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USAID *AFYA PWANI*

QUARTERLY PROGRESS REPORT

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ACRONYMS AND ABBREVIATIONS

ADR	Adverse Drug Reactions
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
APH	Antepartum Hemorrhage
APHIA	AIDS, Population and Health Integrated Assistance
APHIA*plus*	AIDS, Population and Health Integrated Assistance-People-centered, local universal access and sustainability
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASRH	Adolescent Sexual Reproductive Health
AYLHIV	Adolescents and Youth Living with HIV
AYSRH	Adolescent and Youth Sexual Reproductive Health
AWP	Annual Work Plan
BEmONC	Basic Emergency Obstetric and Newborn Care
BFCI	Baby Friendly Community Initiative
BMI	Body Mass Index
CBD	Community Based Distributor
CCC	Comprehensive Care Center
CDC	Center for Disease Control and Prevention
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHMT	County Health Management Team
CHS	Community Health Strategy
CHV	Community Health Volunteer
CLTC	County Leprosy and Tuberculosis Coordinator
CLTS	Community Led Total Sanitation
CME	Continuing Medical Education
CNC	County Nutrition Coordinator
COP	Chief of Party
COR	Contracting Officer Representative
CPGH	Coast Provincial General Hospital
CQI	Continuous Quality Improvement
CU	Community Unit
CWC	Child Welfare Clinic
CYP	Couple Years Protection
DDIU	Data Demand and Information Use
DQA	Data Quality Assessment
EBI	Evidence Based Interventions
EID	Early infant diagnosis
EMTCT	Elimination of Mother to Child Transmission
EmONC	Emergency Obstetric and Newborn Care
FANC	Focused Antenatal Care
FP	Family Planning

GBV	Gender-Based Violence
GOK	Government of Kenya
HAART	Highly Active Antiretroviral Therapy
HC	Health Center
HCSM	Health Commodities and Services Management
HCW	Health Care Worker
HEI	HIV Exposed Infant
HFMC	Health Facility Management Committee
HINI	High Impact Nutrition Interventions
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HMT	Health Management Team
HPT	Health Products and Technology
HRIO	Health Records Information Officer
HRH	Human Resources for Health
HSS	Health Systems Strengthening
HTC	HIV Testing and Counseling
HTS	HIV Testing Services
HVF	High Volume Facility
IFAS	Iron and Folic Acid Supplementation
IPC	Infection Prevention Control
IPT	Isoniazid Preventive Therapy
IUCD	Intrauterine Contraceptive Device
IUD	Intrauterine Device
IYCF	Infant and Young Child Feeding
KEMSA	Kenya Medical Supplies Agency
KEPI	Kenya Extended Program on Immunization
KHSSSP	Kenya Health Sector Strategic and Investment Plan
KHQIF	Kenya HIV Quality Improvement Framework
KP	Key Populations
MCH	Maternal and Child Health
M&E	Monitoring & Evaluation
MNCH	Maternal, Newborn and Child Health
MNH	Maternal and Newborn Health
MOH	Ministry of Health
MPDSR	Maternal and Perinatal Death Surveillance and Review
MSM	Men Who Have Sex with Men
NACS	Nutritional Assessment Counselling and Support
NASCOP	National AIDS and STI Control Program
OI	Opportunistic Infection
ODF	Open Defecation Free
OJT	On Job Training
ORT	Oral Rehydration Therapy

OTP	Outpatient Therapeutic Therapy
OVC	Orphans and Vulnerable Children
PAC	Post-Abortion Care
PBB	Program Based Budgeting
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PHPD	Positive Health Dignity and Prevention
PHO	Public Health Officer
PITC	Provider Initiated Testing and Counseling
PLHIV	People Living with HIV
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother to Child Transmission
PNC	Post-Natal Care
PNS	Partner Notification Services
POC	Point of Care
PRC	Post-Rape Care
PrEP	Pre-exposure Prophylaxis
PSS	Psychosocial Support Service
PT	Proficiency Testing
QA	Quality Assurance
QI	Quality Improvement
RH	Reproductive Health
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SCHMT	Sub County Health Management Team
SDGs	Sustainable Development Goals
SI	Strategic Information
SIMS	Site Improvement Monitoring System
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
SW	Sex Workers
SWG	Sector Working Group
TA	Technical Assistance
TB	Tuberculosis
TWG	Technical Working Group
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VL	Viral Load
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WIT	Work Improvement Team
YLHIV	Youth Living with HIV

AFYA PWANI EXECUTIVE SUMMARY

Qualitative Impact

The United States Agency for International Development (USAID) *Afya Pwani* project continues to focus on its goal of increasing access to and availability of Human Immunodeficiency Virus (HIV), maternal and neonatal and child health (MNCH), Family Planning (FP), water, sanitation and hygiene (WASH) and Nutrition health services, including strengthening health systems across the five Coastal Counties of Mombasa, Kilifi, Kwale, Taita Taveta and Lamu.

During quarter 2 of year 3 of *Afya Pwani*, the project remained on course towards achieving most of its annual targets. As at the end of the reporting period, the project had identified 4,288 (56%) of the expected PLHIV to be identified in the 5 Counties and linked to ART 3,824 (89%) bringing the number of TX_Curr to 50,217 which is 90% of the annual target. The highest yielding HTS modality as at SAPR is index testing with 25.3% yield. To achieve the above results, *Afya Pwani* created demand for HTS, employed high yielding modalities like index testing including PNS, offered HIV self-testing, employed strategies to reach men and adolescents, and ensured that quality of HTS met the national standards. Going into the next half year of project implementation, *Afya Pwani* will focus on this strategy through the SURGE approach especially for the over 25-year-old across 62 high yielding health facilities accounting for over 80% of the positives identified.

In the first half of FY 19, the project linked to ART 3,824 (89%) of the 4288 that were identified to be HIV infected, with Lamu County having a linkage of 117% (134/115) at SAPR, Taita Taveta 93% (319/342), Mombasa 89% (1,352/1,524), Kilifi 89% (1163/1302) and Kwale 88% (864/986). Linkage audits for unlinked clients was done and the major reasons that came out for non- linkage were lack of disclosure to their sexual partners and family members for fear of rejection and stigma, denial, religious beliefs and traditional beliefs, distance to the health facility. More so, the time that a service provider spent with the client after they have been tested positive and especially during posttest counselling was a contributing factor to starting ART.

In addition, VL uptake for the project in the last 12 months was 44,790 out of the currently on ART of 50127 (89%) and 37,686 of them were virally suppressed (84%). The project has used a mixed of strategies to manage unsuppressed clients to address the issues that lead to their unsuppression including Viremia Clinics, Unsuppressed Clients Psychosocial groups, Multi-Disciplinary Teams and the Case Management Approach.

To ensure services provided across the 90:90:90 continuum meet the quality standards set by the government, *Afya Pwani* team continued to provide targeted technical assistance and mentorship in 100 facilities reaching 267 HCWs(111M,156F) health care workers on provision of ART services focusing on the correct regimen, monitoring for adverse effects, linkage to ART, ART Optimization, correct ART regimen and dosing for children and use of data for decision making.

To achieve PMTCT targets of identifying HIV infected pregnant and breastfeeding women and link them to immediate ART, the project will focus on narrowing the gap between 1st ANC and expected pregnancies in Kwale and Taita Taveta Counties. This is expected in the spirit of Surge to bring more women to facilities for 1st ANC and hence HTS uptake in PMTCT setting with an average yield of 5% in Q2. Moving forward and in line with the “SURGE model”, the project will support a quality improvement collaborative to cover

48 facilities1 accounting for 80% of clients currently on ART which will implement packages of interventions to improve early retention of ART clients, TB case finding and uptake of IPT, viral load suppression and differentiated care service delivery.

The project provided targeted technical assistance and mentorship in 100 facilities reaching 267 HCWs(111M156F) health care workers on provision of ART services focusing on the correct regimen, monitoring for adverse effects, linkage to ART, ART Optimization, correct ART regimen and dosing for children and use of data for decision making.

In the same period, *Afya Pwani* worked towards increasing access and utilization of focused Maternal and Neonatal and Child Health (MNCH), Reproductive Health (RH)/Family Planning (FP), Water, Sanitation and Hygiene (WASH) and Nutrition health services, whilst strengthening quality health services in Kilifi County. As such, 23,520 new ANC clients, representing 48% of the annual target were reached with Focused Ante-Natal Care (FANC) services. This increase was achieved through the Maternity Open Days that emphasized on targeted mobilization of 1st ANC clients and community mobilization strategies such as community dialogues, advocacy forums, utilization of male champions and reformed TBAs. The project capitalized on the high rates of first ANC visit by linking pregnant women to Mama and Binti Kwa Binti support groups. This strategy also enhanced retention in care as the number of clients attending at least four ANC clinic visits increased from 7,433 in Q1 to 8,166 In Q2 and cumulatively reaching 49% of the annual targets.

To enhance on water hygiene at point of use during the reporting period, the project distributed 2400 sachets of purr for water treatment at household level. A total of 27 solvatten water treatment kits were distributed to selected health facilities. Going forward, the project will continue to enhance the involvement of public health workers and community partners to promote sanitation and hygiene practices through joint CLTS post-triggering follow ups and Sub County verification of Open Defecation Free claiming communities.

In regards to health systems strengthening interventions targeting S/CHMT's and health facilities, the project worked with the focus Counties to enhance the planning and budgeting processes; tracking the implementation of HRH staffing plans; staff performance management process improvement and organization structure development. The project sustained capacity building initiatives of County commodity management teams and provided technical support in continued use of EMR systems in HIV care and treatment service delivery points.

Constraints and Opportunities

A detailed description of the challenges and opportunities and mitigation measures covering the period under review are described in the respective output sections.

Quantitative Impact

Table 1 below provides detailed quantitative program performance for the period under review.

AFYA PWANI (Oct'18 - Sept'19)							
Indicator	Technical Area	Cascade Age bands	OCT-DEC'18	JAN-MAR'19	Total achiev'd FY19	% Achiev'd FY19	Afya Pwani FY19 Targets
Number of individuals who received HIV Testing Services (HTS) and received their test results.	HTS_TST	<15 (Coarse)	10,414	9,391	19,805	53%	37,649
		>=15 (Coarse)	123,861	108,953	232,814	98%	237,428
		Total	134,275	118,344	252,619	92%	275,077
Number of individuals who received HIV Testing Services (HTS) and received their test results (Positive).	HTS_TST_Pos	<15 (Coarse)	117	145	262	36%	720
		>=15 (Coarse)	1,981	2,045	4,026	58%	6,958
		Total	2,098	2,190	4,288	56%	7,678
	Computed Indic 1	Positivity <15	1%	2%	1%		
		Positivity >=15	2%	2%	2%		
		Positivity Total	2%	2%	2%		
Number of adults and children newly enrolled on antiretroviral therapy (ART)	TX_NEW	<15 (Coarse)	123	129	252	34%	740
		>=15 (Coarse)	1,780	1,792	3,572	52%	6,807
		Total	1,903	1,921	3,824	51%	7,547
	Computed Indic 2	Linkage <15	1	1	1		
		Linkage >=15	1	1	1		
		Linkage Total	1	1	1		
Number of adults and children with HIV infection receiving antiretroviral therapy (ART).	TX_CURR	<15 (Coarse)	3,557	3,629	3,629	72%	5,059
		>=15 (Coarse)	45,276	46,588	46,588	92%	50,447
		Total	48,833	50,217	50,217	90%	55,506
Numerator: Number of pregnant women with known HIV status at first antenatal care visit (ANC1) (includes those who already knew their HIV status prior to ANC1). Denom: Number of new ANC clients in reporting period	PMTCT_STAT	Denominator	24,594	26,776	51,370	52%	98,900
		Numerator	24,502	26,701	51,203	52%	98,900
		Known Positives	549	542	1,091	47%	2,316
		Newly Tested Positive	318	348	666	34%	1,985
		Total Positive	867	890	1,757	40%	4,351
Number of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child-transmission during pregnancy.	PMTCT_ART	Already on ART	544	542	1,086	46%	2,356
		New on ART	314	347	661	33%	1,995
		Total on ART	858	889	1,747	40%	4,351
	Computed Indic 3	PMTCT Positivity	4%	3%	3%		

		ART Uptake - New Pos	99%	100%	99%		
		ART Uptake - All Pos	99%	100%	99%		
Number of infants who had a virologic		0<=2 Months	350	549	899		
HIV test within 12 months of birth during the reporting period	PMTCT_EID	2<12 Months	150	220	370		
		Total Tested	500	769	1,269	29%	4,351
Number of HIV-infected infants identified in the reporting period, whose diagnostic sample was collected by 12 months of age. Excludes confirmatory testing	PMTCT_HEI_POS	0<=2 Months	5	8	13		
		2<12 Months	9	13	22		
		Total Positive	14	21	35	20%	173
ART initiation and age at virologic sample collection.	PMTCT_HEI_POS_Initiated_ART	0<=2 Months	5	8	13		
		2<12 Months	8	14	22		
		Total Initiated ART	13	21	34	20%	173
	Computed indic 4	HEI Positivity	3%	3%	3%		
		HEI ART Uptake	89%	108%	100%		
	Computed indic 5	% EID <2months	70%	71%	71%		
% of ART patients with a suppressed viral load (VL) result (<1000 copies/ml) documented in the medical or laboratory records/laboratory information systems (LIS) within the past 12 months	TX_PVLS (N)	<15 (Coarse)	2,013	2,429	2,429	38%	4,817
		>=15 (Coarse)	32,604	35,257	35,257	41%	50,068
		Total	34,617	37,686	37,686	40%	54,885
	TX_PVLS(D)	<15 (Coarse)	3,075	3,717	3,717	56%	4,817
		>=15 (Coarse)	37,966	41,073	41,073	47%	50,068
		Total	41,041	44,790	44,790	48%	54,885
	Computed indic 6	Suppression rate <15	65%	65%	65%		
		Suppression rate >=15	86%	86%	86%		
		Suppression rate Total	84%	84%	84%		
4th ANC			7,426	8,166	15,592	49%	31,639
Skilled Birth Attendance			9,480	9,817	19,297	56%	34,515
FIC under 1 year			8,416	11,310	19,726	50%	39,849

PNC within 2-3 days			7,980	7,618	15,598	54%	28,763

Quantitative Impact

Table 1 below is the detailed quantitative program performance.

			Total achievements for FY19 (Oct'18-March'19)							Target (COP 18 FY 19)					
Indicator	Technical Area	Age bands	Kilifi	Kwale	Lamu	Mombasa	Taita Taveta	Afya Pwani	% Performance	Kilifi	Kwale	Lamu	Mombasa	Taita Taveta	Afya Pwani
# of individuals who received HIV Testing Services (HTS) and received their test results.	HTS_TST	<15 (Coarse)	7381	4581	680	5329	1834	19805	53%	4405	3796	268	29152	28	37649
		>=15 (Coarse)	80786	55830	11146	63558	21494	232814	98%	38158	78482	3691	95823	21274	237428
		Total	88167	60411	11826	68887	23328	252619	92%	42563	82278	3959	124975	21302	275077
# of individuals who received HIV Testing Services (HTS) and received their test results (Positive).	HTS_TST_Pos	<15 (Coarse)	99	76	5	62	20	262	36%	56	123	9	529	3	720
		>=15 (Coarse)	1206	910	120	1464	326	4026	58%	1311	2153	70	2852	572	6958
		Total	1305	986	125	1526	346	4288	56%	1367	2276	79	3381	575	7678
	Computed Indic 1	Positivity <15	1.3%	1.7%	0.7%	1.2%	1.1%	1.3%							
		Positivity >=15	1.5%	1.6%	1.1%	2.3%	1.5%	1.7%							
		Positivity Total	1.5%	1.6%	1.1%	2.2%	1.5%	1.7%							
# of adults and children newly enrolled on antiretroviral therapy (ART)	TX_NEW	<15 (Coarse)	96	82	8	48	18	252	34%	98	121	6	496	19	740
		>=15 (Coarse)	1067	782	118	Abridged	301	3572	52%	1143	2148	62	2815	639	6807
		Total	1163	864	126	1352	319	3824	51%	1241	2269	68	3311	658	7547
	Computed Indic 2	Linkage <15	97%	108%	160%	77%	90%	96%							
		Linkage >=15	88%	86%	98%	89%	92%	89%							
		Linkage Total	89%	88%	101%	89%	92%	89%							
# of adults and children with HIV infection receiving antiretroviral therapy (ART).	TX_CURR	<15 (Coarse)	1515	841	119	857	297	3629	72%	1741	1286	128	1523	381	5059
		>=15 (Coarse)	15417	7907	1340	17251	4673	46588	92%	15136	9748	1247	19770	4546	50447
		Total	16932	8748	1459	18108	4970	50217	90%	16877	11034	1375	21293	4927	55506
Numerator: # of pregnant women with known HIV status at first antenatal care visit (ANC1) . Denominator: # of new ANC clients in reporting period	PMTCT_STAT	Denominator	19639	11325	2276	13970	4160	51370	52%	36438	23926	2668	27252	8616	98900
		Numerator	19633	11235	2274	13933	4128	51203	52%	36438	23926	2668	27252	8616	98900
		Known Positives	357	196	35	428	75	1091	47%	1080	377	32	686	141	2316
		Newly Tested Positive	210	113	23	277	43	666	34%	826	374	25	619	141	1985
		Total Positive	567	309	58	705	118	1757	40%	1890	764	80	1243	374	4351
# of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child-transmission during pregnancy.	PMTCT_ART	Already on ART	355	193	35	428	75	1086	46%	1076	396	44	656	184	2356
		New on ART	210	112	23	274	42	661	33%	814	368	36	587	190	1995
		Total on ART	565	305	58	702	117	1747	40%	1890	764	80	1243	374	4351
	Computed Indic 3	PMTCT Positivity	2.9%	2.8%	2.6%	5.1%	2.9%	3.4%							
		ART Uptake - New Pos	100%	99%	100%	99%	98%	99%							
		ART Uptake - All Pos	100%	99%	100%	100%	99%	99%							
# of infants who had a virologic HIV test within 12 months of birth during the reporting period	PMTCT_EID	0<=2 Months	261	150	27	387	74	899							
		2<12 Months	129	84	12	113	32	370							
		Total Tested	390	234	39	500	106	1269	29%	1890	764	80	1243	374	4351
# of HIV-infected infants identified in the reporting period, whose diagnostic sample was collected by 12 months of age.	PMTCT_HEI_POS	0<=2 Months	7	2	0	3	1	13							
		2<12 Months	7	6	0	9	0	22							
		Total Positive	14	8	0	12	1	35	20%	71	43	7	38	14	173
ART initiation and age at virologic sample collection.	PMTCT_HEI_POS_Initiated_ART	0<=2 Months	7	2	0	3	1	13							
		2<12 Months	8	6	0	8	0	22							
		Total Initiated ART	14	8	0	11	1	34	20%	71	43	7	38	14	173
	Computed indic 4	HEI Positivity	3.6%	3.4%	0.0%	2.4%	0.9%	2.8%							
		HEI ART Uptake	114%	100%	0%	89%	0%	100%							
	Computed indic 5	% EID <2months	67%	64%	69%	77%	70%	71%							
% of ART patients with a suppressed viral load (VL) result (<1000 copies/ml) documented in the medical or laboratory records/laboratory information systems (LIS) within the past 12 months	TX_PVLS (N)	<15 (Coarse)	646	362	78	495	261	2429	50%	1740	1088	105	1503	381	4817
		>=15 (Coarse)	7019	2784	421	8613	1526	35257	70%	15716	9448	1307	19138	4459	50068
		Total	7665	3146	499	9108	1787	37686	69%	17456	10536	1412	20641	4840	54885
	TX_PVLS(D)	<15 (Coarse)	1025	551	100	683	330	3717	77%	1740	1088	105	1503	381	4817
		>=15 (Coarse)	8219	3365	471	9829	1764	41073	82%	15716	9448	1307	19138	4459	50068
		Total	9244	3916	571	10512	2094	44790	82%	17456	10536	1412	20641	4840	54885
	Computed indic 6	Suppression rate <15	63.0%	65.7%	78.0%	72.5%	79.1%	65.3%							
		Suppression rate >=15	85.4%	82.7%	89.4%	87.6%	86.5%	85.8%							
		Suppression rate Total	82.9%	80.3%	87.4%	86.6%	85.3%	84.1%							
4th ANC			15599					15599	49%	31639					31639
Skilled Birth Attendance			19320					19320	56%	34515					34515
Fully Immunized Children(FIC) under 1 year			19911					19911	50%	39849					39849
PNC within 2-3 days			15584					15584	54%	28763					28763

II. KEY ACHIEVEMENTS (QUALITATIVE IMPACT)

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

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

Afya Pwani aims a*t* reducing the eMTCT rate to below 5% in the five supported Coastal Counties. The project supported the provision of comprehensive eMTCT package focused on improving early antenatal care (ANC) coverage, strengthening ART integration into maternal child health (MCH) clinics, early identification of HIV and Syphilis-infected pregnant and lactating women, prompt provision of highly active antiretroviral therapy (HAART) for HIV infected mother baby pairs and infant prophylaxis, improving early infant diagnosis services, and strengthening retention among maternal and HIV-exposed infant cohorts in 240 PMTCT sites (69 in Kwale, 25 in Mombasa, 55 in Taita Taveta, 64 in Kilifi and 27 in Lamu) Counties. To achieve this, the project worked with CHVs, PE and TBAs to create demand for eMTCT services in supported facilities, while working to enhance capacity of health care workers to provide eMTCT services through trainings, continuous medical education (CME) and mentorship, engaging case managers in high volume facilities and strengthening CQI activities at facility level complemented with joint supportive supervisions.

The project achieved 108% of its quarterly PMTCT STAT target with 26,776 pregnant women getting to know their HIV status against a quarterly target of 24,727 women. This was an improvement from 99% achieved in Q1. Of the 26,776 pregnant women who knew their HIV status, 890 were identified as HIV positive against a quarterly PMTCT POS target of 1,088 representing 82% achievement. Out of the 890 HIV positive pregnant women identified, 889 (99.7%) women were initiated on HAART on their 1st ANC visit. A total of of 1,959 polymerase chain reaction (PCR) tests were done, of which 773 were initial tests while the repeat tests and confirmatory tests were 1,151, and 29 respectively. Out of the initial 773 PCR tests done, 518 were done within 2 months of age representing a 67% uptake of EID services within 0-2 months.

a) Early Identification of HIV/Syphilis positive pregnant women

i) Intensified demand creation for HIV testing

The project intensified demand creation to support and promote early referral of pregnant and lactating women to health facilities by working closely with community members including CHVs, male champions and TBAs as referral and accompanying agents. These efforts were complemented by health education sessions which build the communities' knowledge, skills and positive attitudes on health and teaches about their physical, mental, emotional and social health[2].

[2] Institute of Medicine (US) Committee on Health and Behavior: Research, Practice, and Policy. Health and Behavior: The Interplay of Biological, Behavioral, and Societal Influences. Washington (DC): National Academies Press (US); 2001. 5, Individuals and Families: Models and Interventions. Available from: https://www.ncbi.nlm.nih.gov/books/NBK43749/

a. Working through grantees

The project supported several health education (HE) sessions through the grantees. In Mombasa County,75 sessions were held reaching 678 women; Kilifi County held 144 health talks reaching 3,247 pregnant women and mothers of children under 5years; in Taita Taveta County a total of 973 women were reached; and in Kwale County a total of 937 individuals were reached including 220 men. The sessions focused on increasing awareness on HTS at (ANC, PNC, CWC and labor and delivery) and early ANC visits within the first trimester, skilled deliveries, literacy and psycho-social empowerment including enrolment into NHIF's *Linda mama program*[3], male involvement, disclosure, maternal and new born nutrition, eMTCT, HIV prevention, birth preparation, patient rights and gender rights.

Trained youth champions providing HIV self-testing kits to men in Kilifi County

Afya Pwani also worked with community members to create demand and mobilize pregnant and lactating women for early ANC and PMTCT services. Through the grantees; the project engaged 21 CHVs and 13 Community leaders in Malindi. In Kwale County, 156 TBAs from Msambweni, Samburu, Gombato, Diani, Kwale and Kinondo Health facilities were sensitized on community PMTCT and enrolled as birth companions; while in Mombasa a total of 36 CVHs were engaged to refer pregnant women for early ANC and man facility-community link desks. In Lamu County, the project leveraged on Safaricom® Foundation's Firm Access to support community units and CHVs in Muhamarani Dispensary, Hongwe Dispensary, Didewaride Dispensary and Witu health Centre.

a. Community dialogues and sensitizations

Community dialogues are a critical avenue through which community members set their own transformative agenda and acquire a deeper understanding of their health issues through listening, sharing and questioning. During the reporting period, the project supported 11 community dialogues in Kilifi County targeting pregnant women, adolescents and youths reaching total of 1,097 community members with information on early ANC, couple HIV counselling and testing, skilled delivery and male involvement. In Taita Taveta County the project supported two targeted community dialogues in Kimorigo and Njukini (reaching 277 beneficiaries). The project also

Dialogue with young mothers Bodoi, Kilifi County

[3] A public funded health scheme by NHIF that aims at ensuring that pregnant women and infants have access to quality and affordable health services.

supported a *baraza* in Kishushe reaching 85 beneficiaries (28M, 57F). A Maternity Open Day was also held in Kiwalwa with 15 couples attending. Some of the benefits anecdotally seen in the quarter as a result of community dialogues and sensitizations include, improved health seeking behavior, more open communication from spouses and the youth and adolescents about sexual partners, strengthened emotional ties and increased dissemination and knowledge about HIV and AIDS.

b. Male involvement in PMTCT

Learning from previous benefits of involving men in improving maternal health outcomes, the project continued to support efforts aimed at improving male involvement in health services access and utilization. Male involvement interventions supported during the period under review, focused on family planning uptake, early referral of ANC services for pregnant women, PMTCT and prevention of STIs. Majority of the population in *Afya Pwani*'s catchment is mainly made of low-and middle-income earners with men maintaining a significant role in decision making hence highly influential in women's choice for health care. Leveraging on the MNCH platform, Kilifi County engaged 230 Male Champions whose roles included promoting positive health seeking behaviors, encouraging early referral of ANC women, promoting four ANC visits, supporting good nutrition, assisting in birth preparedness and provision of emotional support in households. Male invitation letters were given to pregnant women to come with their male partners during subsequent clinic visits for health education and those on PMTCT had their concerns on addressed. These male invitations and couple sessions are a promising practice to have men meaningfully involved in the elimination of vertical HIV transmissions as well as a forum for assisted disclosure. During the quarter, the project supported champions of the HIV self test (HVIST) kits through sensitization targeting men and specifically spouses of pregnant and lactating women in Mvita, Kilifi North and Malindi sub counties. As a result, 200, 350 and 147 HIV self test kits were distributed in Malindi, Kilifi North and Mvita Sub Counties respectively.

ii. ANC testing and retesting in 3rd trimester, labor and delivery and postnatally

To ensure all pregnant women know their HIV status perinatally, *Afya Pwani* continued to support the deployment of HTS counselors to offer HIV testing and counselling services within the MNCH settings as per the national PMTCT guidance.

In Q2, a total of 26,067 pregnant women attended 1st ANC in *Afya Pwani* supported facilities in Lamu, Kilifi, Mombasa, Kwale and Taita Taveta Counties with a total of 25,973 knowing their HIV status in PMTCT settings representing 99.6% HTS uptake at 1st ANC. The project supported retesting of eligible women with negative HIV status as per the national PMTCT guidelines at the 3rd trimester, labor and delivery, six weeks and every six months thereafter till 24 months after delivery was offered in the 204 facilities. A total of 664 pregnant women were newly identified as HIV positive by end of Q2 against an annual target of 2,316.

A summary of PMTCT performance is shown in the table 2 below.

