence support group sessions to sensitize community members on active case finding and early referral of TB cases by use of community health volunteers. PLHIVs were educated on GeneXpert testing and IPT during support group meetings and at the facility, during clinic visits. 241 clients were sensitized, and through TB prescreening, 18 found eligible for gene Xpert testing. 7 clients turned out positive for TB with one suggestive result.</li> <li>There were no cases of MDR reported during the month; hence, no TB defaulter referrals reported by the CHVs despite efforts put towards defaulter tracing.</li> </ul> <p><b>Kilifi County</b></p> <ul style="list-style-type: none"> <li>41 (27M 24F) eligible clients were put on IPT.</li> <li>25 new TB cases reported, and the clients are continuing with treatment.</li> </ul> <p>31 home visits (14M, 17F) were conducted for the TB clients to address adherence, nutrition and hygiene</p>
<b>Output 1.6: Accelerating HIV Care and Treatment for children</b>	Provision of standard package of care for children including provision of ART	<p><b>Kwale County</b></p> <ul style="list-style-type: none"> <li>The project through the grantees is working closely with KENEPOTE teachers to reduce stigma in schools by facilitating teachers to conduct stigma reduction sessions and educate on HIV. The teachers are also seeking audience through the head teachers during assembly and sensitizing the pupils and teachers.</li> <li>A total of 3067(1482F,1585M) pupils and 117 teachers(67F,50M) were sensitized and given a health talk. A big knowledge gap was realized not only among pupils but teachers too. These sessions will continue in the coming quarter especially targeting the schools with most pupils who are HIV positive</li> <li>This quarter caregivers/guardians monthly support group sessions continued in 15 facilities (Kwale, Vitsangalaweni, Kikoneni,</li> </ul>

Output	Activity	Achievement
		<p>Lungalunga, Diani, Msambweni, Kinondo, Vigurugani, Kizibe, Ndavaya, Mwaluphamba, Kinango, Mazeras, Tiwi, Ngombeni and Mkongani benefiting caregivers of 690 CLHIVs (481F, 209M).</p> <p><b>Mombasa County</b></p> <ul style="list-style-type: none"> <li>During the quarter, grantee focused on the identification of HIV positive children, enrolment into care, and timely initiation of children on ART. Children on care and treatment received standard package of care such as health talks through their caregivers, Nutritional supplements for the malnourished that collectively improved on their viral load suppression levels. A total of 7 children were newly enrolled to care.</li> <li>During the quarter, HFG was able to reach 20 (10male, 18female) survivors from SGBV support group sessions held.</li> </ul> <p><b>Kilifi County</b></p> <p>The total number of CLHIV who received home visit was 42, 22 male and 20 female. Proper timing, balanced diet, importance of adherence and personal hygiene has been addressed.</p>
<b>Sub-Purpose 2: Increased Access and Utilization of focused MNCH and FP, WASH and Nutrition</b>		
<b>Output 2.1: Maternal Newborn Health Services</b>	Mama Groups for enhanced client retention	<ul style="list-style-type: none"> <li>This reporting period Magarini cultural centre and AMURT supported 20 Mama and Binti groups (15 Magarini, 2 Rabai and 3 Kaloleni.</li> <li>511 pregnant women benefited from this intervention this quarter. More groups (7) have been initiated into savings and loaning. In Marafa, the group members have saved up to ksh 14,000 and are in the process of undergoing training to initiate income generating activities.</li> </ul>
	Monthly support of TBAs and CHVs to identify and refer/accompany ANC, SBA, Immunizations and FP clients for MNCHFP services	<ul style="list-style-type: none"> <li>174 CHVs and TBAs were engaged to identify and refer women for ANC and SBA services</li> <li>A total of 1310 women were referred for ANC services and 622 for SBA services</li> </ul>
	Conduct integrated community sensitization sessions/outreaches	<ul style="list-style-type: none"> <li>33 integrated community sensitization sessions were conducted this quarter (11 Magarini, 7 Rabai, 7 Kilifi South and 8 Kaloleni</li> <li>These sessions purposed to equip expectant women with information on importance of early initiation to ANC, as well as retention across the cascade.</li> </ul>
<b>Output 2.2: Child Health Services</b>	Conduct immunization/child health community sensitization sessions/outreaches Engaging TBAs and CHVs as referral agents	<ul style="list-style-type: none"> <li>The project grantees supported 27 child health dialogue sessions</li> <li>5046 community members reached with child health information</li> <li>174 CHVs and TBAs were engaged to identify and refer immunization defaulters back to care</li> <li>3,039 children referred for immunization services</li> </ul>

