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USAID KENYA MCSP QUARTERLY PROGRESS REPORT



Kisumu County Youth Symposium

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USAID KENYA MATERNAL CHILD HEALTH SURVIVAL PROGRAM

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ACRONYMS AND ABBREVIATIONS

ACSM	Advocacy, communication and social mobilization	DOT	Directly observed treatment
AFP	Advance Family Planning	DQSA	Data Quality Self-Assessment
AMREF	Amref Health Africa	ECD	Early childhood development
ANC	Antenatal care	EmONC	Emergency Obstetric and Newborn Care
APHIAPlus	AIDS, Population and Health Integrated Assistance Plus	ENC	Essential Newborn Care
APHRC	African Population and Health Research Center	EPCMD	Ending preventable child and maternal death
AYSRH	Adolescent and youth sexual and reproductive health	EPI	Expanded Program for Immunization
BFCI	Baby Friendly Community Initiative	EVMA	Effective Vaccine Management Assessment
BFHI	Baby Friendly Hospital Initiative	FP	Family Planning
bPOV	Bivalent Oral Polio Vaccine	GOK	Government of Kenya
CBD	Community-based distribution	HCWs	Health Care Workers
CCO	County Clinical Officer	HIIs	High Impact Interventions
CDC	Centers for Disease Control and Prevention	HINI	High Impact Nutrition Interventions
CEmONC	Comprehensive Emergency Obstetric and Newborn Care	HRIO	Health Records Information Officer
CHANIS	Child Health and Nutrition Information System	HSS	Health Systems Strengthening
CHAs	Community Health Assistants	HTC	HIV Test and Counseling
CHEW	Community Health Extension Worker	ICC	Interagency Coordinating Committee
CHMT	County Health Management Team	iCCM	Integrated Community Case Management
CHRIO	County Health and Records Information Officer	IEC	Information, education and communication
CHSU	Community Health Services Unit	IFAS	Iron and folic acid supplementation
CHV	Community Health Volunteer	IMAM	Integrated Management of Acute Malnutrition
CLTS	Community Led Total Sanitation	IMCI	Integrated Management of Childhood Illnesses
CMCC	County Malaria Control Coordinator	IPC	Infection Prevention and Control
CME	Continuing Medical Education	IPTp1	Intermittent Preventive Treatment in Pregnancy with a First Dose of Sulfadoxine-Pyrimethamine
cMYP	costed Multi Year Plan	IPTp2	Intermittent Preventive Treatment in Pregnancy with a Second Dose of Sulfadoxine-Pyrimethamine
CNTWG	County Nutrition Technical Working Group	IPTp-SP	Intermittent Preventive Treatment of Malaria in Pregnancy with Sulfadoxine-Pyrimethamine
CPHARM	County Pharmacist	IPV	Inactivated Polio Vaccine
CRHC	County Reproductive Health Coordinator	JOOTRH	Jaramogi Oginga Odinga Teaching and Referral Hospital
CSFP	Community Strategy Focal Person	KMC	Kangaroo mother care
CU	Community Unit	LARC	Long-Acting Reversible Contraception
D&A	Disrespect and Abuse		
DAR	Daily Activity Register		
DHIS	District Health Information Software		
DHS	Demographic Health Survey		
DON	Division of Nutrition		

M&E	Monitoring and Evaluation
M2MSG	Mother to Mother Support Group
MCH	Maternal and Child Health
MCHIP	Maternal and Child Integrated Program
MCSP	Maternal and Child Survival Program
MEC	Medical eligibility criteria for contraceptive use
MER	Monitoring, Evaluation and Research
MIP	Malaria in pregnancy
MIYCN	Maternal, Infant and Young Child Nutrition
MNCH	Maternal, Newborn and Child Health
MNH	Maternal and Newborn Health
MOH	Ministry of Health
MPDSR	Maternal and Perinatal Death Surveillance and Response
MR	Measles-Rubella
MSD	Measles second dose
MUAC	Mid-Upper Arm Circumference
NCPD	National Council for Population and Development
NHP Plus	Kenya Nutrition Health Program Plus
NID	National Immunization Day
NMCP	National Malaria Control Program
NVIP	National Vaccines and Immunization Program
NXT	Implanon NXT
OJT	On Job Training
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PCV	Pneumococcal conjugate vaccine
PMP	Performance Monitoring Plan
PNC	Postnatal care
PPH	Postpartum hemorrhage
PY	Program Year
QIT	Quality Improvement Team
RDQA	Routine Data Quality Assessment
REC	Reaching Every County/Child
RH	Reproductive Health
RHC	Reproductive Health Coordinator
RMC	Respectful Maternity Care
RMHSU	Reproductive and Maternal Health Services Unit
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health

I. MCSP EXECUTIVE SUMMARY

Qualitative Impact

The Maternal and Child Survival Program (MCSP), is a global United States Agency for International Development (USAID) cooperative agreement to introduce and support high-impact health interventions in 25 priority countries with the ultimate goal of ending preventable child and maternal deaths (EPCMD) within a generation.

MCSP-Kenya supports programming in maternal, newborn, child and adolescent health, immunization, family planning (FP) and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria in pregnancy and RH-HIV integration.

The project's objectives are to strengthen the core capacities of county governments and health teams to increase coverage and utilization of evidence-based, sustainable, high-impact RMNCAH, nutrition, and WASH interventions and to foster an enabling environment and promote program learning documentation and dissemination for improved RMNCAH, nutrition, and WASH outcomes.

Since inception of the program, MCSP has primarily been implemented in Migori and Kisumu counties. In line with a phased approach adopted by the program, a total of 8 lower performing sub counties (Migori 4 and Kisumu 4) were supported in the first two years of the program. In addition, MCSP continued to implement activities in the former MCHIP sub counties of Igembe central, Igembe north of Meru County and East Pokot of Baringo County until they were transitioned and closed out at the end of PY2. For prevention of MIP, MCSP's malaria work focused on Migori and Kisumu along with Bungoma and Homa Bay.

This being the first quarter of PY3, MCSP scaled up implementation to an additional 6 sub counties in Migori and Kisumu counties including, Rongo, Awendo, Uriri, and Kuria East of Migori County, and Kisumu East and Kisumu West in Kisumu County.

Integrated Activities

In this quarter under review, MCSP scaled up to 6 additional sub-counties. Facility assessment was done with an aim of getting baseline information that will inform implementation. This is further elaborated under the performance monitoring section. Meetings were held with the sub-counties with the objectives of providing an overview of MCSP, reviewing performance of some key performance indicators, reflecting on the promising, emerging and best practices and discussing implementation in the scale up sub-counties. The sub county teams then developed action plans for implementation which were included in the PY3 workplan.

In Kisumu, MCSP supported this year's USAID RMNCAH/FP/Nutrition partners meeting whose theme was "Leveraging on devolution to catalyze achievement of the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC)". 10 MCSP sites were visited during the third day of field visits with some best practices observed e.g. having functional MPDSR committees, data base for staff trained in different modules, effective communication channels in emergencies, strong community facility linkages, epartograms, RMC implementation, PFP, structured feedback after trainings, good use of SOPs/Job aids, use of data for decision making, innovations by counties that has increased 4th ANC. The County Department for Health and Promotion of Health Investments launched the Kisumu County M&E plan 2013-18. The policy strives to improve health outcomes, coverage, client satisfaction and the long-term impact of improved quality of health services for the well-being of Kisumu County residents.

In Migori, MCSP participated in the RMNCAH TWG where the roles and responsibilities of each of the sub committees were discussed and adopted. In addition, MCSP, together with AFP supported the development and finalization of the Migori County Family Planning strategy and Costed Implementation Plan 2016/2017 to 2020. It is ready for printing and launch .This document will be useful for lobbying at County assembly level and budgeting.

Maternal and Newborn Health

In the reporting quarter, MCSP supported routine monthly EmONC assessments in all the supported sites. Some of the gaps identified include stock outs of oxytocin, magnesium sulphate and calcium gluconate. This provided an opportunity for redistribution of these commodities to mitigate the stock outs. Of note is that facilities are now able to budget and buy some commodities after sustained advocacy on resource mobilization. In addition, MCSP supported MPDSR in the PY 1&2 sub counties. MPDSR committees were also formed in the PY 3 scale up sub counties. In the quarter, all except two maternal deaths reported in Kisumu and Migori were audited. Audit findings revealed the major causes of death to be PPH, eclampsia, sepsis and complicated malaria. Half of reported perinatal deaths were also audited in Kisumu and Migori over the same period. Major causes of perinatal deaths were asphyxia, prematurity, newborn sepsis, congenital malformations and others. To address these causes of mortalities, follow up mentorship on EmONC signal functions, UBT, essential newborn care and PNC were supported. MCSP also continued to support KMC model of care by scaling up to sites in the PY3 sub counties as well as supplying equipment such as KMC beds. To improve on quality of care on MNH service delivery, MCSP supported a follow up Standards-Based Management and Recognition (SBM-R) module 2 training for health care providers and facility managers from 8 facilities in Kisumu County who were initially trained on module 1. At the community level, CHVs were trained on the community MNH technical modules. At the national level, MCSP and other taskforce members supported USAID to plan and hold the ninth implementing partners meeting in November 7-10, 2016. Participants had an opportunity to discuss best practices & challenges and learning experiences from different counties was compared to improve service delivery. In addition, MCSP participated in meetings to plan for EmONC scale up documentation. This documentation will include a program report and several manuscripts.

Malaria in Pregnancy

MIP continued to build capacity of counties and sub-counties to enable them manage provision of MIP services as per the national malaria guidelines, monitor quality of services provided at health facilities and the outcome of CHVs effort in sensitization of pregnant women to start IPTp early in the second trimester. The key activities conducted included training of health care workers (HCWs) and community health volunteers (CHVs) in Homa Bay and Migori counties, supportive supervision to monitor quality of services provided at health facilities after training was done in Migori and Bungoma.

Immunization

Immunization program prioritized support to the 6 scale-up sub-counties in Kisumu and Migori counties. At least one health worker from all health facilities conducting immunization services in 5 new sub counties participated in a comprehensive EPI training. The training addressed the key components of the immunization system namely; VPD epidemiology, vaccine management, cold chain management including use of fridge tag 2, data management and use of data for decision making, organizing and planning for an immunization session, building community support for immunization services, and VPD surveillance. In addition, the health workers were oriented on the REC/RED approach for increasing immunization coverage. Subsequent to the training, the trainees were assisted to develop facility specific micro plans that address the local problems facing immunization services delivery.

At the national level, support was focused on measles-rubella (MR) vaccine introduction, polio supplementary activities (SIA) in 15 counties and evaluation missed opportunity for vaccination.

Following the age-wide MR campaign in May 2016, MCSP provided support in planning for introduction of MR vaccine. This was successfully introduced in November 2016 in a phased manner since some counties had already started using MR and the country was no longer procuring the monovalent vaccine. In November 2016, MCSP participated in the planning and implementation of a multi partner assessment of missed opportunity for vaccination in 10 counties. The assessment indicated that missed opportunities for vaccination persist in the health facilities visited and that majority of missed opportunities could be reduced by (1) updating and implementing national policies and (2) addressing service delivery deficiencies. MCSP also supported planning for the polio SIA for targeted counties and participated in Gavi regional working group discussions on implementation of EPI managers' meetings.

Child Health

MCSP supported IMCI trainings and mentorships in 7 sub-counties (6 scale up sub-counties and Kuria East). In addition, mentorship was conducted in Kuria West. In Kisumu, technical support was provided during supportive supervision, data quality audits (DQA) and data review meetings in both Counties in the last quarter. The Child health team (Kenya and Washington) initiated IMCI mentorship process documentation, a product which is expected to be finalized in the next quarter. At the national level, MCSP supported County consultative meetings, key among them being an iCCM technical sub Committee meetings which was convened to ratify mentorships for CHVs trained in iCCM. The meeting also mapped out 'hard to reach areas' for iCCM trainings. Child health participated in the 'RMNCAH/FP partners' symposium, contributing technically to the thematic topics and questions for the Child survival panel in collaboration with the immunization team.

Nutrition

MCSP supported a sensitization meeting for Kisumu County on BFCI targeting county and sub county managers in nutrition, agriculture, ECD, community strategy, public health nurses, MOHs and partners. In Migori County, health care workers and community health volunteers (CHVs) were trained on BFCI. BFCI follow-ups were done in all the BFCI community units (CUs) within the quarter to monitor implementation. Focused supportive supervision was done in Kisumu and Migori County. MCSP engaged global nutrition partners through presentations at the Micronutrient Forum Global Conference, October 24-28 in Cancun, Mexico and the 2nd World Breastfeeding Conference, December 11-14 in Johannesburg, South Africa. Within Kenya, MCSP also presented at the Integrated Nutrition Conference, November 14-16, and the SUN Symposium, November 24-25. During the quarter, MCSP provided TA at national level during the finalization of the Baby Friendly Community Initiative (BFCI) training modules.

FP/RH

MCSP supported the Kisumu and Migori CHMTs to engage the youth by organizing an adolescents and youth symposium. Stakeholders from the county leadership, political leadership (county assembly) and other partners were involved. The feedback and concerns of the youth documented from the symposium will then be incorporated in the design of service provision at the health facilities and used in resource mobilization at the county level. In addition, MCSP is pioneering the process of introducing levonogestrel intra uterine system (LNG IUS) in the public health sector beginning with the two focus counties of Migori and Kisumu. LNG IUS is a hormonal IUCD that was previously only available in the private healthcare set up in the country at a cost. This will improved method mix in public health facilities. With technical assistance from MCSP global and commodities support from the international contraceptive access (ICA) foundation, MCSP supported the development of a learning resource package and the training of master mentors in both Migori and Kisumu counties. This will be followed up with cascaded trainings for HCWs. Other routine mentorships on LARC and whole site orientations on AYSRH, FP were also supported during the reporting period. CMEs geared towards FP compliance and commodity management were supported in Nyakach and Muhoroni health facilities.

WASH

MCSP is utilizing of the Community Led Total Sanitation (CLTS) and the community strategy to promote WASH. In the reporting period, MCSP followed up CLTS activities in Kisumu and Migori with the objective of raising levels of latrine coverage. In Migori, CHVs were trained on CLTS. Triggering and post triggering supervision was conducted. Third party certification of villages attaining ODF status was south from KWAHO. In addition, in Kisumu, MCSP supported the celebrations of villages that had attained ODF status.

Quantitative Impact

Maternal and Newborn Health

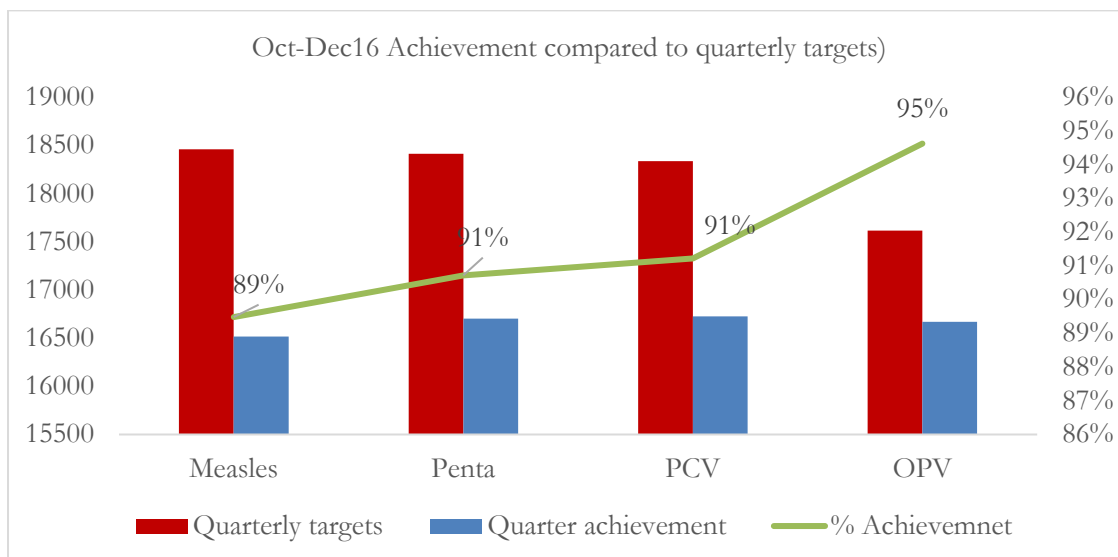
During the reporting period, MCSP supported training of 46 HCWs in Nyando and Seme on KMC. 6 KMC beds were delivered to sites in Kisumu and 4 to Migori County. The number of facilities offering KMC in both counties during the period increased to 17 and a total of 193 newborns were successfully managed using KMC and discharged. MCSP also supported a follow up Standards-Based Management and Recognition (SBM-R) module 2 training for health care providers and facility managers from 8 facilities in Kisumu County. MCSP had initially supported training of 32 service providers from 8 health facilities in Kisumu County on SBM-R module 1. All the facilities had marked improvement in the performance standards. Average performance at baseline (conducted in September 2016) was 37.9% compared to 55.6% during the 1st internal assessment (done in November 2016). During the reporting period, 22 out of the 24 maternal deaths recorded in Kisumu and Migori were audited. Audit findings reveal the major causes of death to be PPH (10), eclampsia (3), sepsis (2) and other causes such as severe malaria (7). In the same period, 317 perinatal deaths were reported in Kisumu and Migori; 52% (165) were audited. Major causes of perinatal deaths were asphyxia, prematurity, newborn sepsis and congenital malformations. These findings have informed strengthening of mentorships and other interventions to address the challenges. Under EmONC, MCSP has scaled up the number of facilities with the capacity to offer EmONC services from 25 to 51. By the end of PY 3, MCSP targets to prepare a total of 67 facilities to offer EmONC services. This started with an assessment of the sites for scale up followed by training/ mentorship, equipment supply and commodity redistribution to address the gaps identified. At the community level 12 community units (132 CHVs) in Kisumu were trained on the community MNH technical module. An additional 40 CHVs from 4 CUs were also trained on respectful maternity care (RMC). The CUs targeted were those attached to the EmONC facilities.

Malaria in Pregnancy

During the reporting quarter, MCSP built capacity to provide MIP services by training 836 HCWs and 1,811 CHVs on MIP guidelines in 3 sub-counties in Migori County and one in Homa Bay. The CHVs reached 56,123 pregnant women with MIP messages. Assessment of MIP performance standards was conducted in 3 sub-counties in Migori 3 and one sub-county in Bungoma.

Immunization

Based on the annual USAID targets, the coverages for all the tracer indicators were above 89%. The performance was clearly affected by the health workers strike in December; which is also the festive month.



To bridge the knowledge and skills gaps among service providers in the scale-up sub-counties, MCSP and county health teams in Kisumu and Migori counties conducted comprehensive EPI training targeting 131 service providers in both private and public health facilities. This is anticipated to improve on the quality of immunization services in the targeted facilities as well as improve on the numbers of children receiving the service. Recommendation of EPI managers’ meetings.

Child Health

Capacity building of HCWs on IMCI was conducted in the reporting quarter. A total of 122 healthcare workers were trained (Kisumu 46 and Migori 76). Mentorship was also conducted to 20 HCWs in Kuria West sub-county. The number of cases of child diarrhea treated with ORS and Zinc was 10,490, which is 115% against the target. For child pneumonia, the cases treated with antibiotics is 4,014 cases, giving a proportion of correct treatment of 100% against the target. In addition, Child health provided technical support for dissemination of revised pneumonia policy to 122 healthcare workers. In order to strengthen management of child diarrhea at service delivery level, the program procured ORT Corner equipment for 315 health facilities.

Nutrition

Capacity building of 94 health care workers and 102 CHVs on BFCI in Kisumu and Migori scale up sub-counties was conducted during the quarter under review. Focused supportive supervision was done in 178 health facilities. From BFCI community data, the prevalence of pre-lacteal feeding was at 16%, while exclusive breastfeeding was at 87% in the implementing areas. The total number of children under five reached through USG support with all interventions were 252,104. Vitamin A supplementation (VAS) through early childhood development (ECDs) contributed to a coverage of 69% of children 6-59 months in Kisumu and Migori. Among children presenting to health facilities, 5,998 were identified as underweight while 1,791 were wasted.

FP/RH

The adolescents and youth symposium was supported over two days in both Kisumu and Migori counties. There was representation from all the 14 sub counties with 491 youths, 300 in Kisumu and 191 in Migori participating. There was also almost equal representation from both males (222) and females (269). MCSP is supporting the roll out of LNG-IUS. 46 master trainers (21 in Migori and 25 in Kisumu) were developed. They were engaged to facilitate mentorship in Kuria West, Nyatike and Suna West. Previously trained LARC mentors were also engaged to mentor newly deployed HCWs. So far, 70 HCWs have been mentored. AYSRH whole site orientation sessions reached 90 HCWs in Migori with most facilities having done more than 5 sessions. Commodity management CMEs supported in Kisumu, reaching 79 HCWs during the reporting period. The CYP trend over the

reporting period had an upward projection reaching 122,500 from 59,230 in the previous quarter. Uptake of long term contraceptive methods initially increased in the quarter but later drastically reduced with the onset of the HCWs strike. MCSP also supported integrated RH FP camps reaching the following services given: 302 implants inserted and 23 removed, 21 IUCDs inserted and 1 removed, 53 DMPA injections, 26 cycles of COCs, 35 male condoms and 43 female condoms issued. There were also 444 clients screened for cervical cancer. 6 clients were referred for permanent FP methods.

WASH

In Migori, MCSP supported CLTS trainings in four sub counties; two in Suna East, two in Uriri, one in Nyatike and one in Suna West. 190 CHVs from 16 CUs were trained. 63 villages that attained ODF status received third party certification from KWAHO. In Kisumu, a public function was held to support the 58 villages (representing 42% ODF zone in Seme Sub County) that had attained ODF in the year.

Constraints and Opportunities

Health Worker's strike:

Due to the health workers strike in December 2016, implementation of activities including reporting was affected due to the limited service provision.

Reporting tools:

In a bid to ensure program sustainability, data on pregnant women reached with MIP messages is now being collected using the MOH 514 tool since 28 out of 30 sub-counties (except 2 in Kisumu) have trained CHVs on MIP. However, there are challenges in some CUs which don't have the data collection tool. At the facility level, the MOH ANC registers and summary tools still don't capture IPTp3 for entry into DHIS.

Commodity Stock outs:

Inter-sub county re-distribution of SP still persisted with some facilities experiencing short term stock-outs.