Table 1: A comparison of Q1 and Q2 PMTCT achievements

Indicator	COP 18 Target	Oct – Dec 18	Jan - Mar 19	% Achieved of COP target
Number of sites	240	240	240	100%
Number of pregnant women with known status	24,725	24,502	26,701	52%
Number of HIV positive pregnant women identified	1,088	867	890	40%
Number of pregnant women known to be HIV positive (known positives)	579	549	542	47%
Number of newly identified HIV positive pregnant women (new positives)	497	318	348	33%
Number of HIV infected pregnant women on HAART	1,088	858	889	40%

Despite the project surpassing Q1 and Q2 PMTCT STAT targets, the number of HIV infected pregnant and lactating women identified remains low (33% as at Q2 against APR target) even with over 99% HTS uptake for all pregnant women attending 1st ANC and 99.7% HAART initiation for those identified to be infected with HIV with almost zero missed opportunities in HTS and HAART uptake.

Whereas this may be an indication of how well the prevention programs implemented so far are working, there still exists an opportunity to further engage communities in mopping up pregnant and lactating women for early ANC services. Going forward, the project will strengthen the community PMTCT activities in informal settlements of Mombasa, sensitize and support more TBAs and CHVs as client escorts for ANC and continue leveraging of MNCH Binti Kwa Binti and Mama Groups to create demand for early ANC services.

To facilitate effective identification and timely ART initiation for pregnant women and children, the project supported mentorships for healthcare workers in the 14 Sub Counties[4] of Kilifi and Mombasa Counties on innovatively utilizing the permanent immunization register to document HIV exposure status of infants during immunization at week 6- and 18-months visits. The project further supported the printing and distribution of maternal infant pair registers (a case management register) enabling longitudinal follow up of the MIPs until 24 months postnatally.

[4] Nyali, Kisauni, Mvita, Likoni, Changamwe, Chomvu, Magarini, Malindi, Kilifi North, Kilifi South, Rabai, Kaloleni and Ganze

b) Improving HAART uptake for pregnant and breastfeeding mothers

To optimize same day ART initiation among HIV infected pregnant and lactating women, *Afya Pwani* supported CHMTS and health facilities with a total of 892 HIV infected pregnant women identified and 888 of them initiated on HAART during the 1st ANC visit as shown in the figure below.

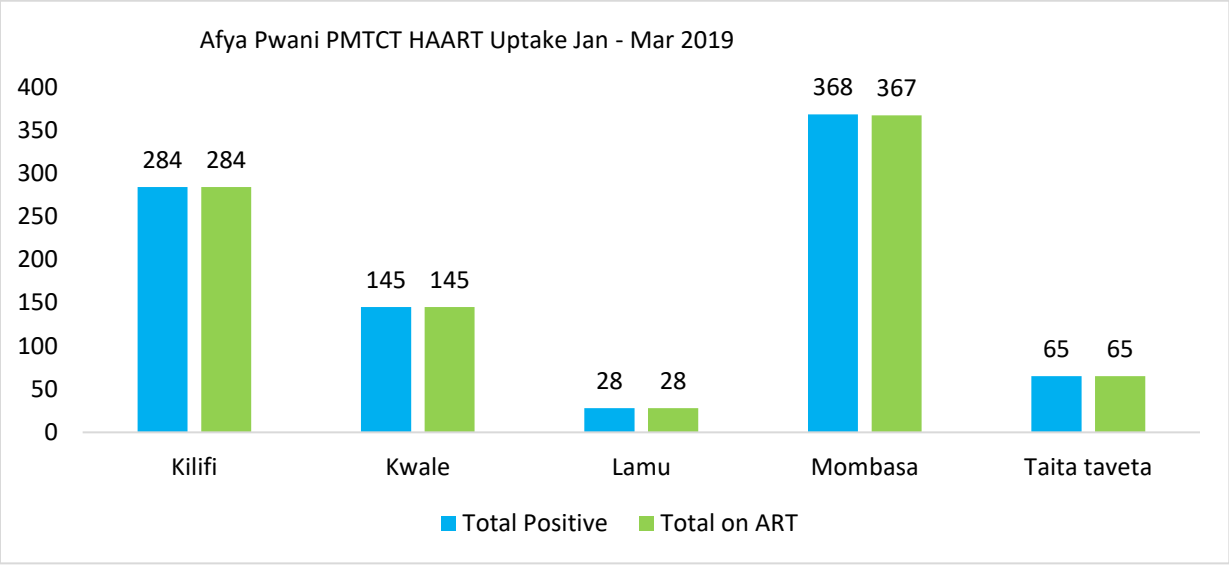


Figure 1 PMTCT ART summary achievements of Q2 by County

i. Several strategies were employed to ensure optimal identification and ART initiation of the HIV positive women. These include: *Joint supportive supervisions*

During the reporting period, the project conducted joint CHMT/*Afya Pwani* supportive supervisions in all five Counties of Mombasa[5], Kilifi[6], Kwale and Taita Taveta. Lamu CHMT was supported to conduct supportive supervisions to 11 facilities[7] within the County. During these joint supervisions, the teams mentored HCWs in EID sample collection, duo HIV/Syphilis testing algorithm, completenes of documentation, reporting and use of PCR tracking logs and MIP registers. During the visits, issue arising and corrective actions were escalated for respective CHMT action. For instance, in Mombasa County capacity and knowledge gaps that were identified among some health workers were addressed with health care providers benefiting from TA on the 2018 PMTCT guidelines specifically designed to optimize testing and retesting, ART uptake, ART monitoring in PMTCT settings, EID, documentation and reporting using the correct tools.

[5] Coast Provincial General Hospital (PGH), Port Reitz District Hospital, Tudor District Hospital (Mombasa), Likoni Sub-District Hospital, Kongowea Health Centre, Kisauni Dispensary, Bamburi Dispensary, Mikiindani (MCM) Health Centre, Magongo (MCM) Dispensary, Mlaleo Health Centre (MOH), Ganjoni, Likoni Catholic Clinic, Jomvu Model Health Centre, Shika Adabu Dispensary, Miritini Dispensary (CDF), Bokole Dispensary (CDF), Mvita Dispensary, Chaani (MCM) Dispensary, Utange Dispensary, Railway Dispensary (Kilindini), Mbuta Model Health Centre, Califonia Medical Clinic, Mother Amadeas

[6] Marereni health center, Garashi dispensary, Matolani dispensary, ADC Danisa, Marikebuni dispensary, Marafa Health center, Gongoni Health center, Mambrui dispensary, Kakoneni dispensary, Baolala health center, Ganda Dispensary, Jilore Dispensary, Muyeye Health center, Malindi sub County Hospital, Gahaleni dispensary, Mandunguni dispensary, Mwangani dispensary, Bwagamoyo dispensary, Rabai sub county Hospital, Makanazani health center, Kokotoni dispensary, Ribe dispensary, Mitsajeni dispensary, Lenga dispensary, Kambe dispensary, Ganze Health center, Bamba sub county Hospital, Dzikunze Dispensary, Vitengeni dispensary, Kilifi County Referral hospital, Gede health center, Matsangoni health center, Mijombani dispensary, Watamu dispensary, Mtondia Dispensary, Ngerenya Dispensary, Kadzinuni dispensary

[7] Faza Health Centre, Kizingitini Dispensary, Shella Dispensary, Lamu Hospital, Mokowe Health center, Hindi Dispensary, Muhamarani Dispensary, Hongwe Catholic dispensary, Mpeketoni Hospital, Mapenya Dispensary and Witu Health Centre

ii. *Capacity building (trainings, CMEs and OJTs)*

Followingthe successful trainings on the 2018 PMTCT guidelines in the 21 Sub Counties of Mombasa, Taita Taveta, Kilifi and Lamu Counties where 297 health care workers were trained in quarter one, a further 30 HCWs were trained during the quarter on duo-HIV/syphillis test kits use. The project supported 10 CMEs in Mombasa[8] and Kilifi Counties[9] with a total of 233 health care providers attending. The main topics covered included benefits of early screening for HIV and Syphilis for pregnant women, HCA and MCA and the role of the health care providers in providing physchosocial and emotional support to the HIV positive pregnant and breastfeeding mothers. Plans are underway to train a further 56 HCWs in Q3. In addition, Mentorship and OJTs were conducted in *Afya Pwani* supported facilities in the five counties where information on HIV, PMTCT, ART and reproductive health were discussed to ensure PMTCT clients were offered quality PMTCT standard package of care services including HTS, FP, STI screening and treatment, HAART, EID and ART monitoring as per the national guidelines. The knowledge acquired is expected to ensure continued provision of quality PMTCT services as per the national guidelines especially recommendations for HIV testing and retesting in ANC, L&D and PNC, treatment monitoring using viral load, improve EID testing within two months and infant feeding.

Nurses in Malindi SCH learning during a PMTCT CME

iii. *Case management and patient followups*

Afya Pwani supported the recruitment and deployment of an additional 9 new mentor mothers to ensure that all pregnant and lactating women identified as HIV infected are successfully linked to treatment services and are followed through to 24 months postnatally while ensuring retention in care, viral suppression and reduction of chances of missed opportunities. This is in addition to the 40 supported in quarter one. In collaboration with the community health TA team, *Afya Pwani* facilitated high volume facilities with airtime and tools (MIP register and KMMP logbooks) for case management of all PMTCT clients in HVFs.

iv. *Integration at MCH*

Integration of HTS and ART in MCH clinics has been shown to effectively increase uptake of both HTS and ART for pregnant and lactating women and their infants which ultimately leads to reduction of infant and maternal morbidity and mortality. *Afya Pwani* supported service providers to ensure provision of quality one-stop-shop providing HTS, ART, FP and STI integrated service delivery points at MCH for maternal infant pairs. In Mombasa County, 25 one-stop integrated facilities were supported, while in Kilifi County

[8] Bamburi Dispensary, Mikiindani (MCM) Health Centre, Mlaleo Health Centre (MOH), Ganjoni, Likoni Catholic Clinic

[9] Kilifi County Referral Hospital, Mtwapa Health center, Matsangoni health center, Mariakani sub county hospital, Rabai sub county hospital, Malindi Sub County Hospital

33 facilities[10] were supported with full integration out of the 93 supported facilities. HCWs at the MCH were mentored on provision of both adult and paediatric ART, use of weights for the recommended dose adjustment for paediatrics, VL monitoring among pregnant and lactating women and HEI follow up in accordance to the 2018 ART guidelines. During the quarter Afya Pwani supported technical assistance and mentorships to HCWs on ART initiation, adherence assessment and ART monitoring via viral load testing. *Afya Pwani* continued to support CHMTS and facilities that have not fully integrated ART into MCH with the aim of increasing the number of fully integrated PMTCT sites. To further strengthen integration *Afya Pwani* continued to support mentorship on FP services integration in PMTCT and CCC service delivery points.

c) Enrollment and retention of HIV-positive pregnant women and HIV-exposed infants

i. *Case management (engagement of mentor mothers)*

in the reporting period, a total of 51 mentor mothers were mentored as case managers in the delivery of individualized PMTCT services through task shifting in pre-HAART adherence counselling and home visits, defaulter tracing and case management of mother and baby pairs in various HVFs in Mombasa, Kwale, Taita Taveta and Kilifi Counties. The project also successfully engaged the Kilifi CHMT to review terms of engagement of 20 mentor mothers who had previously been re-assigned duties as casual staffs. The project further oriented all the 20 mentor mothers on MIP registers follow up tracking of MIP cohorts.

ii. *Psychosocial support services*

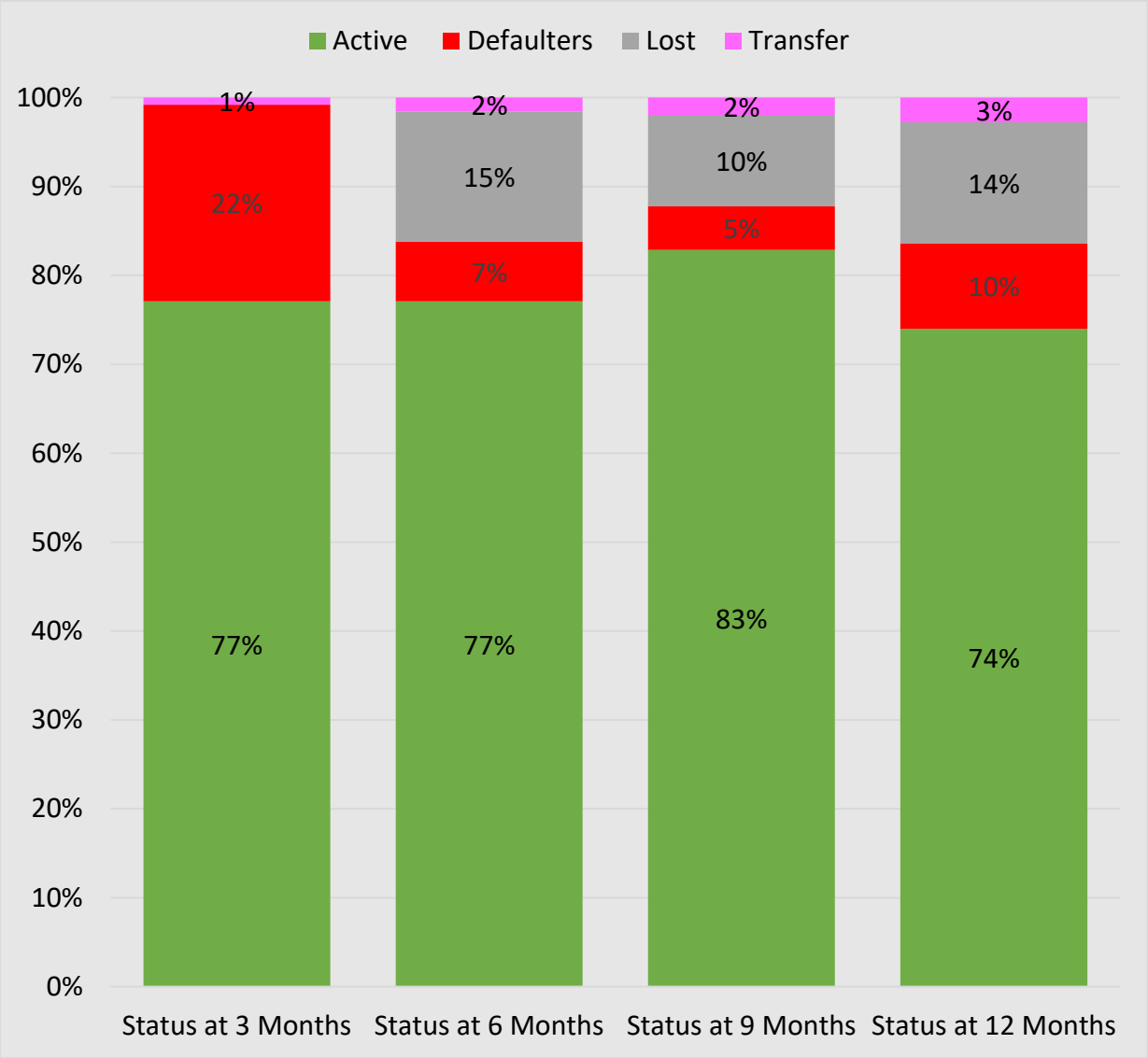
In this quarter, a total of 51 *Afya Pwani* supported mentor mothers in conjunction with health care workers at PMTCT, conducted 203 support groups for pregnant and lactating mothers living with HIV through which patient literacy and peer support was done with 1,140 clients benefitting. The mentor mothers played a key role in providing positive health dignity and prevention (PHDP) messages and Psychosocial support using their own lived experiences on prevention of HIV infection, re-infection of their spouses, the importance of proper nutrition, as well as good hygiene to help clients be adherent to their treatment. Mentor mothers ensured all pregnant and breastfeeding women who were newly identified to be HIV infected were promptly initiated on HAART through personalized pre-HAART counselling, sharing of their own stories and regular follow up phone calls and other support services including provision of gender-based violence education and intimate partner violence, prevention of STIs, correct and consistent condom use, family and partner testing, assessment for pregnancy intention and disclosure of HIV status.

iii. *Defaulter Tracing*

The project supported active defaulter tracing in all supported sites to reduce cases of defaulters by line listing all clients who have missed appointments, defaulted and are lost to follow up. CHWs were supported with airtime and transport reimbursement to facilitate home visits and to aid in calling and tracing defaulters. Further, the project supported the creation and operation of facility-community link

[10] Kilifi County Hospital, Malindi Sub County Hospital, Matsangoni Health center, Mtwapa Health center, Muyeye health center, Mariakani Sub County Hospital, Gongoni Helath center, Marafa Dispensary, Vipingo Health center, Gede Health center, Rabai Sub County Hospital, Sabaki Dispensary, Oasis health center, Ganze Health center, Chasimba health facilities,Bamba Sub County Hospital,Ganze Helath center, Sokoke diapensary,Dzikunze dispensary,Challani dispensary,Jibana Sub District Hospital, Cowdray Dispensary,Mnarani dispensary,Mtondia Dispensary,Roka Maweni dispensary, Bomani dispensary,Mtepeni dispensary, Marereni health center,Garashi dispensary,Marikebuni dispensary, Kakuyuni dispensary, Kokotoni dispensary

desks in 25 HVFs in Mombasa and Kilifi Counties to ensure enrollment of all referred cases from the community and follow up of all defaulters in the community by CHVs. Across the 4 supported counties (except for Lamu) in 34 EMR sites using the PMTCT module, the retention of pregnant and lactating women gradually improved over a period of 9 months from a high of 22% to 5% as show in the graph below



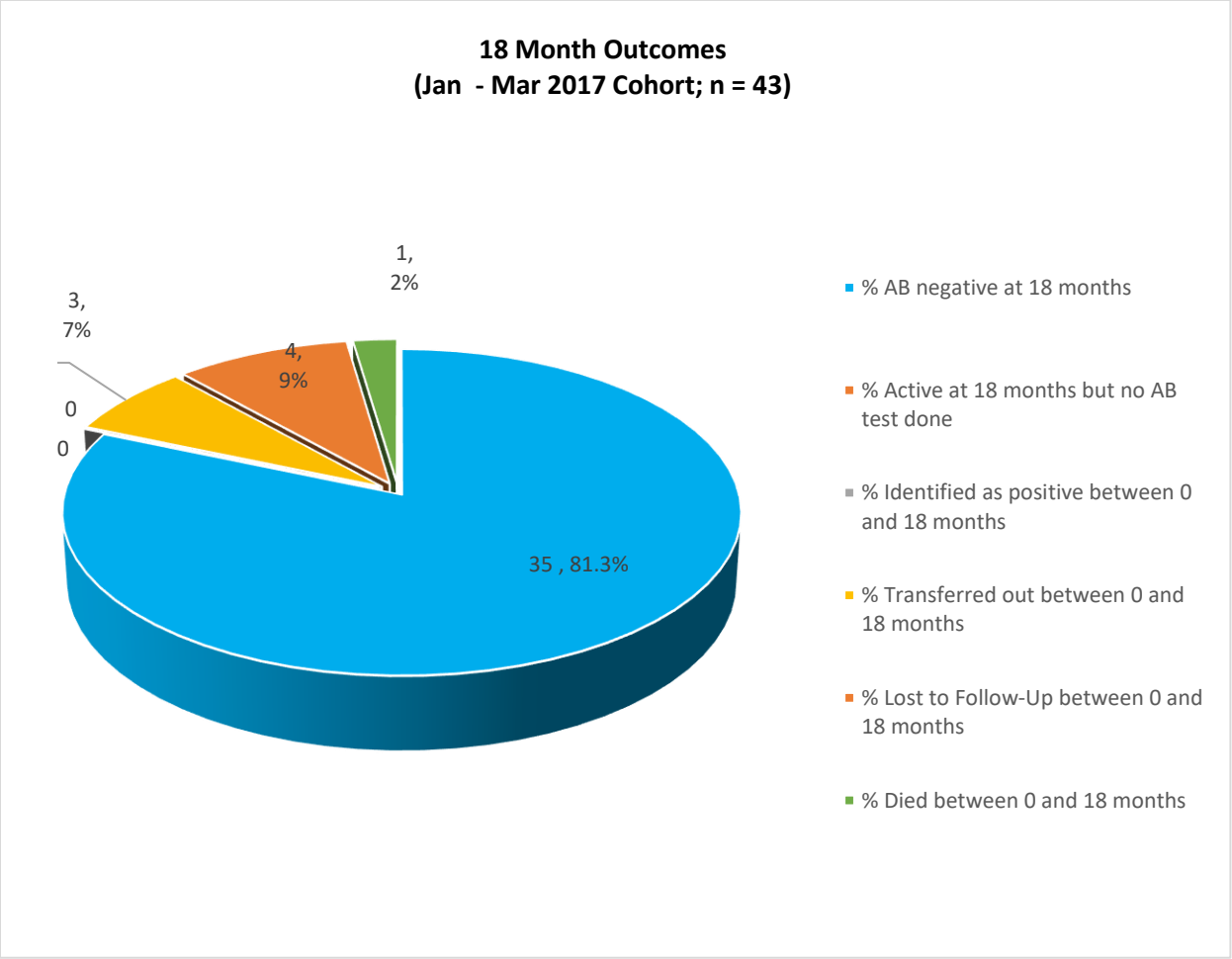
The increase of defaulters in the 12-month review was affected by incomplete PMTCT data entry into EMR which is being finalized.

iv. *Longitudinal follow up of mother baby pairs*

The project continued to support various activities aimed at following up mother baby pairs till 24 months postnatally including maternal and infant cohort analysis as an avenue for health care providers to track MIP retention, EID, maternal viral load uptake and suppression. Through these facilities, case managers were tasked to flag gaps and poor indicators and provide immediate interventions to improve quality of PMTCT services. Though the project is cognizant of the challenges in the reporting of HCA and MCA in the

National data base (DHIS2) deliberate efforts were made to streamline reporting of the same by all PMTCT facilities. Currently, 43 facilities[11] across *Afya Pwani's* coverage are consistently reporting on HCA and MCA and using it for DDIU.

HCA data from selected 5 HVFs shows that both maternal and infant ART uptake was very good with Q2 having a higher uptake than Q1 at 97.8% and 95.2% respectively. EID uptake by 8 weeks was highest in Q2 at 91.5% compared to 81.3% in Q1. In both quarters there was 100% EBF infant feeding for the first 6 months of the infant's life. In Q1, retention at 12months was 81.3% and 69.3% at 18months visit while in Q2 retention at 12 and 18 months was 89.3% and 81.3% respectively. The pie chart below shows HEI outcomes of the Jan- Mar 2017 cohort at the second review of 18 months



[11] Marafa health center, Gongoni health center, Mtwapa health center, Matsangoni dispensary, Bamba Health center, Kakuyuni dispensary, Ganze health center, Muyeye health center, Gede health center, Chasimba health center, Marereni dispensary, Rabai health center

A mentorship session in one of the supported facilities

d) Improving Quality of eMTCT services

i. Supportive supervisions, mentorships, CMEs and OJTs for QI

During the reporting period, the project continued to support targeted joint CHMT/*Afya Pwani* mentorship and technical assistance visits to all supported facilities to provide support to health care workers on provision of quality PMTCT services. Joint supportive support supervision with the CHMT were carried out in 25 facilities in Mombasa County, 38 facilities in Kilifi County[12], 46 facilities in Kwale County, 13 facilities in Lamu and 25 facilities in Taita Taveta County. The joint supervision teams provided mentorship and OJT to address linkage gaps, infant prophylaxis, EID, timely viral load uptake, IPT documentation, longitudinal follow ups, STI screening, dual HIV and Syphilis testing and use of data for decision making. The project supported CMEs on the 2018 PMTCT guidelines and operation triple zero (OTZ) Plus at Matsangoni health center, Gede Health center, CPGH, Kilifi County Hospital, Tudor Hospital, Rabai health center and Mtwapa Health center in the reporting quarter where health care providers were able to learn how to manage adolescent and young pregnant women including HIV positive women in the integrated approach in ANC, labor and delivery and postnatal with an aim of providing quality PMTCT services. The Operation Triple Zero among the adolescent pregnant and breastfeeding women was introduced to health care providers to aid in adherence, retention and viral suppression of the adolescent and young pregnant and breastfeeding women.

ii. County PMTCT Stock taking and review meetings

Afya Pwani in partnership with the County governments of Mombasa, Kwale, Taita Taveta and Kilifi supported PMTCT stock taking meetings to discuss progress of HIV services and PMTCT services offered at the various facilities within the County. These were aimed at tracking progress and identifying gaps in PMTCT and proposing action items in improving PMTCT indicators: ANC coverage, PMTCT STAT, PMTCT HAART and PMTCT EID within 2 months of age. Gaps and challenges were identified, best practices shared and the action points for the next quarter were prioritized to be followed up in the quarter. Following nurses' industrial action in Taita Taveta County during the quarter (February 3rd to 28th Feb 2019), the CNO and CRHN organized for a health managers' meeting through the project support bringing together all the SCPHN and SCRHNs to strategize on scaling up services and regaining achievements lost during the strike. Mwatate and Wundanyi sub counties started off the meetings while Voi and Taveta sub counties were planned for the next quarter. The same meetings were later scaled up to the facilities in the Sub Counties.

[12] Marereni health center, Garashi dispensary, Matolani dispensary, ADC Danisa, Marikebuni dispensary, Marafa Health center, Gongoni Health center, Mambrui dispensary, Kakoneni dispensary, Baolala health center, Ganda Dispensary, Jilore Dispensary, Muyeye Health center, Malindi sub County Hospital, Gahaleni dispensary, Mandunguni dispensary, Mwangani dispensary, Bwagamoyo dispensary, Rabai sub county Hospital, Makanazani health center, Kokotoni dispensary, Ribe dispensary, Mitsajeni dispensary, Lenga dispensary, Kambe dispensary, Ganze Health center, Bamba sub county Hospital, Dzikunze Dispensary, Vitengeni dispensary, Kilifi County Referral hospital, Gede health center, Matsangoni health center, Mijombani dispensary, Watamu dispensary, Mtondia Dispensary, Ngerenya Dispensary, Kadzinuni dispensary

iii. IQCare at MCH

During the reporting period, the project supported healthcare providers working in the eMTCT settings in CPGH, Likoni SCH, Tudor SCH, Mvita HC, Muyeye health center, Malindi Sub County Hospital, Mtwapa Health center, Oasis Health center to do peer to peer EMR mentorship sessions to improve EMR documentation and reduce data inconsistencies with an aim of improving quality of eMTCT services offered. Malindi SCH, Matuga SCH, Msambweni SCH and Tudor SCH were supported during the quarter to integrate point of care (POC) testing at the facility for EID and viral load testing for pregnant and lactating women thus reducing missed opportunities and turnaround times for EID and Viral load monitoring and reducing the Turn Around time for VL and EID results in the Hospital.

iv. Reward system for best performers

Afya Pwani supported Likoni Sub County in Mombasa to conduct a recognition forum for best performing PMTCT sites in identification, linkage, retention, HEI positivity and viral suppression. Facilities with the 100% HTS uptake at ANC and zero new infections for 12 months were recognized for their good PMTCT efforts. This initiative has improved staff motivation, commitment and set the pace for positive competition with facilities aiming at improving the quality of care and services. The system has also strengthened ownership and leadership of HIV management and programing by facilities and the Sub County as well.

v. eMTCT taskforce meetings

The project supported four eMTCT taskforce meetings in Mombasa, Lamu, Kwale and Kilifi Counties that reviewed eMTCT indicators of respective Counties for the period October 2018 through December 2018 with each of the facilities represented presenting ANC, maternal and infant cascades and maternal and HEI cohort analysis. During the meeting, it was noted that HIV testing among 1st ANC clients in most counties was good and stood at almost 100% in all facilities. Retention of maternal infant pairs however is low at 83% across the region at 12 months review and viral load uptake among identified HIV positive women who had been on ART for six months was low at 87% across all facilities. PCRs for EID done for infants by two months of age and infant baseline VL done among the PCR positive infants has improved from 62% in Q1 compared to 78% in Q2. The *Afya Pwani* technical team in partnership with respective CHMTs trained the participants on MCA and HCA to improve retention reporting going forward. Additionally, HCWs were trained on how to access and query NASCOP EID and VL website for results including the SMS methods of querying results.

e) Improving uptake of early infant diagnosis (EID) for HEIs and viral load monitoring for pregnant and breastfeeding mothers

In the period under review, the project continued to support EID and viral load sample transportation through lab networking enabling a total of 2,449 polymerase chain reaction (PCR) tests to be processed, of which 1,269 were initial tests while the 1,151 were repeat tests. Confirmatory tests 29. Out of the initial 1269 PCR tests done in the quarter, 899 were done within two months of age representing a 71% uptake of EID services within 0-2 months. The 1,269 PCR tests represents a 258% achievement of our annual PMTCT EID target of 491 but 29% of our annual PMTCT POS target of 4,351. Twenty one infants sero-

converted in the quarter and all were initiated on HAART. All the infants initiated were validated in the NASCOP EID website.