Output	Activity	Achievement
	Integrated Community Case Management (ICCM)	<ul style="list-style-type: none"> <li>• Magarini Cultural Centre engaged 40 CHVs as case managers for ICCM</li> <li>• The CHVs visited 984 households every month in the quarter</li> <li>• 792 children were identified with childhood illnesses (diarrhea-111 out of which 86 managed at household, cough-270,61 managed at household, fever-202, 86 managed at household, 203 other ailments were referred and managed at the Sosoni and Mulunguni facilities).</li> <li>• During this process 59 immunization defaulters were also traced</li> </ul>
<b>Output 2.3 Family Planning</b>	Conducting FP Health education in facilities	<ul style="list-style-type: none"> <li>• The grantees stationed CHVs at different service delivery points within health facilities to provide MNCH education to clients.</li> <li>• Through this approach, a total of 4415 clients were reached with information and 1029 clients referred for FP services from the child welfare clinics</li> </ul>
	Increasing male involvement in Reproductive Health	<ul style="list-style-type: none"> <li>• The project grantees engaged 65 male champions as ambassadors of change, among male peers to enhance male involvement in reproductive health.</li> <li>• The male champions conducted 194 male only dialogue sessions in Magarini, Kilifi South and Kaloleni sub counties.</li> <li>• 4341 men were reached with behavior change information during these meetings</li> </ul>
	Community based distribution of FP	<ul style="list-style-type: none"> <li>• The grantees engaged 250 community Based Distributors (CBDs) of FP to provide FP education services and distribute pills and condoms to clients at community level.</li> <li>• The CBDs were supported to hold educative sessions at community level and door to door visits.</li> <li>• The CBDs also distributed 12,346 pieces of condoms and 116 cycles of oral contraceptives under the supervision of health workers.</li> <li>• 325 newly identified clients were referred to health facilities for further screening and services</li> </ul>
	Sports for Change	<ul style="list-style-type: none"> <li>• Magarini Cultural Centre conducted a “sports for change” event to mobilize youth in Marereni area, Magarini sub County.</li> <li>• The football event attracted upto 1200 young people. In between the games health education sessions were held, with calls for services provided by community-based distributors and health care workers were present.</li> <li>• At the end, 1782 pieces of Male and 112 Female condoms as were distributed and 14 clients referred to Marereni dispensary for other FP methods.</li> </ul>
	Leveraging on Mama Groups to increase uptake of post-partum FP	<ul style="list-style-type: none"> <li>• The grantees leveraged on Mama and Binti groups to sensitize the group members on FP, to enhance awareness, dispel myths and consequently increase uptake of services</li> <li>• Out of the 161 mama group members who delivered this quarter, in Magarini Sub County, 79 were able to seek FP services.</li> </ul>

Output	Activity	Achievement
<b>Output 2.4 - Water, Sanitation and Hygiene Services</b> <b>a) Increase access sanitation services</b>	Activity 2.4.2.4 Support public health workers to carry SLTS in (14) selected primary schools	<ul style="list-style-type: none"> <li>USTADI Supported Public health workers to carry out SLTS in 14 selected primary schools in Ganze ward. Development of health clubs which spearheaded the process of SLTs in School. The members of the health club were like sanitation promoters. This enabled them to communicate and watch their colleagues on sanitation issues. Maintenance of sustainability behavior and sanitation facilities were the prime goals of SLTS which were achieved. So continuous upgrading of the facilities, innovations in approaches and technologies was emphasized for attainment of school ODF.</li> </ul>  <p>SUPPORTED SCHOOLS IN GANZE</p> <ul style="list-style-type: none"> <li>4 primary schools (Chasimba Central, Chasimba Pri, Kolongoni, and mwangaza in Chasimba Sub location) were reached through WASH sessions with the help of club patrons and school heads to ensure sustainability of WASH interventions in schools supported by SPEAK.</li> </ul>
	Activity 2.4.2.5 Support the post triggering follow ups and meetings to (40)	<ul style="list-style-type: none"> <li>During the quarter USTADI supported CLTS Follow up exercise in all the 40 villages: Madeteni, Vimbirini, Karira A, Dungicha center, Muhoni A, Muhoni B, Mugamani A, Vimburuni, Boyani, Dzungunim Mpirani, Mwatate, Kikwanguloni, Mrimawa kuku, Madeteni, Miareni, Kafitsoni, Mihandeni, Kaladheni B, Kaladheni, mwaeba East, Kwa ndungu, Mbararani, midzi Mitsano, Migodomani A, Migodomani B, mpirani B, Mugamuni B, Muhoni C, mwaeba central, Mwaeba pangani East, mwaeba west, Mweza A, Mweza B, Mweza C, Soso la chini, Soso la Juu, Tsangalaweni central, Varavo and Zozo.</li> <li>SPEAK supported post -triggering CLTS follow up to ODF for 23 villages by SCPHOs in Chasimba and Jaribuni wards in Kilifi South and Ganze sub counties respectively.</li> </ul>
	Activity 2.4.2.7 Support the sub county verification process for (40)	<ul style="list-style-type: none"> <li>SPEAK supported ODF verification exercises in 16 villages (Kolongoni, Gandini, Karimboni, Tsalu, Katikirieni, Chigojoni, Mwafusi, Mwele, Galanema, Mbudzi Vyambani, Mwarema, Kagombani, Mkwajuni, Majengo A and Majengo B.</li> <li>USTADI supported sub county ODF verification process for 12 villages: Varavo, Kikwanguloni, Madeteni, Mrima wa Kuku, Soso La Chini, Mihandeni, Mpirani A, Mwaeba East, Ganze East, Pangani Gandini, Midzi Mitsano, Tsangalaweni</li> </ul>
	Activity 2.4.2.11 Train (15) local entrepreneurs on sanitation business development and entrepreneurship	<ul style="list-style-type: none"> <li>USTADI supported 15 (M-10, F-5) local entrepreneurs trained on sanitation business development and entrepreneurship. The trained entrepreneurs are from Ganze Ward</li> <li>SPEAK supported 15 local artisans were trained 8 from Chasimba and 7 from Vyambani sub locations.</li> </ul>