Immunization program implementation:

The consultative meetings with sub-county public health nurses and the sub-county EPI focal points coupled with the findings of the baseline assessment helped the program to better focus support in the new sub counties. Late release of funds by partners coupled with insufficient planning and health workers strike led to postponement of the polio SIA to January 2017.

Subsequent Quarter's Work Plan

Maternal and Newborn Health

MCSP will continue to scale up interventions in the new sub counties in areas of EmONC, ANC, targeted PNC, KMC, RMC, SBM-R and MPDSR. This will be done while sustaining the gains made in the previous sub counties. With cost-share resources, select maternity units in Migori will also be renovated to improve on quality of care. At the national level, MCSP will participate in manuscript writing to publish the EmONC scale up work. In addition, MCSP will continue to participate in discussions on the newborn register.

Malaria in Pregnancy

Activities planned for the next reporting period include training of HCWs and CHVs in Kisumu West and Kisumu East sub-counties, training of CMCCs in coastal endemic counties, Supportive supervision and sensitization of pregnant women will be conducted in all the focus counties

Bungoma, Homa Bay, Migori and Kisumu and completion of MIP manuscript writing. In addition MCSP will convene, the Malaria TWG and stakeholders meetings at national and county level, malaria workshop for MCSP and malaria coordinators, MCSP staff will attend the KOGs conference to share success stories during implementation of MIP, development of success stories for publication in the Jhpiego newsletter to commemorate the World malaria day 2017 will be done.

Immunization

In quarter 2, the program will support a comprehensive training for service providers in Kuria East, review meetings, focused supportive supervision to monitor implementation of facility micro plans and peer mentorship to address the perennial challenges of using data at facility level for decision making, use of fridge tag and review of micro plans. The outstanding evaluation of the implementation of the preservice EPI curriculum shall be implemented in this quarter. At the national level, MCSP will support NVIP to hold an immunization stakeholders' forum as a way or lobbying for support by decision makers at different levels. MCSP will also provide support to DSRU in planning, launching and implementing polio SIA in January and March. The two immunization technical advisors will attend the annual Eastern and Southern Africa (ESA) EPI Managers' meeting that sets and communicates priorities in the region.

Child Health

MCSP has planned to complete IMCI trainings for the remaining sub counties, specifically Suna East and Suna West in Migori. The team will collaborate with SCHMT and CHMT in Kisumu and Migori County to conduct program focused supportive supervision, IMCI mentorships and follow ups of trained service providers in the scale up sub Counties. The team will facilitate the sub county and county teams to conduct data quality audits (DQA) in facilities in sub Counties with data challenges and support child survival data review meetings to enhance data quality. Child health will complete the mentorship process documentation and share this in strategic forums, both nationally and sub nationally. During this quarter, Child health shall initiate application of the REC approach to increasing coverage of diarrhea treatment interventions in sick children with diarrhea in sub counties in both Counties. In order to address gaps documented in the practice of IMCI among healthcare workers, specifically with reference to management of cough and pneumonia, MCSP will continue to support dissemination of the new pneumonia treatment policy for under 5 children. As an informal learning agenda, CH will facilitate collection of information on compliance with new pneumonia treatment policy (use of Amoxicillin and actual measurements of respiratory rate) and HCW experiences with devices used to measure respiratory rate for children with cough & difficulty in breathing.

At community level, MCSP will continue to support implementation and scale up of Integrated Community Case Management (iCCM) in Migori County. In the next quarter, support will be provided for CHV mentorships, strengthening iCCM M&E system and facilitating technical discussions for improvement of the strategy's implementation at facility, sub County and County level.

Finally, the team will work with the nutrition and Immunization teams to facilitate technical working groups (TWG) and discussions around Child survival issues at County level.

Nutrition

At the community level, BFCI follow-ups will continue and will be held on a monthly basis within all of the MCSP-supported CUs. Through BFCI community follow ups, linkages with the Department of Social Services (under the Ministries of Gender, Children and Social services) will be made to sensitize the CUs on micro-enterprises for sustainability. Additional M2MSGs will continue to be formed based on the number of mothers recruited. The communities will conduct monthly self-assessments on BFCI to determine gaps and address these. Within the quarter, the sub-county team will conduct a BFCI self-assessment to determine the CU and facility readiness for external assessment. MCSP will support the development of community recipe books and materials for

complementary feeding for the BFCI CUs. The weights and measures department will visit health facilities to repair and standardize the weighing scales to ensure accurate measurements. Maintenance officers at sub county level will also be involved in to ensure that their capacity is built on maintenance of weighing scales. Micronutrients and child health and nutrition information systems (CHANIS) trainings will be conducted for the 4 scale up sub-counties in Migori County. ECD teachers will also be trained on growth monitoring to ensure that children with malnutrition are identified and referred early. Selected sub-counties will be supported to scale-up integrated management of acute malnutrition (IMAM). Kisumu County will be supported to hold the Nutrition technical working group (TWG). Facility-based continuous medical education (CME) for all staff will be conducted in Suna East, Kisumu East, Kisumu West, Muhoroni, Nyatike, Rongo, Uriri, Kuria East and Awendo sub counties. Positive Deviance Hearth training will be implemented in Rongo Sub County. At the national level, MCSP will support the finalization of the guidelines for training of CHVs on BFCI. MIYCN TWGs will also be supported.

FP/RH

MCSP will follow up the LNG IUS roll out initiated in the period under review. The already developed mentors will be supported to carry out facility based mentorships based on the learning resource package. Thereafter HCW assessments will be done and those attaining competency will be certified. In AYSRH, the project will support more forums designed to reach and engage more youth and adolescents on reproductive health and family planning matters. MCSP will also continue to support RH camps, mentorships and CME sessions in all the sub counties. Procurement of FP insertion and removal kits is underway in order to boost the capacity of health facilities to provide FP services. At the national level, MCSP will support a strategic RMHSU TWG to chart the way forward for the unit. As planned NSV rapid assessment will also be conducted.

WASH

Continued follow up of triggered villages to attain ODF status will continue. Third party verification and certification of villages in Migori as ODF will be done. CB-HIS reporting will be strengthened.

II. KEY ACHIEVEMENTS (QUALITATIVE IMPACT)

Integrated Activities

Introduction meetings:

MCSP expanded to 6 additional sub-counties in Migori and Kisumu. Meetings were held with the sub-counties with the objectives of providing an overview of MCSP, reviewing performance of some key performance indicators, reflecting on the promising, emerging and best practices and discussing implementation in the scale up sub-counties. The sub county teams the developed action plans for implementation which were included in the PY3 workplan.

USAID RMNCAH/FP/Nutrition partners meeting:

This was the 6th such annual meeting and was hosted in Kisumu by MCSP and APHIAP/US Western. The theme was “Leveraging on devolution to catalyze achievement of the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC)”. 10 MCSP sites were visited during the third day of field visits with some best practices observed e.g. having functional MPDSR committees, data base for staff trained in different modules, effective communication channels in emergencies, strong community facility linkages, epartograms, RMC implementation, PPF, structured feedback after trainings, good use of SOPs/Job aids, use of data for decision making, innovations by counties that has increased 4th ANC.

Launch of strategic document for the County:

The Kisumu County Department for Health and Promotion of Health Investments launched the Kisumu County M&E plan 2013-18. Supported by USAID through PIMA but with great input from MCSP especially for the RMNCAH indicators and dashboards. The policy document will make clearer to all personnel, partners and stakeholders the well-thought out systems, principles, inputs and processes that will be continuously monitored to keep abreast of the progress towards achieving the county's health targets. The policy strives to improve health outcomes, coverage, client satisfaction and the long-term impact of improved quality of health services for the well-being of Kisumu County residents. The document will continue to be updated periodically based on users' continuous feedback, operational research findings and lessons learnt

RMNCAH TWG:

MCSP participated in the Migori RMNCAH TWG where the roles and responsibilities of each of the sub committees were discussed and adopted. MCSP as a secretariat in the clinical sub-committee, drafted roles for the subcommittee; these are awaiting adoption by the committee. Some of the recommendations made include:

- Maternal and perinatal audits to be done within 24 hours and reported to the CHMT
- Mentorship on correct data tools use to continue
- To improve health education in communities in order to improve clients attendance especially during ANC and SBA

Family Planning Strategy and CIP:

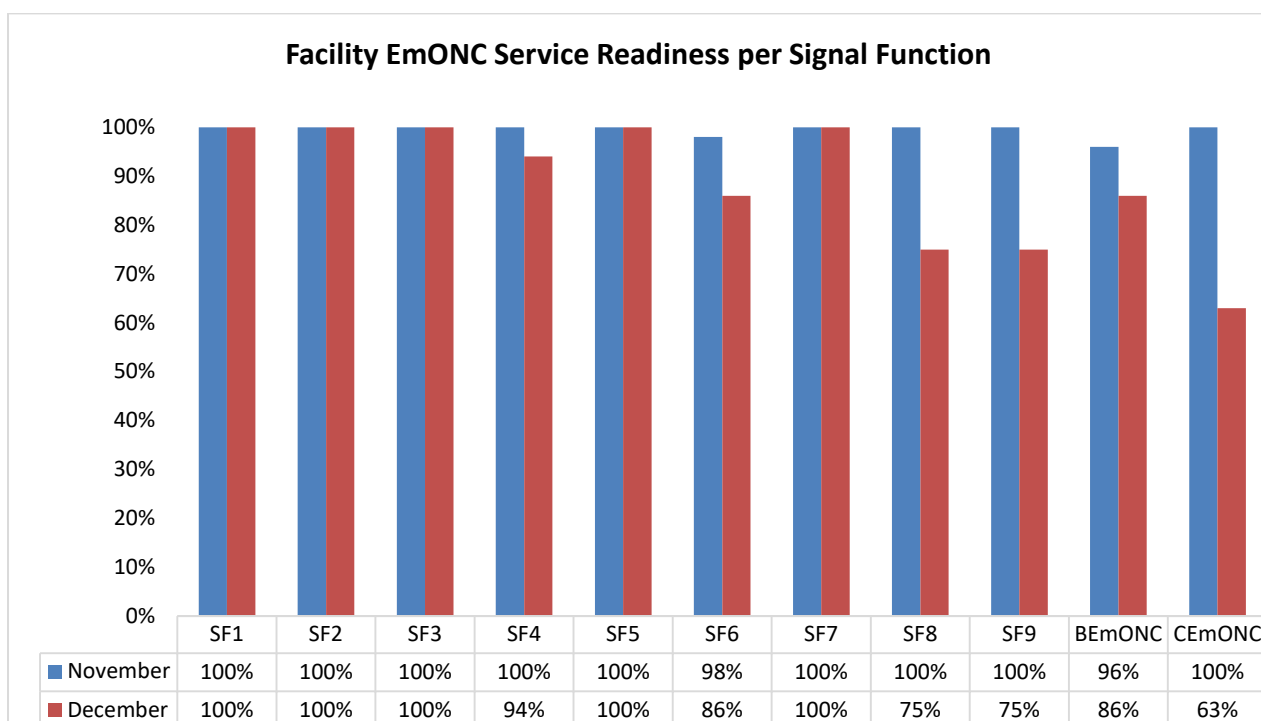
Migori County Family Planning strategy and Costed Implementation Plan 2016/2017 to 2020 jointly supported by AFP and MCSP was finalized for printing and launch. This document will be useful for lobbying at County assembly level and budgeting.

Maternal and Newborn Health

County Level

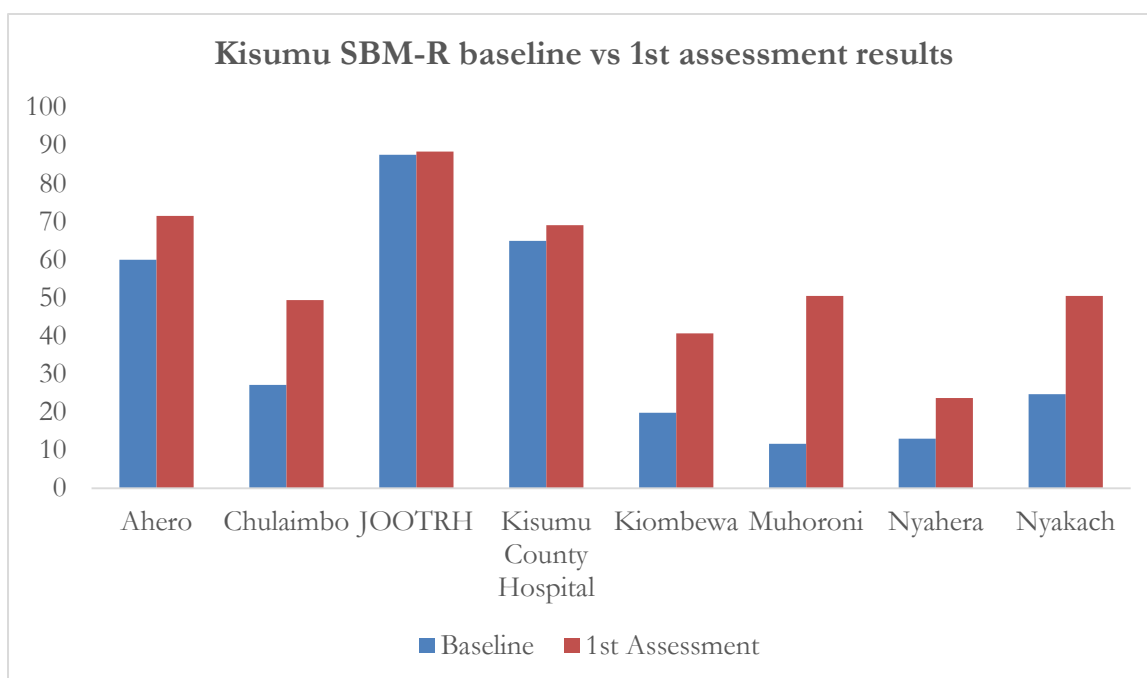
EmONC:

In the reporting quarter, MCSP supported the scale up of quality EmONC services to an additional 6 sub-counties. From the initial 25 EmONC sites (13 in Migori and 12 in Kisumu), MCSP now supports 51 (43 BEmONC and 8 CEmONC) sites in Kisumu and Migori. Assessments were done to identify the needs of the different health facilities. Some of the gaps identified include lack of knowledge and skill amongst the HCWs as well as inadequate numbers of functional equipment and supplies such as vacuum extractors and elbow length gloves at the facility. After the assessment, MCSP supported capacity building of HCWs through mentorship and monthly assessments to review progress. The graph below illustrates the results of the monthly assessments. A drop in performance is noted in the month of December. This was attributed to the HCWs national strike.

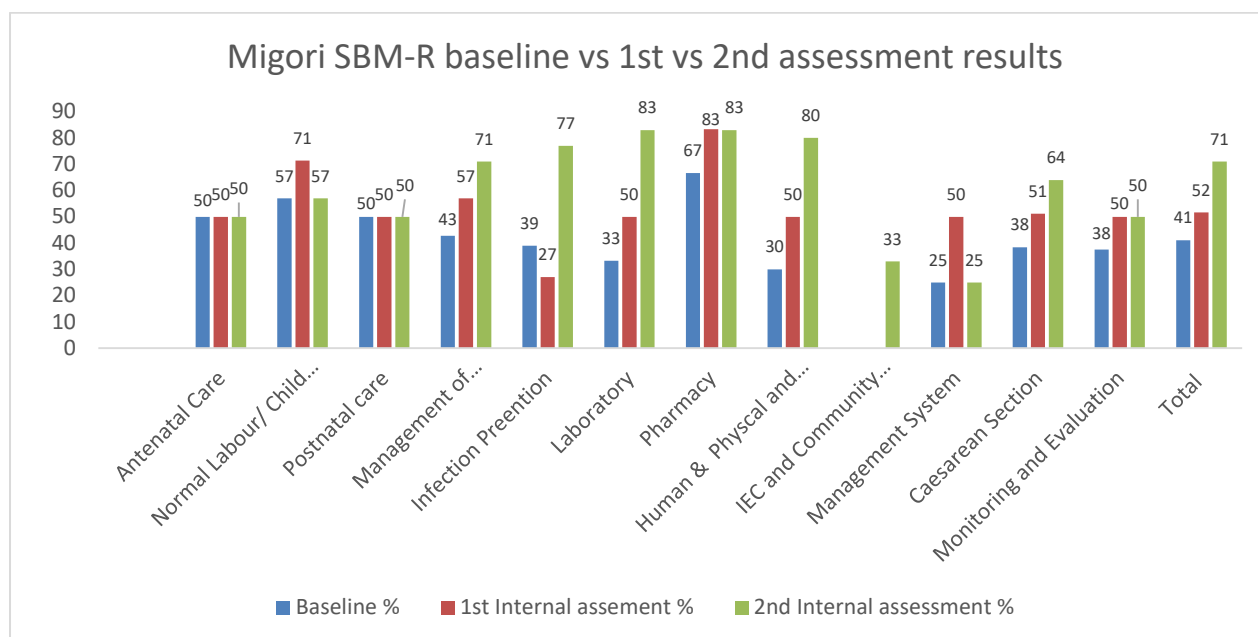


SBM-R:

MCSP undertook the training of HCWs and facility managers on module 2 of Standards-Based Management and Recognition (SBM-R). SBM-R is a performance and quality improvement approach that is designed to empower frontline workers to work together to achieve meaningful improvements in the quality of services they provide including MNH services. In previous quarters, MCSP had supported the training of 32 HCWS on SBM-R module 1 and facility baseline assessment at 8 health facilities in Kisumu County. Before module 2 training, the 1st internal assessment was conducted. Between the baseline and the 1st internal assessment, there was a 17.7 percentage points increase (from 37.9% to 55.6%), in the performance standards. In order to sustain the gains made, MCSP supported SBM-R module 2 training. Subsequently, benchmarking and CHMT- led supervision will be supported.



Migori, having begun the process earlier, conducted the 2nd internal assessment in the reporting quarter. The graph below shows consistent improvement across most the standards, in most the facilities.



MPDSR:

MCSP is supporting the scale-up of MPDSR in the priority areas. Monthly health facility and quarterly Sub-county MPDSR meetings were held in Migori and Kisumu. Total facility maternal deaths reported were 24 with majority (19) of the deaths being reported at the county referral hospitals. Of these, 22 were audited and attributed to PPH (10), eclampsia (3), sepsis (2) and other causes (7). Action points included CME and mentorship on use of partograph to monitor labor, mentorship on use of UBT and management of pre/eclampsia. Other challenges noted included poor documentation which resulted in difficult audits. In the same period 317 perinatal deaths were reported of which 165 were audited. The main causes identified were asphyxia, preterm and congenital malformations. This occurrence remains high partly due to incomplete audits of perinatal deaths and near misses. The HCWs strike in December also contributed to the high perinatal death numbers. Advocacy has been done to ensure all perinatal deaths and near misses are audited promptly especially in the high-volume facilities to inform corrective measures. Meanwhile, CMEs on newborn resuscitation, essential newborn care and management of newborn sepsis have been strengthened.

Mentorship:

During the reporting period, mentorship was conducted based on needs identified during assessments, supervision and reviews. Some of the thematic areas included, targeted postnatal care, use of UBT for management of PPH, partographing, newborn resuscitation and assisted vaginal delivery. This has largely been achieved through working with CHMT mentors. MCSP standardized the EmONC mentors and supported them to mentor service providers. Numbers reached in both counties were; PNC (200), FANC (35), newborn resuscitation (41), partographing and monitoring of labor (25), use of UBT for PPH management (273).

KMC:

Towards scaling up access and utilization of KMC model of care, MCSP supported initiation of 17 KMC centers, with the aim of having at least once center of excellence per sub-county. 46 HCWs in Nyando and Seme were trained on KMC. So far, 6 KMC beds have been delivered to sites in Kisumu and 4 to Migori County. These efforts have led to 193 premature newborns successfully managed using KMC in the reporting period. A needs assessment for gaps in equipment required for optimal

KMC was also done in the quarter. This is what informed the current procurement for more beds for KMC centers of excellence.

In Migori, 50 CHVs were oriented on the concept of KMC, the dangers, causes, and prevention of preterm births. Also done was advocacy for communities to accept mothers who opt to use KMC in an effort to reduce stigma and discrimination. In addition, MCSP supported the launch and official opening of KMC unit at the County referral Hospital.



Demonstration of KMC during the launch

CME:

MCSP offered logistical and technical support for CMEs to HCWs on selected topics based on gaps identified during the health facility assessments, supportive supervision and MPDSR meetings. This provided an opportunity to offer updates on new development and innovations. Topics covered include UBT for PPH management, magnesium sulphate use for management of eclampsia and rational use of oxytocics. A total of 513 healthcare workers were reached in this process.

IEC Materials and Equipment:

Various IEC materials were disseminated to fill a gap noted during supportive supervision and mentorship visits. These included guidelines (Quality obstetric and perinatal care, post abortion care), national MNH road map, MNH policy and job aids (AMSTL, hand washing, newborn warm chain, and use of Mg SO₄ etc.). MCSP also purchased and distributed IPC equipment in select facilities in Kisumu and Migori including handwashing stations, instrument processing buckets and waste segregation bins.

Community MNH:

MCSP is strengthening the community platform to increase demand for and utilization of MNH services. 12 community units (132 CHVs) in Kisumu were trained on the community MNH technical module. An additional 40 CHVs from 4 CUs were also trained on respectful maternity care (RMC). The CUs targeted were those attached to the EmONC facilities. The training objectives were: tasks and timing of home visits; basic communication and counselling skills; identification of pregnant woman in the community; promotion of ANC care; counselling on birth planning and promoting birth in the facilities; conducting targeted home visits during pregnancy; keeping the baby warm; promoting early initiation of breastfeeding; hand washing techniques; assessment of the new born; taking of vital signs like, temperatures weights and breathing rates; caring for the new born baby; caring for the small baby and keeping the warm –KMC; follow up visits for referred and small baby; caring for the mother after delivery; postpartum danger signs and surveillance, MNH M & E at community level.

National Level

RMNCAH/FP/Nutrition Implementing Partners Meeting:

In the reporting quarter, MCSP and other taskforce members supported USAID to plan and hold the ninth implementing partners meeting in November 7-10, 2016. This year the hosts were MCSP and APHIAPlus Western. The theme of the meeting was leveraging on devolution to catalyze achievement of the Sustainable Development Goals and Universal Health Care. The meeting brought together more than 180 representatives from National government, County government, USAID and

USG supported implementing partners who work in the field of Reproductive, Maternal and Child Health and Nutrition. Participants had an opportunity to discuss best practices & challenges and learning experiences from different counties was compared to improve service delivery. The meeting contributed to national learning about gaps in care processes and how to best support health system functions to deliver high-impact, cost-effective MNCH services to decrease preventable maternal and child deaths.