Afya Pwani supported CHMTs and SCHMTS in strengthening the implementation of the 2018 VL monitoring guidelines among pregnant and lactating HIV infected women on HAART. Out of a total of 651 PMTCT routine and valid VL samples collected in supported PMTCT sites as at end of Q2, 555 were suppressed while 96 samples were unsuppressed, giving a suppression of rate 85.3%. The unsuppressed clients were discussed in facility MDTs, assigned case managers at the facility and provided enhanced adherence counselling to mitigate adherence barriers. The case managers also conducted home visits as a way to mitigate adherence barriers.

The following specific strategies were instrumental in supporting EID:

i. Tracking logs roll out and use

To better track uptake of EID in supported facilities in the five coastal counties,the project supported production, dissemination and mentorship of EID tracking logs and EID requisition forms to the 240 supported facilities was conducted in the quarter.The tracking log use will enable facilities monitor their turn around time of EID and timely intervene for sample results taking longer than 15 days to be delivered at sites.

ii. POC for EID and VL

Efforts to reduce EID, viral load samples turn around time have been strengthen with the introduction of point of care testing in *Afya Pwani* supported facilities. In the quarter, Malindi SCH, Tudor SCH, and Kilifi CH were supported to start use of point of care testing to HIV positive pregnant and breastfeeding mothers at the sites. Viral load monitoring and early infant diagnosis is made at the hopsitals and results are collected and issued to the clients within hours.

iii. Use of HIV exposed infant tracking System (HITS)

The project initiated consultations with four CHMTs on the possibility of adapting the NASCOP HIV exposed infants tracking (HIT) system for better MIP management and follow up. The HIT System is a web-based, real time network that allows patients, healthcare professionals, couriers and lab technicians to enter, share, and respond to relevant medical information for each patient entered into the system. HITS can monitor this information and in turn alert the relevant parties when time-sensitive aspects of patient care are not completed like due PCR and VL. The HIT System creates alerts and sends SMS messages, both automated and manually, to patients who have chosen to receive these communications. This drastically reduces the workload of clinical staff who must typically call, text and otherwise communicate with mothers. Afya Pwani during the quarter supported the roll out of the HIT System in Mombasa County at Portreitz, Tudor and Malindi County at Malindi SCH. This relied on the already existing IQ Care investments[13] of reliable and up-to date computers and internet access.

[13] Apart from the computers, the project supported two program staffs for a learning trip to AMPATH in Eldoret and in collaboration with CHAI, the lab system was upgraded to promote SMS alerts. Facilities were further supported with consenting tools, phones and airtime for both data bundles and calling. Clients were sensitized on the SMS alert system and volunteers to facilitate consenting of clients into the SMS alert system

f. Pre- Validation of Malindi Sub County

Community resource persons, chiefs, ward administrators in Malindi during a stakeholder engagement of the pre-validation of Malindi

To remain on course and in line with the Kenya Framework for Elimination of Mother-To-Child Transmission of HIV and Syphilis of 2016 – 2021, *Afya Pwani* in consultation with Kilifi County CHMT continued to support Malindi Sub County's efforts of piloting and documenting pre-elimination of mother to child transmission of HIV and Syphilis in the Sub County. During the reporting quarter, *Afya Pwani* supported sensitization of Malindi SCHMT and the Kilifi CHMT on the concept of pre-validation leading to a consensus on the activities to be adopted in the subcounty during the strategy implementation. *Afya Pwani* supported Kilifi CHMT and the Malindi SCHMT to conduct a stakeholder engagement and sensitizations for 20 community resource persons (CORPS), four ward administrators and chiefs from five wards[14] of Malindi Sub County where expectations and current challenges in maternal child health at community level were discussed. Thirty-five (35) Health care providers from 20 facilities[15] in Malindi subcounty were sensitized during the quarter on importance of early ANC referral in respect to identification of HIV positive women and early intervention through provision of ART therapy, eMTCT and infant prophylaxis. The project supported 20 facilities to conduct CMEs and disseminate the pre-validation and eMTCT to all health care workers at these facilities in the Sub County. The Project supported a data quality audit and assessment of PMTCT indicators in Malindi Sub County, PMTCT STAT, PMTCT POS, PMTCT ART uptake and EID uptake in 2018 to ascertain reliability, accuracy and flexibility of the tools to be used for data collection during the period at the facilities. The key findings of the DQA showed that some facilities were still using old versions of the ANC and HEI registers and that some private facilities had challenges filling out some registers and reporting through the national MOH DHIS2 platform. The project informed by these findings has printed and distributed new versions of all registers relents to PMTCT service provision and in collaboration with HCM (a USAID funded mechanism) sensitized more than 47 HCWs, including from private facilities, in PMTCT and MOH tools. The national PMTCT tools i.e. MOH 711, MOH 731 will be used in the elimination plan and the data collected across all sites in Malindi and the results shared with health facility staff. Data cleaning was done for data inconsistencies within the national DHIS platform. The project further supported the 20 facilities to conduct data reviews on maternal infant indicators, eMTCT and gaps and challenges were addressed in the meeting.

[14] Shela ward, Kakuyuni ward, Malindi town ward, Ganda ward, Jilore ward

[15] Malindi Sub county Hospital, Baolala dispensary, Sosobora Dispensary, Mkondoni dispensary, Jilore dispensary, Kakoneni dispensary, Mwawesa medical facility, Ganda dispensary, Kakuyuni dispensary, Mandunguni dispensary, Mmagani dispensary, Muyeye dispensary, Gahalaeni dispensary, St. Marys Msabaha,Malanga AIC dispensary, Mshongoleni dispensary, Star Hospital, Tawfiq hospital,Timboni dispensary, Omari project

Lessons Learned

1. Strengthened community networks and facility to community integration services provides an immense opportunity for reaching women and children who have not accessed ANC, post-natal and Infant care.
2. Quality counselling about feeding options during peri natal period to HIV positive mothers has reduced postnatal transmission of HIV to infants and improved the overall nutritional status of the PMTCT clients.
3. Engagement of mentor mothers for follow up of mothers who decline testing and mothers who decline maternal ART therapy and infant prophylaxis has led to reduced missed opportunities in testing for HIV and increased both Maternal and Infant prophylaxis.

Challenges

What were the challenges encountered during the quarter?	How were these challenges addressed?
Interruption of supply commodity for POC at Malindi and Kilifi County Hospital thus increasing Turn Around time of EID and Viral load samples	Strengthened quantification support for facilities and lab sample networking to improve sample transport efficiency from remote and peripheral facilities to the hubs and from the hubs to CPGH
Low entry of POC EID tests into the NASCOP EID website at some POC sites affected tracking of EID and viral load results from the NASCOP website	Mentorship and OJTs done to the lab personnel to increase their capacity on logging in and entry of POC tests into the NASCOP website and tracking to oversee progress of updating the logged in samples at the POC.
Lack of concurrency between the National data base, DHIS2 and the current tools for reporting HCA affecting reporting of HCA in supported facilities	*Afya Pwani* in partnership with the County has instituted a request to the national team to revise the DHIS2 platform in line with the new ART guidelines regarding EID test durations to allow for seamless reporting

Output 1.2: HIV Care and Support Services

Afya Pwani works collaboratively with MOH to strengthen quality HIV and AIDS palliative care service delivery and implement comprehensive standards package of care and support. By end of Q2, *Afya Pwani* supported identification of4288 (56%) of COP18 HTS_POS target in the 5 counties and facilitated the linkage to ART of 3824 (89%) bringing the number of persons currently on ART treatment to 50,217 which is 90% of the annual target. During the quarter, the program prioritized provision of standard package of care for PLHIVS, implemented strategies geared towards addressing special needs of priority populations (key population, children, adolescent and young persons and men) on retention and differentiated care

a) Provision of the standard package of care

Positive Health, Dignity and Prevention (PHDP)- disclosure, contact testing, condom use, treatment literacy sessions: The project continued to support various PHDP interventions which includes provision of ART, prevention of opportunistic infections, adherence counselling and support, STI

diagnosis/treatment, nutritional education. Other interventions implemented include support groups, psychosocial counselling and support, prevention counselling, partner/family HIV testing, family planning education/counselling, condom distribution and participation of PLHIV on county-level advocacy networks.

In Lamu County, *Afya Pwani* supported CHMT to conduct supportive supervision to ensure provision of the comprehensive care package in supported facilities that included PHDP services screening, TB screening, FP, CTX, IPT and referral for other services reaching 62 health care workers (24M,38F) mostly nurses, clinical officers and lab technicians from 11 facilities[16]. As a result of this support, three psychosocial support groups at Lamu County Hospital, Witu Health Center and Mpeketoni Sub County Hospital were revived.

In Kwale County, 38 peer educators and 28 mentor mothers gave PHDP messages to PLHIV in 75 PLHIV support groups during 160 sessions which were conducted in this quarter reaching 1,842 (576M, 1,266F) PLHIV from 21 health facilities[17]. Treatment literacy sessions were offered by health care workers, expert patients, peer educators and mentor mothers at the CCCs to PLHIV reaching 3,756 (1,588M,2,168F) in 17 facilities[18].

Fifty-three (53) health talk sessions were conducted in Taita Taveta County reaching 910 clients while 60 support group sessions were conducted reaching 1723 PLHIV with adherence and treatment literacy sessions as part of the PHDP package.
In Mombasa County, 2177 (707M,1430F) PLHIV were reached during 102 support groups sessions conducted in 18 facilities[19] guided by 48 peer mentors who were supported by the project while 225 PHDP sessions were conducted in Kilifi County reaching 2496 (480M,2016F) PLHIV.

Specific Opportunistic Infection Screening and Prevention- STI screening, CTX: The project routinely supports screening for TB and other opportunistic infections to PLHIV during clinical visits. As part of efforts improve screening for TB among PLHIV, on the job training on the use of ICF tools and the GeneXpert algorithm was done in seven facilities[20] in Kwale County benefitting 47 (M-20, F-27) health workers. In Taita Taveta County, reflex serum CrAg test was done to 45 PLHIV from eight health facilities[21] with 8 of them from Taveta SCH, Moi CRH and Ndovu HC treated for Cryptococcal meningitis after testing positive.

[16] Faza Health Center, Kizingitini Dispensary, Shella Dispensary, Lamu Hospital, Mokowe Health Center, Mapenya Dispensary, Hindi Dispensary, Muhamarani Dispensary, Hongwe Catholic Dispensary, Mpeketoni Hospital and Witu Health Center

[17] Kwale, Msambweni, Diani, Mkongani, Tiwi, Lungalunga, Vitsangalaweni, Kikoneni, Kinango, Mazeras, Kinondo, Gombato, Shimba Hills, Waa, Ng'ombeni, Samburu, Ndavaya, Minyenzeni, Godo, Mwangulu and Vanga

[18] Kinondo, Msambweni, Diani, Tiwi, Kwale, Mkongani, Lungalunga, Ng'ombeni, Gombato, Mwangulu, Godo, Shimba Hills, Vitsangalaweni, Kikoneni, Samburu, Mazeras and Kinango.

[19] Mrima, Shika Adabu, Mbuta, Likoni Catholic, Likoni District, CPGH, Ganjoni, Tudor, Mvita, Port Reitz, Magongo, Mikindani, Bokole, Jomvu Model, Kongowea, Bamburi, Kisauni and Mlaleo.

[20] Kinango Hospital, Mnyenzeni, Samburu Health Center, Ndavaya, Taru, Mackinon Road and Mazeras dispensaries.

[21] Moi CRH, Taveta SCH, Njukini HC, Ndovu HC, Mgange Nyika HC, Wundanyi SCH, Buguta HC and Mwatate SCH.

Reproductive Health Services- FP services: To foster service integration of HIV services, *Afya Pwani* service delivery team continued to provide TA for integrating Reproductive Health services into the CCC during support supervision visits together with the SCASCOs and RH coordinators.

In Taita Taveta County, 780 women of reproductive age living with HIV were offered modern contraceptive methods in 24 health facilities[22]. More sensitization and capacity building to health workers will be done in the coming quarter to ensure that all the facilities provide FP methods. Leveraging on support from other stakeholders, 506 WLHIV were screened for cancer of cervix in seven health facilities[23] in Taita Taveta County and 317 from 4 facilities (Kinondo, Msambweni and Diani health center) in Kwale County with none having suspicious lesions/findings. To this end, Taita Taveta County Government purchased and redistributed reagents to facilities to ensure that all the female PLHIV are screened for cancer of cervix. *Afya Pwani* will continue to support OJT on cancer of cervix screening to ensure that all the health workers can do the screening. To improve the uptake of the services the 97 health workers trained on the ART guidelines in Kwale County were sensitized on the need to screen women for cancer of the cervix while demand creation and awareness on cervical cancer screening services was done during health talks and support group sessions.

Women living with HIV within reproductive age receive pre-conception counselling, assessed for pregnancy at every visit and receive pregnancy test when necessary. During the reporting period, the project supported printing and distribution of pregnancy intention and screening tool to nine health facilities[24] in Kwale County. In Lamu County, 62 health care workers (M-24, F-38) in 11 health facilities[25] were mentored on reproductive health and integration of family planning services in to CCCs and 10 family planning Tiahrt chats distributed to Mapenya Dispensary, Hongwe Dispensary, Mokowe Health Center and Witu Health Center in the process.

Non-communicable Diseases Screening and Management: The project has continued to provide mentorship and supervision to health care workers to ensure that quality services are offered that include taking and recording of blood pressure, body weight, BMI and advise on balanced diet and exercises to prevent life style diseases given. Clients with non-communicable diseases are treated in the CCC s and where not possible, appropriate referrals are done.

Mental Health Screening and Management: Emphasis has been made on supporting the screening of mental illnesses for PLHIV across all the facilities. Screening tools have been printed and distributed to facilities. Following the CHMT support supervision in Lamu County, health providers were trained on mental health screening which have led to PLHIV receiving basic screening for depression, alcohol and drug use before initiating ART and annually thereafter The project is collaborating with the CHMT to improve documentation of the screening using PHQ9, CRAFFT and CAGE screening tools where

[22] Bughuta HC, Bura HC, Challa Disp, Kimorigho Disp, Kitobo Disp, Kiwalwa Disp, Mahandakini Disp, Maktau HC, Maungu Model HC, Mbale HC, Mgange Nyika HC, Modambogho Disp, Moi CRH, Mwatate SCH, Ndilidau Disp, Ndovu HC, Njukini HC, Nyache HC, Rekeke Model HC, Sagalla HC, Tausa HC, Taveta SCH, Wesu SCH and Wundanyi SCH

[23] Bughuta HC, Maungu Model HC, Mwatate SCH, Ndovu HC, Tausa HC, Taveta SCH and Wesu SCH

[24] Ndavaya, Mrima, Mazeras, Kikoneni, Ukunda catholic, Vigurungani, Muhaka, Mackinon road and Taru

[25] Faza Health Center, Kizingitini Dispensary, Shella Dispensary, Lamu Hospital, Mokowe Health Center, Hindi Dispensary, Muhamarani Dispensary, Hongwe Catholic Dispensary, Mapenya Dispensary, Mpeketoni Hospital and Witu Health Center

appropriate. . In Taita Taveta County, 57 PLHIV in 13 health facilities[26] were screened for mental health in the period under review with documentation in place. In the recent ART training supported in Kwale County, 97 (50M, 47F) health workers were taken through the screening tools for mental illnesses for PLHIV across all the facilities, the screening tools have been printed and distribution is ongoing.

Nutritional Services -NACS: *Afya Pwani* has put in place interventions to ensure Nutritional Assessment Counselling and Support is done for all PLHIV as per existing MoH guidelines and standards. The program has continued to strengthen the capacity to offer quality nutrition services at County, Sub-County and at health facility level in Kilifi, Kwale, Mombasa, Taita Taveta and Lamu Counties. The focus being provision of the standard package of nutrition support and care for HIV patients which includes: nutrition assessment, nutrition education and counseling, hygiene promotion, linkages to community-based income generation and food security activities, provision of therapeutic and supplementary foods. County and Sub County nutrition coordination forums (CNTF) bring together all actors and stakeholders involved in the field of nutrition, to realize the outcomes for nutrition in the county as stipulated in the county nutrition action plans. As part of health system strengthening for nutrition services, during the month of February and March, CNTF meetings were held in Taita Taveta, Kwale, Mombasa and Kilifi Counties with 100 (38M,62F) stakeholders attending the coordination forums. Each County prepared a quarterly joint workplan where partners and SCHMT planned and prioritized activities to avoid duplication and work around competing priorities. In Mombasa and Taita Taveta Counties, one of the meeting agenda was to develop the County Nutrition Action Plans (CNAP) for the next four years since the existing documents had expired. The process of CNAP development is still on going in all the supported Counties. Targeted Sub County nutrition technical forums were held in Kwale and Kilifi Counties to address specific issues. The agenda of these meetings included, development of a joint workplan with the SCHMT and partners, prioritize activities and mobilize resources towards reduction of malnutrition trends. A total of 53 (26M, 25F) participated in the meetings.

During the reporting period, joint support supervision was conducted by County and Sub County health management teams, *Afya Pwani* and UNICEF technical staff in Mombasa, Kilifi and Taita Taveta Counties. The support supervision team (using the MoH nutrition support supervision checklist) sought to improve the quality of nutrition services by assessing available interventions, gaps in service delivery and proposing interventions to address them. The findings included, health worker knowledge gap on Maternal Infant and Young Child Nutrition which affected Counselling of Mothers at PMTCT, Faulty anthropometric equipment's and stock out of reporting tools (MoH 733 B) Action points were developed to address this issue at County, Sub-county and health facility level. The action points and interventions included mentorship sessions on HIV nutrition and MIYCN, *Afya Pwani* and UNICEF to pull resources together and replace the faulty tools while health facilities to repair where possible. A total of 29 health facilities[27] were reached with 62 health workers (M-33, F-29) benefitting.

[26] Moi CRH, Taveta SCH, Mwatate SCH, Wesu SCH, Wundanyi SCH, Werugha HC, Sagalla HC, Ndovu HC, Maktau HC, Mpizinyi HC, Njukini HC, Kishushe Disp and Miasenyi Disp

[27] Wundanyi SCH, Wesu SCH, Ndovu Health Center, Mgange Dawida Health Center, Buguta Health Center, Maungu Health Center , Kasigau Health Center, Garashi Dispensary, Marafa Health Center, Marereni Dispensary, Gongoni Health Center, Matolani Dispensary, ADC Danisa, Sosoni Dispensary, Kizingo Health Center, Mtepeni Dispensary, Chasimba Health Center, Mtwapa Health Center, Bwagamoyo Dispensary, Lenga

During the reporting period, mentorship sessions on nutrition services were conducted in Mombasa County reaching 17 (8M, 9F) health workers. The project also supported sensitization meetings for 51 nutritionists (17M, 34F) on the new ART guidelines in Taita Taveta and Kilifi Counties from 34 facilities[28] which included updates on HAART, drug food interactions and infant feeding in the context of HIV. Sixty-three (32M, 31F) health workers from 10 health facilities[29] benefitted from CMEs on Nutrition in pregnancy and HIV, anthropometric measurements, nutrition reporting and critical HIV nutrition practices.

In the same period, *Afya Pwani* procured and distributed a total of 100 adult height charts to 78 health facilities in Kwale, Mombasa, Kilifi and Taita Taveta Counties.

b) Addressing specific needs of children living with HIV

Guardians support groups, training for guardians: Care givers are the backbone of effective HIV care and support for children and adolescents living with HIV. Caregivers play a critical role in the prevention and treatment, not just at home, but also in the community and at school; beyond just caring for the infected child, but also in delivering medicine, adherence and pyscho social and nutritional support. The project conducted club meetings for kids and caregivers of children to assist in provision of standard package of care for children including; provision of ART by engaging the services of health care providers and peer mentors to facilitate monthly care giver support groups. During the period, key issues affecting the children living with HIV were discussed and acted upon. The immediate outcomes of the care giver sessions include improved coping skills among children/care givers in addressing HIV related stressors, improved self-confidence and esteem, increased children's understanding and acceptance of comprehensive HIV care and support services, improved and better skills to make informed secondary prevention decisions. Through the sessions mitigations measures were enhanced to help prevent adolescents living with HIV adopting risk-associated behaviors or from developing more severe mental health problems. Caregivers also benefited from the group sessions by being empowered through knowledge and information to cope with the children's developmental and health needs. As a result of the regular support supervision facilitated by *Afya Pwani*, Mpeketoni Sub County Hospital and Lamu County Hospital have established Pediatric and adolescent support groups where caregivers and adolescents are provided with adherence counseling, treatment literacy, disclosure, contact testing, condom use messages and STI screening services. During the support group days' children participate in different games that help them bond and share experiences with each other.

Dispensary, Rabai Heath Center, Kisauni Dispensary, Bamburi Health Center, Kongowea Dispensary, Mlaleo CDF, Likoni SCH and Likoni catholic Health Center

[28] : Moi Voi referral hospital, Buguta Health Center, Wesu SCH, Wundanyi Health Center, Ndovu Dispensary, Kasigau Health Center, Marungu Health Center, Maungu Health Center, Kilifi County referral hospital, Marafa Health Center, Vipingo Health Center, Matsangoni Dispensary, Gede Health Center, Malindi SCH, Marereni Dispensary, Gongoni Health Center, Ganze Health Center, Bamba SCH, Muyeye Health Center

[29] : Mbuta Health Center, Likoni Catholic, Ganjoni health Dispensary, Moi voi County hospital, Ndovu Health Center, Wundanyi Subcounty hospital, Taveta Sub-county hospital and Mariakani Health Center

In the reporting period, 18 caregivers psychosocial support group sessions were planned and held in 10 facilities[30] in Mombasa County which addressed concerns of viral suppression among pediatrics and disclosure process/ challenges. In Kilifi County, 10 health facilities were supported to conduct 36 care givers sessions reaching 256 (70M, 186F) care givers while 186 (26M, 160F) caregivers from Mkongani health facility in Kwale County were trained during a one-day session. In Taita Taveta County six caregiver's forums were conducted in Mwatate SCH, Taveta SCH, Kimorigo and Kishushe reaching 91 caregivers for adherence support and disclosure interventions.

Mkongani caregivers support group ongoing in the child friendly room.

Disclosure: To facilitate timely and age appropriate disclosure of status to CLHIV, care givers and HCWs are trained on disclosure during care givers training and OJT/coaching. Assisted disclosure is accorded to care givers who feel uncomfortable with the process. In support of adherence to children, assisted disclosure forums were conducted in Taveta SCH, where 21 caregivers were equipped with the skills.

ART for children in school: To reduce stigma in schools where children living with HIV go to, the project partnered with Kenya Network of HIV Positive Teachers (KENEPOTE) to conduct health education sessions in 12 schools[31] reaching 2,800 students in Mombasa County and 11 schools[32] in Kwale County reaching 5,251 (2,764M, 2,527F) students. In Kilifi County 49 health education sessions were conducted in 35 learning institutions[33] where 4,024 (1,726M, 2,298F) students were reached. To support children to

[30] Kongowea HC, Tudor, Likoni Sub County Hospital, Kisauni HC, Mlaleo CDF, Mikindani HC, Portreitz Hospital, Magongo HC, Shikaadabu HC, Chaani Dispensary

[31] Mbaraki Girls Secondary School, Mbaraki Primary School, Memon High school, Bahari Primary school, Bomu Primary school, Gome primary school, Mikindani Primary school and St. Mary's school, Shikaadabu Primary, Mtongwe, Bomani Primary

[32] St. Joseph's, Kinango, St. Lukes, Dumbule, Chifusini, Twaka and Kichaka Mkwaju, Ng'onzini, Gwadu, Ng'ombeni, Waa and Moyeni

[33] Kikambala pry, Vipingo central(2), Barani Primary, Cross road, Vipingo Sec, Imara Pri , Ever bright Digital Pri, St Kelvin Pri, Kings Preparatory Pri, Wisdom Junior, Imara Teachers Training college, Bright future Academy sec, Takaungu Pri , Mkwajuni Pri, Mtwapa Pri, North Coast College, St Timothy Academy, Takaungu Sec, Mtwapa North Sec, Mary Mother of God college, Sacred Heart College, Harvest of Hope High School,

adhere to treatment, 40(M22, F18) teachers in Ng'ombeni and Waa primary schools were reached with school-based treatment literacy messages which included information on stigma reduction, adherence to ART, care and support to children living with HIV and disclosure. This initiative is being scaled up in the coming quarters to reach more schools. The project has already mapped out schools where supported CLHIV go to and is working towards training selected teachers (mostly those living with HIV) who will in turn be linked with the CLHIV once consent is got from the guardians and students who are of consenting age.

Special clinics for children: *Afya Pwani* has continued to support separate clinic days for pediatric where multi-disciplinary services are tailor made to meet the needs of children. In some cases, the services of a pediatrician are sought to handle difficult cases like in Msambweni and Moi Voi County Referral Hospitals. In Kwale County 11 special pediatric HIV clinics were held every month in 11 facilities[34] with 262 CLHIV (96M,166F) being attended to. In Taita Taveta County at Moi CRH, monthly clinics were held reaching 26 (9M,17F) CLHIV while in Kilifi County there were 15 facilities[35] that had specialized children's clinics during the reporting period reaching 447 (156M, 291F) CLHIV. In Lamu County, pediatric clinics were conducted in Mpeketoni and Lamu Hospitals.

Games and art therapy: Games and art therapy help children to process emotions that they may not be able to express in other ways, decrease undesirable behaviors and an increase capacity to regulate their own behavior, develop creative thinking, improve social skills, respect others and finally, develop stronger relationships with family members.

Art work done by teenagers and CCC staff at Kilifi CH

During the period, the project procured play therapy equipment for 11 facilities[36] in Kwale County. These facilities conducted three monthly support groups sessions each for pediatrics which incorporated play therapy with 262 (96M,166F) CLHIV benefitting. In Taita Taveta County, a total of 26 pediatrics accessed toys to play with in Moi CRH. However, due to the limitation of adequate space and play therapy coordinator in Taveta SCH, Mwatate SCH and Wesu SCH, toys haven't been utilized. Plans are underway to address these challenges in collaboration with the same hospitals.

Mtomondoni Pri, St Valentine, Mkwajuni youth polytechnic, Kolongoni Pri, Mwangaza Pri, Mbomboni Pri , Karimboni Pri, Chasimba , Central Pri, Bright Gate prim, Bright Star Pri, Mtomondoni Sec, St Martin Pri and Chasimba Sec.

[34] Gombato, Kinondo, Msambweni, Diani, Lungalunga, Kikoneni, Vitsangalaweni, Kinango, Kwale, Mkongani and Tiwi

[35] Kilifi, Malindi, Mtwapa, Gongoni, Mariakani, Vipingo, Bamba, Gede, Marereni, Rabai, Matsangoni, Marafa, Muyeye, Ganze, Ngerenya and Takaungu.

[36] Gombato, Kinondo, Msambweni, Diani, Lungalunga, Kikoneni, Vitsangalaweni, Kinango, Kwale, Mkongani and Tiwi

Similarly, Kilifi County Hospital was supported to have a session on Art Therapy. Teen mothers were taken through the process of using art to express their feelings and how to support young children in the clinic to use art to express themselves and for disclosure purposes. The sessions taught the Teenagers on coming up with paintings that expressed the things that fulfill their daily lives. Participants during the sessions included 22 health care workers (comprising of nurses, clinical officers, counselors, doctors and nutritionists) and 45 teenagers.