Output	Activity	Achievement
	Activity 2.4.2.13 Conduct social Marketing promotion campaigns for improved sanitation marketing uptake in 6 community Units	<ul style="list-style-type: none"> <li>SPEAK Supported 2 mass sanitation marketing sensitization campaigns were conducted in Mbuzdi, Vyambani and Majengo A villages in Jaribuni Ward. A refresher training was provided to 29 CBPs from the 3 villages as Sanitation marketers and linked to a makiga machine provided by Afya pwani and or the county government for mass sensitization.</li> </ul>
<b>b) Improve healthy hygiene behaviors to prevent diarrhea diseases</b>	Activity .2.4.3.1 Support school hygiene and sanitation events in 14 primary schools	<ul style="list-style-type: none"> <li>SPEAK supported 4 primary schools (Chasimba Central, Chasimba Pri, Kolongoni, and mwangaza in Chasimba Sub location were reached through WASH sessions with the help of club patrons and school heads to ensure sustainability of WASH interventions in schools</li> <li>In Ganze ward, USTADI supported the purchase and distribution of 28 Handwashing facilities to 14 primary schools: Migodmani, Sokoke, Mgamboni, Nyari, Silala, Kachoroni, Muhoni, Rare, Mabirikani, Mpirani, Mwaeba, Malomani, Dungicha and Tsangalaweni schools</li> </ul>
	Activity 2.4.3.6 Support hygiene champions to roll out hygiene interventions for WASH products through community dialogue (Washing stations, latrine water	<ul style="list-style-type: none"> <li>SPEAK supported 20 CBPs (6 Males, 14 Females) as Hygiene champions from Chasimba and Vyambani Sub locations were facilitated to roll out hygiene interventions for WASH products in the 10 CLTS triggered villages of Chasimba Sub location.</li> <li>1 Hygiene review meeting was conducted and as a result 136 households installed Handwashing stations both in Chasimba and Vyambani sublocations through the support of SPEAK</li> <li>USATDI conducted a sensitization meeting where 8 male hygiene champions were selected to sustain the process of WASH through continued mobilization and dialogues in Ganze ward</li> </ul>
	Activity 2.4.3.8 Facilitate water safety demonstration forums in 40 villages	<ul style="list-style-type: none"> <li>SPEAK supported distribution of 3360 sachets of pur and 6000 tablets translating into 153,600 liters of water treated at household level. This was done in Chasimba and Jaribuni locations.</li> <li>USTADI supported distribution of 5650 sachets of purr and 6000 tablets in Ganze ward. The tablets were distributed in 4 sublocations that is Tsangalaweni, Dungicha, Rare and Migodmani resulting into 176,500 litres of water treated at household level in Ganze ward. Almost 500 people were reached during community members education. The importance of water treatment at household level and demonstration on how to use the different water treatment methods formed part of the education.</li> </ul>