RMNCAH/FP/Nutrition Implementing Partners Meeting, Acacia Premier Hotel, Kisumu County. November 7-10, 2016

EmONC scale-up documentation:

The need to document the USAID-led EmONC scale-up process that has been going on for several years was noted. MCSP participated in meetings to plan for this documentation. This documentation will include a program report and several manuscripts. MCSP will lead the authorship of a manuscript on whether implementation of a standard package of EmONC services intervention results in improved QOC in MNH in Kenya and co-author several others. In addition, MCSP will support two consultants identified to support the process.

Newborn register development:

MCSP participated in the national discussion of whether a newborn register is needed in Kenya. At a meeting at DFH, MCSP and partners helped MOH to establish the reporting needs of the newborn program. It was decided that the current reporting tools do not adequately capture the required data on the newborn. A workshop was planned for next quarter to further refine the newborn indicators and to develop the newborn register.

Malaria in Pregnancy

County Level

Strengthened core capacities of CHMTs and SCHMTs:

During the quarter, MIP strengthened the capacity of CHMTs, SCHMTs in 3 scale up sub-counties (Awendo, Rongo and Uriri) to manage provision of MIP services at facility level in Migori County by developing 29 clinical mentors. Capacity to promote MIP at community level was developed in 5 sub-counties (Nyatike, Kuria East, Awendo, Rongo and Uriri) by training of 64 CHAs on community MIP in Migori County.

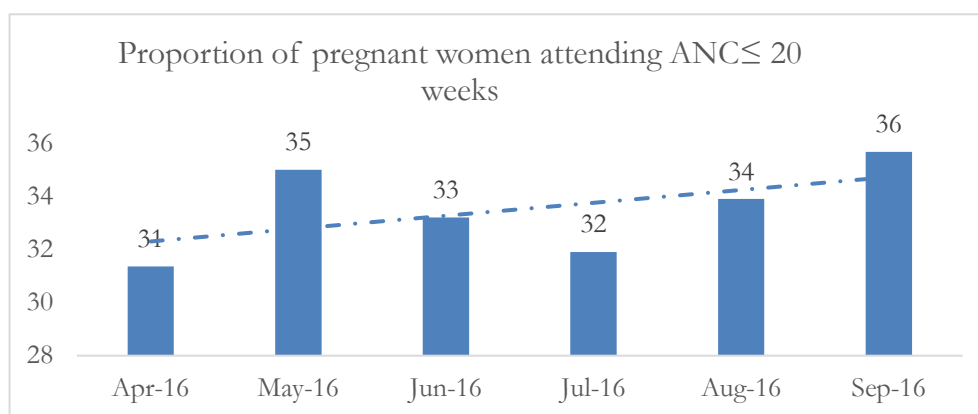
Increase capacities of health facilities to offer an integrated package of RMNCAH and nutrition:

To increase capacity of health facilities to provide MIP services, 836 HCWs from 53 health facilities in Migori County (Awendo 278, Rongo 274, Uriri 284) were trained on simplified MIP guidelines, IFAS guidelines and the IPTp3 circular to improve on provision of MIP services as per the national guidelines.

Baseline data on HCW performance was collected from the 53 health facilities. The best performing standards included adequate stocks of AL, SP and nets and the poorly performing standards were operational DOT corner, well updated ANC registers and IFAS, quinine stocks. Infection prevention and control (IPC) apparatus (colored buckets) for DOT corner were procured for facilities not receiving funds from GOK including the CDF ones that are yet to be registered.

Review of ANC data:

To determine the outcome on sensitization of pregnant women to start IPTp early in second trimester in Bungoma county, data on those starting ANC ≤ 20 weeks gestational age was collected from 70 health facilities for the period March -September 2016. The data showed that there was increase in proportion of pregnant women attending ANC ≤ 20 weeks of gestational age by 5% (31%-36%)



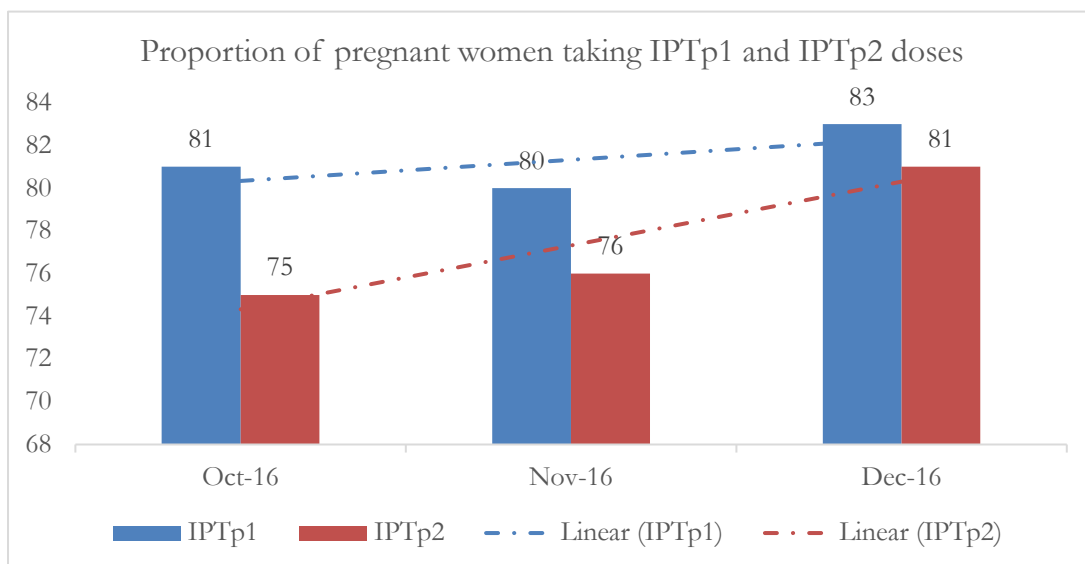
Increase coverage of an integrated package of community-based RMNCH and nutrition:

To sensitize pregnant women to change health seeking behavior on starting ANC from third to second trimester to receive IPTp, MIP trained 1,811 CHVs (1,362 in Migori and 449 in Homa Bay) on promotion of MIP at community level.

In the quarter under review, the CHVs in the 4 focus counties tracked a total of 52,123 pregnant women (Kisumu 7,284, Migori 5,513, Homa Bay 22,226 and Bungoma 21,110) out of an expected 130,000 with MIP messages. The frequency of receipt of messages by the pregnant women ranged from one to three times during the quarter depending on the gestational age of the pregnancy and CHV efforts. The highest number of pregnant women reached is associated with incentives paid to CHVs in Homa Bay and long term presence of MIP in Bungoma.

Outcome on sensitization of pregnant women to increase IPTp uptake:

To increase IPTp uptake in all target counties of Bungoma, Homa Bay, Kisumu and Migori, the CHVs promoted MIP within their CUs on importance of starting IPTp early in second trimester in. Average IPTp1 uptake increased from by 2% from 81% to 83% and IPTp2 reduced by 1% from 75% to 74% due low IPTp uptake of 50% in Kuria west.



National Level

Supporting national level activities:

A total of 3 MIP TWG meetings were convened and MCSP provided technical assistance during the meetings which discussed issues on skewed distribution of 4 tins of SP per facility irrespective of whether it is a low or high volume facility. This distribution led to overstocking in low volume facilities and understocking in high volume facilities. The NMCP was advised to use quantification formula to determine correct quantities of SP to be distributed per facility. .

MIP IEC materials:

Procurement of revised MIP IEC materials (job aids on prevention of malaria in pregnancy and case management, algorithm for management of malaria cases and brochure for pregnant women) commenced during the quarter. DOT corner signage were printed and are being distributed to health facilities.

PMI team visit to Migori:

The PMI team made a visit to Migori county and toured the County Referral Hospital, Mogori Komosimo health center and the linked community units. The team checked on ANC data capture systems in these facilities and how CHVs are conducting MIP messaging to sensitize pregnant women to start IPTp early in the second trimester.



PMI visit to Mogori Komosimo CU

Sharing of MIP success stories:

MCSP shared success stories learned during implementation of MIP activities at conferences

- At ASTMH in Atlanta two abstracts were presented one on “Improving start of IPTp early in second trimester through promotion of MIP at the community level in Kenya” and second on “Alleviating stock-outs situation of sulfadoxine pyrimethamine in Bungoma, Kenya”.
- At Burkina Faso one abstract was presented on “improving health care worker performance in provision of quality malaria in pregnancy (MIP) services in Kenya”



MCSP Malaria TA making a presentation is the ASTMH Conference

Immunization

County Level

EPI operational level training:

The scope of MCSP support was extended to cover an additional 6 sub-counties in Kisumu and Migori counties in this final year of the program. These sub counties are Rongo, Awendo, Uriri and Kuria East in Migori county and Kisumu West and Kisumu East in Kisumu county. Based on an informal rapid assessment conducted in the 6 sub-counties, skills and knowledge gaps among health service providers on EPI was a common problem. This is not surprising considering that no formal in service training has been conducted in the 6 sub counties in the recent past. In order to bridge the gaps noted, MCSP conducted operational level trainings in 5 sub counties in this quarter. A total of 131 health workers on trained on VPD epidemiology, vaccine management, cold chain management including use of fridge tag 2, data management and use of data for decision making, organizing and planning for an immunization session, building community support for immunization services, and VPD surveillance. In addition, the health workers were oriented on the REC/RED approach for increasing immunization coverage. Subsequent to the training, the trainees were assisted to develop facility specific micro plans that address the local problems facing immunization services delivery.

Consultative meeting with ScPHN and EPI focal points:

In order to optimize and focus MCSP support in Kisumu and Migori counties, a meeting with sub county EPI focal points and the sub county public health nurses was conducted in this quarter. The broad objective of the meeting was to take stock of what worked well in year 2 that could be scaled up in year 3.

What worked well?

- Consistent outreach and daily immunization services in a majority of the fixed health facilities
- Community engagement using CHVs and village elders
- Development of facility and sub-county micro plans
- Improved documentation especially of measles second dose
- EPI focused Supportive supervision/mentorship
- Use of fridge Tags

Way forward

1. Each sub county team to identify 4 health facilities with the highest numbers of unvaccinated children (or health facilities that contribute to 80% of the unvaccinated children in the sub-county)
2. Identify 2 mentors from each sub-county to meet with CHV and health workers to establish reasons behind sub optimal performance and develop a micro plan to be implemented in the next 3 months.
3. MCSP will intensify support to the 4 priority HF for a period of 2 months
4. Review after 2 months to check on the progress
5. Work with county to address Human resource concerns (including CHVs motivation)

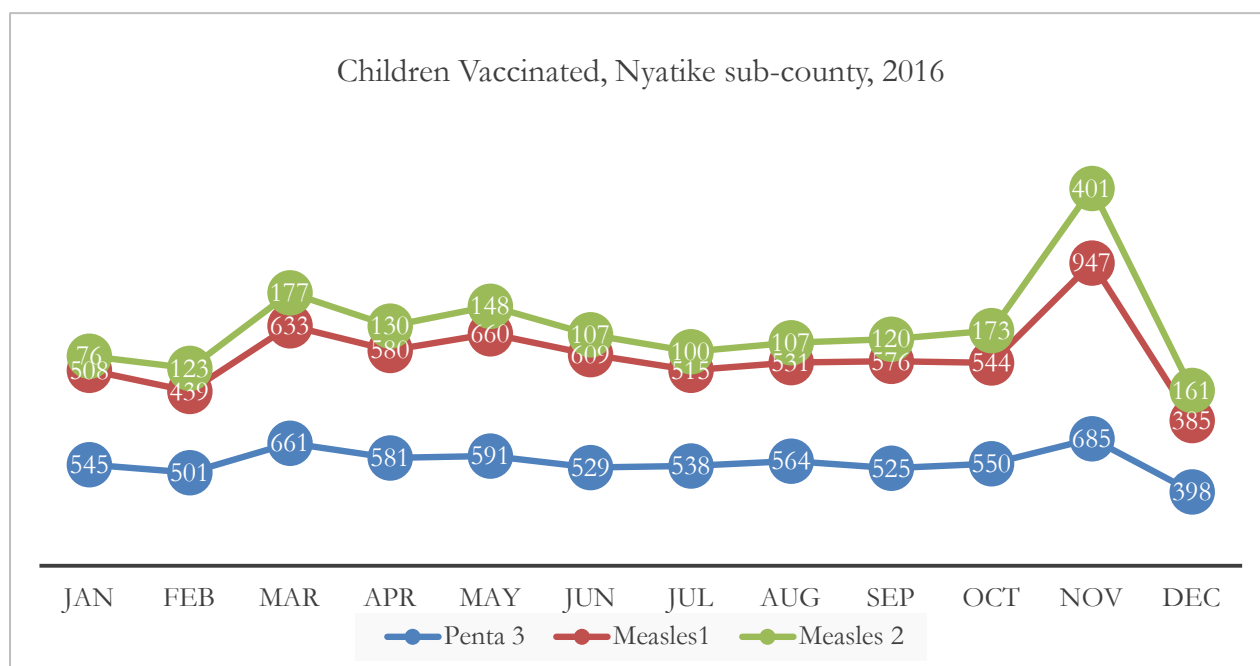
Mentorship and supportive supervision:

To monitor the implementation of activities listed in facility micro plans in the old sub-counties, MCSP provided support to the sub county teams to enable them visit and provide technical support in at least half of the facilities that offer immunization services.

Key areas of weakness identified across the sub counties were;

- Inconsistent use of the fridge tag and insufficient knowledge of remedial measures when the fridge tag sounds an alarm.
- Updating of the micro plans to reflect current status of immunization performance
- Use of data in decision making

In order to address the above challenges, each sub county was guided to select 4 mentors among the service providers who have shown an exemplary knowledge and skills in EPI and are clear champions of the program to assist with mentoring of the weak colleagues/health facilities. MCSP provided technical support in the training of the 4 mentors and met the local costs for mentorship. Mentors provide a structured feedback after every session and their findings are posted on an EPI WhatsApp platform started in each of the sub counties in Migori County. Initial reports indicate that health workers are very enthusiastic to be coached by the colleagues as compared to their managers and hence improved performance as illustrated in Nyatike Sub County (illustration below). These group of mentors using the WhatsApp platform ensured that the cold chain was maintained in the period that nurses were on strike.



Integrated outreaches:

With support from MCSP, selected facilities conducted scheduled integrated outreaches in hard to reach areas with high numbers of unreached children in Nyatike, Suna west, Nyakach and Muhoroni sub counties. The contribution of the outreaches to the overall performance was on average 8%. However, this figure varied among the sub counties with Nyatike having the highest at 15% and Nyakach the lowest at 4%. Consequently, MCSP and the health team in Nyakach decided to suspend the outreaches and opted to support community health volunteers to mobilize their communities to demand for the services in the fixed health facilities.

National Level

Measles- Rubella (MR) Introduction:

MCSP Technical advisors supported the National Vaccines and Immunization Program (NVIP) to prepare for the measles-rubella vaccine introduction into the routine immunization. This followed the successful age-wide MR campaign conducted in May 2016 targeting children aged 9 months to 15 years. The MR vaccine replaces the monovalent vaccine that has been in use since inception of EPI in Kenya. Since the training had been conducted recently, it was not necessary to conduct a fresh round of training. However, to ensure that all counties introduced MR, the country had already stopped procurement of monovalent vaccines. Introduction of MR was also an opportunity to emphasize the need to scale up uptake of measles second dose in all counties.

Missed opportunity for Vaccination (MoV) study:

Immunization coverage has plateaued at below optimum level in most African countries. Many interventions including increasing access to immunization have been attempted but the problem remains unresolved. It has been recognized that not all missed children are not accessible but many could have been missed by the system even when they come to health facilities. A study to assess the extent of the problem of missed opportunity for vaccination was conducted in the following counties: Kajiado, Kiambu, Nairobi, Nakuru, Migori, Trans Nzoia, West Pokot, Bungoma, Kitui, Mombasa and Taita Taveta. MCSP provided technical support in the planning and implementation of the study as well as drafting the final report that was presented to the ministry of health. In addition MCSP staff were involved in data collection in Migori and Kiambu counties. The assessment indicated that missed opportunities for vaccination persist in the health facilities visited and that majority of missed opportunities could be reduced by (1) updating and implementing national policies and (2) addressing service delivery deficiencies

Polio SIA planning:

In 2016, new cases of wild poliovirus infections were detected in Borno state, Nigeria. During its September meeting held in Nairobi, the Horn of Africa TAG note that this outbreak was a risk to Kenya and the region. It therefore recommended that Kenya conducts a subnational SIA targeting counties that were at the highest risk. These counties were identified as Nairobi, Lamu, Tana River, Garissa, Wajir, Mandera, Marsabit, Isiolo, Samburu, Turkana, West Pokot, Trans Nzoia, Uasin Gishu, Bungoma and Busia. MCSP worked closely with the ministry and other partners to plan for the SIA. MCSP provided support and technical input in developing communication and advocacy material and branding of the launch. The campaign was initially to be conducted in December 2016 but was postponed to January 2017.

Gavi Regional Working Group meeting:

The second meeting in 2016 of the Regional Working Group (RWG) for East and Southern Africa took place in Nairobi, Kenya from 23–25 November 2016. Among other things, the meeting was an opportunity to appraise the Gavi Joint appraisal process and the PEF/TCA planning in the 17 Gavi-eligible countries in the region and to reflect on the performances of core program indicators in the regions, including those for routine immunization, quality of supplementary immunization activities, vaccine-preventable disease surveillance and other program support activities, as well as the coordination of alliance partners' technical support to countries in the region.

The RWG noted with concern the continued stagnation in routine immunization coverage in the region, where limited government ownership and political commitment, low community awareness and engagement and inadequate human and financial resources amongst other factors, continue to constraint efforts to improve routine immunization coverage. Of note was the particularly low uptake of MCV2 where the regional (AFR) average in 2015 was a mere 18% (WUENIC 2015). Consequently, the RWG recommended that:

1. Partners should document the effects of government co-financing of vaccine on immunization and overall health sector financing
2. Countries to should be supported to include of measles/rubella/MCV2 as well as the polio transition in their cMYP (use of the guidelines)
3. Technical assistance be provided to coordinate e implementation of SAGE recommendations to improve their MCV2 coverage
4. RWG coordinate the adaptation of the revised RED guideline and monitor its implementation

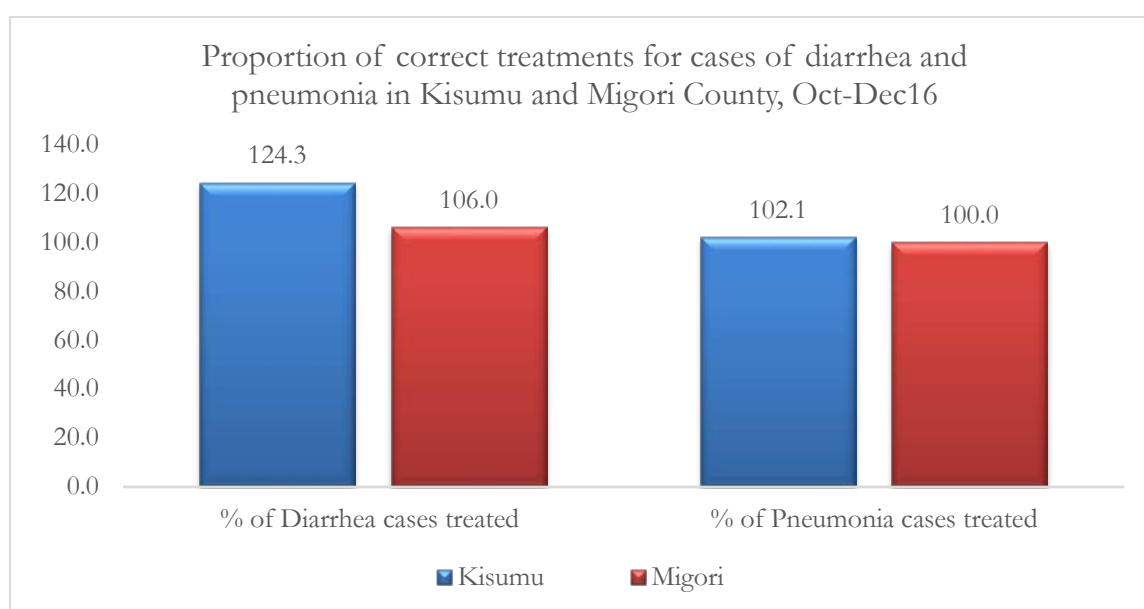
Child Health

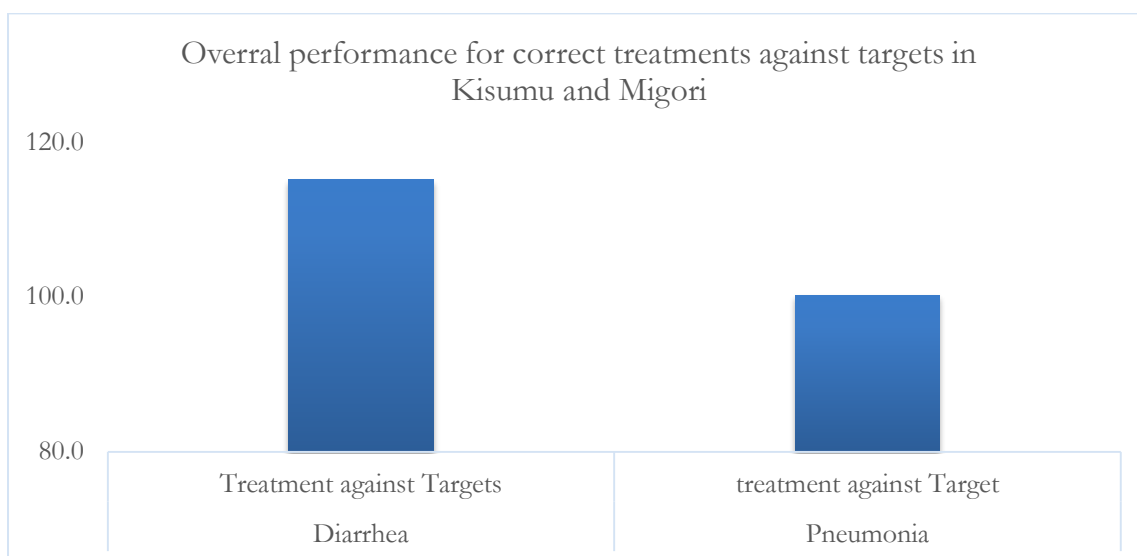
County Level

IMCI Case management of malaria, pneumonia and diarrhea in Migori and Kisumu:

In the quarter under review, several IMCI trainings for healthcare workers were conducted in Migori and Kisumu Counties. A total of 122 HCWs were trained in IMCI in Kisumu and Migori Counties (24 in Kisumu West, 22 in Kisumu East, 25 in Uriri, 25 in Rongo, 14 in Awendo and 13 in Kuria East). Technical and financial facilitation for dissemination of the revised Under 5 Pneumonia Policy was provided to the 122 HCWs who were trained. In addition, 20 HCWs from Kuria West received IMCI mentorship.