Teenagers at Kilifi Hospital learning on how to do ART work during the ART in Medicine sessions

c) Addressing specific needs of young people

OTZ clubs: Operation Triple Zero Initiative (OTZ) is geared towards motivating adolescents and young people to take responsibility of their own health and commit to achieve zero missed appointment, zero missed drugs and Zero viral load. Overall, the focus for the project has been to establish facility and adolescent led teams that can be sustained beyond the life of the supporting partner.

In the reporting period, *Afya Pwani* supported a three days training in Mombasa County, targeting AYLHIV peer educators in Likoni Sub County of Mombasa County on OTZ through the County and Sub County STI and AIDS Control Officers and Sub County Adolescents Coordinator. Twelve (12) AYLHIV (M-4, F-8) mobilized from four facilities; Likoni Sub County Hospital, Mrima HC, Mbuta CDF and Shika Adabu Dispensary were trained.

In Kilifi County, 15 facilities[37] were supported to have monthly OTZ clubs' meetings. During the meetings, in addition to treatment literacy sessions and clinical reviews by clinicians, members came up with activities such as birthday celebrations, sports, talent shows, in door games and swimming to make attending the club meetings more interesting. Sensitization on OTZ Model to all caregivers/ parents of the OTZ club members was done to ensure that they fully support their adolescents in all ways possible for its

[37] Kilifi, Malindi, Mtwapa, Gongoni, Mariakani, Vipingo, Bamba, Gede, Marereni, Rabai, Matsangoni, Marafa, Muyeye, Ganze, Ngerenya and Takaungu

success. A total of 379 (168M, 211F) have been enrolled in OTZ clubs in Kilifi County so far. A training for 33 (18M, 15F) OTZ champions was conducted to empower OTZ heroes to conduct OTZ club sessions in their facilities. A WhatsApp group for OTZ club members was formed to enable members share health messages. However, a big number of the adolescents have no smart phones since they are of school going age hence have not joined the WhatsApp group. New members' recruitment is still on going with more activities being intensified during the April holidays. In Kwale County, 39 OTZ clubs' sessions were held with 355 (156M,199F) AYLHIV participating in 13 facilities[38] in the same period.

Adolescent friendly clinics: To address the special needs of adolescents on ART, *Afya Pwani* has continued to work with the County/Sub County Health Management Teams to support health facilities institutionalize Adolescents and Youth friendly clinics for the Adolescents and Youth Living with HIV (AYLHIV) access ART services. Special clinic days are planned on days convenient for the AYLHIV; in some instances, these clinics are held on weekends to cater for AYLHIV in school. In Mombasa County, there are 10 facilities[39] running adolescent friendly clinics, two in Lamu County (Mpeketoni and Lamu Hospitals), five in Kilifi (Mtwapa, Matsangoni, Rabai, Kilifi County Hospital and Mtondia Dispensary), 11 in Kwale reaching 262 (96M, 166F) adolescents and two (Mwatate SCH and Taveta SCH) in Taita Taveta County, reaching 15 (12M, 3F) adolescents.

Provision of FP/ RH services to AYLHIV: In Timbwani area of Likoni where there is high incidence of teenage pregnancy that affects even those living with HIV, the project conducted focused group discussions to create demand for family planning services and create awareness for reproductive health issues especially focusing on those living with HIV. Through this initiative, 721 young mothers were sensitized on the importance of family planning, use of condoms, ANC and Post-natal services among others. A data base of adolescent pregnant women has been developed and follow up was done for 131 adolescent mothers including 11 living with HIV to keep their ANC appointments. These 11 have been linked with mentor mothers who support them in adherence to ART and link them to appropriate RH/MNH services.

d) Addressing specific needs of Key Populations

In Mombasa County, the project has deliberately identified clients on ART who are among the key populations and tailor-made services to suit their needs. At Kisauni HC, Shika Adabu Disp and Portreitz County Hospital, monthly support group sessions for key populations were conducted. Through the support of *Afya Pwani*, facility based CHVs and HTS service providers facilitated such sessions, sharing experiences and guiding the participants in PHPD sessions. Self-risk assessment and sensitization on HIV and AIDS prevention strategies was conducted. The facilitators also covered care and treatment, challenges leading to poor adherence and how to overcome them.

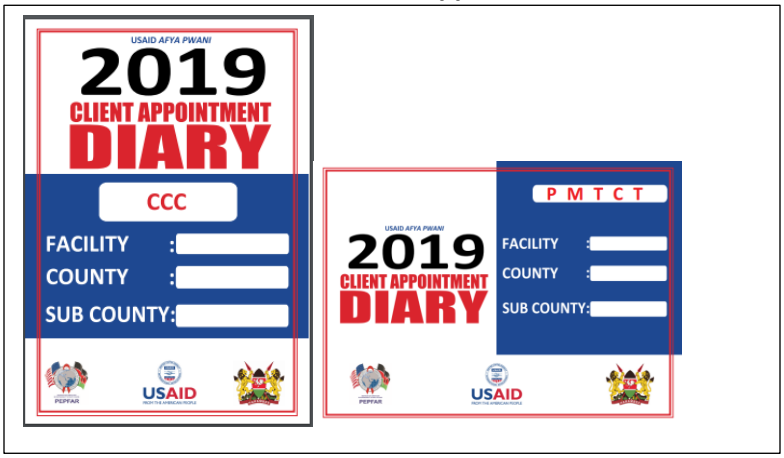
[38] Mazeras, Samburu, Kinango, Mkongani, Lungalunga, Vitsangalaweni, Kikoneni, Msambweni, Tiwi, Diani, Kwale, Kinondo and Gombato

[39] CPGH-Youth Zone, Port Reitz SCH, Likoni SCH, Tudor SCH, Magongo HC, Kisauni HC, Mlaleo HC, Kongowea HC, Bokole CDF and Mikindani HC.

e) Retention strategies

Afya Pwani with the coordination of the Health Management Teams at County and Sub County levels has employed several strategies to enhance and improve retention of ART clients. Among the strategies and activities deployed include;

Introduction of customized Client Appointment Diaries: It is now easier to track all clients by following them up on their appointments and immediately documenting and tracing the missed appointment. The Client Appointment Diary is now the source document for the defaulter tracing tool and updating of the case management register. All ART sites were provided with the diaries both CCC and PMTCT service delivery sites.



Effective use of the client follow-up register and defaulter tracing tool: With all clients entered in the register, follow up made within the first two days of a missed appointment and outcome document has played a key role to enhance retention. A total of 4584 clients missed their appointments between the months of January and March out of who 3,590 clients were traced back to care, a 78% success rate. Documentation of the responses and status of 565 that had not returned for their clinical appointments was done.

Structured Home Visits: Home visits were done for defaulters as well as follow up of clients who are unsuppressed by Peer Mentors and Adherence Counselors to strengthen adherence and ultimately achieve viral suppression. With the structured home visits, the facilities were provided with a home visit checklist and were required to document what is observed during this visit as well as develop an action plan to respond to the clients' needs.

Case Management Tracking Register: With a systematic case management documentation and tracking system, case management registers, all clients in medium and low volume facilities were put in the case management registers which indicate the active clients on monthly basis. Through Using the client's case management registers, the facility can identify those who have missed or observed their clinical schedule/visit in the month and activate appropriate follow-up actions in a timely manner considered in such cases. During the reporting period 74 peer mentors in Kilifi and 38 in Kwale were deployed to work in health facilities to help in providing intensified client follow ups at the house hold level.

Pre-emptive defaulter tracking/prevention: In Kwale County, the PEs has initiated a close monitoring follow-up concept where clients known to default are called in advance to check on them and remind them of their next appointment. This has worked very well in Kwale and Kinango hospital. Out of 87 who

were called before missing 85 did not miss appointments which is why we intend to maximize on this going forward.

Table 2: Appointment keeping, defaulter tracing, numbers followed up, outcomes.

Appointment keeping, defaulter tracing and follow up January to March 2019						
County	**Total missed appointments**	**Traced/returned to care**	**Success rate in tracing back**	**Deaths**	**Transfer out**	**Still on follow up**
Kilifi	2959	2410	81.5%	55	151	438
Kwale	431	343	79.5	17	46	88
Lamu	140	103	73%	2	1	29
Mombasa	896	616	68.8%	27	202	51
Taita Taveta	158	118	74.7%	11	53	46
Afya Pwani	**4584**	**3590**	**78.3%**	**112**	**453**	**652**

Deaths audit

In Mombasa County, 23 (14M, 9F) deaths from 10 facilities[40] have been audited, in Kilifi 24 (M-8, F-16) from six facilities[41] and 11 from five facilities[42] in Taita Taveta County. In Lamu County, two deaths were reported at Lamu County Hospital and Mpeketoni Sub County Hospital. The cause of death at Lamu County hospital was TB meningitis while the cause of death at Mpeketoni Sub County Hospital was Cancer stage 4. Seventeen (17) deaths reported in Kwale County from five facilities namely Kinondo, Lungalunga, Kikoneni, Vitsangalaweni and Msambweni.

From the audits of 97 deaths done across the five counties in the period, TB, Meningitis of all causes, diarrheal illness and various cancers accounted for majority of the deaths. The project will build the capacity of health care providers to manage these illnesses and make appropriate timely referrals to reduce mortality and morbidity among PLHIV.

[40] Kisauni Dispensary, Mlaleo H/C, Mikindani MCM, Likoni sub-county hospital, Shikaadabu Dispensary, Mvita H/C, Tudor SCH, Port Reitz SCH, Chaani H/C and Magongo Health Center

41 Kakuyuni Dispensary, Ganda Dispensary, Malindi, Matsangoni, KCH and Muyeye HC.

42 Moi CRH, Taveta SCH, Ndovu SCH, Bura HC and Modambogho Disp

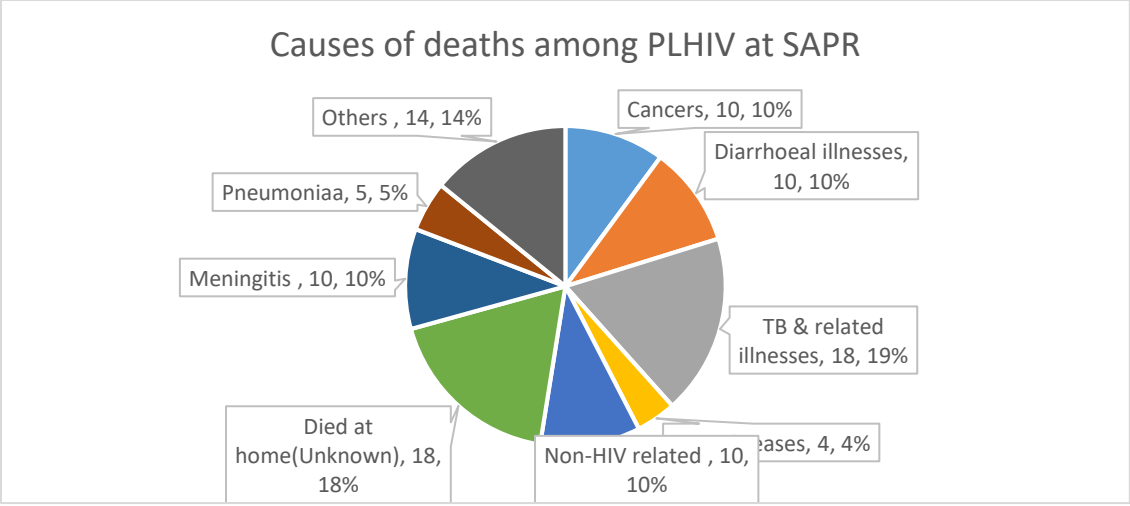


Figure 2: Causes of deaths among PLHIV

Support groups

Psychosocial support groups in Kwale County were supported in 16 health facilities[43], five facilities[44] in Taita Taveta, 25 facilities[45] in Kilifi, 15 facilities[46] in Mombasa and two (facilities Lamu County Hospital and Mpeketoni Sub County Hospital) in Lamu County.

Table 3: Support groups as at March 2019

	Number enrolled in PSSG as at Sept 2018		Number active in PSSG after 6 months (March 2019)		% retention	% retention	Number with a VL test (valid)		Number virally suppressed		% Suppression	
	M	F	M	F	M	F	M	F	M	F	M	F
Kilifi	311	1571	311	1571	100%	100%	296	1497	213	1311	72%	88%
Kwale	702	1590	670	1560	95 %	98 %	620	1525	515	1333	83%	87%
Lamu	30	49	27	47	90%	96%	27	45	25	38	93%	84%
Mombasa	867	1766	707	1430	82%	81%	668	1317	597	1228	89%	93%
Taita Taveta	66	150	64	155	97%	103%	64	154	59	146	92%	95%
Afya Pwani	**1976**	**5126**	**1811**	**4793**	**92%**	**94%**	**1089**	**3286**	**872**	**2828**	**80%**	**86%**

43 Kinondo, Msambweni, Diani, Kwale, Mkongani, Tiwi, Lungalunga, Kikoneni, Vitsangalaweni, Kinango, Samburu, Mazeras, Gombato, Mwangulu, Shimba hills and Ndavaya

44 Mwatate SCH, Eldoro Disp, Njukini HC, Bura HC and Kitobo Disp

45 Marereni, Marafa, Gongoni, Mambrui, Gede, Matsangoni, KCH, Matsangoni, Mtondia, Ngerenya, Takaungu, Ganze, Bamba, Vitengeni, Mariakani, Gotani, Jibana, Rabai, Mtwapa, Vipingo, Chasimba, Oasis, Kakuyuni, Muyeye, Malindi.

46 Kisauni, Mlaleo, Tudor, Likoni SCH, Portreitz, Railway,Chaani,Bokole,Mikindani,Magongo,Mrima,Shikadabu,CPGH,Mbuta, and Ganjoni.

Male clinics

The uptake of services among men has been low as evident by the ratio of men to women on ART which is 1:2 with several factors contributing to this including stigma, unfriendly clinic times to some working men and lack of adequate psychosocial support to men. To address the various needs and challenges faced by this cohort, *Afya Pwani* supported selected facilities[47] in Mombasa County to roll-out and scale up male clinics to target and reach more many on ART. Among the strategies to reach more many included but not limited to;

- Establishing of men only psychosocial support groups/ sessions
- Extended hours of testing and offering clinical services
- Special weekend clinics targeting men on care

A total of 239 males were served in through the male clinics between January and March. The coverage is still low and there has been deliberate action to scale up and reach more men.

In Likoni Sub County Hospital and Mrima Health Center, plans are now underway to have extended hours, up to late in the night clinics for men, at least two days of the month including a weekend.

In Kwale County eight HIV positive male champions have been strategically working closely with men to reduce stigma, improve men wellbeing and encourage more positives coming out to test and those positive living positively. They educate other men in the following facilities; Kinondo, Vitsangalaweni, Lungalunga, Kikoneni, Gombato, Kwale, Mazeras and Kinango during male clinics day.

Additionally, the male champions have been able to form eight support groups for men reaching 210 men who meet during their drugs refill days in their respective facilities. Kwale male champions have been strategically working closely with men to reduce stigma, improve men wellbeing and encourage more positives coming out to test and those positive living positively. There are plans to also involve them in the Community DSD scheduled to start with men support groups. The concept involves support groups of six men who collect drugs monthly for the whole group such that one client comes to hospital once in six months unless they have issues.

In Kilifi County, special emphasis has been made to all the facilities to be sensitive about provision of male friendly services and see to it that the male's concerns and needs are met. Sensitization was done in Gede HC and Bamba SCH, reaching 135 males.

[47] Portreitz SCH, Likoni SCH, Railways Dispensary, Chaani Dispensary, Mikindani HC, Bokole CDF and Tudor SCH

f) Differentiated care

Afya Pwani has continued to support the implementation of differentiated care service delivery to improve on the quality of care to clients in some selected supported sites to reduce the workload to the service providers and client's frequent visits to the Health facility. Over ¾ of the PLHIVs in the 5 supported counties are now on multi-months' appointment under DSD.

Table 4: Differentiated Care Service Delivery

	<12 months on ART (totals ever)			>12 months on ART (totals ever)				Cohort started on DSD Jan-Dec 2018				
	TX Curr as at March 2019	Well	Advanced	Number of PLHIV stable	Number of PLHIV unstable	Number of clients started on multi-months' prescriptions.	% of clients started on multi-months' prescriptions.	# started on multi-month drug prescriptions Jan-Dec 2018	# in the cohort still on multi-months' drug prescriptions	% retention in DSD	# in the cohort still virally suppressed	% Virally suppressed
Kilifi	12131	1361	396	7086	3288	4788	68%	4788	3435	72%	4492	93%
Kwale	7848	524	197	4190	1050	3140	75%	3140	2988	95	3055	97 %
Lamu	1166	174	65	594	327	542	91%	542	355	65 %	539	99%
Mombasa	13444	1281	193	2922	7473	2812	96%	2848	773	27%	2012	71%
Taita Taveta	4002	293	94	1989	1027	1721	86%	1721	1121	65%	1591	92%
Afya Pwani	38591	3633	945	16781	13165	13003	77.5%	13039	9486	73%	11689	90%

Community Differentiated Care Services (DSD)

Facilitator managing a session during the community DSD outpost.

Kimorigo grantee is implementing community DSD in collaboration with Mata health center reaching the Jipe community who are stretched 17 km away from the health center. Currently there are 17 clients from Jipe who are disadvantaged by the cost of Ksh 600 every clinic visit thus six clients are currently unsuppressed whom have been as well been attached to an HCW whom is facilitated once every month to offer enhanced adherence to conduct an outpost service.

Output 1.3: HIV Treatment Services

a) Linkage To ART

In the first half of FY 19, *Afya Pwani* linked to ART 3824 (89%) of the 4288 that were identified to be HIV infected, missing on 464. As shown in the charts below, Lamu County had a linkage of 117% (134/115) at SAPR, Taita Taveta 93% (319/342), Mombasa 89% (1352/1524), Kilifi 89% (1163/1302) and Kwale 88% (864/986). In quarter 2, the projects overall linkage to ART was 92% as shown in the table below with all Counties having linkage of >90% except Mombasa which had 84% (682/812).

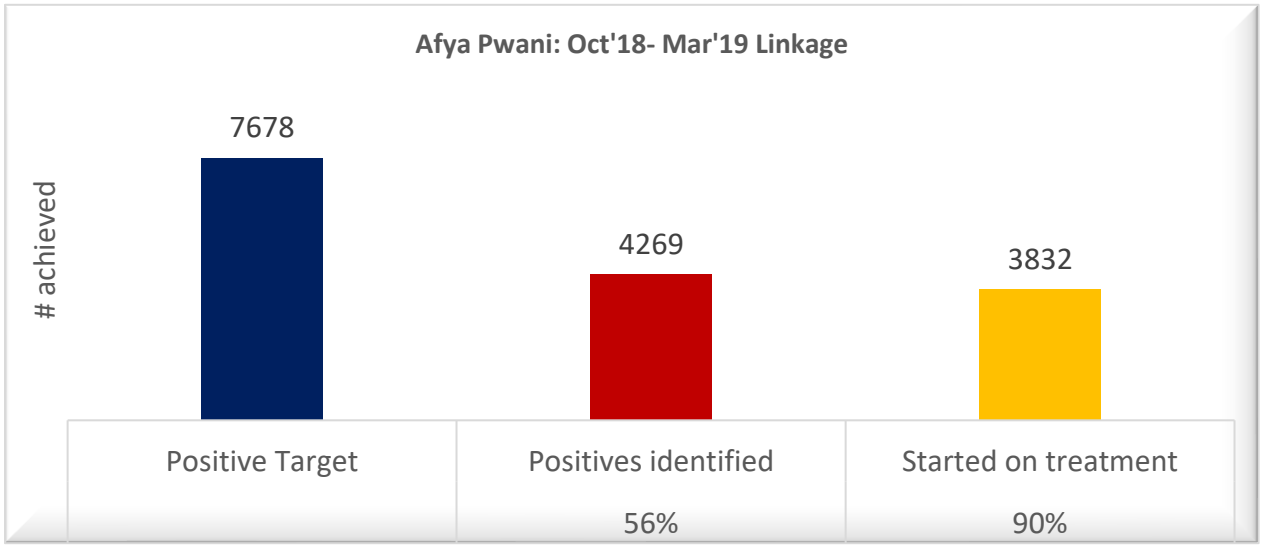


Figure 3: Summary Linkage SAPR FY19

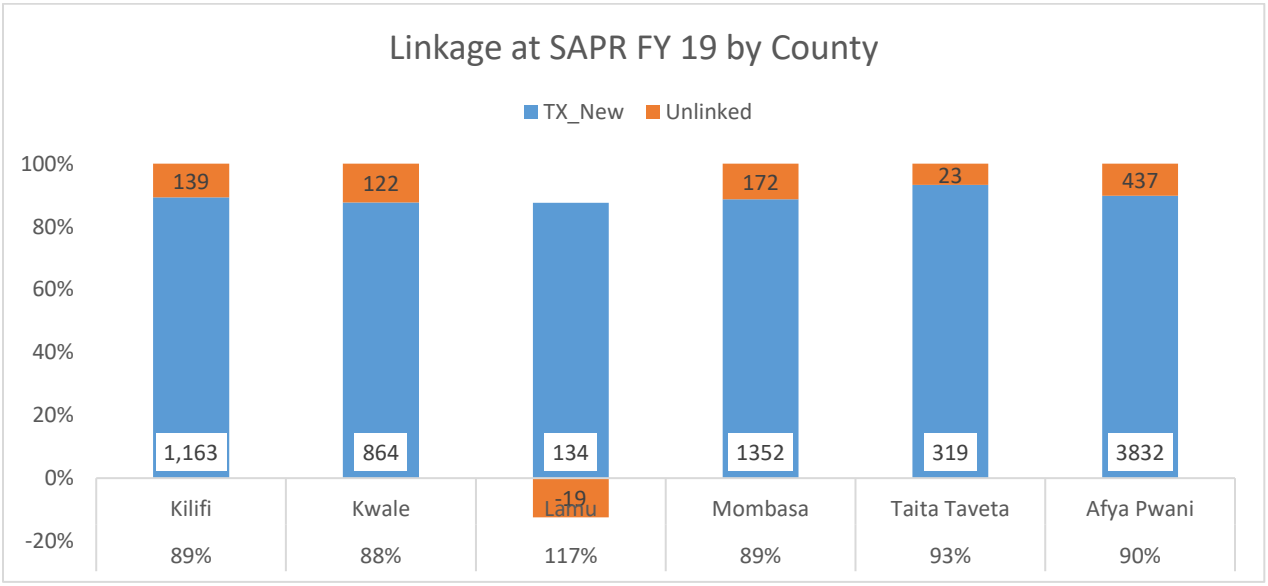


Figure 4: Linkage by County SAPR FY 19

i) Linkage in Q2

Table 5: Linkage in Quarter 2 FY 19

Linkage in Q2									
	<15			>15			Total		
	Pos	TX_NEW	% Linked	Pos	TX_NEW	% Linked	Pos	TX_NEW	% Linked
Kilifi	82	49	60%	601	570	95%	683	619	91%
Kwale	30	59	197%	427	397	93%	457	456	100%
Lamu	3	3	100%	53	74	140%	56	77	138%
Mombasa	32	25	78%	780	657	84%	812	682	84%
Taita Taveta	9	7	78%	154	147	95%	163	154	94%
Afya Pwani	156	143	92%	2015	1845	92%	2171	1988	92%

ii) Explanations for unlinked.

Table 6: Unlinked explanation <15 years Q2

UNLINKED EXPLANATIONS <15 Q2						
		Kilifi	Kwale	Lamu	Mombasa	Taita Taveta
	Pos	82	44	3	32	***9***
	TX_NEW	49	45	3	25	***7***
	Unlinked	33	+1	0	7	***2***
Identified Pos in Q1 but started ART in Q2		3	0	0	0	0
Started ART after March, 2019		5	0	0	4	1
Started ART in another site (CCC number documented)		16	0	0	0	0
Still on treatment preparation		7	0	0	0	0
Died before starting ART		0	0	0	0	1
Declined treatment		1	0	0	0	0
Other reasons (Specify)		1	0	0	3	0
No explanation yet		0	0	0	0	0

Table 7: Unlinked explanations >15 years Q2

UNLINKED EXPLANATIONS >15 Q2						
		Kilifi	Kwale	Lamu	Mombasa	Taita Taveta
>15	Pos	601	413	63	780	*154*
	TX_NEW	570	352	66	657	*147*
	unlinked	31	61	-3	123	*7*
Identified Pos in Q1 but started ART in Q2		3	19	3	0	0
Started ART after March, 2019		0	17	0	0	1
Started ART in another site (CCC number documented)		10	24	0	14	1
Still on treatment preparation		7	14	0	9	1
Died before starting ART		3	5	0	2	0
Declined treatment		2	6	0	0	3
Other reasons (Specify)		6	10	0	14	1
No explanation yet		0	4	0	84	0

iii) Strategies to improve linkage to ART

Linkage Audits in Taita Taveta County: Throughout the period, the project supported the HTS providers to conduct Linkage audits in Moi County Referral Hospital, Ndovu Health Center and Taveta Sub County Hospital to improve the proportion of newly identified positives who are started on ART. The audits were meant to discuss the unlinked client's case by case, understand their demographic and psychosocial factors that may have hindered their early initiation to treatment, assess the quality of the referral system, identify barriers to care from facility to facility or points of service delivery and discuss strategies which could be adopted to improve referral and linkage.

The major reasons that came out for non- linkage was lack of disclosure to their sexual partners and family members for fear of rejection and stigma, denial, religious beliefs and traditional beliefs, distance to the health facility. More so, the time that a service provider spent with the client after they have been tested positive and especially during posttest counselling was a contributing factor to starting ART.

Linkage desk: Community desk was set and placed outside HTS room and CCC so that linkage is instant after diagnosis and locator information taken for follow-ups. This was an initiative supported by the Sub County team and in charge courtesy of *Afya Pwani* who supported peer educators.

Community Desk Strategically placed between HTS room and CCC to facilitate linkage at Kinango SCH

Escort to CCC: Where consent is given, HIV positive clients were escorted and handed over to CCC and documented in the linkage register.

b) Quality improvement for adult treatment

Quality Improvement Initiatives: The project has continued to apply QI principles to improve service delivery by embarking on strengthening work improvement teams in high volume facilities to review their own performance using their own data, identify gaps and [48]develop interventions to address those gaps in quality of care. To this end, the project supported 20 facilities[49] to conduct regular work improvement team meetings. In Kwale, the project supported the S/CHMT and national level coaches to provide mentorship on quality improvement during planned coaching visits reaching 122 health workers (M-45, F-78) from 12 health facilities. During the mentorship and coaching visits, the issues that were addressed included concluding and documentation of the previous projects, selecting and starting off second projects for implementation.

Cascade review meetings: The project supported HIV cascades review meetings where key HIV and TB indicators were reviewed giving an overview of HIV and TB performance in the counties and Sub Counties. Among key areas discussed in the meeting include facility 90:90:90 performance, Lab commodity security, EID, viral load and Gene Xpert test uptake for the period Oct-Dec 2018.Health care providers were sensitized and encouraged to follow standard ART guideline in provision of care and treatment services to improve quality of care and treatment services to adult and children. In Mombasa, the project supported mentorship of health workers[50] (M-12, F-10) on monitoring facility treatment cascades in 13

[48] Msambweni, Kwale, Lungalunga and Kinango hospitals, Kinondo kwetu health services, Diani, Tiwi, Mkongani, Mazeras, Samburu and Kikoneni Health Center.