Output	Activity	Achievement
<b>Output 2.5</b> <b>Nutrition services</b> <b>a) Improve community knowledge, attitudes and practices on maternal, infant and young child feeding</b>	Activity 2.5.2.3 Support Mama groups to promote good nutritional practices in the community (40)	<ul style="list-style-type: none"> <li>USTADI supported existing mama groups to promote nutritional practices to their fellow members of the community by supporting health education sessions where mother support group women shared their best practices on maternal infant and young child feeding. The members were reimbursed transport and provided with lunch allowance.</li> </ul>
	Activity 2.5.2.4 Conduct cooking demonstrations at facility and community level (25 Demos)	<ul style="list-style-type: none"> <li>USTADI supported 25 cooking demonstrations to enhance food variety, food diversity and promote proper food preparation practices during the quarter reaching out to 553 participants.</li> </ul>
	Activity 2.5.2.6 Engage male champions and opinion leaders to address retrogressive cultural behaviors that affect maternal infants and young child feeding	<ul style="list-style-type: none"> <li>USTADI recruited 8 male champions (4 in Kilifi North and 4 in Ganze) to address the change in cultural beliefs and behavior on young child feeding and nutrition. The male champions are expected to foster positive change by sharing their best practices on supporting breastfeeding women.</li> </ul>
<b>b) Improve household food security</b>	Activity 2.5.3.14 Identify, and train Mama groups and support setting up of small gardens near selected water points	<ul style="list-style-type: none"> <li>USTADI supported 25 cooking demonstrations during the quarter reaching out to 553 participants.</li> <li>USTADI improved mamas' livelihood by assisting them in coming up with ways to increase their income level through income generating activities including farming and poultry keeping</li> </ul>
	Activity 2.5.3.5 Assist Mama engage in IGAs sessions	

**ANNEX V: LIST OF FACILITIES TO BE SUPPORTED AS 'PARTNER IMPLEMENTED PROJECTS' (PIPS)**

<b>County</b>	<b>Name of Facility</b>
<b>Mombasa</b>	Tudor Sub County Hospital
	Portreiz Sub County Hospital
	Coast Provincial General Hospital- Pending Signing
	Likoni Sub County Hospital
	Ganjoni Dispensary
	Magongo MCM Health Centre
	Bokole Dispensary
<b>Kwale County</b>	
	Msambweni County Referral Hospital
	Diani Health Centre
	Kikoneni Health Centre
	Kinango Sub County Hospital
	Kwale Hospital
	Lunga Lunga Sub County Hospital
	Mazeras Dispensary
	Mkongani Health Centre
	Samburu Health Centre
	Tiwi Health Centre
	Vitsangalaweni Dispensary
<b>Taita Taveta County</b>	
	Mwatate Sub County Hospital
	Taveta Sub County Hospital
	Wesu Sub County Hospital
	Moi County Referral Hospital
<b>Kilifi County</b>	
	Bamba Sub County Hospital
	Chasimba Health Centre
	Ganze Health Centre
	Gede Health Centre
	Gongoni Health Centre
	Kilifi County Referral Hospital
	Malindi Hospital
	Marereni Dispensary
	Mariakani Hospital
	Matsangoni Health Centre
	Mtwapa Health Centre
	Muyeye Health Centre
	Rabai Health Centre
	Vipingo Health Centre

# ANNEX VI: AFYA PWANI HRH STATUS SUPPORT

	Mombasa	Kilifi	Kwale	Taita Taveta	Total
CHW	112	32	10	0	154
CHEW	0	0	0	0	0
Nurse	2	10	1	0	13
Midwife	0	0	0	0	0
Clinical Officer	6	7	2	0	15
Doctor	1	0	2	0	3
Lab tech	3	1	2	0	6
HRIO	4	5	2	0	11
Nutritionist	1	4	1	0	6
Pharm tech	1	2	2	0	5
Mentor Mothers	10	12	0	5	27
PITC/Adherence counselors	16	17	7	4	44

**ANNEX VII: TRIGGERED VILLAGES DATA (KALOLENI & KILIFI NORTH)**

Village Name	H/H number	Total Population	H/H with latrine	H/H with No latrine
Mikingirini B	273	1808	196	87
Fumbini	292	2315	239	53
Konjora 2	132	870	77	55
Konjora 3	50	381	41	9
Konjora 1	119	594	74	45
Mwamleka B	37	419	15	22
Vuvu La Wimbi	49	480	18	31
Mwamleka A	35	360	14	21
Makululu B	22	210	10	12
Makululu A	36	380	15	21
Vuvu Ra Wimbi	48	501	20	28
Chamrindi	41	400	12	29
Mwamleka C	38	380	9	29
Mwamleka D	40	455	13	27
Birini A	27	283	10	17
Birini B	33	378	12	21
Menza	25	310	14	11
<b>Total</b>	<b>1297</b>	<b>10524</b>	<b>789</b>	<b>518</b>

*\* H/H- House Hold*