MCSP continued monitoring the diarrheal and pneumonia cases in the focus counties. The number of cases of diarrhea in under five children during the quarter was 10,490 giving a percentage of 115 % when measured against the quarterly target of 9111.





Number and proportion of cases of pneumonia treated with antibiotics: Cough is an important main symptom which together with fast breathing and chest in drawing qualifies classification of pneumonia. It has been noted that there are specific challenges with regards to compliance with correct pneumonia classification and as such misclassification of pneumonia. In PY3, Q1, the number of cases of child Pneumonia in under 5 treated with Antibiotics was 3680, translating to 91.9 % against a quarterly target of 4004; this is a coverage of 92.3 %.

Number and Proportion of confirmed malaria in Under 5 treated with ACT/AL: Fever is the most common symptom among children under five. The government policy on fever is ‘Test, Treat and Track’. Testing confirms whether fever is malaria or not. The availability of RDT kits and a functional laboratory for malaria tests are critical factors for treatment coverage. In addition, commodity availability is also important if timely management of children is aspired. In the reporting quarter, the number of cases in under five treated with AL/ACT was 50695, translating to 97.9% against total confirmed cases.

Data reviews and data quality audit (DQA) at facility level

MCSP supported review of child survival data in facilities in 4 sub Counties in Kisumu and 4 in Migori. Technical support was provided to address data gaps noted which included: low levels of data concordance between source documents and summary and DHIS, poor archiving of data and lack of use of data for decision making. A total of 33 facilities were also reached during the DQA which was conducted in Migori. The results of the DQA is presented in the section on performance improvement.

Procurement and distribution of ORT Corners:

MCSP procured basic equipment for strengthening ORT Corners in 315 facilities. In addition to equipment, facilities were also provided with IEC materials (ORT Corner standards & IMCI algorithm for diarrhea management posters) and ORT corner signage.

Integrated Community case management in Migori County:

MCSP has continued to support implementation of iCCM in Migori County, bringing together various stakeholders for a coordinated approach. In this reporting quarter, the following were the achievements:

RMNCH Technical working group iCCM subcommittee meeting: Child health facilitated the County to convene an iCCM technical subcommittee meeting which identified hard to reach areas and community units at the sub County level, and also committed to mentorship of Community health volunteers who were trained in Q4 of planning year 2.

Printing and distribution of Me&E tools to CHVs: MCSP printed tools for iCCM implementation as part of its support to Migori County. Specifically, MCSP printed the sick child recording form booklets, community referral form- MOH 100, iCCM treatment and tracking register and CHEW monthly summary for 39 CHVs trained in iCCM.

Nutrition

County Level

Implementation of Baby Friendly Community Initiative:

MCSP and UNICEF co-hosted the Kisumu county BFCI sensitization meeting to create awareness on BFCI and what it entails. The team had participants from the Ministry of Health, Ministry of Agriculture, Kenya Red Cross and AMREF. The purpose of the meeting was to sensitize the county and sub-county teams on BFCI and to advocate for more funding to be directed towards maternal infant and young child nutrition (MIYCN).

During the reporting period, MCSP supported the training of 31 health workers and 102 community health workers (CHWs) on BFCI in Rongo and Nyatike sub counties. In Kuria West and Suna West sub counties, refresher trainings on BFCI were done for 105 community health volunteers. As the BFCI training was completed, integration was key. The Ministry of Agriculture was also involved through facilitating sessions on establishment of kitchen gardens both for the health worker training and community mother support group (CMSG) training. The refresher trainings in Kuria and Suna West were a follow-up after finalization of the BFCI Implementation Guidelines and provided an opportunity to introduce the newly developed BFCI tools (annexes 1 to 8). The update focused on the steps for implementation of baby friendly community, use of the MIYCN Counselling cards and BFCI documentation and reporting tools. They were updated on monitoring and evaluation processes, including documentations tools, which had not been incorporated in the previous training.

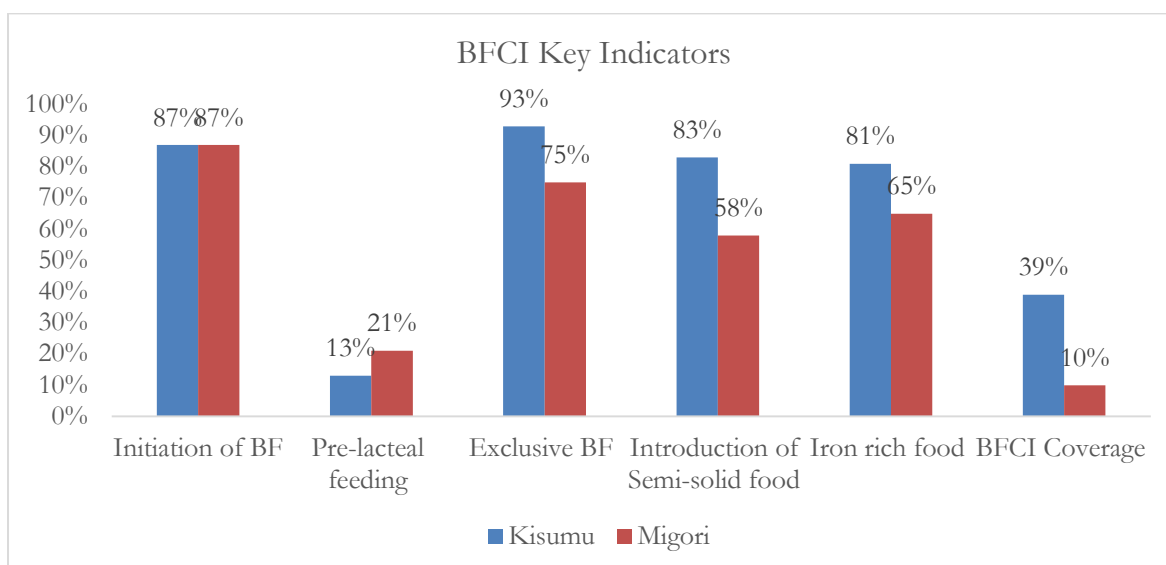


Members of Nyatike M2MSGs: Photo courtesy of Kennedy

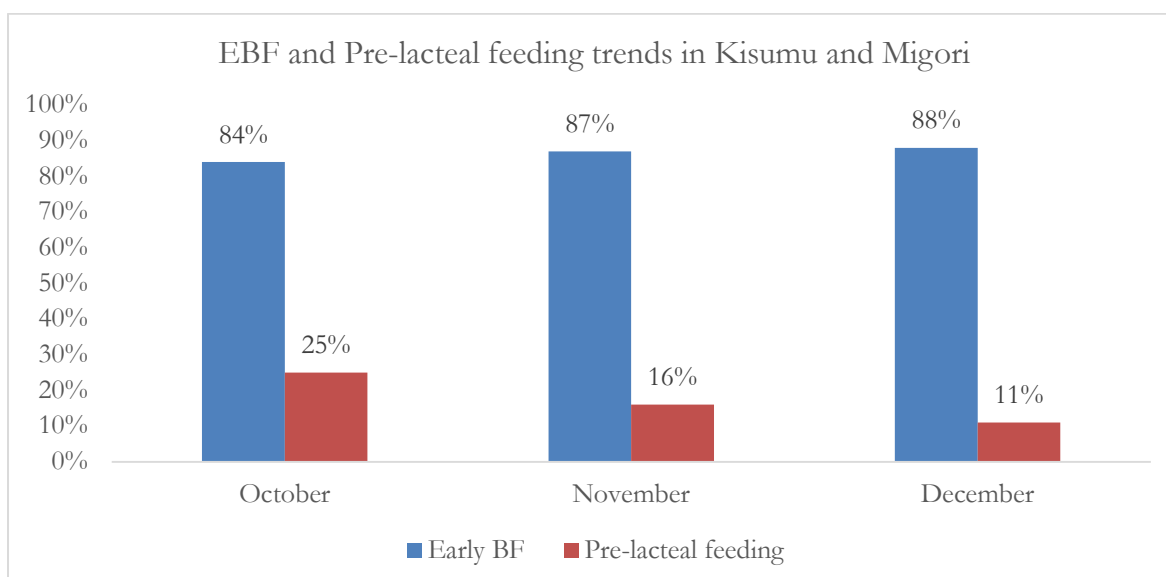


Community demonstration garden in East Reru, Seme sub county

Monthly BFCI meetings have been ongoing in all BFCI focus sub counties. The major agenda has been follow-up with the CHVs on the formation of mother-to-mother support groups (M2MSG), establishment of kitchen gardens at the facility and or community for cooking demonstrations, and setting up of Income Generating Activities (IGA's). The data collected using the individual child health monitoring form was also audited during these meetings to ensure data quality. Support was given to the CUs based on the identified gaps and challenges. Currently, there are a total of 74 M2MSGs and 34 demonstration kitchen gardens in the facilities and communities.



Overall in all the MCSP BFCI sites, the incidence of pre-lacteal feeding is at 16%. Pre-lacteal feeding is highest in Suna East, Kuria West and Nyando sub counties at 48%, 28%, and 25% respectively. Overall, initiation of breastfeeding within one hour of birth is at 87%, while exclusive breastfeeding is 84%. Children between 6-8 months consuming solid and semi-solid foods are 72%, while iron rich foods consumption is at 75% for this age group.



Continuous Medical Education on Maternal Infant and Young Child Nutrition:

Several documents have been developed at national level however, dissemination to the sub counties and health facilities has been a challenge due inadequate support from partners. The National MIYCN Guidelines were developed in 2013 and dissemination had been done up to county-level. Given the importance of MIYCN in reduction of child mortality, MCSP supported CMEs for all staff in Nyatike sub-county in 10 health facilities. During the CMEs, the revised MIYCN policy summary statement, weight-for-height reference charts, and the MIYCN National Operational Guidelines for Health Care Workers were disseminated. A total of 63 health workers were also trained on Micronutrients and CHANIS in Kisumu County.

Focused Nutrition Supportive Supervision:

MCSP supports nutrition focused support supervision on a quarterly basis in all MCSP-supported sub counties. During Quarter one, a total of 12 sub counties were supported reaching 91 health facilities in Migori county and 87 health facilities in Kisumu county. The supportive supervision was conducted by the sub county and the county teams. The following were the key findings:

- There was general improvement in documentation in the CWC register with columns well filled: weight and height are done and documented, categorisation of children weighed was documented accurately either as underweight, normal, obese or overweight.
- Most nutrition commodities Vitamin A, IFAS and food by prescription were available except combined IFA which is inadequate in Migori County.
- A number of facilities also had weighing scales that were not functional and could not be repaired by maintenance.

VAS in ECD:

During the reporting period, VAS in ECD was supported in all the MCSP focus sub counties. The activity was carried out through October 2016 as per the directive by the Ministry of Education that all schools be closed before exams commenced in November 2016. Health workers and CHVs visited ECD centers, churches and homesteads for five days supplementing children with vitamin A. This increased vitamin A coverage for the semester reached 248,006 children aged 6-59 months translating to a coverage of 69%.

Integrated Management of Acute Malnutrition:

Follow up on IMAM was integrated during focused supportive supervision. The capacity of facilities to manage IMAM was assessed for Kisumu West and Kisumu East sub counties. Follow-up on IMAM was integrated into focused supportive supervision. There are a total of 143 facilities (Kisumu 80 and Migori 63) currently managing IMAM at various levels.

National Level

Baby Friendly Community Initiative:

MCSP supported a meeting in October 2016 with the MOH, UNICEF, and other partners to incorporate feedback from the field testing of the BFCI training module. The meeting deliverables were to finalize the BFCI training package, which includes a participants' manual, trainers' manual, Power Point slides for the training, the orientation package for policy and decision makers and a draft of the CHWs' training guide. Micronutrient Initiative supported another workshop in December 2016 to finalize the training package for health workers, draft the complementary feeding guide, and develop the BFCI CHV manual.

Conferences:

MCSP participated in two international conferences in the quarter under review. These included the Second World Breastfeeding Conference, December 11-14, 2016 in South Africa and the Micronutrient Forum Global Conference, October 24-28, 2016 in Cancún, Mexico. At Micronutrient Forum Global Conference, an oral presentation on '*Perceptions of Anemia and Pre-eclampsia: Program Implications for Co-administration of Anti-Malarials, Iron Folic-Acid and Calcium Supplementation for Pregnant Women in Kenya*' was made as part of the sponsored symposium session which was titled Approaches to Prevent and Control Anemia: Examples of Global, National, District and Community Efforts, which MCSP co-chaired.

At the Second World Breastfeeding Conference, a poster presentation titled "*Baby Friendly Community Initiative: Lessons Learnt from Implementing Community Support Groups in Kenya*" was showcased.

In Kenya, MCSP participated in the Integrated Nutrition Conference, November 14-16, where MCSP presented the poster "*Reaching Private Facilities through an Integrated Approach*". MCSP also made the oral presentation "*Mentorship for Improving Nutrition Indicators and Reporting in Kisumu, Migori, Baringo and Meru in Kenya*" at the SUN Symposium, November 24-25.

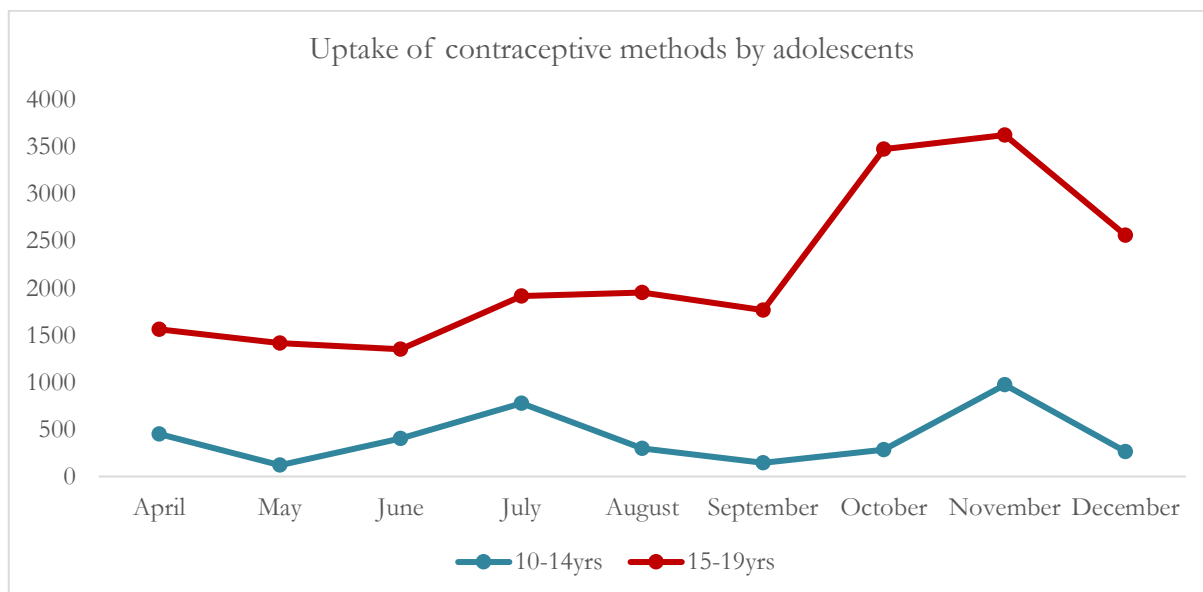
County Level***AYSRH:******Adolescent and youth symposium on sexual and reproductive health***

MCSP supported the CHMTs of Kisumu and Migori Counties to hold a two day symposium on sexual and reproductive for adolescents and youth. With 49% of the population being under the age of 19 years, a high teenage pregnancy rate of 25% and HIV prevalence of about 20%, there was need to identify barriers to access of health services for this special population group. Listening to the youth provided an insight to what challenges they face and informed action planning and shaping of health service provision. Under the theme “Engaging the youth: Non-judgmental listening and understanding of what the young people are saying” a total of 491 youths took part in a two day symposium in the counties of Kisumu and Migori. This was planned, implemented and documented for learning by MCSP in collaboration with the CHMT and the G-Amini project (a Jhpiego project funded by MSD). Group discussions were held under the thematic areas of access to health, sex and sexuality, relationships, career and finance. Some key concerns from the youth included health service providers were not youth friendly evidenced by lack of confidentiality and HCWs judgmental nature; inadequate information on contraception; some contraceptive methods e.g. condoms were expensive; public health facilities lacked space for youth and have a long waiting period and high cost of treatment for STIs. Also worth noting was the fact that the youth do not prioritize their health. Actionable recommendations included; addressing the health facility challenges through the county health leadership; creating more awareness on FP through social media and posters and engaging school educational leadership to open up avenues for information on sex and sexuality. It was also recommended that more fora for such engagements should be facilitated to reach more youth. MCSP will follow up this process with support for creation of youth friendly environment at the high volume health facilities. The pictures below are from the symposium:



Top left: Panelists responding to questions. Top Right: MCA addressing the youth. Bottom left: Kisumu County Director of Health responding to questions. Bottom right: One youth show casing his art work

Other activities geared towards increasing the youth's access to health services such as whole site orientations continued in both counties with 90 health service providers being oriented. The graph below shows the trends of uptake of FP methods by adolescents over three quarters. Decline from November was as a result of health workers strike.

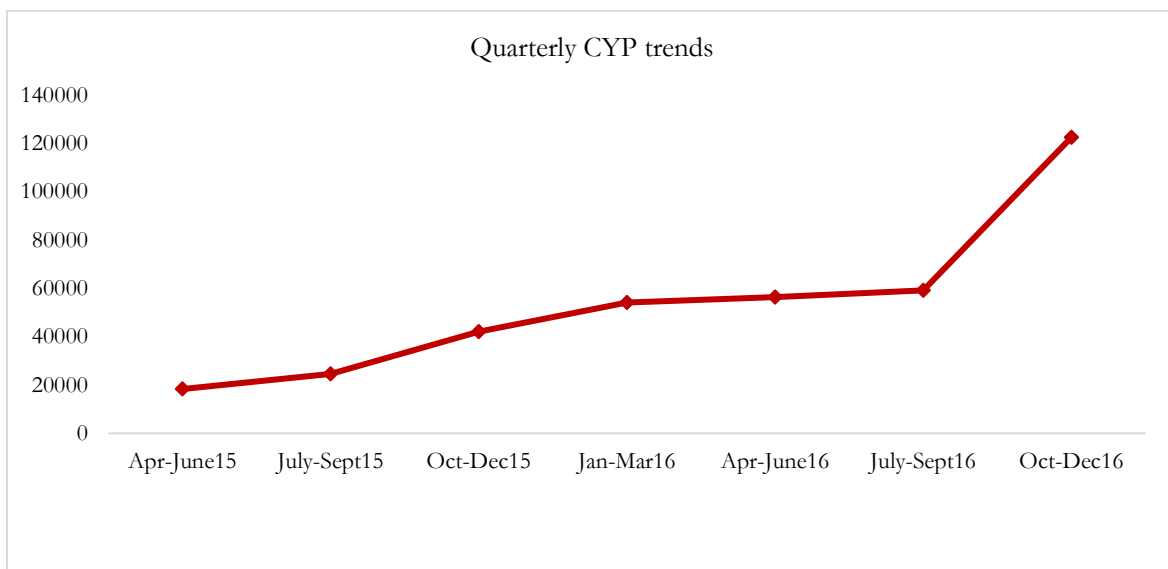
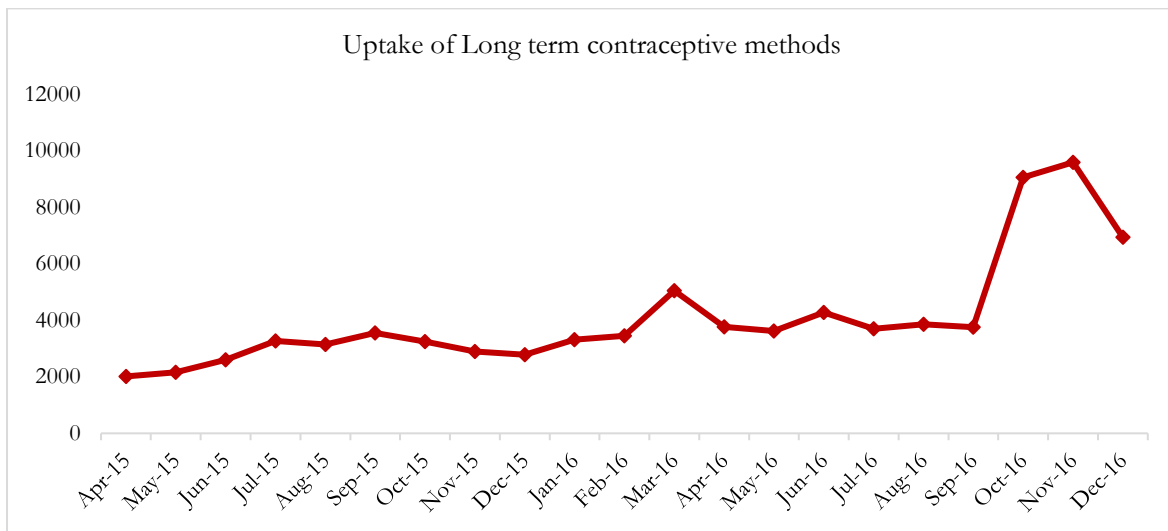


Levonogestrel Intrauterine System (LNG IUS) introduction:

Whereas LNG IUS has been available in Kenya through private health providers, access for public health service clients has been limited. MCSP with the support of the International Contraceptive Access (ICA) Foundation is in the process of rolling out this hormonal contraception in public sector of Migori and Kisumu. ICA Foundation has committed to supply MCSP sites with LNG IUS to initiate the process. This process started with development of a learning resource package. With support from the RMHSU, technical support from MCSP global and the CHMTs from Migori and Kisumu, MCSP Kenya led the process of putting together the implementation framework and the training guide for both the master trainers and mentors. After the approval from the RHMSU, MCSP supported the development of 46 master trainers (21 in Migori and 25 in Kisumu) who subsequently be engaged to train fellow HCWs. MCSP will follow up with support for mentorships and supervision to ensure technical integrity in the roll out and availability of the method amongst the method mix. This will be documented to inform decision making in the FP program both at the county and national level.