[49] CPGH, Tudor SCH, Portreitz SCH, Likoni SCH, Kisauni, Magongo, Mlaleo, Bamburi, Msambweni, Kwale, Lungalunga, Kinango Hospital, Kinondo kwetu health services, Diani, Tiwi, Mkongani, Mazeras, Samburu and Kikoneni Health Center

[50] Portreitz, CPGH, Likoni, Tudor, Ganjoni, Mvita, Mrima, Bamburi, Kongowea, Utange, Kisauni, Mlaleo, Magongo, Chaani, Jomvu Model, Bokole, Miritini, Mikindani, Mbuta, Shika Adabu, Likoni Catholic and Railways

Facilities.[51] Equally, Weekly dashboards were shared with the facilities to assist them monitor their treatment cascade with emphasis on the test and treat initiative. The dashboards were checked for validity, accuracy and completeness.

Capacity building among health care workers:

Mentorship and OJTs; *Afya Pwani* team continued to provide targeted technical assistance and mentorship in 100 facilities[52] reaching 267 HCWs (111M, 156F) health care workers on provision of ART services focusing on the correct regimen, monitoring for adverse effects, linkage to ART, ART Optimization, correct ART regimen and dosing for children and use of data for decision making. On the job training which involved supporting health care workers to attend to clients and conducting file reviews was done in Kilifi County to 73 (26M, 47F) service providers from 26 facilities[53], 62 (24M, 38F) in Lamu from 11 facilities[54] and 43 health facilities[55] in Taita Taveta reaching 107 (30M, 77F) health workers.

Supervision: *Afya Pwani* also conducted joint supervision with Mvita Sub County HMT in four facilities and reached 10 (4M, 6F) focusing on the 90:90:90. The project also supported joint supervision with the County and Sub County teams in Mombasa and Kwale Counties to strengthen commodity management appointment management, defaulter tracing, psychosocial support provision to PLHIV and referral for other services reaching 29 health care workers (M-13, F-16) in seven Facilities.[56]

ART trainings: After the TOT training done last quarter, the project supported Kwale, Mombasa and Taita Taveta Counties to train health workers on the 2018 ART guidelines with 233HCWs (M-102, F-131) benefiting with knowledge and skills on managing PLHIV. Reference materials including the Revised 2018 ART guidelines were provided to the participants and their facilities.

Facility based staff*:* To ensure continued provision of quality service delivery in high volume facilities with dire shortage of staff, the project continued to partner with the Counties in the deployment of facility-based staff. The following cadres of staff have been engaged: Medical Officers, Clinical Officers, Health

[51] Portreitz, CPGH, Likoni, Tudor, Ganjoni, Mvita, Mrima, Bamburi, Kongowea, Utange, Kisauni, Mlaleo, Magongo.

[52] CPGH, Ganjoni, Mvita, Railways, Bamburi, Mlaleo, Kisauni, Magongo, Portreitz, Mrima, Mwangatini,Matolani,Sabaki,Sosoni,Mambrui,Marikebuni,Marafa,Marereni,Muyeye,Kakuyuni,Baolala,Ganda,Madunguni,Gahaleni,Kakoneni,Sokoke,Mirihini,Madamani,Palakumi,Jaribuni,Gede,Takaungu,Matsangoni,,Mtondia,Ngerenya,Mijomboni, Matolani, Shakahola, Sosoni, Marikebuni, Adu, Baricho, Chakama, Garashi, Mwangatini and Ngomeni, Msambweni Hospital, Diani and Health Center, Eshu, Mbuwani, Mivumoni, Muhaka, Kinondo and Ukunda catholic dispensaries, Kinango Hospital, Mnyenzeni and Samburu Health Centers, Bofu, Kibandaongo, Kilibasi, Nyango, Lutsangani, Mwanda, Vigurungani, Makamini, Mkang'ombe, Mtaa, Mwabila, Mwachinga, Mazeras, Ndavaya, Taru, Vigurungani and Mackinon Road Dispensaries, Lungalunga Hospital, Kikoneni, Vanga Health Centers, Godo, Mrima, Kikoneni, Kilimangodo, Mamba, Mwangulu, Ngathini, Vitsangalaweni. Kwale hospital, Shimba hills, Tiwi and Mkongani Health Centers, Kiteje, Kizibe, Ng'ombeni, Matuga, Mazumalume, Msulwa, Mwaluphamba, Magodzoni, Vyongwani and Waa dispensaries

[53] Mwangatini, Matolani, Sabaki, Sosoni, Mambrui, Marikebuni, Marafa, Marereni, Muyeye, Kakuyuni, Baolala, Ganda, Madunguni, Gahaleni, Kakoneni, Sokoke, Mirihini, Madamani, Palakumi, Jaribuni, Gede, Takaungu, Matsangoni, Mtondia, Ngerenya, Mijomboni.

[54] Faza Health Center, Kizingitini Dispensary, Shella Dispensary, Lamu Hospital, Mokowe Health Center, Hindi Dispensary, Mapenya Dispensary, Muhamarani Dispensary, Hongwe Catholic Dispensary, Mpeketoni Hospital and Witu Health Center

[55] Taveta SCH, Moi CRH, Wundanyi SCH, Mwatate SCH, Ndovu HC, Maktau HC, Bura HC, Mpizinyi HC, Shelemba Disp, Msau Disp, Kwamnengwa Disp, Mwashuma Disp, Saghaighu Disp, Modambogho Disp, Shelemba Disp, Msau Disp, Kighombo Disp, Mwambirwa SCH, Challa Disp, Njukini HC, Mahandakini Disp, Chumvini Disp, Rekeke HC, Mata Disp, Ndilidau Disp, Kitobo Disp, Kimorigo Disp, Eldoro Disp, Kiwalwa Disp, Maungu Model HC, Ndome Disp, Ghazi Disp, Kasigau HC, Buguta HC, Marungu HC, Sagalla HC, Tausa HC, Nyache HC, Mbale HC, Mgange Nyika HC, Mgange Dawida HC, Werugha HC, Wesu SCH.

[56] Portreitz, CPGH, Likoni, Kwale hospital, Shimba hills, Tiwi and Kinondo Kwetu.

Record Information Officers (HRIOs), Laboratory Technologist, Pharmaceutical Technologist, Nutritionists, and Adherence Counsellors.

To ensure that clients do not miss services, *Afya Pwani* supported Magarini Sub County with roving clinicians to offer clinical services, mentorship and OJT to service providers who did not have experience in management of HIV clients. The facilities supported are Matolani, Shakahola, Sosoni, Marikebuni, Adu, Baricho, Chakama, Garashi, Mwangatini and Ngomeni.

c) Treatment for children

Afya Pwani adopted a case management approach to customize care per each child's needs. Special pediatric ART clinic days were supported in 8 facilities[57] in Mombasa County. HCWs in CPGH have been providing appointments for children in boarding schools that coincides with school holidays and are supplied with enough medication to cover the term.

The project team supported on the job training and mentorship in Mombasa and Lamu Counties reaching 70 (27M,43F) health workers on pediatric treatment with focus on the correct regimen, dosing and adherence support for children. The project also printed and distributed job aids to the health facilities that enabled the service providers to have reference for the dosing according to weight and age of the children. Additionally, the project supported two pediatric ART trainings in Kwale where 106 (43M, 63F) health workers were equipped with skills to manage CLHIV. In Kilifi and Lamu counties refreshers trainings on pediatric ART guidelines reached 107 (30M, 77F) health workers. Thirty-five 35 service providers were taken through drug management of children and adolescents during joint CMEs on the management of unsuppressed clients that targeted small volume facilities and newly recruited service providers. This was geared towards impacting skills and knowledge to the health care providers as it was observed that under dosing and wrong regimen given to the children was one of the reasons for non-suppression.

d) Key populations

Afya Pwani has provided ART services to key populations who attend CCC in supported facilities. Three facilities (Kisauni Health Center, Shika Adabu Dispensary and Portreitz County Hospital) in Mombasa conducted support group sessions for key populations living with HIV. Through the support of *Afya Pwani*, facility based CHVs and HTS service providers facilitated such sessions, sharing experiences and guiding the participants in PHPD sessions. Self-risk assessment and sensitization on HIV and AIDS prevention strategies was conducted. The facilitator unpacked ART as a long-life management of the HIV as well as understanding viral suppression. It was emphasized that adherence is a necessity of achieving viral load suppression. The facilitator also discussed challenges leading to poor adherence and how one can overcome them.

In Kilifi County, the project provided technical support to facilities providing ART to people who inject drugs living with HIV in Malindi to increase their access and utilization of quality HIV services. Through peer educators, 27(13M, 14F) PWID who had defaulted were brought back to HIV care services in the quarter. Additionally, 41 PWUDs were reached with HIV related HIV related stigma, discrimination and

[57] CPGH, Chaani Disp, Kisauni H/C, Mikindani H/C, Likoni SCH and Tudor, Port Reitz, Kongowea.

SGBV messages during a one-day sensitization meeting conducted during the reporting period. The Omari project, an *Afya Pwani* grantee conducted three support groups in the three facilities (Muyeye, Malindi Hospital, and Kakuyuni) of 20 recovering PWID each, to continue empowering members on adherence to ART. New support groups will be formed due to the growing demand to have more PWIDs in the support groups.

e) ART Optimization

Afya Pwani supported facilities in all the five Counties to conduct the nationwide ART optimization exercise. Line listing of all eligible clients was done and those who needed VL tests to be done before a decision to transition was made had their sample s taken. By the end of March 2019, 28,369 (83%) of the 34,257 eligible clients had been transitioned to optimized regimens. Most of those remaining were waiting VL results or had adherence issues which the project was addressing.

Table 8 :Optimization as at end of March 2019

OPTIMIZATION REPORT				
County	**TX_CURR Dec 2018**	**# eligible for transitioning**	**# transitioned**	**% transitioned**
Mombasa	17936	13452	11029	82%
Kilifi	13045	9246	7796	84%
Kwale	8748	6929	5663	81%
Lamu	1396	1166	962	83%
Taita Taveta	3767	3464	2919	84%
Total	**44892**	**34257**	**28369**	**82.8%**

f) Strengthened laboratory services

Laboratory networking: During the reporting period, clients who were supposed to be transitioned to DTG/TLE had to have a Viral Load of not less than six months before they switch to these regimens. Laboratory Technologists, clinicians and nurses were supported to recall the clients who were eligible for transitioning to do the VL tests. The project supported roving laboratory technologist to not only collect sample but also do OJT in facilities where the service providers lacked the skills to do so. Laboratory networking by motor riders was streamlined with the new collection hubs that were set up. Sample remapping for Kwale route was done to improve efficiency and cut down cost. The project also strengthened laboratory sample networks by flagging out rejected samples and following up with facilities to collect new samples, while at the same time putting corrective measures in place including mentorship on proper specimen collection, labeling and proper transporting conditions at Gede HC, Mtwapa Dispensary, Muyeye Dispensary and Jibana HC.

Mentorship: To strengthen quality of lab services *Afya Pwani* supported Kilifi Sub County Lab Managers and Coordinators to offer mentorship to service providers on safe collection and transportation of Viral Load samples to 39 health facilities[58] reaching 73 (15M, 29F) service providers. To improve on TAT for tests, the project conducted mentorship on sample remote logging at Malindi SCH, Kilifi CRH, Mariakani SCH, Msambweni SCH, Diani hospital, Kinango SCH, Moi Voi CRH and Taveta SCH. The project also conducted mentorship on Quality management systems at CPGH laboratory geared towards ISO 15189 accreditation. Similarly, the project conducted Laboratory Mentorship on continuous quality improvement (CQI), Laboratory Biosafety, Test SOPs, Test interruptions, Waste management, Injection Safety, Blood safety and appropriate filling of viral load forms in the following facilities; Likoni SCH, Ganjoni HC, Port Reitz and Miritini HC (M-8, F-3).

Laboratory staff: The project also continued to support three lab technologists (2 in CPGH and 1 in Kilifi County Referral Hospital) to support collect VL and EID samples for PLHIV thus reducing the waiting time and missed opportunities for Viral Load testing as the client receives phlebotomy services in the same department. Through a Motor rider, all the project supported facilities can harvest, prepare and dispatch Viral Load, Gene Xpert, CD4, EID for PCR specimen to the testing Laboratories on time.

Lab Coordinators Meetings: The project supported quarterly Sub County Lab Coordinators meeting which was attended by Lab Coordinators from 7 facilities (Lamu County Hospital, Mpeketoni Sub County Hospital, Hindi Dispensary, Mokowe Dispensary, Pablohortsman Health Center, Witu health Center, Faza Sub County Hospital. Key areas addressed in this meeting included: RTK and DBS paper security, Sample collection and Lab networking, viral load uptake, EID/ Gene Xpert uptake and utilization, Discussion on the 90 90 90 with emphasis on the Third 90.The project offered support to CMLT, SCMLT and Lab managers from high volume facilities to meet to discuss on scaling up use of Duo test kits & Self-test kits, scaling up of gene Xpert utilization, review allocation & redistribution of HIV test kits, budgeting of Lab reagents. Additionally, the project has continued to support Sub County Laboratory and HIV Program Officers (SCMLTS & SCASCOS) with monthly airtime that they use to send online reports for accurate and timely reporting on the National program platforms of HCMP/DHIS2.

Afya Pwani supported Lamu County Hospital with a Printer and printing papers to facilitate printing of Viral load and EID results. Printing of results at the County Hospital has reduce Turnaround time of Viral load and EID results from 1 month to 2 weeks.

CPGH Molecular Lab: The project continued supporting the staffing and logistics of the molecular lab at CPGH to provide quality EID and VL tests to clients in the coast region. In the concluded quarter, 2583 EID and 24812 VL tests were done as shown in the below two tables.

[58]Cowdray, Gede, Kadzinuni, Kilifi Hospital, Matsangoni, Mijomboni, Mnarani, Mtondia, Ngerenya, Roka Maweni, Takaungu, Bomani, Chasimba, Junju, Kizingo, Msumarini, Mtepeni, Mtwapa, Oasis Medical Center, Pingilikani, Rea Vipingo, St. Teresa's, Adu, Baricho, Chakama, Dagamra, Danisa, Garashi, Gongoni, Mambrui, Marafa, Marereni, Marikebuni, Matolani, Mwangatini, Ngomeni, Sabaki & Sosoni

Table 9: EID tests done at CPGH Lab Jan-Mar 2019

EID TESTS DONE JAN-MAR 2019							
Month	**Total Samples Received**	**Rejected Samples**	**Tested Samples**	**Valid Pos/Neg Results**	**Positive**	**Valid Negative Results**	**Failed Samples/Results**
January	970	0	1141	1137	28	1109	0
February	697	0	622	622	29	593	0
March	718	0	820	820	25	795	0
Total	2385	0	2583	2579	82	2497	0

Viral load tests done during the Quarter:

Table 10: VL tests done at CPGH Lab Jan-Mar 2019

Month	**Received Samples**	**Rejected Samples**	**Non-suppressed**	**Virally Suppressed**	**Repeats**	**Total Tests Done**
January	8136	0	755	5116	136	6008
February	9208	1	1371	7318	135	8763
March	10213	5	1424	8467	237	10041
Total	**27557**	**6**	**3550**	**20901**	**508**	**24812**

g) Viral Load Monitoring

i) VL uptake.

The VL uptake for the project in the last 12 months was 44,790 out of the currently on ART of 50217 (89%) and 37,686 of them were virally suppressed (84%) as shown in the chart below.

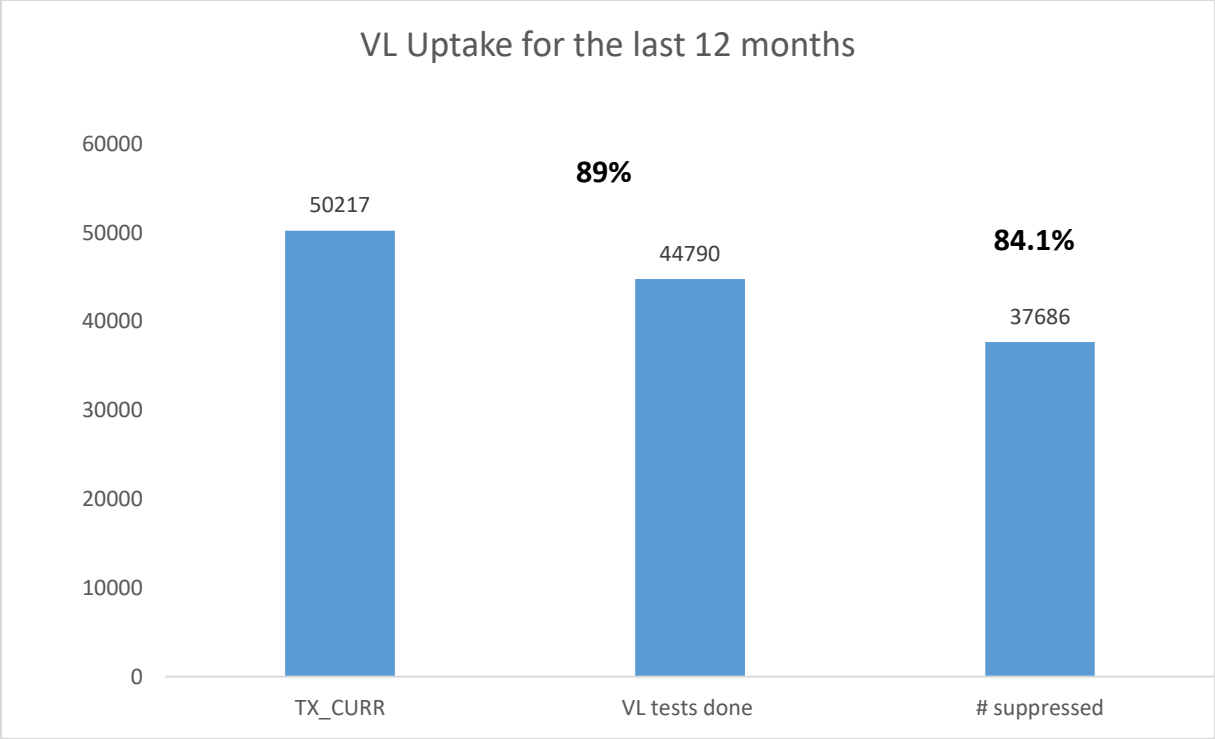


Figure 5: VL uptake and suppression for the last 12 months

The VL uptake for the previous 12 months for Kilifi was 91%, Kwale 79%, Mombasa 97%, Taita Taveta 77% and Lamu 79% as shown in the table below.

Table 11: VL Uptake per county in the previous 12 months

VL UPTAKE PER COUNTY IN THE PREVIOUS 12 MONTHS					
	TX_CURR	**VL tests done**	**% uptake**	**# suppressed**	**% Suppression**
Kilifi	16932	15341	91%	12724	83%
Kwale	8748	6936	79%	5674	82%
Lamu	1459	1151	79%	976	85%
Mombasa	18108	17539	97%	15057	86%
Taita Taveta	4970	3823	77%	3255	85%
Afya Pwani	50217	44790	89%	37686	84%

To improve VL uptake across the Counties, *Afya Pwani* has significantly improved the efficiency of lab networking, ensuring that samples reach the testing lab on time. Nonetheless, more efforts and system strengthening are ongoing to improve the turnaround time which is currently more than 10 days in far to

reach area like Kwale and Lamu counties. In Mombasa County, the project supported development of a system for identifying clients who are eligible for Viral Load through electronic reminders in the I.Q care. In facilities like Portreitz, Bokole, Magongo, Ganjoni this has yielded significant improvements in the uptake of viral load with more than 95% of Viral Load Uptake.

Health care workers in the five supported Counties have been sensitized on the need for treatment monitoring for PLHIV on ART. As such, the alertness in identifying clients due has increased. None the less, the project supported Mentorship on safe collection and transportation of Viral Load samples to 15 (M-7, F-8) health care workers from nine facilities[59] in Mombasa and 62 health care workers (M-24, F-38) from 11 facilities [60] in Lamu County. In Taita Taveta the project supported four Sub County Medical Laboratory Technologists with transport and lunch allowance to conduct laboratory services supervision in 43 health facilities[61] focusing on Viral uptake while in Kwale the project supported 66 facilities[62] in identifying eligible clients by line listing, providing airtime for tracing clients to access viral load test.

The project also supported CHVs and Health care workers to offer psychosocial support to virally unsuppressed clients through a prescribed minimum package of PHDP to reduce stigma, encourage appropriate disclosure, adherence to treatment in six facilities[63] in Mombasa and two facilities [64] in Lamu. In these sessions, clients are taken through enhanced adherence counselling while assessing the possible barriers to adherence and review psychological, emotional, and socio-economic factors that may have contributed to poor adherence. The support group sessions are conducted on the same day as the clients' clinic day to encourage attendance of both the sessions appointments.

ii) Viral Load Suppression

The suppression for the project for VL tests done in the previous 12 months is 84.1%, for Kilifi is 82.9%, Kwale 81.8%, Lamu 84.4%, Mombasa 85.7% and Taita Taveta 85.1%.

The viral load suppression among males and females is comparable in all the five supported counties as shown in the below table.

[59] Magongo, Utange, Bamburi, Kisauni, Likoni Catholic, Mrima, Shika Adabu, CPGH, Ganjoni,

[60] Faza Health Center, Kizingitini Dispensary, Shella Dispensary, Lamu Hospital, Mokowe Health Center, Hindi Dispensary, Mapenya Dispensary, Muhamarani Dispensary, Hongwe Catholic Dispensary, Mpeketoni Hospital and Witu Health Center

[61] Taveta SCH, Moi CRH, Wundanyi SCH, Mwatate SCH, Ndovu HC, Maktau HC, Bura HC, Mpizinyi HC, Shelemba Disp, Msau Disp, Kwamnengwa Disp, Mwashuma Disp, Saghaighu Disp, Modambogho Disp, Shelemba Disp, Msau Disp, Kighombo Disp, Mwambirwa SCH, Challa Disp, Njukini HC, Mahandakini Disp, Chumvini Disp, Rekeke HC, Mata Disp, Ndilidau Disp, Kitobo Disp, Kimorigo Disp, Eldoro Disp, Kiwalwa Disp, Maungu Model HC, Ndome Disp, Ghazi Disp, Kasigau HC, Buguta HC, Marungu HC, Sagalla HC, Tausa HC, Nyache HC, Mbale HC, Mgange Nyika HC, Mgange Dawida HC, Werugha HC, Wesu SCH

.

[63] Port Reitz, Mikindani, Bamburi, Ganjoni, Tudor, Kisauni

[64] Lamu County Hospital, Mpeketoni Sub County Hospital.

Table 12: VL suppression by Gender and County

VL SUPPRESSION BY GENDER AND COUNTY FOR PREVIOUS 12 MONTHS						
	# Suppressed		Tests done		% Suppression	
County	Females	Males	Females	Males	Females	Males
Kilifi	9,253	3,471	11,048	4,293	84%	81%
Kwale	4,249	1,425	5,181	1,755	82%	81%
Lamu	667	309	783	368	85%	84%
Mombasa	10,395	4,662	12,009	5,530	87%	84%
Taita Taveta	2,318	937	2,696	1,127	86%	83%
Afya Pwani	26,882	10,804	31,717	13,073	85%	83%

In the previous 12 months, the highest VL suppression was among the older age groups >50 years at 90% while early adolescents (10-14 Yrs.) had the lowest suppression rate. This can be attributed the challenges of self-awareness and acceptance, lack of proper disclosure of HIV status to these children by care givers and general changes occurring at this stage of life.

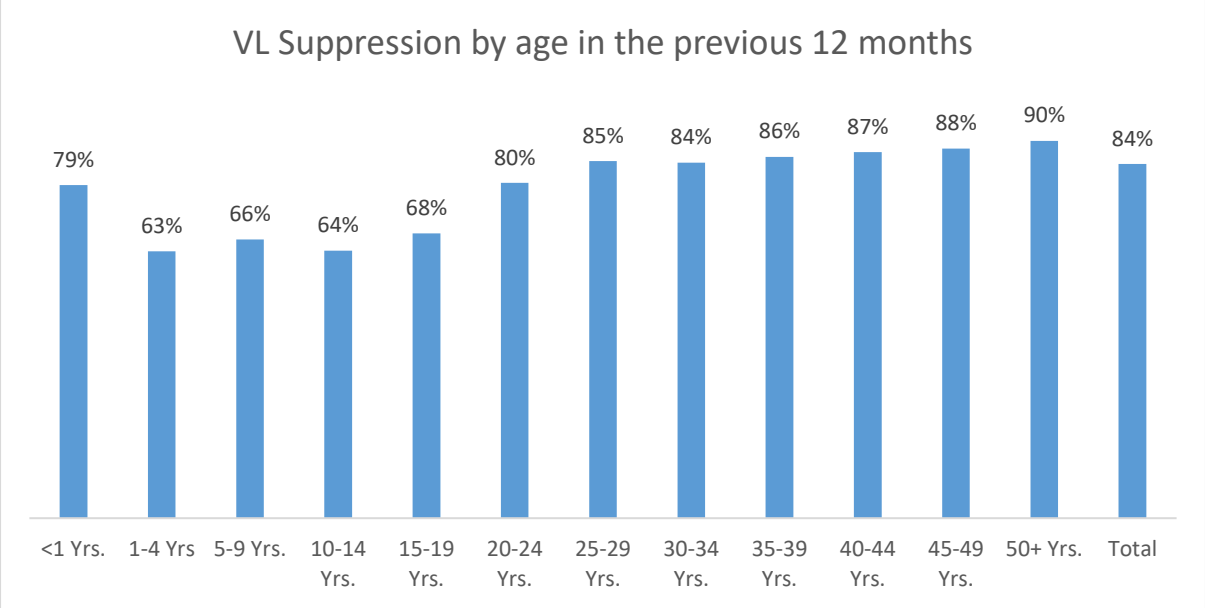


Figure 6 VL suppression in the previous 12 months by age

Managing unsuppressed PLHIV: The project has used a mixed of strategies to manage unsuppressed clients to address the issues that lead to their non-suppression.

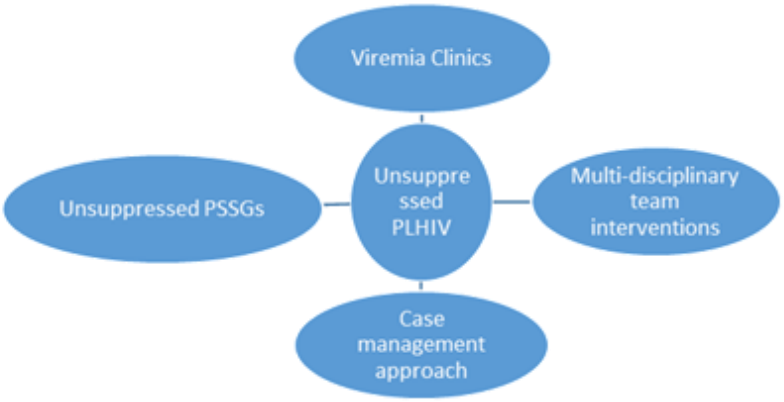


Figure 7

MDT meetings: The projected has also continued to support the strengthening of facility-based MDTs this quarter for discussion and managing unsuppressed/complicated cases in the respective facilities. 40 facilities[65] were supported with monthly MDT meetings, in these meetings, complex and unsuppressed clients were discussed, and appropriate interventions suggested including switching to 2nd line medication and drug dosage adjustments. From these discussions, a myriad of challenges emerges that act as hindrance to adherence and health workers in collaboration with the peer educators conduct home visits where necessary to assess the factors at household levels. Among the 3506 clients that were not suppressed in the Oct-Dec period, 668 of them were discussed in MDTs and 351 (67%) of them were virally suppressed after 3 months of confirmed excellent adherence.

Table 13: Clients discussed in MDTs with repeat VL

CLIENTS DISCUSSED IN MDTS					
County	**# of unsuppressed clients (Oct-Dec 2018)**	**# in the cohort discussed in MDT**	**# in the cohort with repeat VL**	**# in the cohort virally suppressed**	**% suppressed**
Mombasa	1031	206	157	93	59%
Kilifi	973	243	202	154	76%
Lamu	61	45	48	23	48%
Kwale	1288	105	93	72	77%
Taita Taveta	153	69	25	9	36%
Afya Pwani	3506	668	498	351	67%

[65] CPGH, Likoni, Tudor, Chaani Disp, Kisauni Kilifi Hospital, Portreitz, Mikindani, Bamburi, Ganjoni Malindi Hospital, Mariakani Hospital, Mtwapa, Muyeye, Vipingo, Gede, Baolala, Kakoneni, Jilore, Ganda ,Madunguni, Kakuyuni, Muyeye and Gahaleni, Lamu County Hospital, Mpeketoni Sub County Hospital, Witu Health Center, Hindi Dispensary, Mokowe Dispensary, Pablohortsman Health Center , Msambweni Hospital, Diani and Health Center, Eshu, Mbuwani, Mivumoni, Muhaka, Kinondo and Ukunda Catholic dispensaries, Kinango Hospital, Mnyenzeni and Samburu Health Centers, Bofu,

Case Management: The project has continued to provide technical assistance to facilities on the case management for unsuppressed clients where case managers are assigned to clients for closer follow up and support.

Viremia Clinics: *Afya Pwani* has continued to support the establishment of viremia clinics to provide customized care to unsuppressed PLHIV which are closely linked to support groups for the unsuppressed. In the quarter, 69 clinics were functional spread as follows: 19 facilities[66] in Mombasa, 15 facilities[67] in Kilifi, 11 facilities[68] in Kwale, 18 facilities[69] Taita Taveta and six clinics[70] in Lamu County. Among the 3,506 clients that were unsuppressed in the Oct-Dec 2018 reporting period, 1,844 of them were served in viremia clinics with 732 of them becoming suppressed after three months of enhanced adherence.

Table 14: Viremia Clinics

CLIENTS SERVED IN VIREMIA CLINICS						
County	**# of unsuppressed clients (Oct-Dec 2018)**	**# of clients in the cohort enrolled in viremia clinics**	**# in the cohort with at least 3 enhanced adherence sessions**	**# in the cohort with repeat VL**	**# of clients in the cohort suppressed**	**% suppressed**
Mombasa	1031	343	205	227	192	85%
Kilifi	973	809	683	540	401	74%
Lamu	61	61	50	47	23	49%
Kwale	1288	478	331	124	108	87%
Taita Taveta	153	153	51	24	8	33%
Afya Pwani	3506	1844	1320	962	732	76%

Non-suppressed PLHIV Register: *Afya Pwani* continues to strengthen the use of the non-suppressed PLHIV register as a tool to guide the management of unsuppressed clients. All unsuppressed viral load results received in the facility are entered in the said register for easy follow up, the clients are then followed up

[66] Bamburi Dispensary, Coast Provincial General Hospital (PGH), Jomvu Model Health Center, Kisauni Dispensary, Kongowea Health Center, Likoni SCH, Magongo (MCM) Dispensary, Mikindani (MCM) Health Center, Mlaleo Health Center (MOH), Port Reitz SCH, Shika Adabu Dispensary, Tudor SCH, Bokole Dispensary (CDF), Chaani (MCM) Dispensary, Ganjoni, Likoni Catholic Clinic, Miritini Dispensary (CDF) and Mvita Dispensary

[67] Bamba SCH, Ganze H/C, Mariakani, Gede H/C, Kilifi CH, Matsangoni H/C, Chasimba H/C, Mtwapa H/C, Oasis Medical Center, Gongoni H/C, Marafa H/C, Marereni H/C, Malindi SCH, Muyeye H/C and Rabai H/C.

[68] Msambweni CRH, Kwale SCH, Tiwi RHTC, Diani H/C, Mkongani H/C, Kinango SCH, Mazeras Disp, Vitsangalaweni Disp, Lungalunga SCH, Kikoneni H/C and Kinondo Kwetu.

[69] Bura Ngambwa Health Center, Mwatate SCH, Challa Dispensary, Eldoro Dispensary, Kitobo Dispensary, Mata Dispensary, Ndilidau Dispensary, Njukini Health Center, Rekeke Health Center, Taveta SCH, Buguta Dispensary, Kasigau RDCH, Marungu Dispensary, Moi Voi County Hospital, Ndovu Health Center, Mbale Health Center, Wesu SCH and Wundanyi SCH

[70] Lamu County Hospital, Mpeketoni Sub County Hospital, Pablohortsman Health Center, Hindi Dispensary, Faza Health Center and Witu Health Center

through phone calls and informed of their results as well other services such as being discussed in the facility MDT, home visits, unsuppressed support groups as mentioned above are also offered.

Adherence counselors: The project also continued to support adherence counselors at high volume facilities, who were sensitized on enhanced adherence counselling for patients with suspected or confirmed treatment failure. With support from the clinicians, they discuss with the clients their viral load result; assess for possible barriers to adherence (behavioral, emotional, socio-economical barriers) and develop an adherence plan with the client. In addition, the adherence counselors have also been guided to ensure that they provide adequate treatment preparation counseling before any client is enrolled into HIV care and treatment services.

Non-suppressed PLHIV support groups: The project has offered peer support to 1640 of the 3506 clients that were unsuppressed in Oct-Dec 2018 period, 1151 of them attended at least 3 support group meetings, 471 had a repeat VL with 77% (362) of them being virally suppressed as shown in the table below.

Table 15: Unsuppressed PLHIV Support Groups

CLIENTS SUPPORTED IN UNSUPPRESSED PLHIV PSSGS						
County	**# of unsuppressed clients (Oct-Dec 2018)**	**# of clients in the cohort enrolled in unsuppressed PLHIV support groups**	**# in the cohort who attended at least 3 unsuppressed PLHIV support group meetings**	**# in the cohort with repeat VL**	**# of clients in the cohort suppressed.**	**% suppressed**
Mombasa	1031	454	319	117	99	85%
Kilifi	973	595	433	173	122	71%
Lamu	61	60	50	47	23	49%
Kwale	1288	478	331	124	108	87%
Taita Taveta	153	53	18	10	10	100%
Afya Pwani	3506	1640	1151	471	362	77%

Lessons learnt

1. Retention and prevention of defaulting can be improved by contacting those known to be consistent defaulters.
2. Regular lab mentorship has reduced the rejection rates of samples from the facilities
3. Supporting commodity reporting has greatly contributed to the improvement of commodity supply in the facilities

4. Mentorship on proper filling of forms and active follow up of missing data at the Coast General Laboratory reception has ensured all patients information is captured in the system thereby reducing the results with missing information.

5. Sample transport remote logging helps reduce specimen processing time and turnaround time (TAT)

6. Continuous OJT and mentorship, regular support supervision plays an important role in improving quality of HIV services offered in facilities

7. MDTs and CMEs are effective ways of building capacity of service providers on areas where they may be deficient in management of complex HIV Clients.

Challenges

Challenges	***How you overcame them***
Due to sudden surge in viral load and EID samples at CPGH molecular lab sample turnaround time (TAT) increased to 15 days in the month of March.	Intensified sample remote logging at 24 sites. The Laboratory staff put in more hours to have the machines do more runs hence processing more samples.
Human resource shortage (Clinicians, Nurses, Laboratory Technologists, Pharmaceutical technologists) have challenged the Quality of Care clients are getting	The project is in the process of hiring more facility-based staff.
Physical infrastructure (space for Clinics) in some facilities a hindrance to Quality Service provision. Some Clinics are congested and lack proper ventilation.	Continued lobbying for infrastructure development with the counties. Tents have been supplied by the project in some facilities which were severely hit.
Poor documentation processes on Differentiated Care, Client files and Commodity records due to competing tasks by few service providers in the supported sites.	Continued mentorship to health care providers and provision of necessary tools.
Inconsistent defaulter tracing activities due to inadequate support in Lamu	Lobby health care workers to make use of available resources at the facilities i.e. CHVs and facility airtime to facilitate defaulter tracing.

Output 1.4: HIV Prevention and HIV Testing and Counseling

a) Prevention

Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis

As at the end of the reporting period, there were 370 clients who were currently on PrEP in the five supported Counties with 92 having started PrEP in the Jan-March period. The project has worked with facilities to increase the awareness of communities on the availability of PrEP and PEP services in the facilities through health talks done at the facility waiting areas and one on one to discordant couples, survivors of sexual violence and clients who are at risk of HIV exposure.

To improve the capacity of health care providers to provide PrEP and PEP services to the community of Mtwapa town which has a higher population of FSW, PWID and MSM who are at increased persistent risk for HIV exposure, *Afya Pwani* conducted a CME at Mtwapa Health Center reaching 20 (12F,8M) service providers with knowledge on why PrEP, the regimen and considerations to be taken while giving PrEP as a combination prevention strategy.

b) HIV Testing and Counseling

i) HTS Performance

The project has continued to accelerate efforts towards achieving the 95:95:95 UNAIDS targets by investing in testing strategies with high yields like PNS, testing in TB clinics, family testing and using screening tools to identify those most at risk of HIV infection. As at SAPR, *Afya Pwani* had offered HIV testing services to 250,690 clients out of an annual target of 275,077, being 91% of the target and identified 4,269 positives out of a target of 7678 (56%) and linked 3,832 (90%) to ART.

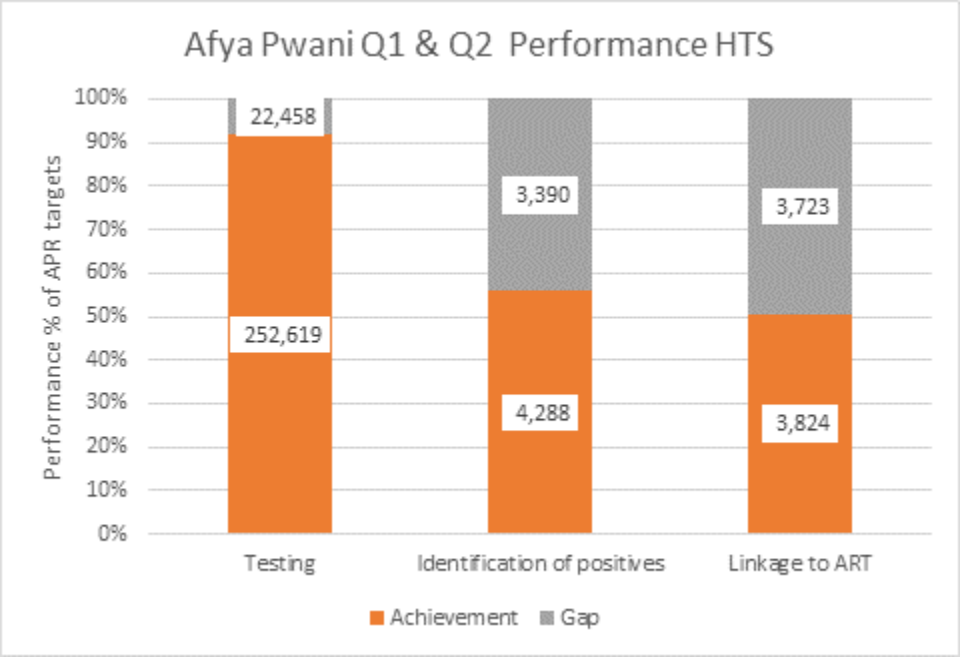


Figure 8: *Afya Pwani* SAPR Performance HTS

ii) HTS performance by County

All *Afya Pwani* supported Counties achieved their half year HTS targets with Lamu reaching 298% (11,790 /3,959), Kilifi 206% (87,781/42563), Taita Taveta 109% (23,253/21,302), Kwale 73% (60,339/82,278) and Mombasa 54% (67,527/124,975).

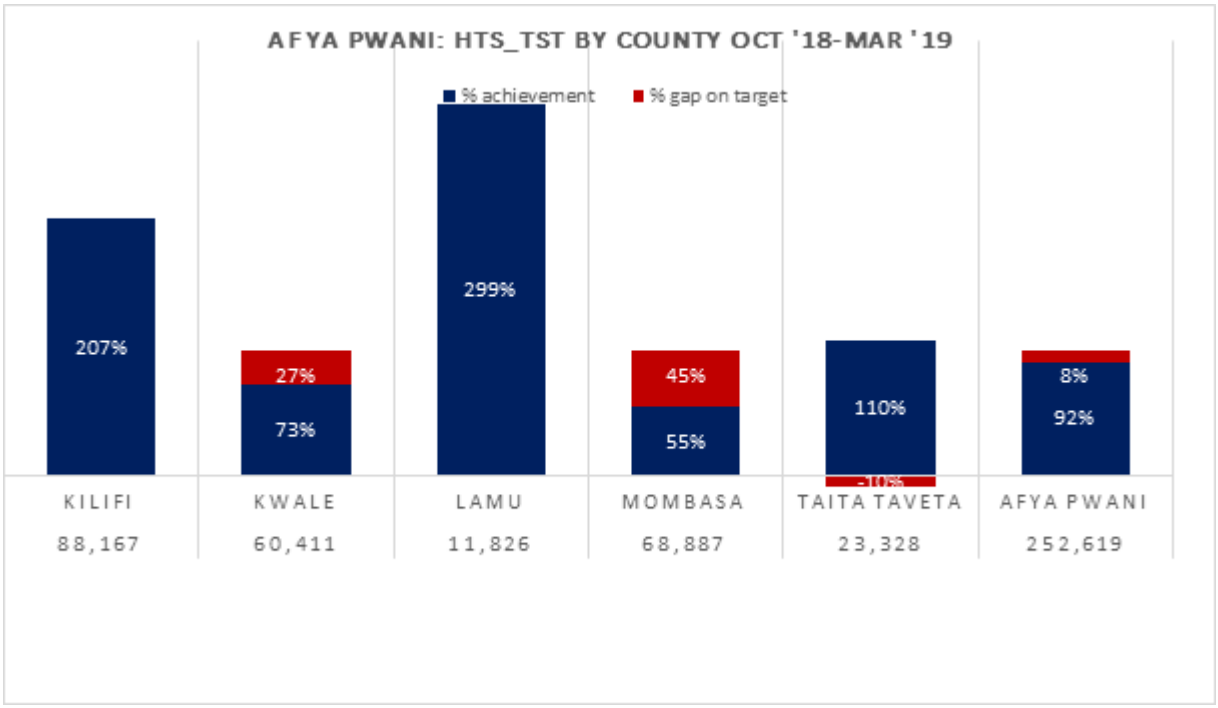


Figure 9: HTS performance by County

iii) Identification of positives by County

As earlier stated, *Afya Pwani* achieved identified 4,288 positives in the half year out of an annual target of 7,678, which is 56% of the APR target. Kilifi, Taita Taveta and Lamu achieved their identification target for the half year at 95% (1305/1367), 60% (346/575) and 158% (125/79) respectively. Mombasa achieved 45% (1526/3381) while Kwale achieved 43% (986/2276). In quarter 3 and 4, applying the "SURGE" strategy, the project will prioritize Mombasa and Kwale counties to accelerate efforts towards achievement of identification targets by adding more HTS providers and optimizing the uptake PNS in high yielding sites.

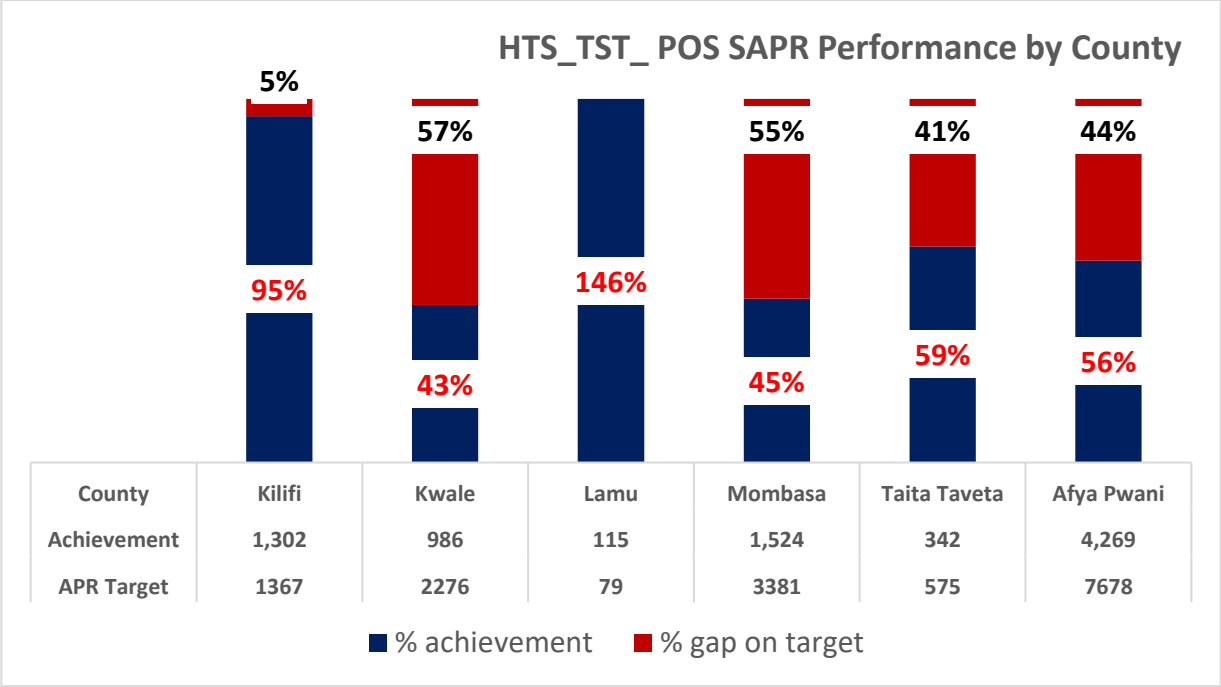


Figure 10: Identification of Positives by County; SAPR performance

iv) Yields by Modalities.

The overall yield for *Afya Pwani* was 1.6% in Q1 and 1.9% in Q2. Index testing (including PNS) gave the highest yields at 15.8% and 25.7% respectively followed by TB clinic at 13.5% and 10.5%. However, the highest numbers of positives came from other PITC (37%), VCT (27%) and PMTC ANC 1 (16%)testing modalities which had percentage yields of 1.3%, 2% and 1.3% respectively.

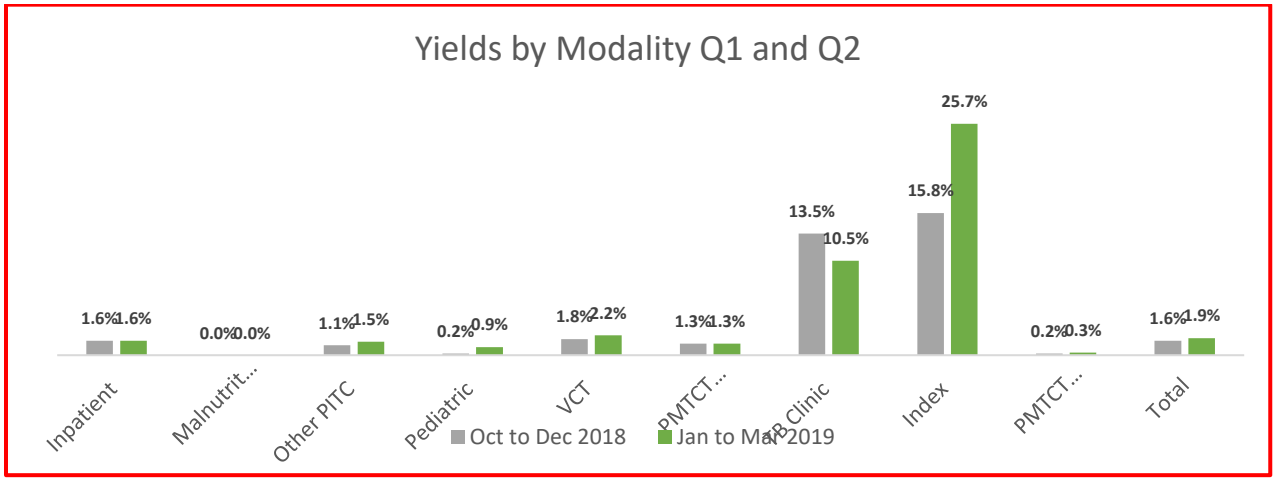


Figure 11 :Yields by Modalities

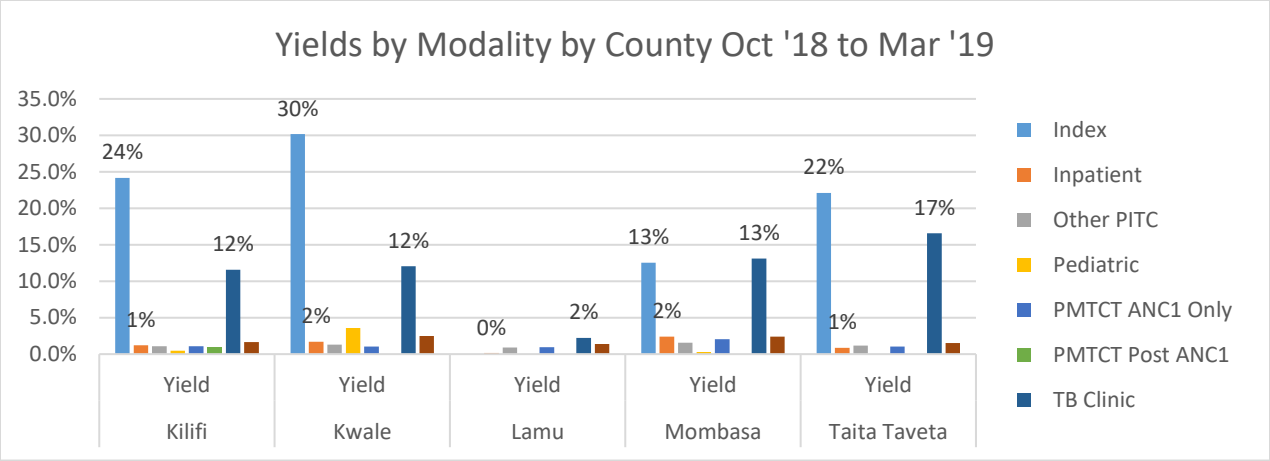


Figure 12: Yields by modalities and Counties

As at the end of reporting period (Q1 and Q2), 37% (1570/4279) of positives came from other PITC, 27% (1165/4279) from VCT, 16% (664/4279) from PMTCT ANC 1, 10% (439/4279) from Index testing and 7% (280) from TB clinic. The project is investing efforts and resource to increase the proportion of positives that come from Index testing moving forward.

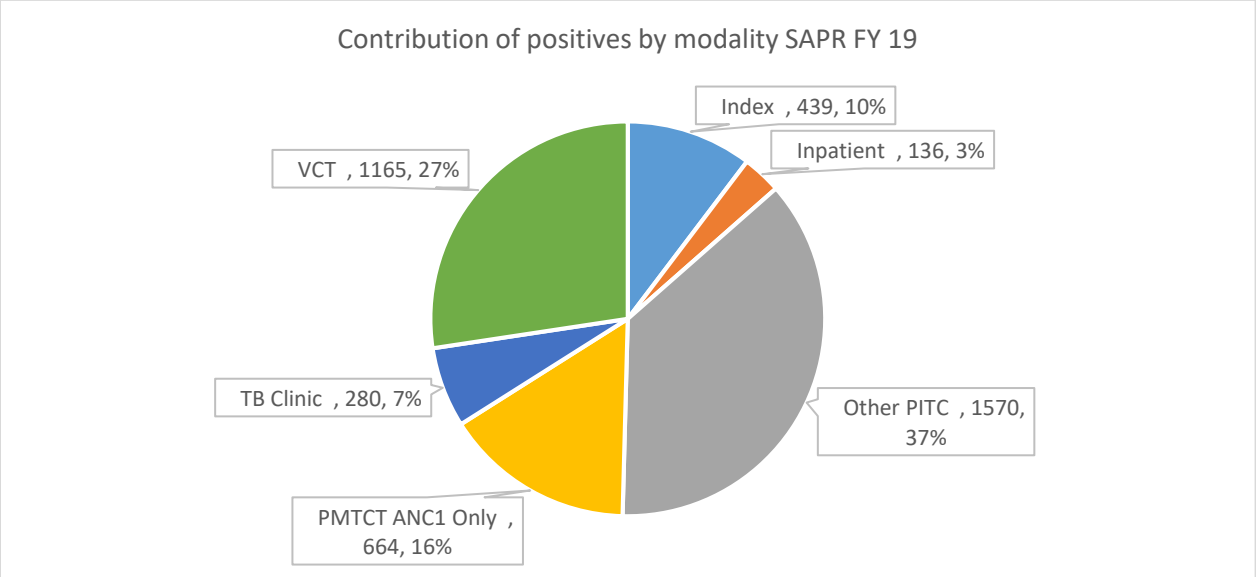


Figure 13: Contribution of positives by modalities

v) Yields by age groups

As shown in the table below, the yields are comprable among males and females with higher yields being observed with increasing age .

Table 16: Yields by age groups and gender as at SAPR FY 19

YIELDS BY AGE GROUP AND GENDER AT SAPR						
	HTS_TST		HTS_TST_POS		Yield	
	M	F	M	F	M	F
<1Yrs.	17	17	0	1	0.0%	5.9%
1-4Yrs.	2953	3072	40	49	1.4%	1.6%
5-9Yrs.	2723	3145	42	51	1.5%	1.6%
10-14Yrs.	2879	4696	25	54	0.9%	1.1%
15-19Yrs.	7046	18952	44	121	0.6%	0.6%
20-24Yrs.	12559	39991	79	460	0.6%	1.2%
25-29Yrs.	13698	38043	225	710	1.6%	1.9%
30-34Yrs.	10850	26248	250	598	**2.3%**	**2.3%**
35-39Yrs.	8188	16302	216	323	**2.6%**	**2.0%**
40-44Yrs.	6375	9301	194	247	**3.0%**	**2.7%**
45-49Yrs.	4195	5531	129	131	**3.1%**	**2.4%**
50+Yrs.	5324	5362	144	144	**2.7%**	**2.7%**
Total	76807	170660	1388	2889	1.8%	1.7%

vi) Facilities contributing to 80% of positives as at SAPR.

From SAPR data, 60 facilities (Listed in table below) accounted for 80% of the positives identified by the project in the last 6 months.