LARC:

In this reporting period, MCSP continued with efforts to increase the uptake of long acting contraceptives. This was done through support for structured LARC mentorships, commodity surveillance during supervision and community sensitization for demand creation with the help of CHVs. Newly employed HCWs in East Suna were on LARC. The graphs below show the trend in the uptake of LARC and the corresponding change in CYP. This progress was later on hindered by industrial action by healthcare workers.



Whole Site Orientation:

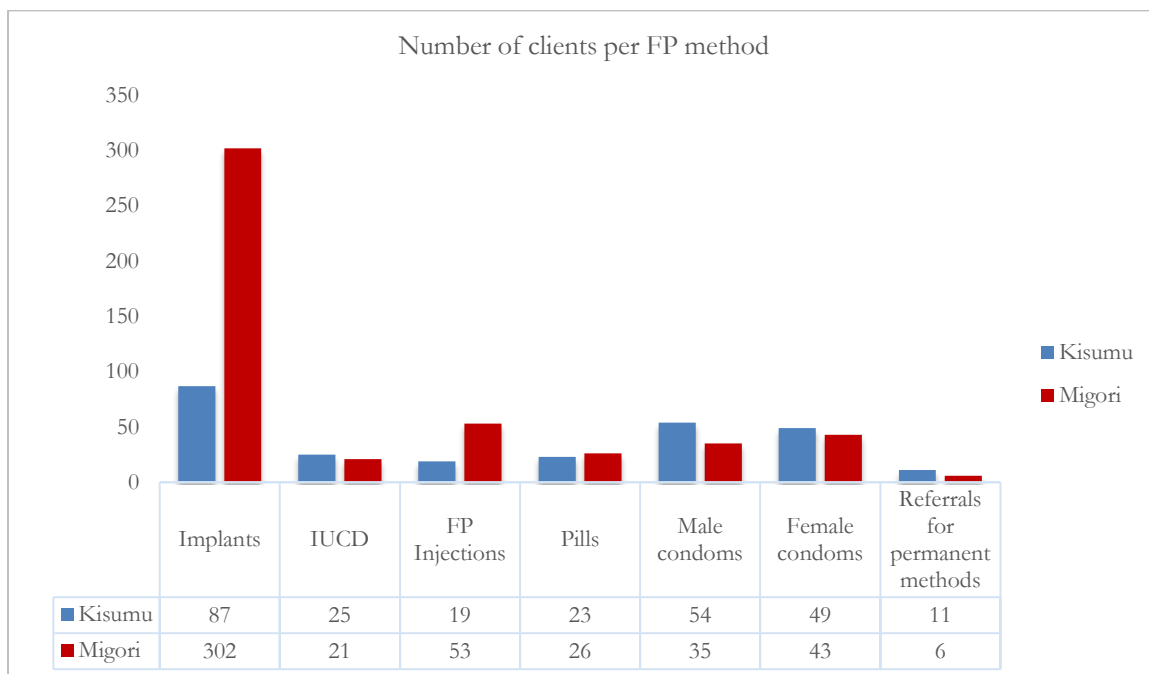
MCSP is utilizing the whole-site (WSO) FP orientation approach to provide basic FP knowledge to all staff (clinical and non-clinical) working in a health facility, to address staff and community myths and misconceptions surrounding FP, to ensure that all staff know the different types of FP services offered in that facility. It also serves as a platform to initiate Provider Initiated FP. As a way of improving awareness and information on FP services, MSCP supported 32 high volume health facilities in Migori to conduct whole site orientations on FP methods and services available at the facilities. A total of 90 HCWs across all cadres were reached.

FP Compliance:

During the reporting period, MCSP supported 6 facilities from Rongo and Awendo sub counties to conduct CMEs on FP compliance. This was in response to gaps identified during support supervisions. A total of 136 HCWs were reached with information emphasizing on importance of FP counselling, informed consent and voluntarism. MCSP also distributed Tiahrt charts in the new facilities. Similar initiatives were implemented in Seme and Nyando in Kisumu County.

Integrated RH camps:

MCSP supported integrated RH camps in 10 sites in Migori in an effort to increase FP uptake in some hard to reach areas. The graph shows numbers reached across different methods.



Community FP:

At the community level, MCSP supported the training of CHVs on the community FP technical modules. 129 CHVs from 12 CUs in Kisumu and 185 CHVs from 16 CUs in Migori were trained. In addition, the CHVs also received various IEC materials to support their health education efforts (see image below). In Migori, they also received FP commodities for CBD.



A group photo taken at the end of 5-day Community FP training with participants each receiving FP commodities for distribution

Community-Based Distribution of FP Commodities by CHVs

Community-Based Distribution (CBDs) is an effective approach to bring FP information and services to women and men in the communities where they live. CHVs have similarity for and understanding of the clients they serve because they are known in the community, come from the same or a similar cultural background, and as such, can respond to local societal and cultural norms and customs to ensure community acceptance and ownership. This insight allows CHVs to succeed in addressing social, cultural and traditional barriers to FP use. MCSP continued to support follow up of CHVs

trained on FP CBD. A total of 359 trained CHVs are currently distributing condoms and pill. The table below highlights the quarter's achievements:

No.	Name Sub County	Condoms Distributed		Pills Distributed	Referrals for Facility Based Services	Remarks
		M	F			
1	Kuria West	2500	20	111	128	Referred for Depo and implants
2	Suna West	7388	62	219	245	Referred for Depo, IUCD and implants
3	Nyatike	7500	100	359	450	Referred for Depo, IUCD and implants
	TOTAL	8151	82	689	623	

WASH

County Level

MCSP is utilizing of the Community Led Total Sanitation (CLTS) and the community strategy to promote WASH. In the reporting period, MCSP followed up CLTS activities in Kisumu and Migori with the objective of raising levels of latrine coverage. In Migori, MCSP supported CLTS trainings in four sub counties; two in Suna East, two in Uriri, one in Nyatike and one in Suna West. 190 CHVs from 16 CUs were trained. During the training, triggering (raising the awareness on ODF) in the village was done. After the triggering, community members begun constructing latrines. Post triggering follow up was done by the public health officers. Several villages as indicated in the table below were verified to be free of open defecation.

Name of Sub County	Number of villages verified within the quarter	Number of villages qualified for ODF Certification	Villages receiving third party certification
Nyatike	40	35	16
Kuria West	25	21	11
Suna West	29	28	11
Suna East	38	35	25
	251	119	63

Third party certification of ODF villages was done by representatives of KWAHO and the Quality Assurance team from Ministry of Health Afya House.

In Kisumu, following successful engagement with CUs in Seme Sub County since February 2016, 58 MCSP-supported villages attained ODF status by October 2016. This represents 42% ODF zone in Seme Sub County. In December 2016, MCSP supported ODF celebrations for the 58 villages. The celebrations were aimed at recognizing the hard work and team work by the community. It also aimed at motivating other neighboring villages to self-trigger and eventually realize ODF status

The occasion was attended by CHVs, health workers, partners, national and the local administration officers and



community members. The function was graced with the CEC of Health, Kisumu County Mrs. Elizabeth Ogaja.

The images below are from the celebrations:



Community leaders being awarded ODF certificate ODF celebrations in Seme Sub-County

Lessons Learned

Malaria in Pregnancy

Provision of incentives to CHVs improves performance in returns on number of pregnant women reached as witnessed in Homa Bay and Bungoma where CHV returns were 3-4 times higher than in other counties

Immunization

Peer mentorship is friendlier and effective in bridging knowledge and skills gaps on EPI among service providers.

Child Health

There is under-reporting of pneumonia in children under 5 due to misclassification of cough and fast breathing in most Counties; however, the Child health team has instituted strategies to address this.

Nutrition

Focused supportive supervision helps to improve routine indicators. Frequent focused supportive supervision therefore ensures that the quality standards are set and maintained.

VAS in ECDs tremendously helps to improve uptake and coverage of VAS among children two to five years.

Follow-up trained staff ensures dissemination and implementation of lessons learned.

WASH

Proper coordination between the Public Health staff and the certification team towards accessing the villages and establishing workable program is important.

Dissemination of community data collection tools and distribution of T-shirts to CHVs is a huge motivator to both CHVs and CHEWs.

Involving Natural Leaders and community elders is critical for CLTS.

III. ACTIVITY PROGRESS (QUANTITATIVE IMPACT)

TABLE I: PERFORMANCE DATA TABLE

MATERNAL AND NEWBORN HEALTH												
BIRTHS IN A GIVEN YEAR ATTENDED BY A SKILLED BIRTH ATTENDANT (SBA) SUCH AS A DOCTOR, MIDWIFE, NURSE												
INDICATOR # 3.1.6.1-I												
UNIT	DISAGGREGATE BY:											
	Geographic Location	Activity Titles				Date	W	Sub-total				
	Kisumu and Migori Counties	MPDSR sensitization				Oct-Dec 2016	-	13,715				
		Mentorship on EmONC					-					
		Training on SBM-R MNH and KMC					-					
		Renovation of maternity units					-					
Totals											13,715	
Results:												
Additional Criteria	Baseline	FY2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target	
		Achieved	Achieved	Target	Achieved	Target	Target	Target	Target	Achieved	Target	
Sex*: Women (W)	W	W	W	W	W	W	W	W	W	W	W	
Total	N/A	9,104	35,080	16,042	13,715	15,513	16,612	16,769	64,935			
Kisumu	N/A	2,791	12,406	7,669	6,873	7,486	8,103	8,029	31,287			
Migori	N/A	3,942	17,325	8,372	6,842	8,027	8,509	8,740	33,648			
Baringo	N/A	365	949									
Meru	N/A	2,006	4,400									

THE NUMBER OF WOMEN WHO RECEIVED AT LEAST 4 ANC VISITS DURING THE LATEST PREGNANCY DURING A SPECIFIED TIME PERIOD, SUCH AS MONTH OR YEAR

INDICATOR # 3.1.6.1-2

UNIT	DISAGGREGATE BY:				
	Geographic Location	Activity Titles	Date	W	Sub-total
	Kisumu and Migori Counties	CMEs on FANC	Oct-Dec 2016	-	
		Review meetings and support supervision		-	
		Distribution of IEC materials		-	
	-				
Totals				9,628	

Results:

Additional Criteria	Baseline	FY2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
		Achieved	Achieved	Target	Achieved	Target	Target	Target	Target	Achieved	Target
Sex*: Women (W)	W	W	W	W	W	W	W	W	W	W	W
Total	N/A	5,626	21816	13,366	9,628	13,114	15,182	16,272	57,934		
Kisumu	N/A	1,805	9,753	6,748	5,194	7,204	8,263	9,075	31,290		
Migori	N/A	2,349	9,479	6,618	4,434	5,911	6,919	7,196	26,644		
Baringo	N/A	528	758								
Meru	N/A	944	1,826								

**NUMBER OF BABIES WHO RECEIVED POSTNATAL CARE WITHIN TWO DAYS OF CHILDBIRTH IN USG-SUPPORTED PROGRAMS
INDICATOR # 3.1.6.3-1**

UNIT	DISAGGREGATE BY:				
	Geographic Location	Activity Titles	Date	B	Sub-total
	Kisumu and Migori Counties	Targeted PNC mentorship	Oct-Dec 2016	-	
		CMEs on PNC		-	
		Review meetings		-	
Distribution of IEC materials		-			
Totals				14,293	

Results:

Additional Criteria	Baseline	FY2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
				Target	Achieved	Target	Target	Target	Target	Achieved	Target
Babies (B)	B	B	B	B	B	B	B	B	B	B	B
Total	N/A	8,387	35,031	14,847	14,293	16,044	17,419	17,558	65,868		
Kisumu	N/A	2,698	12,104	6,860	6,653	7,753	8,143	8,352	31,108		
Migori	N/A	3,683	18,295	7,987	7,640	8,291	9,276	9,206	34,760		
Baringo	N/A	365	953								
Meru	N/A	1,641	3,679								

NUMBER OF PEOPLE (HCWs) TRAINED IN MATERNAL AND/OR NEWBORN HEALTH THROUGH USG-SUPPORTED PROGRAMS
INDICATOR # Custom

UNIT	DISAGGREGATE BY:								
	Geographic Location		Activity Title			Date	W	M	Sub-total
	Kisumu and Migori County		KMC Training			Oct-Dec 2016	29	17	46
			SBM-R Training						

Results:

Additional Criteria	Baseline		FY2015 Results		FY2016 Results		This Reporting Period Oct-Dec 16			Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period Jul-Sept 17	FY 2017		End of Activity Target	
	W	M	W	M	W	M	Target	Achieved	W	Target	Target	Target	Target	Achieved	Target	
Sex*: Women (W), Men (M)	W	M	W	M	W	M	W/M	M	W	W/M	W	W/M	W/M	W	M	W/M
Total	N/A	N/A	13	17	1,436	870	700	17	29	700	700	0	2100			
Kisumu	N/A	N/A	6	4	1,144	654	300	17	29	300	300	0	900			
Migori	N/A	N/A	7	13	170	118	400	0	0	400	400	0	1,200			
Baringo	N/A	N/A	0	0	79	79										
Meru	N/A	N/A	0	0	43	19										

TOTAL NUMBER OF CHWS TRAINED IN MATERNAL AND/OR NEWBORN HEALTH THROUGH USG SUPPORTED PROGRAMS
INDICATOR # Custom

UNIT	DISAGGREGATE BY:								
	Geographic Location		Activity Title			Date	W	M	Sub-total
	Kisumu and Migori County		Community RMC training			Oct-Dec 2016			
			Community MNH training						
						205	57	262	

Results:

Additional Criteria	Baseline		FY2015 Results		FY2016 Results		This Reporting Period Oct-Dec 16			Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period Jul-Sept 17	FY 2017		End of Activity Target	
	W	M	W	M	W	M	Target	W	M	Target	Target	Target	Target	W	M	Target
Sex*: Women (W), Men (M)	W	M	W	M	W	M	W/M	M	W	W/M	W	W/M	W/M	W	M	W/M
Total	N/A	N/A	276	175	431	136	499	57	205	499	502	0	1,500			
Kisumu	N/A	N/A	-	-	380	104	166	57	205	166	168	0	500			
Migori	N/A	N/A	-	-	51	32	333	-	-	333	334	0	1000			
Baringo	N/A	N/A	-	-	0	0										
Meru	N/A	N/A	-	-	0	0										

**NUMBER OF FACILITIES THAT PROVIDE APPROPRIATE LIFE-SAVING MATERNITY CARE (BE_mONC OR CE_mONC)
INDICATOR # Custom**

UNIT	DISAGGREGATE BY:				
	Geographic Location	Activity Titles	Date	W	Sub-total
	Kisumu and Migori Counties	Monthly EmONC assessment	Oct-Dec 2016	-	
		Monthly monitoring of commodities		-	
				-	
		-			
Totals					

Results:

Additional Criteria	Baseline	FY2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
				Target	Achieved	Target	Target	Target	Target	Achieved	
Facilities (F)	F	F	F	F	F	F	F	F	F	F	F
Total	N/A	3	36	67	51	67	67	67	67		
Kisumu	N/A	2	15	29	24	29	29	29	29		
Migori	N/A	1	14	38	27	38	38	38	38		
Baringo	N/A	0	3								
Meru	N/A	0	4								

MALARIA IN PREGNANCY
PROPORTION OF PREGNANT WOMEN GIVEN IPT_pi DOSE AMONG WOMEN ATTENDING ANC VISIT
INDICATOR # Custom

DISAGGREGATE BY:						
Geographic Location	Activity Titles	Date	W	M	Sub-total	
Migori (Awendo, Rongo, Uriri)	Training of Health care workers on simplified MIP guidelines	Oct-Dec 2016	517	319	836	
Migori (Awendo, Rongo, Uriri, Kuria East, Nyatike)	Training of CHVs on cMIP	Oct-Dec 2016	888	474	1362	
Homa bay (Rachuonyo North, Rangwe)	Training of CHVs on cMIP	Oct-Dec 2016	355	94	449	
Totals			1760	887	2647	

Results:

Additional Criteria	Baseline	FY 2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
		Achieved	Achieved	Target	Achieved	Target	Target	Target	Target	Achieved	Target
Sex*: Women (W)	W	W	W	W	W	W	W	W	W	W	W
Total	N/A	60%	68%	80%	81%	80%	80%	80%	80%		
Kisumu	N/A	38%	72%	80%	82%	80%	80%	80%	80%		
Migori	N/A	58%	62%	80%	80%	80%	80%	80%	80%		
Homa Bay	N/A	-	63%	80%	77%	80%	80%	80%	80%		
Bungoma	N/A	84%	73%	80%	87%	80%	80%	80%	80%		

PROPORTION OF PREGNANT WOMEN GIVEN IPT_pI DOSE AMONG WOMEN ATTENDING ANC VISIT

INDICATOR # Custom

DISAGGREGATE BY:						
Geographic Location	Activity Titles	Date	W	M	Sub-total	
Migori (Awendo, Rongo, Uriri)	Training of Health care workers on simplified MIP guidelines	Oct-Dec 2016	517	319	836	
Migori (Awendo, Rongo, Uriri, Kuria East, Nyatike)	Training of CHVs on cMIP	Oct-Dec 2016	888	474	1362	
Homa bay (Rachuonyo North, Rangwe)	Training of CHVs on cMIP	Oct-Dec 2016	355	94	449	
Totals			1760	887	2647	

Results:

Additional Criteria	Baseline	FY 2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
				Target	Achieved				Target	Achieved	
Sex*: Women (W)	W	W	W	W	W	W	W	W	W	W	W
Total	N/A	60%	68%	80%	74%	80%	80%	80%	80%		
Kisumu	N/A	38%	72%	80%	80%	80%	80%	80%	80%		
Migori	N/A	58%	62%	80%	59%	80%	80%	80%	80%		
Homa Bay	N/A	-	63%	80%	66%	80%	80%	80%	80%		
Bungoma	N/A	84%	73%	80%	86%	80%	80%	80%	80%		

NUMBER OF SERVICE PROVIDERS ORIENTED ON SIMPLIFIED MIP GUIDELINES

INDICATOR # CUSTOM

UNIT	DISAGGREGATE BY:								
	Geographic Location		Activity Title			Date	W	M	Sub-total
	Migori (Awendo, Rongo, Uriri)		Training of HCWs			Oct-Dec 2016	517	319	836

Results:

Additional Criteria	Baseline		FY2015 Results		FY2016 Results		This Reporting Period Oct-Dec 16			Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period Jul-Sept 17	FY 2017		End of Activity Target	
			Achieved		Achieved		Target	Achieved		Target	Target	Target	Target	Achieved		Target
	W	M	W	M	W	M	W/M	M	W	W/M	W	W/M	W/M	W	M	W/M
Sex*: Women (W), Men (M)	W	M	W	M	W	M	W/M	M	W	W/M	W	W/M	W/M	W	M	W/M
Total	N/A	N/A	276	175	2,333	1,658	-	319	357	-	-	-	-			
Kisumu	N/A	N/A	-	-	332	210	-	-	-	-	-	-	-			
Migori	N/A	N/A	-	-	393	307	-	319	357	-	-	-	-			
Homa Bay	N/A	N/A	-	-	1,597	1,110	-	-	-	-	-	-	-			
Bungoma	N/A	N/A	-	-	0	0	-	-	-	-	-	-	-			

NUMBER OF CHVS ORIENTED ON CMIP INTERVENTIONS

INDICATOR # Custom

UNIT	DISAGGREGATE BY:								
	Geographic Location		Activity Title			Date	W	M	Sub-total
	Migori (Awendo, Rongo, Uriri, Kuria east, Nyatike)		Training of CHVs on cMIP			Oct-Dec 2016	888	474	1362
	Homa bay (Rachuonyo North, Rangwe)		Training of CHVs on cMIP				355	94	449
Total					1243		568	1811	

Results:

Additional Criteria	Baseline		FY2015 Results		FY2016 Results		This Reporting Period Oct-Dec 16			Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period Jul-Sept 17	FY 2017		End of Activity Target	
			Achieved		Achieved		Target	Achieved		Target	Target	Target	Target	Achieved		Target
	W	M	W	M	W	M	W/M	M	W	W/M	W	W/M	W/M	W	M	W/M
Sex*: Women (W), Men (M)	W	M	W	M	W	M	W/M	M	W	W/M	W	W/M	W/M	W	M	W/M
Total	N/A	N/A	-	-	3,832	1,668	1,833	568	1243	1,833	1,833	-	5500			
Kisumu	N/A	N/A	-	-	1,124	591	367	-	-	367	367	-	1100			
Migori	N/A	N/A	-	-	258	159	489	474	888	489	489	-	1467			
Homa Bay	N/A	N/A	-	-	2,450	918	489	94	355	489	489	-	1467			
Bungoma	N/A	N/A	-	-	0	0	489	-	-	489	489	-	1467			

NUMBER OF PREGNANT WOMEN REACHED BY CHVS

INDICATOR # Custom

UNIT	DISAGGREGATE BY:				
	Geographic Location	Activity Titles	Date	W	Sub-total
	Migori (Kuria west, Kuria East, Suna west, Suna east, Awendo, Rongo, Uriri, Nyatike)	Sensitization of pregnant women	Oct-Dec 2016	7,284	56,123
	Homa bay, (Rachuonyo North, Rangwe)	Sensitization of pregnant women		5,513	
	Kisumu (Seme, Nyakach, Nyando, Muhoroni)	Sensitization of pregnant women		22,226	
	Bungoma (Kanduyi, Kabuchai, Kimilili, Sirisia, Bumula, Webuye east, Webuye west, Tongaren)	Sensitization of pregnant women		21,100	
Totals		56,123			

Results:

Additional Criteria	Baseline	FY 2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reportin g Period Jan-Mar 17	Reportin g Period Apr-June17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
				Target	Achieved	Target	Target	Target	Target	Achieved	
Sex*: Women (W)	W	W	W	W	W	W	W	W	W	W	W
Total	N/A	17,251	69,192	48,648	56,123	48,648	48,648	48,648	194,591		
Kisumu	N/A	1,730	11,029	10,730	7,284	10,730	10,730	10,730	42,923		
Migori	N/A	1,756	4,428	11,257	5,513	11,257	11,257	11,257	45,030		
Homa Bay	N/A	-	23,367	11,712	22,226	11,712	11,712	11,712	46,847		
Bungoma	N/A	13,765	30,368	14,648	21,100	14,648	14,648	14,648	59,791		

IMMUNIZATION
CHILDREN 12-23 MONTH OF AGE WHO RECEIVED THIRD DOSE OF DPT (DIPHTHERIA, PERTUSSIS, TETANUS)-CONTAINING VACCINE BY 12 MONTHS OF AGE
INDICATOR # 3.1.6.4-3

UNIT	DISAGGREGATE BY:					
	Geographic Location	Activity Titles	Date	W/M	Sub-total	
	Kisumu and Migori County	Operational level trainings		Oct-Dec 2016	131	16,704
		REC trainings and micro planning				
		Mentorship				
Integrated outreaches and daily fixed facility services						
Totals						

Results:

Additional Criteria	Baseline	FY2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
				Target	Achieved	Target	Target	Target	Target	Achieved	
Children (C)	C	C	C	C	C	C	C	C	C	C	C
Total	N/A	14,663	46,970	17,898	16,704	18,596	18,272	19,069	73,834		
Kisumu	N/A	3,541	15,492	7,914	7,599	8,286	8,207	8,833	33,240		
Migori	N/A	4,995	20,239	9,984	9,105	10,309	10,065	10,237	40,594		
Baringo	N/A	1,794	754								
Meru	N/A	4,333	2,179								

**NUMBER OF CHILDREN WHO HAVE RECEIVED THE THIRD DOSE OF PNEUMOCOCCAL CONJUGATE VACCINE BY 12 MONTHS OF AGE
INDICATOR # 3.1.6.4-I**

UNIT	DISAGGREGATE BY:					
	Geographic Location	Activity Titles	Date	W	Sub-total	
	Kisumu and Migori County	Operational level trainings		Oct-Dec 2016	131	
		REC trainings and micro planning				
		Mentorship				
Integrated outreaches and daily fixed facility services						
Totals					16,726	

Results:

Additional Criteria	Baseline	FY2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
				Target	Achieved	Target	Target	Target	Target	Achieved	
Children (C)	C	C	C	C	C	C	C	C	C	C	C
Total	N/A	14,461	46,741	17,854	16,726	18,549	18,226	19,022	73,651		
Kisumu	N/A	3,505	15,502	7,894	7,606	8,266	8,186	8,811	33,157		
Migori	N/A	4,936	20,046	9,959	9,120	10,283	10,040	10,211	40,494		
Baringo	N/A	1,817	2,810								
Meru	N/A	4,203	8,383								

CHILDREN AGE 12-23 MONTHS OF AGE WHO RECEIVED MEASLES VACCINE BY THE TIME THEY WERE 12 MONTHS OF AGE
INDICATOR # 3.1.6.4-4

UNIT	DISAGGREGATE BY:				
	Geographic Location	Activity Titles	Date	W	Sub-total
	Kisumu and Migori County	Operational level trainings	Oct-Dec 2016	-	
		REC trainings and micro planning		-	
		Mentorship		-	
Integrated outreaches and daily fixed facility services		-			
Totals				16,517	

Results:

Additional Criteria	Baseline	FY2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
		Achieved	Achieved	Target	Achieved	Target	Target	Target	Target	Achieved	Target
Children (C)	C	C	C	C	C	C	C	C	C	C	C
Total	N/A	13,370	46,064	16,523	16,517	18,731	18,701	18,922	72,876		
Kisumu	N/A	3,538	16,539	7,554	7,389	8,725	8,503	8,735	33,519		
Migori	N/A	4,908	19,009	8,969	9,128	10,006	10,198	10,186	39,359		
Baringo	N/A	1,237	2,698								
Meru	N/A	3,687	7,818								

**NUMBER OF CHILDREN UNDER ONE YEAR WHO RECEIVE THREE DOSES OF OPV EXCLUDING BIRTH POLIO
INDICATOR # 3.1.6.4-5**

UNIT	DISAGGREGATE BY:				
	Geographic Location	Activity Titles	Date	W	Sub-total
	Kisumu and Migori County	Operational level trainings	Oct-Dec 2016	-	
		REC trainings and micro planning		-	
		Mentorship		-	
Integrated outreaches and daily fixed facility services		-			
Totals				16,668	

Results:

Additional Criteria	Baseline	FY2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
				Target	Achieved	Target	Target	Target	Target	Achieved	Target
Children (C)	C	C	C	C	C	C	C	C	C	C	C
Total	N/A	14,464	45,693	16,784	16,668	18,514	18,241	19,805	73,344		
Kisumu	N/A	3,487	15,417	7,683	7,550	8,291	8,309	9,622	33,906		
Migori	N/A	4,789	19,410	9,101	9,118	10,223	9,932	10,183	39,438		
Baringo	N/A	4,367	2,678								
Meru	N/A	1,821	8,188								

CHILD HEALTH

CHILDREN UNDER FIVE YEARS OF AGE WITH DIARRHEA, WHO RECEIVED ORAL REHYDRATION THERAPY (ORT), DEFINED AS RECEIVING ORAL REHYDRATION THERAPY (ORS)¹

INDICATOR # 3.1.6.7-1

UNIT	DISAGGREGATE BY:				
	Geographic Location	Activity Titles	Date	C	Sub-total
	Kisumu and Migori County	IMCI trainings and mentorship to HCWs	Oct-Dec 2016	-	
		Data quality audits and data reviews		-	
		Procurement of equipment for ORT Corners for diarrhea management		-	
Technical updates & dissemination of new Policies and guidelines		-			
Totals				10,490	

Results:

Additional Criteria	Baseline	FY 2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
		Achieved	Achieved	Target	Achieved	Target	Target	Target	Target	Achieved	Target
Children (C)	C	C	C	C	C	C	C	C	C	C	C
Total	N/A	6,811	37,616	9,111	10,490	16,750	14,812	12,907	53,580		
Kisumu	N/A	2,803	14,502	4,558	5,664	8,790	8,698	6,386	28,432		
Migori	N/A	3,238	12,402	4,553	4,826	7,960	6,114	6,521	25,148		
Baringo	N/A	816	5,678								
Meru	N/A	954	5,034								

¹ We have reported cases of diarrhea in children under five years of age since one child can have more than one episode of a new case of diarrhea of in a given time period

**NUMBER OF CASES OF CHILD PNEUMONIA TREATED WITH ANTIBIOTICS BY TRAINED FACILITY OR COMMUNITY HEALTH WORKERS
IN USG SUPPORTED PROGRAMS**

INDICATOR # 3.1.6-63

UNIT	DISAGGREGATE BY:				
	Geographic Location	Activity Titles	Date	C	Sub-total
	Kisumu and Migori County	IMCI trainings and mentorship to HCWs	Oct-Dec 2016	-	
		Data quality audits and data reviews		-	
		Technical updates & dissemination of new Policies and guidelines		-	
	-				
Totals				4,014	

Results:

Additional Criteria	Baseline	FY 2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
		Achieved	Achieved	Target	Achieved	Target	Target	Target	Target	Achieved	Target
Children (C)	C	C	C	C	C	C	C	C	C	C	C
Total	N/A	2,998	15,466	4004	4014	5,383	5,635	4,539	19,562		
Kisumu	N/A	1,190	3,586	2030	1243	1,996	2,255	1,578	7,859		
Migori	N/A	981	5,963	1974	2771	3,387	3,380	2,961	11,703		
Baringo	N/A	485	2,352								
Meru	N/A	342	3,565								

NUMBER OF HEALTH CARE WORKERS TRAINED IN CHILD HEALTH THROUGH USG SUPPORTED PROGRAMS

INDICATOR # Custom

UNIT	DISAGGREGATE BY:						
	Geographic Location	Activity Title	Date	W	M	Sub-total	
			IMCI mentorship and Trainings	Oct-Dec 2016	57	75	122
			Technical updates & dissemination of new Policies and guidelines				
		Child survival data mentorships					

Results:

Additional Criteria	Baseline		FY2015 Results		FY2016 Results		This Reporting Period Oct-Dec16			Reporting Period Jan-Mar17	Reporting Period Apr-June17	Reporting Period Jul-Sept 17	FY 2017		End of Activity Target	
			Achieved		Achieved		Target	Achieved		Target	Target	Target	Target	Achieved		Target
	W	M	W	M	W	M	W/M	M	W	W/M	W	W/M	W/M	W	M	W/M
Sex*: Women (W), Men (M)	W	M	W	M	W	M	W/M	M	W	W/M	W	W/M	W/M	W	M	W/M
Total	N/A	N/A	-	-	-	-	150	57	75							
Kisumu	N/A	N/A	-	-	-	-	50	18	28							
Migori	N/A	N/A	-	-	-	-	100	29	47							
Baringo	N/A	N/A	-	-	-	-										
Meru	N/A	N/A	-	-	-	-										

NUTRITION

NUMBER OF PEOPLE TRAINED IN NUTRITION THROUGH USG SUPPORTED PROGRAMS

INDICATOR # 3.1.9 - 1a

UNIT	DISAGGREGATE BY:								
	Geographic Location		Activity Title			Date	W	M	Sub-total
			BFCI Training for CHVs			Oct-Dec 2016	139	57	196
			BFCI training for health workers						
		Micronutrient and CHANIS training							

Results:

Additional Criteria	Baseline		FY2015 Results		FY2016 Results		This Reporting Period Oct-Dec16			Reporting Period Jan-Mar17	Reporting Period Apr-June17	Reporting Period Jul-Sept 17	FY 2017		End of Activity Target	
	W	M	W	M	W	M	Target	W	M	Target	Target	Target	Target	W	M	Target
Sex*: Women (W), Men (M)	W	M	W	M	W	M	W/M	M	W	W/M	W	W/M	W/M	W	M	W/M
Total	N/A	N/A	-	-	548	388	270	57	139	450	0	0	720			
Kisumu	N/A	N/A	-	-	319	209	70	44	121	0	-	-	70			
Migori	N/A	N/A	-	-	186	130	200	13	18	450	-	-	450			
Baringo	N/A	N/A	-	-	14	31										
Meru	N/A	N/A	-	-	29	18										

NUMBER OF HEALTH FACILITIES WITH ESTABLISHED CAPACITY TO MANAGE ACUTE UNDER-NUTRITION
INDICATOR # 3.1.9.2-2

UNIT	DISAGGREGATE BY:				
	Geographic Location	Activity Titles	Date	W	Sub-total
	Kisumu and Migori County	Focused supportive supervision	Oct-Dec 2016	-	
		Redistribution of IMAM commodities		-	
Totals					144

Results:

Additional Criteria	Baseline	FY 2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
		Achieved	Achieved	Target	Achieved	Target	Target	Target	Target	Achieved	Target
Facilities (F)	F	F	F	F	F	F	F	F	F	F	F
Total	N/A	20	85	154	144	169	169	169	169		
Kisumu	N/A	-	42	85	80	90	90	90	90		
Migori	N/A	-	30	69	64	79	79	79	79		
Baringo	N/A	-	2								
Meru	N/A	-	11								

NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE WHO RECEIVED VITAMIN A FROM USG SUPPORTED PROGRAMS
INDICATOR # 3.1.9.2-3

UNIT	DISAGGREGATE BY:				
	Geographic Location	Activity Titles	Date	W	Sub-total
	Kisumu and Migori County	Vitamin A supplementation in ECD	Oct-Dec 2016	-	248,006
		Focused supportive supervision		-	
				-	
		-			
Totals					

Results:

Additional Criteria	Baseline	FY2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
		Achieved	Achieved	Target	Achieved	Target	Target	Target	Target	Achieved	Target
Children (C)	C	C	C	C	C	C	C	C	C	C	C
Total	N/A	39,182	93,976	114,169	248,006	57,085	114,169	57,085	171,254		
Kisumu	N/A	7,169	35,495	60,125	63,160	30,065	60,125	30,062	90,187		
Migori	N/A	7,949	34,833	54,045	184,846	27,022	54,045	27,022	81,067		
Baringo	N/A	3,285	4,913								
Meru	N/A	20,779	18,435								

TOTAL NUMBER OF CHILDREN UNDER FIVE YEARS WHO ARE WASTED
INDICATOR # 3.1.9-12

UNIT	DISAGGREGATE BY:				
	Geographic Location	Activity Titles	Date	W	Sub-total
	Kisumu and Migori County	Focused supportive supervision	Oct-Dec 2016	-	
				-	
Totals					1,791

Results:

Additional Criteria	Baseline	FY2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
		Achieved	Achieved	Target	Achieved	Target	Target	Target	Target	Achieved	Target
Children (C)	C	C	C	C	C	C	C	C	C	C	C
Total	N/A	633	3372	2,012	1,791	2,012	2,012	2,012	8,048		
Kisumu	N/A	569	1,854	4,75	1193	4,75	4,75	4,75	1,899		
Migori	N/A	5	863	1,537	598	1,537	1,537	1,537	6,149		
Baringo	N/A	11	174								
Meru	N/A	48	481								

TOTAL NUMBER OF CHILDREN UNDER FIVE WHO ARE UNDERWEIGHT
INDICATOR # 3.1.9-16

UNIT	DISAGGREGATE BY:				
	Geographic Location	Activity Titles	Date	W	Sub-total
	Kisumu and Migori County	Focused supportive supervision	Oct-Dec 2016	-	
				-	
Totals					5,998

Results:

Additional Criteria	Baseline	FY2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
		Achieved	Achieved	Target	Achieved	Target	Target	Target	Target	Achieved	Target
Children (C)	C	C	C	C	C	C	C	C	C	C	C
Total	N/A	7,823	21,346	4,557	5,998	4,557	4,557	4,557	18,226		
Kisumu	N/A	1,911	8,217	2,068	3,586	2,068	2,068	2,068	8,271		
Migori	N/A	1,966	6,223	2,4489	2,412	2,4489	2,4489	2,4489	9,955		
Baringo	N/A	905	2,754								
Meru	N/A	3,041	4,152								

NUMBER OF CHILDREN UNDER 5 REACHED BY USG SUPPORTED NUTRITION PROGRAMS¹
INDICATOR # 3.1.9-15

UNIT	DISAGGREGATE BY:				
	Geographic Location	Activity Titles	Date	W	Sub-total
	Kisumu and Migori County	Vitamin A supplementation in ECD	Oct-Dec 2016	-	
		BFCI Follow ups		-	
		Focused supportive supervision		-	
		-			
Totals				164,632	

Results:

Additional Criteria	Baseline	FY2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
		Achieved	Achieved	Target	Achieved	Target	Target	Target	Target	Achieved	Target
Children (C)	C	C	C	C	C	C	C	C	C	C	C
Total	N/A	117,388	379,576	110,735	164,632	110,735	110,735	110,735	442,938		
Kisumu	N/A	42,036	168,327	53,663	85,141	53,663	53,663	53,663	214,651		
Migori	N/A	41,020	159,585	57,072	79,491	57,072	57,072	57,072	228,287		
Baringo	N/A	2,691	11,146								
Meru	N/A	31,164	40,518								

¹The assumption is within a quarter the same child will visit the facility every month hence averages have been presented

NUMBER OF PREGNANT WOMEN REACHED BY NUTRITION SPECIFIC INTERVENTIONS THROUGH USG SUPPORTED PROGRAMS
INDICATOR # HL. 9-3

UNIT	DISAGGREGATE BY:				
	Geographic Location	Activity Titles	Date	W	Sub-total
	Kisumu and Migori County	Focused supportive supervision	Oct-Dec 2016	-	
		BFCI implementation		-	
		CMEs on MIYCN		-	
Training of HCWs and CHVs		-			
Totals				16,487	

Results:

Additional Criteria	Baseline	FY 2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
				Target	Achieved	Target	Target	Target	Target	Achieved	
Women (W)	W	W	W	W	W	W	W	W	W	W	W
Total	N/A	-	-	12,103	16,487	15,403	14,559	13,487	55,552		
Kisumu	N/A	-	-	5,772	7,623	7,008	6,309	6,247	25,335		
Migori	N/A	-	-	6,331	8,864	8,396	8,250	7,240	30,217		
Baringo	N/A	-	-								
Meru	N/A	-	-								

FAMILY PLANNING

COUPLE-YEARS PROTECTION (CYP) IN USG-SUPPORTED PROGRAMS

INDICATOR # 3.1.7.1-I

UNIT	DISAGGREGATE BY:				
	Geographic Location	Activity Titles	Date	F	Sub-total
	Kisumu and Migori County	FP whole site orientation	Oct-Dec 2016	-	
		LARC mentorship		-	
		LNG IUS training		-	
Integrated RH camps		-			
Totals				121,198	

Results:

Additional Criteria	Baseline	FY2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
				Target	Achieved	Target	Target	Target	Target	Achieved	Target
Years (Y)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Total	N/A	45,455	211,819	94,298	121,198	126,871	128,848	140,038	490,055		
Kisumu	N/A	11,711	71,605	48,478	28,785	65,929	55,007	55,453	224,866		
Migori	N/A	15,526	115,561	45,820	92,413	60,942	73,841	84,585	265,189		
Baringo	N/A	731	1,279								
Meru	N/A	17,487	23,374								

NUMBER OF SERVICE DELIVERY POINTS REPORTING STOCK-OUTS OF ANY CONTRACEPTIVE COMMODITY OFFERED BY THE SDP AT ANY TIME DURING THE REPORTING PERIOD

INDICATOR # 3.1.7.1-2

UNIT	DISAGGREGATE BY:				
	Geographic Location	Activity Titles	Date	W	Sub-total
	Kisumu and Migori County	Integrated supportive supervision	Oct-Dec 2016	-	
				-	
Totals					

Results:

Additional Criteria	Baseline	FY2015 Results	FY 2016 Results	Reporting Period Oct-Dec16		Reporting Period Jan-Mar 17	Reporting Period Apr-June17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
		Achieved	Achieved	Target	Achieved	Target	Target	Target	Target	Achieved	Target
Facilities (F)	F	F	F	F	F	F	F	F	F	F	F
Total	N/A	0	64	19	97	19	19	19	19		
Kisumu	N/A	0	3	9	97	9	9	9	9		
Migori	N/A	0	1	10	0	10	10	10	10		
Baringo	N/A	0	4								
Meru	N/A	0	56								

**NUMBER OF USG-ASSISTED SERVICE DELIVERY SITES PROVIDING FP INFORMATION AND/OR SERVICES
INDICATOR # 3.1.7.1-3**

UNIT	DISAGGREGATE BY:				
	Geographic Location	Activity Titles	Date	W	Sub-total
	Kisumu and Migori County	FP whole site orientation	Oct-Dec 2016	-	
		LARC mentorship		-	
		LNG IUS training		-	
Integrated RH camps		-			
Totals				225	

Results:

Additional Criteria	Baseline	FY2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
				Target	Achieved	Target	Target	Target	Target	Achieved	
Facilities (F)	F	F	F	F	F	F	F	F	F	F	F
Total	N/A	177	290	378	225	378	378	378	378		
Kisumu	N/A	43	104	187	104	187	187	187	187		
Migori	N/A	57	113	201	121	201	201	201	201		
Baringo	N/A	26	44								
Meru	N/A	51	39								

NUMBER OF HEALTHCARE WORKERS TRAINED IN FP/RH WITH USG FUNDS

INDICATOR # Custom

UNIT	DISAGGREGATE BY:								
	Geographic Location		Activity Title			Date	W	M	Sub-total
			LNG IUS training			Oct-Dec 2016			
			LARC Mentorship						
						551	257	808	

Results:

Additional Criteria	Baseline		FY2015 Results		FY2016 Results		This Reporting Period Oct-Dec16			Reporting Period Jan-Mar17	Reporting Period Apr-June17	Reporting Period Jul-Sept 17	FY 2017		End of Activity Target	
	W	M	W	M	W	M	Target	W	M	Target	Target	Target	Target	W	M	Target
Sex*: Women (W), Men (M)	W	M	W	M	W	M	W/M	M	W	W/M	W	W/M	W/M	W	M	W/M
Total	N/A	N/A	166	114	408	232	900	257	551	900	900	900	2700			
Kisumu	N/A	N/A	53	39	284	120	333	257	551	333	333	333	1000			
Migori	N/A	N/A	44	32	74	43	567	-	-	567	567	567	1,700			
Baringo	N/A	N/A	12	14	26	38										
Meru	N/A	N/A	41	18	24	31										
Other*	N/A	N/A	16*	11	-	-										

*This includes participants from IMARISHA

NUMBER OF CHWS TRAINED IN FAMILY PLANNING COUNSELING AND SERVICES THROUGH USG SUPPORTED PROGRAMS

INDICATOR # Custom

UNIT	DISAGGREGATE BY:							
	Geographic Location		Activity Title		Date	W	M	Sub-total
			CHVs training on community FP/RH		Oct-Dec 2016			
						97	32	129

Results:

Additional Criteria	Baseline		FY2015 Results		FY2016 Results		This Reporting Period Oct-Dec16			Reporting Period Jan-Mar17	Reporting Period Apr-June17	Reporting Period Jul-Sept 17	FY 2017		End of Activity Target	
	W	M	W	M	W	M	Target	W	M	Target	Target	Target	Target	W	M	Target
Sex*: Women (W), Men (M)	W	M	W	M	W	M	W/M	M	W	W/M	W	W/M	W/M	W	M	W/M
Total	N/A	N/A	276	175	603	392	-	32	97	-	-	-	1500			
Kisumu	N/A	N/A	172	107	185	66	-	32	97	-	-	-	-			
Migori	N/A	N/A	104	68	125	94	-	-	-	-	-	-	-			
Baringo	N/A	N/A	-	-	256	209										
Meru	N/A	N/A	-	-	37	23										

PERCENT INCREASE ON CONTRACEPTIVE COMMODITY REPORTING RATES

INDICATOR # Custom

UNIT	DISAGGREGATE BY:				
	Geographic Location	Activity Titles	Date	W	Sub-total
	Kisumu and Migori County	Integrated supportive supervision	Oct-Dec 2016	-	
				-	
Totals					

Results:

Additional Criteria	Baseline	FY2015 Results	FY 2016 Results	Reporting Period Oct-Dec 16		Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period July-Sept 17	FY 2017		End of Activity Target
		Achieved	Achieved	Target	Achieved	Target	Target	Target	Target	Achieved	Target
Percent (%)	%	%	%	%	%	%	%	%	%	%	%
Total	N/A	177	21.1%	2%	-3%	2%	2%	2%	2%		
Kisumu	N/A	43	13.0%	2%	-6%	2%	2%	2%	2%		
Migori	N/A	57	5.7%	2%	3%	2%	2%	2%	2%		
Baringo	N/A	26	61.9%								
Meru	N/A	51	3.8%								