Table 17: Facilities contributing to 80% of positives as at SAPR

SAPR FY19					
	Facility	**HTS_TST**	**HTS_POS**	**YIELD**	**Cumulative contribution to positives**
1	Coast Provincial General Hospital (PGH)	7231	230	3.2%	5%
2	Kilifi District Hospital	12867	186	1.4%	10%
3	Likoni Sub-District Hospital	7271	177	2.4%	14%
4	Port Reitz District Hospital	5546	161	2.9%	18%
5	Malindi District Hospital	6831	139	2.0%	21%
6	Mtwapa Health Center	6313	119	1.9%	24%
7	Tudor District Hospital (Mombasa)	2817	97	3.4%	26%
8	Mlaleo Health Center (MOH)	3492	97	2.8%	28%
9	Moi District Hospital Voi	3717	92	2.5%	30%
10	Diani Health Center	2839	83	2.9%	32%
11	Kinango Hospital	3022	82	2.7%	34%
12	Kongowea Health Center	3080	80	2.6%	36%
13	Mrima CDF Health Center	2824	77	2.7%	38%
14	Bamburi Dispensary	3600	75	2.1%	40%
15	Municipal Health Center	2474	71	2.9%	41%
16	Kinondo Kwetu Dispensary	1845	69	3.7%	43%
17	Magongo (MCM) Dispensary	3708	65	1.8%	44%
18	Msambweni District Hospital	2607	64	2.5%	46%
19	Lungalunga Dispensary	2796	60	2.1%	47%
20	Mariakani District Hospital	3052	60	2.0%	49%
21	Vipingo Health Center	3014	59	2.0%	50%
22	Kisauni Dispensary	2272	54	2.4%	51%
23	Ganjoni	1083	53	4.9%	53%
24	Taveta District Hospital	3917	52	1.3%	54%
25	Matsangoni Health Center	1269	49	3.9%	55%
26	Gede Health Center	1032	47	4.6%	56%
27	Kikoneni Health Center	859	45	5.2%	57%
28	Oasis Medical Clinic	791	44	5.6%	58%
29	Samburu Health Center	4695	44	0.9%	59%
30	Tiwi Health Center	1547	42	2.7%	60%
31	Bokole Dispensary (CDF)	2077	42	2.0%	61%
32	Ndovu Health Center	2401	41	1.7%	62%
33	Shika Adabu Dispensary	1918	40	2.1%	63%
34	Gongoni Health Center	3269	39	1.2%	64%
35	Kilimangodo Dispensary	2965	36	1.2%	65%

36	Mvita Dispensary	2096	35	1.7%	66%
37	Vitsangalaweni	1793	34	1.9%	66%
38	Mikindani (MCM) Health Center	2204	32	1.5%	67%
39	Rabai Health Center	3606	32	0.9%	68%
40	Mpeketoni Sub District Hospital	2451	31	1.3%	69%
41	Jomvu Model Health Center	4061	30	0.7%	69%
42	Chaani (MCM) Dispensary	1619	28	1.7%	70%
43	Mbuta Model Health Center	1576	26	1.6%	71%
44	Marereni Dispensary	1645	26	1.6%	71%
45	Miritini Dispensary (CDF)	2382	26	1.1%	72%
46	Ng'ombeni Dispensary	1040	24	2.3%	72%
47	Railway Dispensary (Kilindini)	1196	24	2.0%	73%
48	Kwale Sub District Hospital	1550	24	1.5%	73%
49	Mazeras Dispensary	1600	24	1.5%	74%
50	Mkongani Dispensary	803	23	2.9%	75%
51	Ganda Disp	1177	23	2.0%	75%
52	Mnyenzeni Disp	1661	23	1.4%	76%
53	Njukini Health Center	706	22	3.1%	76%
54	Mwatate Sub- District Hospital	1811	22	1.2%	77%
55	Mwangulu Dispensary	2322	21	0.9%	77%
56	Gombato	993	20	2.0%	78%
57	Vanga Health Center	1597	20	1.3%	78%
58	Lamu District Hospital	1930	20	1.0%	79%
59	Bamba Sub-District Hospital	3014	20	0.7%	79%
60	Gahaleni Dispensary	449	19	4.2%	79%
61	Sabaki Dispensary	1003	17	1.7%	80%
62	Utange Dispensary	1009	17	1.7%	80%

c) Testing Strategies

To achieve the above described testing and identification results, *Afya Pwani* created demand for HTS, employed high yielding modalities like index testing including PNS, offered HIV self-testing, employed strategies to reach men and adolescents, and ensured that quality of HTS met the national standards.

Demand creation and awareness for HIV testing services: The project conducted health education sessions in waiting bays of outpatient departments and MCH/CWC clinics to not only just create awareness but also to encourage people to uptake HIV testing services. In Kwale County, 4353(2,274M,2,079F) were reached, Kilifi 1230(310M,920F), Taita Taveta 16,117 clients (4,801M,11,316F) and Lamu 573(32M,541F). These health education sessions highlighted the importance of HTS, Linkage to treatment ART, HIV prevention, PrEP and use of condoms, disclosure, family testing and partner testing services. Focused group discussions which centered on HTS and stigma reduction were conducted by Community Health Assistants in Kwale County (Shimba hills-2, Kwale market-2, Ngombeni-1, Mazeras-3,

Kinango-2 and Tiwi-2) with about 400 people participating, mostly men (60%). In Kwale County, the team prioritized testing of family members and spouses/sexual partners of ART and mobilized clients for the same through health talks before start of clinics or one on one during clinical reviews. In Matuga Sub County family testing was at about 60% for every 10 files picked randomly but it is now at about 70% for every ten files checked in bigger facilities.

Assisted Partner Notification Services: To fast track on the achievement of the identification targets, the project has implemented PNS in 57 facilities (12 in Kilifi[71], 15 in Kwale[72], 21 facilities[73] in Mombasa, 5 in Taita Taveta[74] and 4 facilities[75] in Lamu County. Priority was given to finding and testing sexual partners of PMTCT clients, unsuppressed and newly identified positives. It the coming quarter, saturation of PNS will be done to reach sexual partners of all clients on ART in supported facilities.

In the quarter, 811 index clients were screened, 1476 contacts elicited, 1302 contacts were eligible for testing and 907(70%) were tested. Twenty-Six percent (243/917) of them were identified as positive and 238 (98%) linked to ART. The contribution of PNS to the positives per county was 7% in Kilifi, 16% in Kwale, 12% in Mombasa, 7% in Lamu and 13% in Taita Taveta.

To achieve the above results in PNS, the project focused on mentorship and close supervision to providers especially addressing challenges that individual HTS providers experienced in the process of implementing PNS and adequate support was also given during counselor supervision sessions.

Table 18: PNS data Q2FY19

PNS UPTAKE JAN-MAR 2019						
	Kwale	**Kilifi**	**Taita Taveta**	**Mombasa**	**Lamu**	**Afya Pwani**
Index Clients Screened	155	172	113	356	15	811
Contacts Identified	326	299	148	681	22	1476
Known HIV Positive Contacts	25	59	29	61	0	174
Contacts eligible	301	240	119	620	22	1302
Contacts Tested	241	136	65	453	22	917

[71] Kilifi CH, Mtwapa, Malindi SCH, Marafa, Matsangoni, Gongoni, Muyeye, Rabai, Mariakani SCH, Chasimba, Vipingo, Bamba SCH.

[72] Kinango hospital, Samburu H/c, Taru, Mazeras, Mackinon Rd, Mnyenzeni, Kwale hospital, Tiwi, Diani, Gombato, Kinondo, Msambweni hospital, Lungalunga hospital, Vitsangalaweni and Kikoneni

[73] CPGH, Mbuta HC, Mrima HC, Shika Adabu HC, Kongowea HC, Tudor HC, Portreitz district hospital, Mlaleo HC,

Kisauni HC, Chaani HC, Miritini HC, Likoni SCH, Ganjoni HC, Magongo HC, Bamburi HC, Jomvu HC, Mvita HC, Bokole HC, Likoni Catholic church, Mikindani MCM, Utange HC

[74] Moi county referral Hospital, Taveta Sub County Hospital, Njukini Health Center and Ndilidau Dispensary

[75] Lamu County Hospital, Mpeketoni Sub County Hospital, Hindi Dispensary and Witu Health Center

% Tested	80%	57%	55%	73%	100%	70%
Newly Identified Positive	72	47	21	99	4	243
% Yield (target > 30%)	30%	35%	32%	22%	18%	26%
Linked to HAART	69	56	19	91	3	238
% Linked to ART	96%	119%	90%	92%	75%	98%
Total Positives Identified	457	686	167	814	56	2180
% Contribution of PNS to positives	16%	7%	13%	12%	7%	11%

The contribution of PNS to the total positives identified by *Afya Pwani* in Q2 FY19 was 11.1% (Kwale 16%, Kilifi 7%, Taita Taveta 13%, Mombasa 125 and Lamu 7%) as shown in the charts below.

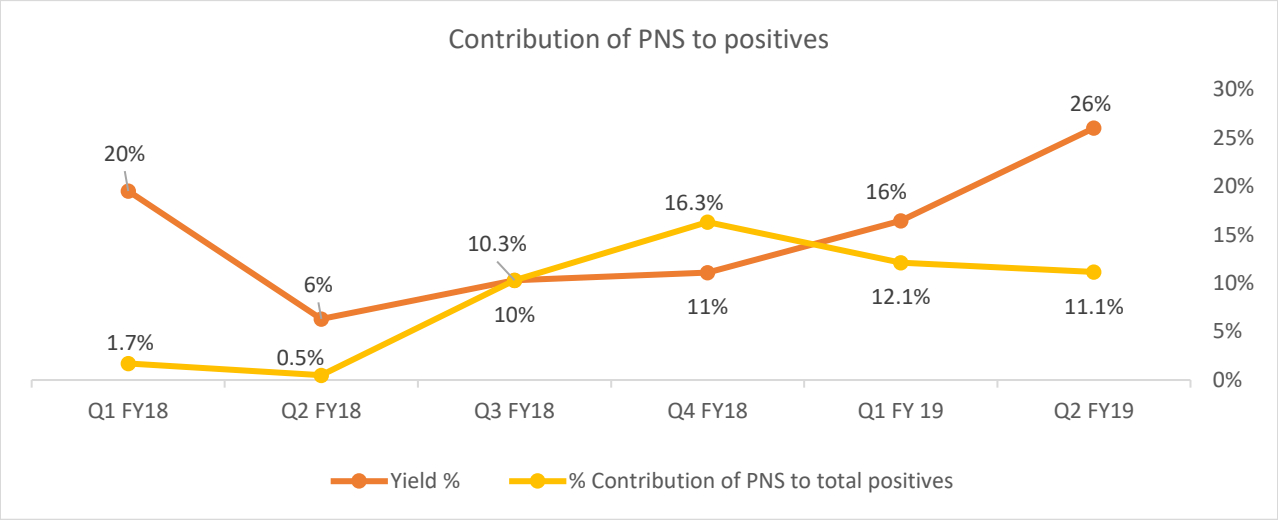


Figure 14: PNS contribution to positives Q1FY18 -Q2FY19

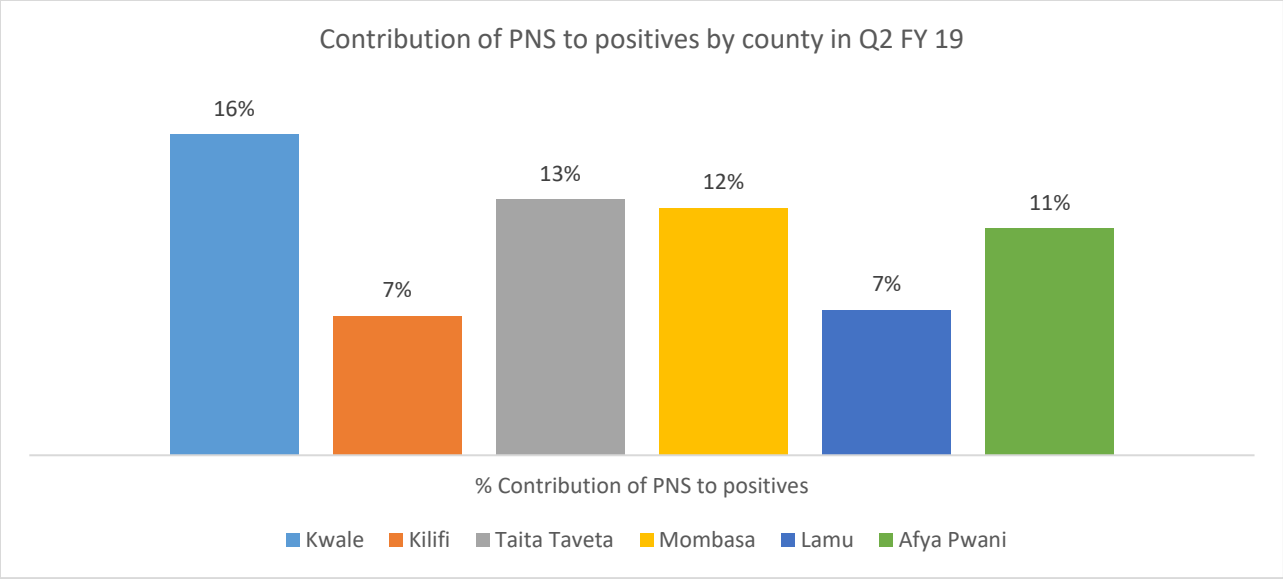


Figure 15: Contribution of PNS to positives by county Q2 FY19

HIV Self-Testing: In the reporting period, the project supported distribution of 3,731 HIV self-testing kits in 25 facilities (6 in Kilifi[76], 6 in Taita Taveta[77], 5 in Kwale[78] , 4 in Mombasa and 4 facilities[79] in Lamu.) Sensitization to health care providers was done to 16 providers in Kilifi County. In Taita Taveta County, the health providers had challenges with documentation hence capacity building on documentation was done through on the job trainings. To create awareness for HIVST, the project sensitized Chiefs and Assistant Chiefs during a dialogue meeting (Utawala na Afya Forum) organized by the project, distributing over 100 kits to them. In Malindi and Kilifi towns, the project supported the distribution of 500 HVST kits to men in the informal workplaces such as boda-boda shades, garages, matatu terminus and barbershops. Additionally, 1800 HIV self-testing kits were distributed to the youth in and outside Pwani University in Kilifi in the reporting period. One female client from Lunga who had self-tested came for confirmatory test and was enrolled into care after testing positive using the routine testing algorithm.

[76] Kilifi CH, Malindi SCH, Marafa Health Center, Matsangoni Health Center, and Muyeye Health Center.

[77] Wesu sub county Hospital, Ndovu Health Center, Moi Voi CRH, Ndilidau Dispensary, Njukini Health Center, and Taveta SCH.

[78] Kwale, Kinondo, Msambweni, Diani and Lungalunga

[79]Lamu County Hospital, Mpeketoni SCH, Hindi and Witu Health Centers.

Table 19: HIV self-testing kits distributed in Q2 FY19

HIVST DISTRIBUTED IN Q2FY19																
Age	**15-19**		**20-24**		**25-29**		**30-34**		**35-39**		**40-49**		**50+**		**Total**	
Facility	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**
Kilifi	15	22	84	116	104	106	76	68	96	74	119	126	39	56	533	568
Kwale	6	40	19	86	58	172	48	139	50	99	17	49	28	2	226	587
Mombasa	45	23	169	107	186	83	109	38	55	30	43	15	22	11	629	307
Lamu	10	10	19	8	33	75	28	15	21	17	20	7	10	10	141	142
Taita Taveta	32	24	90	22	66	66	46	116	24	20	50	13	9	20	317	281
Afya Pwani	108	119	381	339	447	502	307	376	246	240	249	210	108	99	1846	1885

Peer educator explaining how to conduct HIV test and how to interpret results from Oraquick during Utawala na Afya meeting

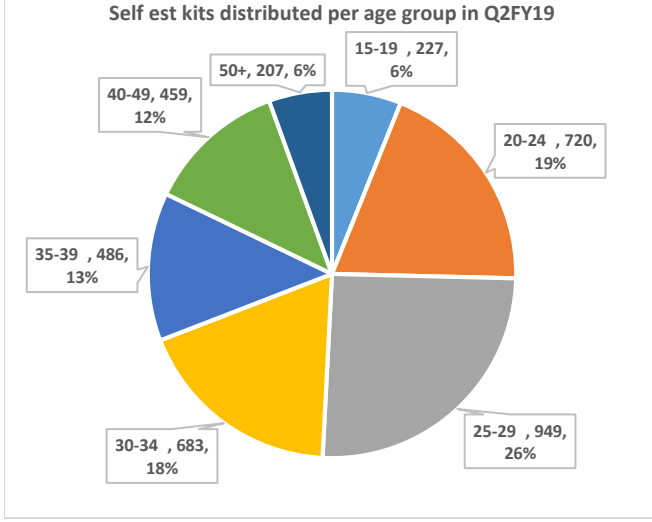


Figure 16: Self-Kits distributed per age group

d) Reaching men and couples

Couple testing: The project has supported 23 facilities to implement couple testing as a strategy to reach more men with HTS services reaching 1875 couples in those facilities. The project is revamping couple testing as one of the activities under the "Surge" collaborative in the coming quarter.

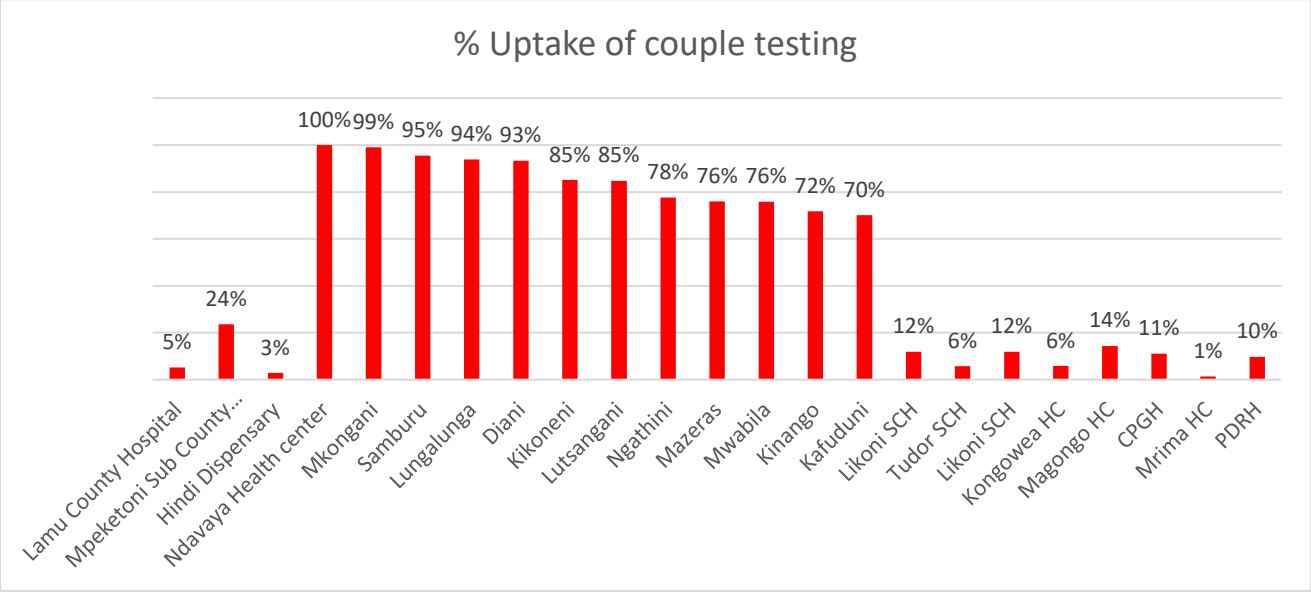


Figure 17: Uptake of couple testing in Q2FY19 (Denominator =No of ANC 1st Visits)

Index client testing: In addition to PNS, in facilities without trained PNS counselors, line listing of family members was done, and clinicians and/or peer educators supported to initiate family testing and appropriate documentation done in client files. In Lamu County, eight volunteer counselors placed at

Lamu County Hospital, Mpeketoni Sub County Hospital, Witu health Center and Hindi Dispensary were guided on how to do family and partner testing during support supervision.

Work place testing: In Kilifi the project supported distribution of HIV self-test in workplaces in Malindi and Kilifi towns. Five hundred clients were reached with HIV information and received Test kits. One client in Kilifi who tested and identified HIV positive with the self-test kit, was confirmed in Kilifi County Hospital and linked to ART.

Extended hours testing: To reach clients especially men who cannot access HIV testing services during the routine working hours, *Afya Pwani* has continued to support select sites in urban areas to provide HTS services over lunch time, after work or even during weekends. Three sites (Mariakani, Malindi and Port Reitz Hospitals) were supported in the quarter to test 472 clients (M-95, F-379) with a yield of 3% among males (3/95) and all of them were linked to ART.

e) Reaching young people

Testing in schools, colleges, universities: In Kilifi County, the project and Pwani University are working together to ensure students from university and technical colleges within Kilifi get HIV information and services. In this quarter, 116 students (M-80, F-36) were tested, three (M-1, F-2) were identified positive and linked to treatment. Collaborating with other partners during the International Condom Day, 130 youths from within and surrounding Pwani University in Kilifi were tested for HIV. Apart from HTS services, condoms and Family Planning services were offered to the youth who came for the activity. Additionally, 1836 HIV self-testing kits have been distributed to the youth in and outside university which has increased the uptake of HTS services in this reporting period.

Testing among beneficiaries of DREAMS project: In the 2nd quarter of year 3, 1,827 AGYW of ages 9- 24 years were tested under the DREAMS program, bringing the total number of AGYWs tested under DREAMS to 6,347 against a target of 10,285. Potential partners of AGYW in Likoni and Bangladesh areas were sensitized on the importance of HIV testing and the use of HIV self-test kits with 397 kits being issued to the men. The table below shows the numbers tested per age bracket.

DREAMS				
Age Category (in years):	**Target**	**Tested Y3 Q1**	**Cumulative (Y2 -Y3)**	**% Achieved**
9-14	3,427	289	1,668	49%
15-19	4,076	919	2,956	73%
20-24	2,782	619	1,723	62%
Total	10,285	1,827	6,347	62%

f) Improving the quality of HIV Testing Services

Proficiency testing: PT round 19 results are still trickling in from NHRL, *Afya Pwani* will support corrective actions to HTS counselors in the coming quarter when the round closes. As at 14th April 2019, 1002 results had been received. About 87 % of the HTS providers received satisfactory results (868) while 134 HTS providers received unsatisfactory results as follows: Kwale County received 155 results (136 satisfactory

and 19 unsatisfactory), Mombasa County received 352 results (315 satisfactory and 37 unsatisfactory), Kilifi County received 354 results (299 satisfactory results and 55 unsatisfactory results), Lamu County had received 92 results (73 satisfactory results and 19 unsatisfactory results), Taita County had received 49 results (45 satisfactory and 4 unsatisfactory results). The project is engaging the CHMTs in planning to conduct remedial actions to those who got unsatisfactory results in the coming quarter.

Recruitment and deployment of HTS providers: *Afya Pwani* continued supporting 45 HTS providers deployed to high yielding service delivery points in high volume facilities. In Kilifi, 13 HTS providers were deployed to 11 facilities[80], 13 in Mombasa to 10 facilities[81], four in Taita Taveta to three facilities[82] , seven in Kwale to seven facilities[83] and eight volunteer HTS providers in Lamu to four facilities[84].

Observed practice: To ensure proper counseling and testing is done, the project continued to conduct observed practice as a quality assurance measure. In Kwale County, observed sessions were conducted to seven providers (M-2, F-5) Msambweni, Mwaluphamba, Ng'ombeni, Lukore and Lungalunga Sub County Hospital.

HTS data review meetings: The project conducted HTS data review at Kilifi County Hospital to correct some reporting and documentation errors the facility had, 22 participants attended drawn from HTS and M&E team. We agreed that before HTS submit data to the M&E team, they should sit down and analyze the report.

In Taita Taveta County, *Afya Pwani* supported 49 (M-28, F-21) HTS providers (Medical lab Technologists and Lay counsellors) to review their performance on HTS, Assisted Partner Notification, HIVST, Duo/HIV tests scale up, commodity management, data collection and reporting.

Counselor supervision: Monthly Counselors support supervisions were supported in Kwale County in every Sub County for debriefing and professional development reaching 9 (M-4, F-5) in Lungalunga, 5 (M-2, F-3) in Kinango, 15(M-4, F-11) in Msambweni and 11 (M-3, F-8) in Matuga Sub Counties. *Afya Pwani* also supported counselor supervision in Lamu reaching 25 (11M, 14F) from 12 facilities[85], in Taita Taveta reaching 50 (21M,29F) health care workers from 9 facilities[86], 63 (15M,48F) health care workers in Kilifi and 70 (M-15, F-55) in Mombasa.

The main purpose was to help the counsellors concerned to reflect on their own feelings, thoughts, behavior and general approach with the clients. It was an opportunity to reflect on how they relate to the client, as well as to get feedback from the perspective of other HTS providers on specific issues and

[80] Kilifi CH, Malindi, Gongoni, Marafa, Muyeye, Mtwapa, Mariakani, Bamba, Ganze, Rabai and Chasimba

[81] CPGH, Tudor, Likoni, PDRH, Kongowea, Mlaleo, Magongo, Mrima, Ganjoni and Utange

[82] Moi Voi CRH, Ndovu Health Center and Taveta SCH.

[83] Msambweni, Diani, Tiwi, Kwale, Mackinon, Mazeras.

[84] Lamu County Hospital, Mpeketoni sub County Hospital, Witu Health Center and Hindi Dispensary

[85] from Lamu County Hospital, Mpeketoni sub County Hospital, Witu Health Center, Maria Teresa Nuzzo, Muhamarani Disp, Hongwe disp, Mkunumbi Disp, Mapenya Disp, Hindi Disp, Mokowe H/C, Pablohortsman and Shella Dispensary

[86] Moi CRH, Ndovu H/c, Mwatate. Wundanyi, Wesu, Bura H/C, Taveta SCH, Ndilidau Disp, Kiwalwa.

experiences with clients. Of the topics that guide the discussions were; confidentiality, age appropriate disclosure and partner testing.

Supportive Supervision/OJTs/CMEs: Working closely with the CHMTs and SCHMTs, the project conducted support supervision to 10 facilities[87] in Kilifi reaching 36 (10M,27F) providers from 27 facilities, 12 facilities[88] in Kwale reaching 17(M-9, F-8) providers, in Mombasa reaching 15 (2M,13F) providers, 12 facilities[89] in Taita Taveta reaching 33(18M,15F) providers and 11 facilities[90] in Lamu reaching 62 (24M, 38F) providers. These supervisions focused on ensuring that the 5'Cs (Consent, Counselling, Confidentiality, Correct Results, Connection to services) are adhered to, documentation was done correctly and PNS was well done.

In the month of March *Afya Pwani* HIV team and Magarini SCHMT team conducted a four-day supervision for facilities in Magarini Sub County reaching Gongoni, Marafa, Marikebuni, Mambrui, Garashi and Marereni. During the visits, the following were noted:

- For the last three months, we didn't have any RTK stock out
- 95% of the facility were enrolled on PT with 95 % counselors participated in PT round 19 and 85% satisfactory performance.
- 60% of the facility visited had Job Aids and SOPS
- 100% of the facility visited had the right registers for HTS
- Only 40% of the facility visited had staffs who are trained on HTS
- Some facilities were still engaging CHV to conduct HTS services
- Linkages in facilities were up to date.
- 98% of counselors were attending monthly support supervision supported by *Afya Pwani.*

Afya Pwani is working with the SCHMT and facilities to address the gaps that were identified.

In Taita Taveta County, joint support supervisions, on the job trainings and mentorship visits towards improving quality of testing, scaling up of testing services, implementation of new strategies and innovations, documentation and reporting were conducted. Thirty-three (M-18, F-15) service providers from five facilities[91] in Taveta Sub County benefited. Major emphasis was made towards correctness, consistent, accuracy and integrity in data collection. More so they service providers were refreshed on strategies that could improve the scale up of PNS. This entailed line listing of all sexually active index clients in the aPNS register, Screening and eliciting of sex partner routinely when the clients visited the facility; use of Duo HIV/ Syphilis test kits for all ANC mothers to optimize of time and resources, HIVST scale up and documentation.

[87] facilities Garashi, Marafa, Gongoni, Junju, Mtwapa, Vipingo, Kilifi CH, Matsangoni, Malindi SCH and Muyeye

[88] Kinango, Lutsangani, Mazeras, Mnyenzeni, Msambweni, Lungalunga, Mkongani, Kizibe, Kilimangodo, Vigurungani, Kwale and Ng'ombeni

[89] Taveta Sub-County Hospital, Rekeke Model, Kimorigho, Ndilidau Dispensary, Challa Dispensary, Kiwalwa Dispensary, Mwatate sub county Hospital, Manoa Dispensary, Danson Mwanyumba, Shelemba, Saghaighu and Debwa

[90] Faza Health Center, Kizingitini Dispensary, Mapenya Dispensary, Shella Dispensary, Lamu Hospital, Mokowe Health Center, Hindi Dispensary, Muhamarani Dispensary, Hongwe Catholic Dispensary, Mpeketoni Hospital and Witu Health Center

[91] Rekeke Model, Kimorigho, Ndilidau Dispensary, Challa Dispensary and Kiwalwa Dispensary

In Kwale County, OJT were conducted resulting to improved documentation and reporting in HTS. Thirty-eight (38) HTS providers from 17 facilities[92] were taken through filling of the HIVST, HTS and PNS registers and reporting, use of eligibility screening tools and retesting guidance. Additionally, in Kwale County the project supported CME to Health care providers on HIVST in Vitsangalaweni Dispensary, Kwale SCH and Kinondo Health Center reaching six (M-2, F-4), 11(M-3, F-8) and 12(M-5, F-7) health care providers respectively.