WASH

NUMBER OF INDIVIDUALS TRAINED TO IMPLEMENT IMPROVED SANITATION METHODS

INDICATOR # Custom

UNIT	DISAGGREGATE BY:								
	Geographic Location		Activity Title			Date	W	M	Sub-total
			Training of CHVs on CLTS			Oct-Dec 2016	212	126	338

Results:

Additional Criteria	Baseline		FY2015 Results		FY2016 Results	This Reporting Period Oct-Dec 16			Reporting Period Jan-Mar 17	Reporting Period Apr-June 17	Reporting Period Jul-Sept 17	FY 2017			End of Activity Target
			Achieved		Achieved	Target	Achieved		Target	Target	Target	Target	Achieved		Target
	W	M	W	M	W/M	W/M	M	W	W/M	W	W/M	W/M	W	M	W/M
Sex*: Women (W), Men (M)															
Total	N/A	N/A	-	-	712	338	126	212	-	-	-	1,000			
Kisumu	N/A	N/A	-	-	30	-	-	-	-	-	-	-			
Migori	N/A	N/A	-	-	440	333	126	212	333	334	-	1000			
Baringo	N/A	N/A	-	-	-										
Meru	N/A	N/A	-	-	245										

IV. CONSTRAINTS AND OPPORTUNITIES

Malaria in Pregnancy

- *Inadequate MOH registers and tools:* Most sub-counties have trained CHVs on cMIP and are capable of using the MOH 514 to document number of pregnant women reached with MIP messages. However, challenges in program implementation have been as a result of lack of adequate data capture tools (MOH 514) for CHVs and lack of incentives for CHVs resulting in poor data returns.
- *Non-incentivization of CHVs:* Some counties like Homa Bay have very high CHV reporting rates 3-4 times compared to other counties due to incentives given to CHVs.
- *Commodity Management:* At facility level there are skill gaps in quantification of SP at facility level and poor re-distribution of SP by sub-counties

Immunization

- Inconsistent vaccine supply especially BCG and IPV
- Motivation of staff especially the CHV whose payment is inconsistent
- Inadequate mapping of under one
- Staff shortage in some health facilities. FBO and private institutions have high staff turn over
- Lack of collective ownership of the program by staff working in the health facilities
- Inadequate use of data in problem identification and analysis

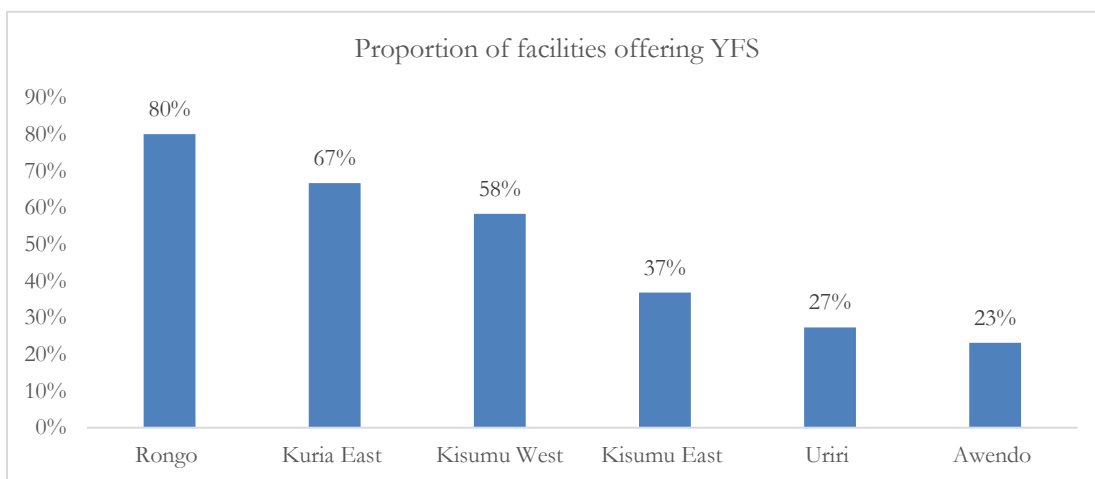
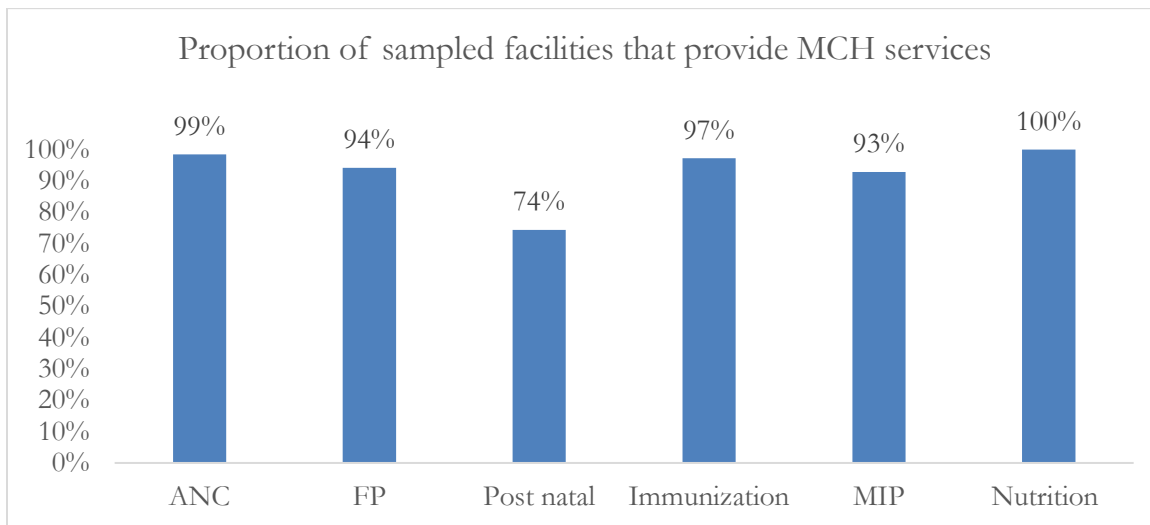
Child Health

- Insufficient data use at the facility level. MCSP will continue strengthening use of data for decision making through mentorships by SCHRIO and development of facility score cards.
- Poor documentation and reporting of child health data. Follow up and OJT to health care providers on use of codes in MOH 204a will be undertaken to address this gap.
- Over reporting and under reporting- Health facility in charges will be advised to counter check reports before transmission to the next level.

V. PERFORMANCE MONITORING

Baseline Health Facility Assessment:

In this reporting quarter, baseline facility assessment was conducted in 77 sampled facilities (Migori 46, Kisumu 31) from the 6 scale up sub-counties. The purpose for the assessment was to provide baseline information that would inform interventions during implementation. The data was collected by the SCHRIOs and SCRHCs following a two day training on data assessment tool. The data that was collected was on service provision, availability of equipment, IEC materials, job aids, MOH registers and reporting tools, training gaps were identified. The key findings from the assessment are presented below:



- Of the sampled facilities, 67.3% were providing YFS services in an integrated approach while 32.7% had standalone facilities
- All facilities were providing nutrition services
- ORT corner was present in 77% of the facilities

Integrated Data review meetings:

MCSP supported data review meetings in 3 sub-counties in Kisumu (Muhoroni, Kisumu East and Nyakach) and 1 in Migori (Rongo). The 2 day review meetings brought on board 181 health care workers from the GOK, FBO and private health facilities. The issues highlighted during the meeting included the quality of documentation in the facilities, and performance of the facilities in various indicators for quarter 4 (July-September 2016). According to the presentations there was a general improvement in all the indicators e.g. the Penta 3 coverage increased from 79.7% to 86.9% while the fully immunized children increased from 79% to 85%. The deliveries by skilled birth attendant coverage increased from 70% to 71% while the ANC 4th coverage increased from 49% to 55%. This is data for Q4 (April-June) and Q1 (July -Sept) respectively.

The improvement of the performance of the facilities is attributed to the continuous mentorship, OJT, data quality audits, targeted supervision and trainings conducted. In all the 4 sub counties the main indicators with discrepancy were on nutrition and child health i.e. Documentation and reporting of exclusive breast feeding, IFAS supplementation, suspected malaria and confirmed malaria cases for under five years. The departmental heads took the opportunity to define indicators, how to capture and report. Additionally the reporting rates in all the sub counties were at 100%. The best performing facilities were given an opportunity to share their best practices that has contributed to their exemplary performance so that it could be adopted.

Immunization review meetings:

In this quarter, MCSP advisors participated in the child health quarterly review meetings to assess progress made (PY 2 Q 4) in reducing the numbers of unvaccinated children in Muhoroni and Nyakach sub counties. The findings include:

Muhoroni: There has been positive progress in reducing numbers of unvaccinated and reduced incidence of disparities in reported data. However, more efforts required in integrating services at MCH to reduce missed opportunities for vaccination.

Nyakach: Positive progress especially in Measles second dose. Nyakach Sub County has the highest MSD coverage in Kisumu County at 50%. It was agreed that outreach services are not effective in most facilities. Facilities were advised to conduct mapping of unvaccinated under one children and use the CHVs to mobilize the community to demand for the immunization services.

Collection and distribution of tools from National Office to County and Sub-counties:

MCSP supported the Migori in collection of MOH Reporting tools and registers from the national HMIS stores. These tools included MOH 511, MOH 333, and MOH204A&B among others. The support was also extended to further redistribution to some sub-counties such as Rongo and Kuria East sub counties. This exercise was necessitated by the fact that there had been a national revision of the tools. Migori County had yet to receive the updated tools from the national offices.



MOH staff offloading tools from the lorry to CHRIO office Migori



MOH registers distributed to Rongo Sub county SCHRIOs Office

Data Management and Reporting on major forms (711, 705a, 710):

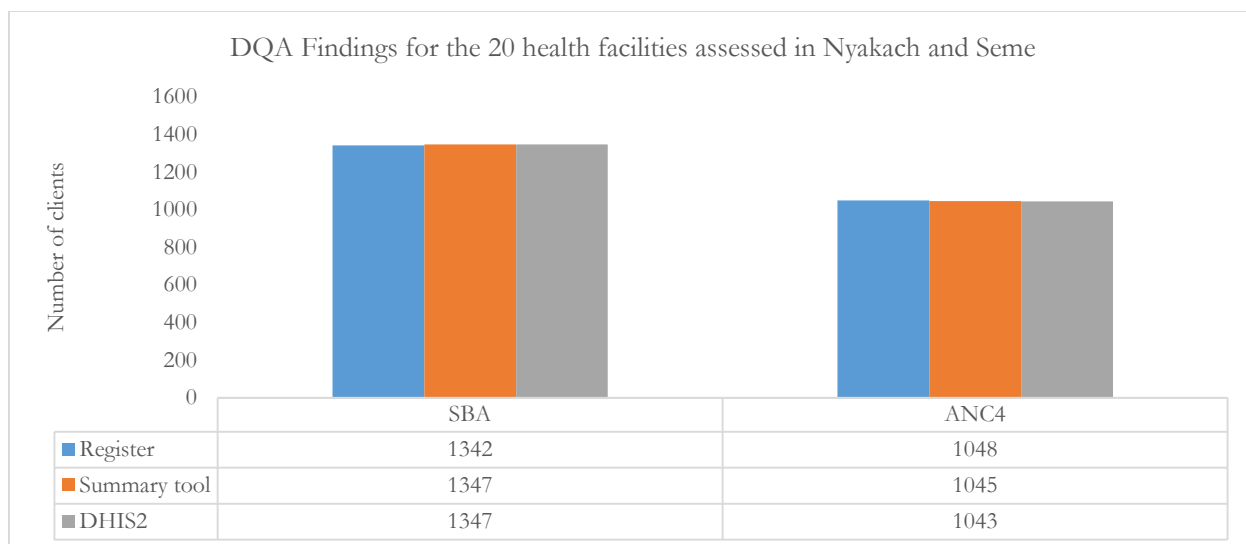
During the quarter, the team ensured that the various indicators followed up by the program are reported in the different reporting forms. DHIS2 Data verification and follow up of health facilities which had not reported was done in conjunction with the SCHRIOs. This was done observing all the characteristics of good data i.e. Accuracy, validity, reliability, timeliness and completeness. Reporting rate for most indicators was at 95%.

Mentorships and OJT:

MCSP in collaboration with the SCHMTs conducted OJT and mentorship to health care providers in Hospitals, health centers, dispensaries and centers of excellence. Mentorship on post-natal care and other MNCH indicators was done. A total of 44 health care providers were mentored on documentation in 17 health facilities in Migori County.

Data quality assessment:

Routine Data quality assessment (RDQA) was conducted in Kisumu County in 2 sub-counties namely Seme and Nyakach. This was conducted by a team of SCHMT members which included SCHRIO, SCPHN, SCRHC and MCSP MER officer. The indicators assessed were 1st ANC, 4th ANC and Deliveries. Following the criteria for RDQA, data from the source registers was compared with the reported data in reporting tool and DHIS 2. The team prepared dashboards which were shared with the various health facilities and action points noted and pinned on the wall for further follow up in the specified facilities. This Exercise was conducted in 10 health facilities in Seme and 10 in Nyakach sub-counties.

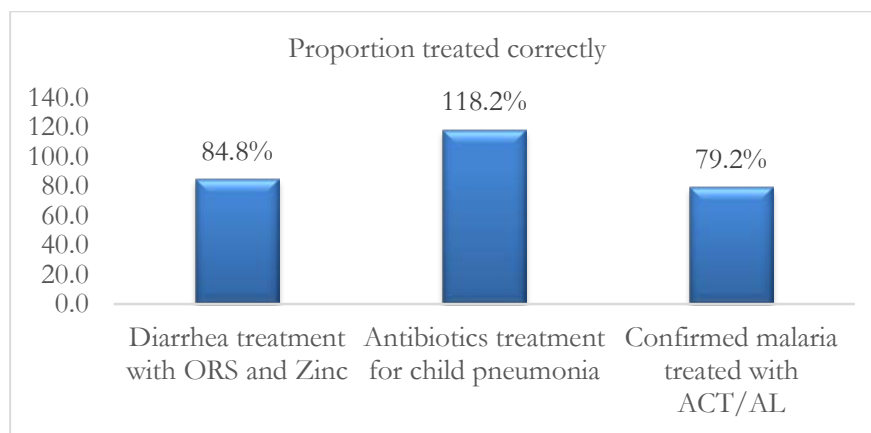


In addition, DQA for child health data was conducted in 33 facilities in Migori County. The tool used captured 4 main domains:

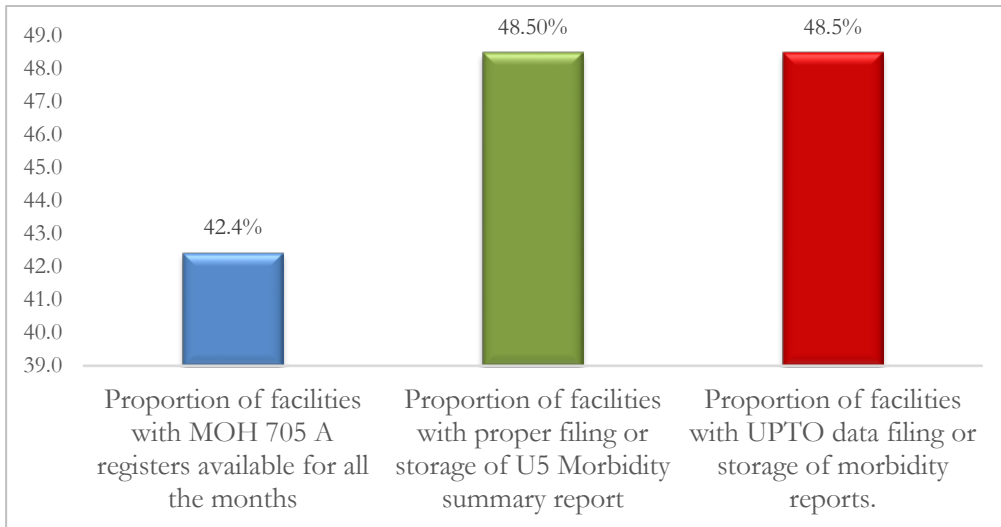
- Quality of data comparing Under 5 morbidity data and MOH summary tools,
- Archiving of Child health data at the facility
- Integration of services due to the child at the CWC and MCH clinic
- Missed opportunities immunization, Measles second dose vaccination, Deworming and Nutrition (Vit A)

The following are results of the DQA and which were shared with stakeholders in various strategic forums at the county levels:

1. **Data quality:** There is a mix of under- and over-reporting of cases of IMCI illnesses at facility level. Correct treatment for diarrhea documented at 87%, 79% for malaria treatment with ACT/AL while for pneumonia, facilities reported 118% correct treatment. Graph of proportion of cases of IMCI illnesses treated correctly. Child pneumonia data surpassed the 100% treatment target, which is a pointer to irrational use of antibiotics or misclassifications for child pneumonia.



2. **Archiving of data:** Facilities had inadequate storage capacity for filing of data registers. Of all the sub Counties assessed during DQA, Suna East had the poorest archiving of child health data, for all areas assessed; only 12.5% of facilities have proper records across all the sub domains of archiving.



3. **Integration of services:** Results show that many sick children do not pass through the CWC clinic hence not all children due for services such as deworming, vitamin A and measles 2nd dose are given. A major gap is noted in recording of services given.
4. **Data concordance:** Many facility staff are not ensuring data concordance in facility registers; concordance is 20% in Kuria West, 14.3% in Nyatike-14.3%, 12.5% in Suna East and 60% in Suna West.

To address this gaps in child health data, MCSP has redirected its strategy to put more emphasis in ensuring data quality through data mentorships, orientation of non-support staff and client flow changes at facility in order to address these data losses and quality issues.

DHIS2 Training:

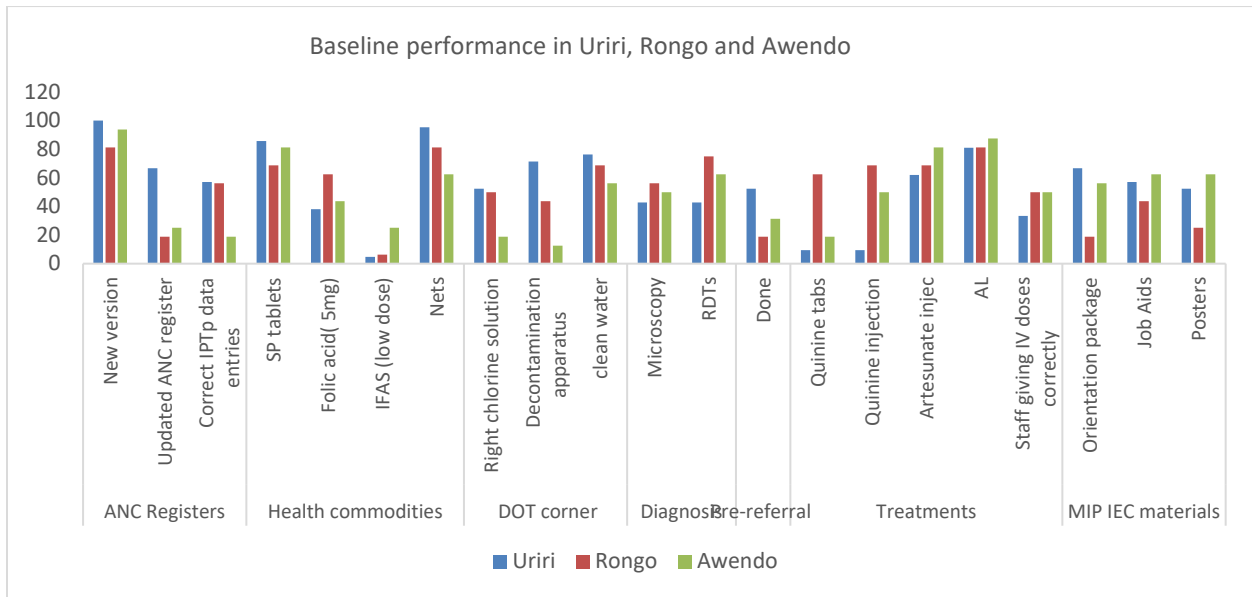
During the quarter, a DHIS 2 training was conducted in Kisumu county targeting departmental heads from all the high volume health facilities. A total of 117 Health care providers were trained thus sealing the gap on access and use of DHIS2 by other cadres in health care service provision who had little or no knowledge on DHIS2.



Paul Okise, Seme SCHRIO taking participants through Pivot table in DHIS2 training

Malaria in Pregnancy SBM-R Assessment:

To monitor the quality of services provided at health facilities, baseline data was collected from 53 health facilities in Migori (Uriri 21, Rongo 15 and Awendo 17). The key observations were that there were many facilities with good performance standards including availability of new ANC registers, Nets, SP tablets, clean water for taking SP, Artesunate and AL medicines. Poor performance standards were observed in poorly updated ANC registers, incomplete DOT corner procedures, and commodity stock-out especially IFAS and quinine and administration of medicines for case management



VI. PROGRESS ON GENDER STRATEGY

MCSP works with other partners to implement a human centered and rights approach during implementation of facility and community based activities. Advocacy /lobbying activities continues at the community on the harmful effects of some of the social cultural beliefs and practices that affect improved health seeking practices. The main aim of focus on gender mainstreaming is that both sexes may enjoy equal visibility, empowerment and participation in all spheres of public and private life.

MCSP supports participation of men, women, boys and girls in Health open days promoting respectful maternity care which promotes respect for mothers at all levels of care. This is meant to lower the incidences disrespect and abuse during pregnancy and delivery. In addition, the program ensured inclusion of men during update trainings of CHVs is done in promoting family centered care in the communities. During the reporting period, capacity building of 302 CHVs (Males 67, Females 235) on respectful care and the dangers of Gender based violence was conducted.

VII. PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING

MCSP supported waste management and infection prevention control in 10 facilities in Kisumu County through provision of IPC equipment. Waste paper generated from used charts and packaging of snacks during the partner's meeting was disposed of safely in sites designated for burning general waste. Integrated supportive supervision incorporated waste management. The team that conducted the supportive supervision for facilities ensured expired health commodities including supplements are removed from shelves and kept elsewhere for destruction when permission is obtained. Stakeholders meetings with communities and discussions on how they can use their own resources to construct latrines and hand washing devices were held. In addition, trained/triggered communities were informed on the importance of using latrine/toilet.

VIII. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

During this reporting period a PMI implementing partners meeting was held during the quarter and consensus was reached to conduct integrated supportive supervision in counties where the partners are implementing activities. Homa Bay County was chosen as the starting sub-county but the activity could not take place due to health staff strike

IX. PROGRESS ON LINKS WITH GOK AGENCIES

During this reporting period under review, MCSP collaborated with other GOK agencies as follows:

- MIP continued working with NMCP, RMHSU and CHSU at national level on planning, coordination of activities, with CHMTs and SCHMTs in focus counties on implementation of planned activities
- Vitamin A supplementation was integrated into ECD. This was done through the ministry of education, ECD section. Planning for training of ECD teachers on growth monitoring with the directors of ECD at county level has also been done. The trainings will commence in quarter two of PY3.
- The Ministry of agriculture has been instrumental in supporting BFCI trainings. They have trained both health workers and CHVs on establishment of kitchen gardens. They also support by monitoring the kitchen gardens and giving support to the communities.

X. PROGRESS ON USAID FORWARD

Not applicable

XI. SUSTAINABILITY AND EXIT STRATEGY

With the new direction provided by USAID regarding the end of the project in September 2017, MCSP will develop an elaborate closeout plan and submit in the subsequent quarters.

The following approaches are meant to ensure that the gains made with MCSP support are continued beyond the lifetime of the program:

Technical sustainability:

- MCSP is strengthening institutional capacity through mentorship to implement and oversee services in all program areas (MNH, MIP, Immunization, child health, nutrition, RH-FP, WASH and M&E) by developing a pool of mentors at the county and sub-county level who are mentoring health care workers. MCSP has developed a critical mass of mentors who are supporting health care workers.
- All trainings supported by MCSP targets at least one health services provider per facility
- MCSP is strengthening performance review from the county, sub-county to the facility level. Ownership of data has increased with staff taking responsibility and being more accountable and responsive.

Managerial sustainability:

This is being achieved through:

- Sub-county health team members co-facilitating trainings.
- MCSP in collaboration with the CHMT and SCHMT conducts joint supportive supervision visits to health facilities. MCSP advisors builds capacity of the sub county managers during the joint supportive supervision visits
- Establishing IMCI implementation progress reporting as a standing agenda in Child survival TWGs: MCSP has managed to introduce IMCI mentorship as a standing agenda at subcommittee meeting and at TWG meeting in the focus counties. This ensures deliberate efforts are made by the County and Sub County to elevate IMCI mentorships and HCW performance improvements.

Financial sustainability:

- MCSP encourages use of health sector support funds (HSSF) to meets operations cost for services eg vaccination programs.

XII. GLOBAL DEVELOPMENT ALLIANCE

Not Applicable

XIII. SUBSEQUENT QUARTER'S WORK PLAN

Planned Actions from Previous Quarter	Action Status this Quarter	Explanations for Deviation
Integrated Activities		
County and Sub county review meetings	Ongoing	Nil deviation
TWGs	Delayed	Health workers strike
Integrated supportive supervision	Delayed	Health workers strike
Integrated community outreaches	Delayed	Health workers strike
Strengthening of the community platform	Ongoing	Nil deviation
Maternal and Newborn Health		

Routine monthly EmONC assessment	Ongoing	Nil deviation
Mentorship on EmONC, PNC, MPDSR	Ongoing	Nil deviation
KMC ToTs development	Ongoing	Nil deviation
Introduction of RMC in Kisumu	Ongoing	Nil deviation
Community MNH training	Ongoing	Nil deviation
Participation in TWGs and ongoing discussions at national level	Ongoing	Nil deviation
Malaria in Pregnancy		
Develop clinical mentors to train HCWs and supervise implementation of MIP standards	Done	Nil deviation
Train HCWs in all health facilities on simplified MIP guidelines	Done	Nil deviation
Train CHVs in CUs	Done	Nil deviation
Support CHVs to promote MIP at community level	Done	Nil deviation
To collect ANC data from registers		ANC data is collected biannually
Immunization		
MR introduction	Done	Nil deviation
Operational level training/REC training	On going	Nil deviation
<i>Polio SLA</i>	Postponed to January	Health workers strike
Missed opportunities for vaccination study	Done	Nil deviation
Mentorship of health workers	Ongoing	Nil deviation
Child Health		
IMCI trainings and mentorships and trainings	Done	Nil deviation
Strengthening ORT corner through procurement of ORT corner equipment and printing of IEC materials for facilities	Done	Nil deviation
Pneumonia Policy on classification and treatment in under 5	Done	Nil deviation
Initiate pneumonia policy compliance and documentation of experiences and challenges by HCWs using various devices used to measure respiratory rate	Not done	Health workers strike
Initiate REC approach for increasing coverage of diarrhea treatment interventions in children.	Not done	Health workers strike
Providing support during iCCM CHV mentorship	Deferred to Q2	Health workers strike
Strengthening iCCM M&E at sub County level by procuring and distributing tools to CHVs in the focus sub Counties.	Done	Nil deviation

Facilitating technical consultations to strengthen implementation of iCCM by supporting TWGs and sub Committee meetings.	Done	Nil deviation
Participate in the RMNCAH/FP and Nutrition USAID partners Symposium in Kisumu	Done	Nil deviation
Nutrition		
Finalization of BFCI modules for health workers and CHVs	On course	Nil deviation
Trainings of health workers on BFCI	On course	Nil deviation
Training of CHVs on BFCI	On course	Nil deviation
BFCI Implementation follow up	On course	Nil deviation
Micronutrient and CHANIS trainings	On course	Nil deviation
Vitamin A supplementation in ECD	On course	Nil deviation
Focused supportive supervision	On course	Health workers strike
CMEs on MIYCN	On course	Health workers strike
RH-FP		
LARC mentorship	Ongoing	Nil deviation
FP WSO	Ongoing	Nil deviation
Strengthening of YFS	Ongoing	Nil deviation
Demand creation in the community and CBD	Ongoing	Nil deviation
Training CHVs on FP technical modules	Ongoing	Nil deviation
Review of FP training materials	Delayed	Competing priorities at national level
Participation in TWG, FP thematic groups	Postponed	None held in the quarter
WASH		
CLTS follow up	Ongoing	Nil deviation
3 rd party verification & certification	Ongoing	Nil deviation
CB-HIS strengthening	Ongoing	Nil deviation

XIV. FINANCIAL INFORMATION

Cash Flow Report and Financial Projections (Pipeline Expenditure Rate)

Chart 1: Obligations vs. Current and Projected Expenditures - \$Millions

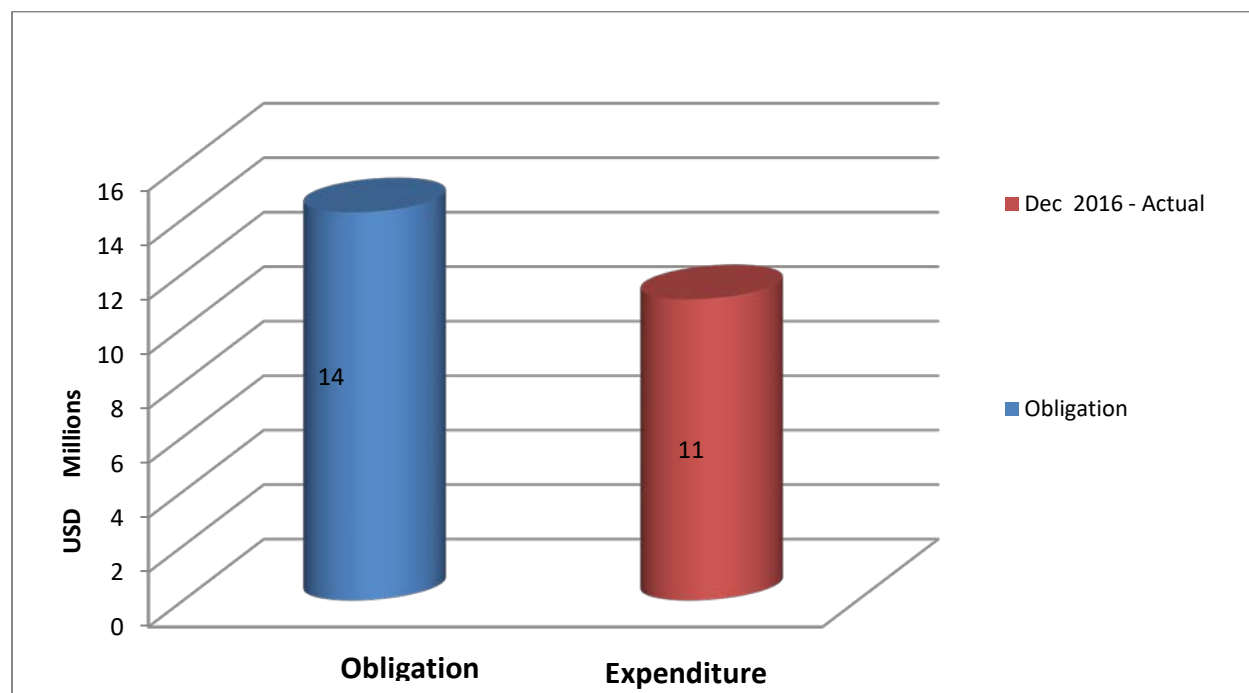


Table 2: Budget Details

T.E.C: \$14,236,494

Cum Budget: \$15,536,494

Cum Expenditure: \$11,047,567

	MCH	POP	Nutrition	Malaria	HIV	Total
a. Total Funds Obligated to Date	3,945,495.00	6,829,027.00	1,780,000.00	1,500,000.00	181,972.00	14,236,494.00
Year 1 to 3 Budgets	4,245,495.00	6,829,027.00	1,780,000.00	2,500,000.00	181,972.00	15,536,494.00
b. Estimated Expenditures & Accruals	2,798,535.00	5,029,392.00	1,292,665.00	1,780,516.00	146,458.00	11,047,566.00
c. Estimated Pipeline end of December 2016	1,146,960.00	1,799,635.00	487,335.00	(280,516.00)	35,514.00	3,188,928.00
d. Field funding approved expected not received as at Dec. 2016	300,000.00	-	-	1,000,000.00	-	1,300,000.00
e. Total Available and expected for PY3 Q2-Q4	1,446,960.00	1,799,635.00	487,335.00	719,484.00	35,514.00	4,488,928.00

Budget Notes

The program plans to spend the remaining pipeline in the remaining quarters of PY3. \$ 300,000 under MCH and \$ 1,000,000 are yet to be obligated to implement the year PY 3 work plan.

TABLE 3: NEW SUB-AWARD DETAILS

There are no new sub-awards.

Total Amount in the approved budget for sub-awards: \$1,399,953

DO Title:
Name of Sub-Awardee: JSI
Activity Title: Immunization and Child Health
Agreement Performance Period: <u>October 1, 2014</u> to <u>September 30, 2017</u>
Agreement Amount (Total Estimated Cost): \$545,000
Geographic Locations for Implementation: <i>(As defined in Section XIII.D.) Migori, Kisumu</i>
Activity Description: JSI's immunization's Scope of Work (SOW) is to provide technical guidance on immunization to CHMTs and SCHMTs, through participation in advocacy, supportive supervision, quarterly data review meetings, and overall health systems strengthening; scale up implementation of REC approach using microplanning in focus counties; build capacity of EPI logisticians to effectively manage county/sub-county EPI services and support SCHMTs in conducting integrated outreaches to areas with high numbers of unvaccinated children. The Child Health SOW is to provide technical guidance on child health to CHMTs and SCHMTs, through participation in advocacy, supportive supervision, quarterly data review meetings, commodity tracking, and overall health systems strengthening; support IMCI mentorship at health facilities in focus counties and support launch of iCCM at county level and work with CHMTs and SCHMTs to implement the strategy in hard-to-reach communities.

DO Title:
Name of Sub-Awardee: Save the Children
Activity Title: Newborn Health
Agreement Performance Period: <u>October 1, 2014</u> to <u>September 30, 2017</u>
Agreement Amount (Total Estimated Cost): \$251,825
Geographic Locations for Implementation: <i>(As defined in Section XIII.D.) Migori, Kisumu</i>
Activity Description: Save the Children's SOW is to provide technical guidance on newborn health to CHMTs and SCHMTs, through participation in advocacy, supportive supervision, quarterly data review meetings, commodity tracking, and overall health systems strengthening; advocate for Kangaroo Mother Care and provide technical guidance on implementation in one focus county; support efforts to mainstream newborn health

information in the DHIS2; support focus counties to develop Essential Newborn Action Plan and advocate for inclusion and use of chlorhexidine for newborn cord care.

DO Title:

Name of Sub-Awardee: PATH

Activity Title: Nutrition

Agreement Performance Period: October 1, 2014 to September 30, 2016

Agreement Amount (Total Estimated Cost): \$603,128

Geographic Locations for Implementation: *(As defined in Section XIII.D.) Migori, Kisumu*

Activity Description:

PATH's SOW is to provide technical guidance on nutrition to CHMTs and SCHMTs, through participation in advocacy, supportive supervision, quarterly data review meetings, commodity tracking, and overall health systems strengthening; support introduction and training on BHFI/BFCI for service providers and community health volunteers in selected focus counties; disseminate MIYCN and healthy diets and lifestyle guidelines in focus counties; support nutrition coordination meetings (CNTF, NDMA, SUN) in focus counties and support World Breastfeeding Week.

XV. ACTIVITY ADMINISTRATION

Personnel

This quarter the MCSP team was joined by four new staff members; 2 full time service delivery officers (for Migori and Kisumu), a program assistant and commodity security specialist. The two SDOs will support integrated MCSP activities under the supervision of the technical advisors. The program assistant and the commodity security specialist will charge 50% LOE to MCSP. The program assistant will support program administration work while the commodity specialist will work with the county teams to improve commodity security and ensure effective roll out of the LNG IUS.

Contract, Award or Cooperative Agreement Modifications and Amendments

Not Applicable

XVII. GPS INFORMATION

Refer to attachment

XVIII. SUCCESS STORY

Effective Trainings to Ensure that Mothers and their Babies Survive Child

Migori, Kenya- The Ogwethi health centre is a small health facility that serves a population of about 9,000 people. On average, the center has 150 antenatal care visits and 37 deliveries per month; 27% of these deliveries are from adolescent girls.

When 15 year old Mary Atieno arrived at the Ogwethi health center, she had irregular labor pains and the traditional birth attendant who was caring for her noticed there had been no fetal movement for over 12 hours. This was Mary's first pregnancy and she had severe swelling of the lower limbs and face. She complained of lower abdominal pain and also had headaches, high blood pressure and dizziness.

A fetal wellbeing assessment revealed an irregular fetal heartbeat and a normal delivery position. A pelvic adequacy assessment was done and a vaginal examination to assess how Mary's labor was progressing. A urine test revealed that Mary had excess proteins after which the doctors diagnosed her with severe pre-Eclampsia, a disorder of [pregnancy](#) characterized by [high blood pressure](#) and often a large amount of [protein in the urine](#)

This was exactly what the Emergency obstetric and newborn care (EMONC) training under the USAID flagship Maternal and Child Survival Program (MCSP) had prepared the health care workers at Ogwethi for; to ensure that no mother and child died during child birth.

Migori County is among 15 counties identified as high burden counties in maternal and new born deaths. To bridge this gap MCSP is training health care workers in the region to respond to emergencies during child birth. The Emergency Obstetric and Newborn Care (EmONC) training takes the health care workers through effective active management of third stage of labor, post-partum hemorrhage management, essential newborn care, and newborn resuscitation.

Armed with this knowledge, the health care workers immediately swung into action to ensure that Mary and her unborn baby survived. While at the same time activating the referral system by notifying the county referral hospital in case of complications. Unfortunately, despite their best efforts, Mary's baby did not survive. However, they were able to save Mary's life by manually

removing the retained placenta and managing the severe postpartum bleeding before sending her to the county referral hospital for further management.

Responding to the needs of the health care workers and the local community

In addition to the EmONC training module, the MCSP team has further enriched the training to respond to the needs of the health care workers in this region. To this end the team is conducting on- job training and mentorship, strengthening community and health facility linkages, streamlining referral systems, and training health care workers to be conscious of issues affecting adolescents and youth. Health care workers are also trained how to collaborate with traditional birth attendants to ensure that patients are referred to hospital on time.



Recovering Mary Atieno share a light moment with a health care worker from Ogwethi HC who visited her at Migori referral hospital.

ANNEXES & ATTACHMENTS

Annex I: Schedule of Future Events

Date	Location	Activity
Integrated Activities		
January-March 2017	Nairobi	Finalize analysis and report writing for the facility assessment
January-March 2017		Finalize manuscript development
January-March 2017	Kisumu and Migori Counties	Data Review Meetings
January-March 2017	Kisumu and Migori	AWP preparations
January-March 2017	Kisumu and Migori	Monthly in charges meetings
February 2017	Thailand	Participate in the Global MER meeting
Maternal and Newborn Health		
January 2017	National level	Workshop to develop newborn register
January-March 2017	Kisumu and Migori	Mentorship on EmONC, PNC
January-March 2017	Kisumu and Migori	Strengthen KMC
January-March 2017	Kisumu and Migori	MPDSR
January-March 2017	Kisumu and Migori	EmONC assessments
January-March 2017	Kisumu and Migori	Community demand creation
March 2017	National level	EmONC scale up writing workshop
Malaria in Pregnancy		
January-March 2017	Kisumu, Bungoma, Homa Bay and Migori Counties	Training of HCWs and CHVs
January-March 2017	Kisumu, Bungoma, Homa Bay and Migori Counties	Supportive supervision
January-March 2017	Mombasa	Training of CMCCs and SCMCCs in coastal endemic
Immunization		
January 2017	Kuria East	Operational level training
January & March 2017	15 counties	Polio SIA
January-March 2017	All focus sub counties	Mentorship
January-March 2017	All focus sub counties	Supportive supervision
February 2017	Kisumu and Migori counties	VPD surveillance training Migori and Kisumu counties
February 2017	Nairobi	EPI stakeholders forum
March 2017	Kampala Uganda	EPI managers meeting
Child Health		

January 2017	Suna East and Suna West	IMCI trainings & mentorships
January 2017	Kuria West, Kisumu West and Kisumu East	Data review meetings
January 2017	Migori & Kisumu	Supportive supervision
February 2017	Migori and Kisumu	Child survival TWG sub Committee meeting
February 2017	Kisumu and Migori	Orientation, training and implementation meetings and data collection for REC in diarrhea
February 2017	Kisumu and Migori	Pneumonia compliance and respiratory device learning-Collection of information and data
March 2017	Migori- Suna west and Nyatike	iCCM mentorships
March 2017		iCCM data review and collection
Nutrition		
January	Migori and Kisumu	Standardization and repair of weighing scales
January-February	Migori	Micronutrients and CHANIS training
January-March	Migori and Kisumu	CMES ON MIYCN
January-March	Migori and Kisumu	Focused supportive supervision
January-March	Migori and Kisumu	BFCI follow ups and self-assessments
February	Migori and Kisumu	Training of ECD teachers
February	Migori	PD Hearth training
March	Migori and Kisumu	IMAM scale up
March	Nairobi	Finalization of BFCI CHV training manual
RH-FP		
February 2017	Mombasa	National level RMHSU TWG
January-March 2017	Kisumu, Migori	LNG IUS introduction
January-March 2017	Kisumu, Migori	NSV rapid assessment
January-March 2017	Kisumu, Migori	Community demand creation & CBD
January-March 2017	Kisumu, Migori	LARC mentorship
January-March 2017	Kisumu, Migori	YFS
January-March 2017	Kisumu, Migori	FP compliance
January-March 2017	Kisumu, Migori	WSO

Annex II: List of Deliverable Products

- Minutes of one MIP TWG meetings with update on SP status and distribution to counties
- 3 Trip reports on training of HCWs in Awendo, Rongo and Uriri sub-counties and baseline data on facilities
- 5 Trip reports on training for CHVs in Awendo, Rongo, Uriri, Kuria east and Nyatike
- 1 Trip reports on supportive supervision in Bungoma
- Trip report on the visit of the PMI team to Migori
- Data on pregnant women attending ANC \leq weeks of gestational age in Kanduyi, Bungoma County.
- Report on attendance and 2 abstracts presented the 65th ASTMH meeting at Atlanta
- Report on attendance and an abstract presented at the 2nd FIGO conference in Burkina Faso
- Draft Manuscript on effect of sensitizing pregnant women to start ANC \leq 20 weeks of gestational age

Annex III: USAID RMNCAH/FP and Nutrition Partners Meeting Report

Refer to the attachment

Annex IV: List of procured equipment and distribution

	Name of item	Quality provided	Comments
Kisumu County	CHV inserts	500	
	CHV referral booklet	1,250	
	Decontamination buckets (20 liters)	1,283	
	DOT corners buckets(10 liters)	300	
	Immunization charts	500	
	IPC Bin liner bags	5,286	
	IPC pedal bins (50 liters)	250	
	Mackintosh Rolls	22	
	Mama Natalie anatomical models	34	
	MCH diary	100	
	MCSP branded aprons	617	
	MCSP branded clocks	50	
	MCSP branded curtains	272	
	MCSP CHV polo shirts	825	The bulk of the materials were sent to the MCSP Kisumu County last quarter
	MCSP data charts	3 of each type	
	MCSP fact sheets	100 of each	
	MCSP FP bags	1,000	
	MCSP pull up banners	4	
	Metallic spoons	1500	
	Neo Natalie anatomical models	34	
	ORS Granulated water jugs 600mls	360	
	ORS Plastic cups 500mls	600	
	ORS plastic trays	300	
	ORS water jugs 500mls	600	
	Penguin Newborn Suction	34	
	Preemie Natalie anatomical models	34	

	RMNCH and Nutrition IEC materials	140 of each	The bulk of the materials were sent to the MCSP Kisumu County last quarter
	Various health facility signage	4,785	
	Veronica bucket stands	252	
	Veronica buckets	550	
	Water purifier	25	
	White gumboots	50	
Migori County	Community Health Volunteers Referral Booklet	1,750	
	FP Counseling Kit	1	
	Immunization charts	250	
	Integrated community manual	350	
	IPC bin liners	5,250	
	Mama Natalie anatomical models	42	
	MCH diaries	200	
	MCSP branded aprons	533	
	National Guidelines for Quality Obstetrics & Perinatal Care Flip chart	500	
	Neonatalie anatomical models	42	
	Patella hammers	250	
	Penguin newborn sucker	42	
	PET Kit	1	
	PPH Kit	1	
	Preemie Natalie models	42	
	RMNCH and Nutrition IEC materials	100	The bulk of the materials were sent to the MCSP Kisumu County last quarter
	Sick child reporting form	700	
	Various health facility signage	4,440	
	Veronica buckets	500	