Provision of Job Aids, SOPs, Registers, Reporting tools etc.: The project distributed PNS registers, Duo syphilis/HIV guide chats, Determine and First response interpretation charts, Age specific HTS testing protocols and linkage SOPs, PNS integrated into the PITC protocol, Biosafety Job aides on Proper Waste segregation and Disposal, Laboratory safety, HIVST procedure Job aides, DUO Syphilis/ HIV guide charts to facilities across the 5 supported counties with facilities which benefited including Madunguni, KCH, Mtwapa, Mariakani, Rabai, Ganze, Malindi, Gongoni and Marafa, Witu Health Center, Hindi Dispensary, Mpeketoni Sub County Hospital and Lamu County hospital. The project also supported Njukini and Ndilidau Health centers in development and documentation of site-specific Standard Operating Procedures that guide in routine service delivery.

Commodity management for test kits.

Afya Pwani has continued to support facilities to report on the consumption of test kits on time with reporting rates being over 80% in all the counties. This has contributed to a consistent supply of test kits with the exception of Lamu where the reporting for March was still at 37%. This is due to logistical challenges for the facilities in the Islands that have to bring their data to the county for uploading to HCMP. They usually do this concurrently with their in-charges meetings which had not been held as at the time this report was written. Further, all counties were guided on doing forecasting and allocation of test kits for the next ordering period.

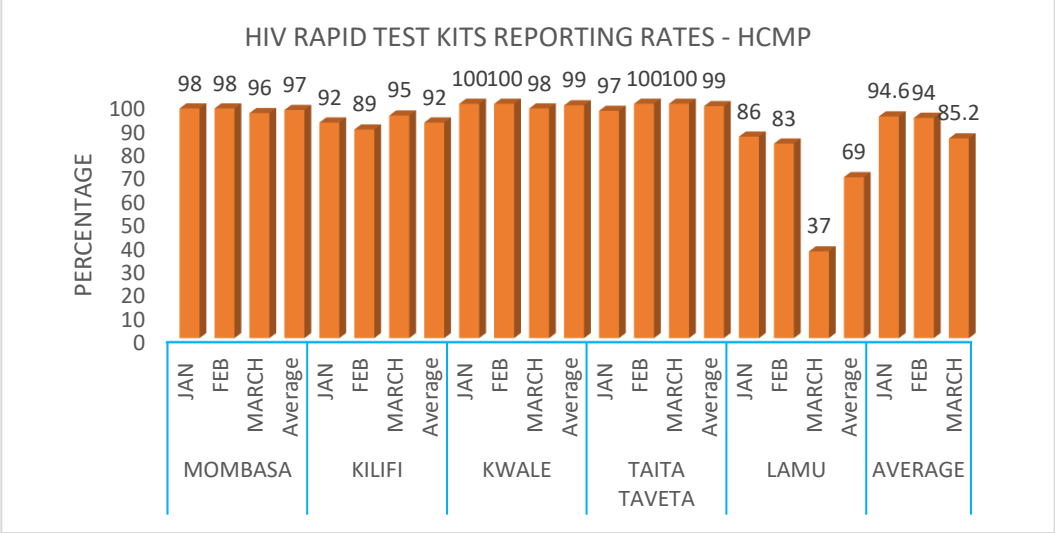


Figure 18 Test Kits Reporting Rates Q2FY19

[92] Kinondo, Msambweni, Lungalunga, Kwale, Diani, Mnyenzeni, Mwangulu, Makamini, Vitsangalaweni, Muhaka, Mivumoni, Lukore, Ng'ombeni, Mafisini, Mbuwani, Gombato, Lungalunga

Kilifi County team during RTK allocation at *Afya Pwani* Board room

Lessons learnt

- Increasing number of HTS Counselors in high yield areas and adopting targeting testing strategies improves identification of HIV positive clients.
- Continuous OJT and mentorship are key to improving knowledge and skills
- Regular support supervision plays an important role in improving quality of Care and treatment services offered in facilities
- Physical escort of HIV positive individuals to the CCC for direct linkage as a strategy has enhanced linkage to care for the newly identified HIV positive clients in health facilities.
- Linkage among PNS clients is 100%.
- Proper allocation addresses the RTK shortages.
- Linkage among clients identified during extended hours testing is 100%.
- Reviewing data before submitting reduces variance (case study of Kilifi county hospital).

Challenges

Challenges	How you overcame them
Knowledge gap on targeted HTS testing strategies among HTS counselors in Lamu e.g. PNS	On job training and support supervision in progress to update HTs Counselors on targeted testing strategies e.g. PNS
Inadequate tools e.g. New HTS registers	The project supported printing and distribution of the New HTS registers Copies in Lamu while the County still lobby for more tools from NASCOP.

Slow embrace of PNS among HTS providers.	-Integrate HIVST as an incentive with PNS and offer as comprehensive package to scale up PNS among the target population -Sensitization on integration of PNS into routine PITC
Low buy in of HVST by county government ministry of health	-Develop a HIVST MOH specific register to create ownership -Mentorship and sensitization to improve knowledge on Target population for HIVST
No/minimal testing in some facilities due to lack of providers (Taru, Eshu, Vigurungani, Mwaluphamba, Gombato, Ng'ombeni)	Project is in the process of recruiting more HTS providers.
2nd tester not allowed in the outreaches e.g. Msambweni and Kinango where it must be done by lab persons, some facilities refer for 2nd tester to other facilities leading to clients getting lost.	Test and start in outreaches Take locator information and link clients with CHV/PHO where possible
Negative partners' in discordant relationship not willing to take PrEP.	Continuous sensitization to HCWs and clients both facility and community on benefits of PrEP

Output 1.5: Tuberculosis/HIV Co-infection Services

The 5I's:

a) Intensified Case Finding

The project has ensured that active TB case finding is strengthened in all the supported ART clinics among all the PLHIV attending their clinical reviews. To raise awareness among clients, health talks on TB were conducted in 30 facilities[93] in Kwale County reaching 937(M-220, F-717) in 31 facilities[94] while in Kilifi County 1028 were reached from 40 facilities[95]. Messages on TB symptoms and the need to seek medical attention and alert their health care providers is given routinely during support group meetings for people

[93] Kwale, Matuga, Tiwi, Mazumalume, Mwaluphamba, Kizibe, Waa, Ng'ombeni, Mkongani, Msulwa, Magodzoni, Matuga, Vyongwani, Kiteje, Shimba-Hills, Kinango, Samburu, Mazeras, Taru, Mackinon, Mwanda, Ndavaya, Vigurungani, Kafuduni, Lutsangani, Minyenzeni, Mkangombe, Makamini, Kilibasi and Nyango.

[94]Kwale, Matuga, Tiwi, Mazumalume, Mwaluphamba, Kizibe, Waa, Ng'ombeni, Mkongani, Msulwa, Magodzoni, Matuga, Vyongwani, Kiteje, Shimba-Hills, Kinango, Samburu, Mazeras, Taru, Mackinon, Mwanda, Ndavaya, Vigurungani, Kafuduni, Lutsangani, Minyenzeni, Mkangombe, Makamini, Kilibasi and Nyango and Nyango Dispensary.

[95] Malindi subcounty hospital, Kilifi Hospital, Mtwapa H/C, Mariakani Hospital, Oasis, Gede H/C, Muyeye H/C, Vipingo, Gongoni H/C, Rabai H/C, Marereni, Bamba, Matsangoni, Chasimba, Ganze, Kakuyuni, Mambrui, Marafa, Vitengeni, Ngerenya, Gotani, Jibana, Takaungu, Mtondia, Ganda, Garashi, Malanga, Baolala, Dida, Marikebuni, Tsangatsini, Adu, Mnarani, Mijomboni, Kiwandani, Junju, Sosoni, Jaribuni, Makanzani and Msumarini.

living with HIV e.g. in In Kwale and Kilifi counties these messages reached a total of 248 PLHIVs (M-72, F-176) clients.

To build the capacity of health workers on active case finding, screening for TB among ART clients and the use of both adults and peads screening tools, the project supported mentorship sessions reaching 192 (M-84, F-108) health workers drawn from 50 health facilities[96] in Taita Taveta County, 62(24M, 38F) health care workers from 11 facilities[97] in Lamu County, 12 (M-4, F-8) from 11 facilities[98] in Mombasa and 169 (M-71, F-98) from 54 facilities[99] in Kwale County. A CME was conducted at Gede Health Center in Kilifi on TB/HIV integration with a focus on intensified case finding with 27 (M-12, F-15) health service providers benefiting. Additionally, the project supported in redistribution of documentation tools to facilities that had ran out of the same i.e. Pablohortsman, Mokowe, Mapenya and Hongwe facilities in Lamu County and presumptive registers in Kilifi and Mombasa counties.

To ensure that the sputum samples for either AAFB, Culture and GeneXpert ends up in the testing facilities, the project continued to support logistics of sputum collection and transportation to Central reference lab (CRL) and link to gene expert machines through the motorbike riders. Facilities are now able to access gene Expert result timely which has improved in the management of TB clients. In the completed quarter, 4369 gene Xpert tests were done in 14 labs, with 408 found to have Rifampicin sensitive TB and 7 Rifampicin resistant as shown in the table below.

Table 20: Gene Xpert tests done in Q2FY19

GENE XPERT TESTS DONE IN Q2FY19				
County	**Testing Facility**	**Total Tested**	**MTB+ RS**	**MTB+ RR**
Mombasa	CPGH	1730	230	1
	Shimo	747	52	1
	Ganjoni	749	111	2
	PRDH	278	51	0
	Likoni	319	58	2
Kwale	Kinango	180	11	0
	Msambweni	161	12	0
	Kwale	706	115	3

[96] Shelemba Disp, Msau Disp, Kwamnengwa Disp, Mwashuma Disp, Saghaighu Disp, Dawson Mwanyumba Disp, Modambogho Disp, Mwatate SCH, Kighombo Disp, Horesha Clinic, Joy Medical Clinic, Mwambirwa SCH, Challa Disp, Njukini HC, Mahandakini Disp, Chumvini Disp, Rekeke HC, Mata Disp, Ndilidau Disp, Kitobo Disp, Kimorigo Disp, Eldoro Disp, Kiwalwa Disp, Taveta SCH, Miasenyi Disp, Kajire Disp, Makwasinyi Disp, David Kayanda Disp, Maungu Model HC, Ndome Disp, Ghazi Disp, Kasigau HC, Buguta HC, Marungu HC, Sagalla HC, Ndovu HC, Tausa HC, Moi CRH, Nyache HC, Mbale HC, Kishushe Disp, Sangeroko Disp, Mgange Nyika HC, Mgange Dawida HC, Werugha HC, Mwanda HC, Wesu SCH, Wundanyi SCH, Mvono clinic and Dawida Clinic.

[97] Faza Health Center, Kizingitini Dispensary, Mapenya Dispensary, Shella Dispensary, Lamu Hospital, Mokowe Health Center, Hindi Dispensary, Muhamarani Dispensary, Hongwe Catholic Dispensary, Mpeketoni Hospital and Witu Health Center

[98] Mrima, Likoni Catholic, Magongo, Kisauni, Mvita, Mlaleo, Bamburi, Utange, Miritini, CPGH, Ganjoni

[99] Msambweni Hospital, Diani and Health Center, Eshu, Mbuwani, Mivumoni, Muhaka, Kinondo and Ukunda catholic dispensaries, Kinango Hospital, Mnyenzeni and Samburu Health Centers, Bofu, Kibandaongo, Kilibasi, Nyango, Lutsangani, Mwanda, Vigurungani, Makamini, Mkang'ombe, Mtaa, Mwabila, Mwachinga, Mazeras, Ndavaya, Taru, Vigurungani and Mackinon Road Dispensaries, Lungalunga Hospital, Kikoneni, Vanga Health Centers, Godo, Mrima, Kikoneni, Kilimangodo, Mamba, Mwangulu, Ngathini, Vitsangalaweni, Kwale hospital, Shimba hills, Tiwi and Mkongani Health Centers, Kiteje, Kizibe, Ng'ombeni, Matuga, Mazumalume, Msulwa, Mwaluphamba, Magodzoni, Vyongwani and Waa dispensaries.

Kilifi	Kilifi Hospital	306	40	1
	Malindi Hospital	790	91	3
	Mariakani Hospital	569	42	0
Lamu	Lamu Referral hospital	497	21	0
Taita Taveta	Moi CRH	916	59	0
	Taveta SCH	244	17	0
Afya Pwani		4369	408	7

World TB Day: The project leveraged on activities of the World TB Day to provide education on TB prevention, case identification, referral of suspected TB cases and management to the community. During the same time, health care providers were supported to screen the community members for TB and referred appropriately. In Kilifi County, the event was commemorated at Mwembe Kati in Kilifi South Sub County where active case finding was done to TB suspects after screening. Forty clients suspected to have TB were tested using gene Xpert during the event. In addition, 10 service providers (4m,6f) comprising of Clinicians, Public Health Officers and Laboratory technologists were supported to conduct active case finding in factories within Kilifi Sub County targeting Export Processing Zones workers who are mostly working in poor ventilated premises which puts them at a higher risk of contracting TB. A total of 1500 EPZ workers were reached screened, 47 suspected to have TB were tested using gene Xpert, 2 confirmed to have TB and started on treatment at Mtwapa Health Center. In Lamu County, the project collaborated with the Lamu CHMT and other stakeholders to commemorate the World TB day at Witu Health Center where active case finding was done, with 50 clients who were suspected to have TB after screening being tested using gene Xpert and all turned negative for TB. The facility has since been offered on the job training on how to do effective screening using the MOH criteria.

In Mombasa County, the celebrations also marked the launch of the Kenya National Strategic Plan (NSP) for Tuberculosis, Leprosy and Lung Health 2019-2023 which provides a framework for a multi-sectoral partnership approach to overcome TB and leprosy as public health and social challenges. During the commemoration, *Afya Pwani* supported HIV testing services to the members of the public, HIV/TB IEC materials, screening for TB and nutritional assessment services. A total of 4 new HIV clients were identified and all the four were linked to HIV treatment services.

b) Integration of HIV/TB Services and Immediate ART Initiation for HIV/TB Co-Infected Persons

HIV infection significantly increases the risk of TB progression from latent to active TB disease; as such integration of HIV/TB health services is a vital component of any HIV care and treatment program aimed at creating sustained and improved health and well-being for its clients. During the reporting period, in Mombasa County, the project supported a CME at Mvita Dispensary and Mlaleo Health Center on TB and HIV integration reaching 32 participants (M-13, F-19). In Kilifi County, 12 facilities[100] conducted CMEs on the same reaching 31(M-12, F-19) service providers. In addition, the project continued to support mentorship to HCW in various facilities in the region on the importance of HIV/TB integration. In Mombasa

[100] Cowdray Dispensary, Gede Health Center, Kadzinuni Dispensary, Kilifi Hospital, Matsangoni Health Center, Mijomboni Dispensary, Mnarani Dispensary, Mtondia, Dispensary, Ngerenya Dispensary, Roka Maweni Dispensary and Takaungu Dispensary

County mentorship was done to 12 (M-4, F-8) health care workers from Kisauni, Bamburi, Mvita and Magongo dispensaries while 62 health care workers (M-24, F-38) from 11 facilities[101] in Lamu County and 36 (M-16, F-20) from 13 facilities[102] in Kilifi County also benefited from the mentorship. In Kwale County, *Afya Pwani* supported a joint HIV/TB support supervision to the Kinango Sub-County reaching 8 facilities[103]. To improve coordination between the TB and HIV program, TB/HIV collaborative stakeholders' forums were supported in Mombasa and Kwale Counties where 34 (M-17, F-17) and 22 (M-13, F-9), 34 (M-17, F-17) stakeholders including attended health service providers participated. The forums identified areas of concern like delayed gene Xpert testing due to frequent breaking down of machines and agreed on enhanced laboratory networking to nearby functional machines.

Because of all the above efforts, in the concluded quarter, of 1151 TB cases identified and put on TB treatment. Among them, 1111 were tested for HIV and 294 were found to be HIV positive and 289 were linked to ART.

Table 21: TB/HIV integration Q2 FY 19

TB/HIV INTEGRATION Q2 FY19							
County	**No of New TB Clients**	**No Tested for HIV**	**% Tested for HIV**	**No HIV Positive**	**% TB/HIV Co infected**	**No Started ART**	**% linkage to ART**
Kwale	250	233	93%	75	32%	75	100%
Mombasa	445	445	100%	107	24%	104	97%
Taita Taveta	142	136	96%	30	22%	28	93%
Kilifi	250	233	93%	75	32%	75	100%
Lamu	64	64	100%	7	11%	7	100%
Afya Pwani	1151	1111	97%	294	11%	289	98%

c) IPT coverage

Afya Pwani continued to focus on increasing access to and utilization of Isoniazid Preventive Therapy for all the PLHIV screening negative for TB during their clinical reviews through capacity building and ensuring availability of commodities and documentation tools.

In Mombasa County, project staff provided mentorship to 9 (M-5, F-4) newly employed health care workers staff to increase uptake of IPT among clients living with HIV in Ganjoni Health Center, CPGH, Likoni SCH, Mrima Health Center and Utange Dispensary. Additionally, CMEs on IPT to children under 5 years were conducted in Portreitz, Likoni, Tudor, Kisauni Hospitals and CPGH reaching 23(7M,16 F) service providers to improve the uptake of IPT among children living with adults with smear positive TB who at a

[101] Faza Health Center, Kizingitini Dispensary, Mapenya Dispensary, Shella Dispensary, Lamu Hospital, Mokowe Health Center, Hindi Dispensary, Muhamarani Dispensary, Hongwe Catholic Dispensary, Mpeketoni Hospital and Witu Health Center

[102] AIC Malanga, Bamba, Dida, Dzikunze, Ganze, Jaribuni, Madamani, Midoina, Mirihini, Muryachakwe, Palakumi, Sokoke and Vitengeni.

[103] Kinango Hospital, Mazeras Dispensary, Mnyenzeni Health Center, Ndavaya Dispensary, Samburu Health Center, Taru Dispensary, Vigurungani and Mackinon Road Dispensary.

high risk of being contracting TB. To improve IPT uptake among pregnant and breastfeeding women, targeted sensitization on IPT provision to 12 (M-4, F-8) health workers providing eMTCT services was done in Portreitz, Likoni, Tudor, Kisauni Hospitals and CPGH respectively.

In Kwale County 97 health workers were taken through TB screening using the ICF tools and provision of IPT to all those that screen negative for TB. Facilities have also been encouraged and supported to come with line lists that assist them to identify the eligible clients for IPT. The project has also mentored health workers on documentation for IPT.

In Lamu County, the project supported supportive supervision that supported 62 health care workers (24m,38f) at Faza Health Center, Kizingitini Dispensary, Mapenya Dispensary, Shella Dispensary, Lamu Hospital, Mokowe Health center, Hindi Dispensary, Muhamarani Dispensary, Hongwe Catholic Dispensary, Mpeketoni Hospital and Witu Health Center. During these visits, emphasis was on the provision of IPT to clients without TB signs and symptoms.

In Taita County, a CME was supported for 60 (M-26, F-34) clinical officers from all the facilities in the County to sensitize and equip the health workers with knowledge on the use of IPT for PLHIV to prevent them from getting TB. Health workers in the facilities were encouraged to line list all PLHIV who were due for IPT and call them to come for IPT initiation. Health workers have been supplied with interim IPT reporting tools so that at the end of this month they can be able to provide data for PHIV who have ever started on IPT in the facilities. Data collected from facilities of PLHIV who are on IPT or have ever started IPT will be submitted to the SCHROs so that they enter in DHIS.

The project has continued to work closely with County and Sub County teams to ensure that IPT is readily available to all supported facilities. In Kilifi County, redistribution of IPT was done to prevent stock outs in some facilities e.g. Malindi SCH received from Kilifi County Hospital.
In quarter 2 of FY 19, the project started 2348(230<15, 2118>15) PLHIV on IPT as shown in the table below.

Table 22: IPT uptake in Q2 FY19

IPT uptake in Q2FY19			
County	**< 15Yrs.**	**> 15Yrs.**	**Total**
Kwale	84	219	303
Taita Taveta	7	102	109
Mombasa	84	962	1046
Kilifi	41	794	835
Lamu	14	41	55
Total	230	2118	2348

d) Infection prevention and control

During the current quarter, the project has been working with the County and Sub County TB Coordinators to have Infection Prevention and Control (IPC) plans in the facilities to minimize TB spread within the facilities. In Kwale county follow up has been done to 10 facilities[104] that were trained on the IPC last quarter which facilities are at different stages of development of their IPC plans after assessment of risk factors was done at every service delivery point including waste securing areas. In Taita Taveta County, four IPC meetings were supported in where 72 (22M, 50F) health workers from 42 health facilities[105] were updated on TB IPC and taken through the process of forming IPC committees and developing IPC plans for use in their health facilities.

e) Support to MDR Tuberculosis

Poor surveillance and low index of suspicion amongst service providers contributes to Low identification of the MDR cases, late diagnosis and ultimately poor prognosis for the DR TB Case management. The knowledge and skills of some health care in managing MDR patients has also been in adequate. To address these gaps, *Afya Pwani* has conducted CMEs to health care workers, done clinical review meetings in addition to joint supervision and mentorship sessions that are done covering other service areas also.

Clinical review meetings: *Afya Pwani* supported three clinical review meetings in Kilifi (Mariakani Hospital, Kilifi Hospital and Mtwapa Health Center) where 28 (13M,15F) service providers participated, five in Kwale County (Kwale Hospital, Kinondo Kwetu, Mbita, Mbwaleni and Mackinon Road Dispensaries) with 26 (14M,12F) service providers participating and three in Taita Taveta (Mwatate SCH, Bura Health Center and Wundanyi SCH) where 30 (9M,21F) health workers participated. These clinical meetings are aimed at reviewing the clinical management and the progress of the MDR clients and address any challenges that are experienced either from the clients or clinic and capacity the participants at the same time.

CMEs: During the reporting period, the project conducted CMEs sessions on the surveillance, diagnosis and management of MDR cases. At Kinango and Kwale Hospitals in Kwale County 62 (32M,30F) service providers benefitted while 27 (12M,15F) at Gede Health Center in Kilifi and 25(12M,13F) service providers drawn from Mwatate SCH, Bura HC, Mwashuma Disp, Kwamnengwa Disp, Maktau Disp, Mbagha Disp, Mbale HC, Mgange HC, Wundanyi SCH and Wesu SCH in Taita Taveta County also benefitted from these CMEs.

In Q2 of FY 19, the project partnered with the counties in the management of 64 MDR clients (24 intensive phase, 40 continuation phase) from 32 facilities[106] as shown in the table below.

[104] Msambweni, Diani, Lungalunga, Kikoneni, Vitsangalaweni, Kinango, Mazeras, Samburu, Kwale and Tiwi.

[105] Mwatate SCH, Bura HC, Modambogho Disp, Maktau HC, Kwamnengwa Disp, Mwambirwa HC, Challa Disp, Njukini HC, Mahandakini Disp, Chumvini Disp, Rekeke HC, Mata Disp, Ndilidau Disp, Kitobo Disp, Kimorigo Disp, Eldoro Disp, Kiwalwa Disp, Taveta SCH, Miasenyi Disp, Kajire Disp, Makwasinyi Disp, David Kayanda Disp, Maungu Model HC, Ndome Disp, Ghazi Disp, Kasigau HC, Buguta HC, Marungu HC, Sagalla HC, Ndovu HC, Tausa HC, Moi CRH, Nyache HC, Mbale HC, Kishushe Disp, Sangeroko Disp, Mgange Nyika HC, Mgange Dawida HC, Werugha HC, Mwanda HC, Wesu SCH and Wundanyi SCH.

[106] Kwale Hospital, Kinondo kwetu, Mbita Dispensary, Bwaleni Dispensary, Mackinon Dispensary, Bura HC, Mwatate SCH, Wundanyi SCH, Moi CRH, Malindi Hosp, Kilifi Hosp, Rabai H/C, Gotani H/C, Viragoni Disp, Jibana SC Hosp, Mtwapa H/C, Vipingo H/C, Witu Health Center, Lamu County Hospital, Bamburi H/C, Bokole H/C, CDC Ganjoni, Chaani MCM disp, Kisauni Dispensary, Kongowea Dispensary, Likoni SCH, Mikindani Disp, Miritini Disp, Mlaleo HC, Mvita disp, Port Reitz DH, Tudor Hosp and Utange disp.

Table 23: MDR patient in Q2 FY19

MDR PATIENTS IN Q2 FY19				
County	**# of facilities with MDR patients**	**MDR patients in intensive phase**	**MDR patients in continuation phase**	**Total MDR patients**
Kwale	5	5	2	7
Taita Taveta	4	2	2	4
Kilifi	7	6	5	11
Lamu	2	0	2	2
Mombasa	14	11	29	40
Afya Pwani	32	24	40	64

Challenges

Challenges	**How you overcame them**
The GeneXpert machine at Kinango has only one module working and in a hot environment.	The project working on modalities to improve the conditions in the lab for the lab equipment.
Low utilization of the gene Xpert Machine despite availability of lab networking support.	CHMT and *Afya Pwani* staff continue to sensitize Health care workers during project supported support supervision and meeting on the importance of gene Xpert test and encourage staff to collect samples for testing.

Lessons learnt

- Regular support supervision plays an important role in improving quality of TB/HIV services offered in facilities
- Rapid adoption of the new NASCOP reporting tools will help address the documentation and reporting issues with IPT and TB data.
- Continuous OJT and mentorship is key to improving knowledge and skills
- MDR TB clinical review meeting are effective in providing quality care to MDR patients since views and skills of several health care workers are incorporated into the management of the client as opposed to a single clinician.
- Continuous OJT and mentorship is key to improving knowledge and skills.

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

a) Enrollment and Retention of Enrolled AGYW:

During the reporting period, 495 new AGYW were enrolled in the program bringing the total number of AGYW enrolled to 12,047. Majority (39%) of them were in the age group 15-19 year as shown in the pie chart below.

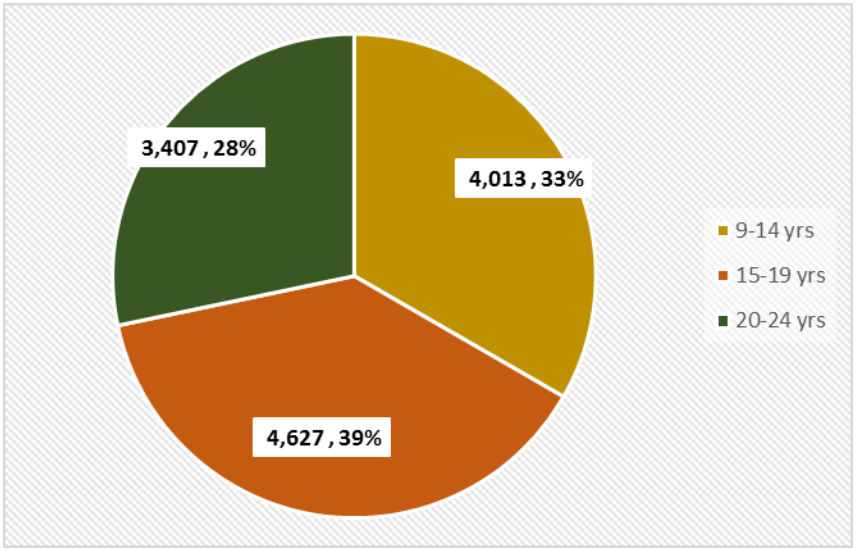


Figure 19: Enrollment performance by age group

Out of those enrolled, 10,285 (85%) were Active while the remaining 1,762 were inactive. An AGYW is considered active upon receipt of at least one DREAMS service as per the core package of services. Of the inactive 1,762 AGYW, 467 were lost to follow up and 1,090 contacted to resume the program; 205 of them have since relocated. The project is working closely with mentors to establish interesting and economically empowering SAB interventions to keep the group engaged within the program.

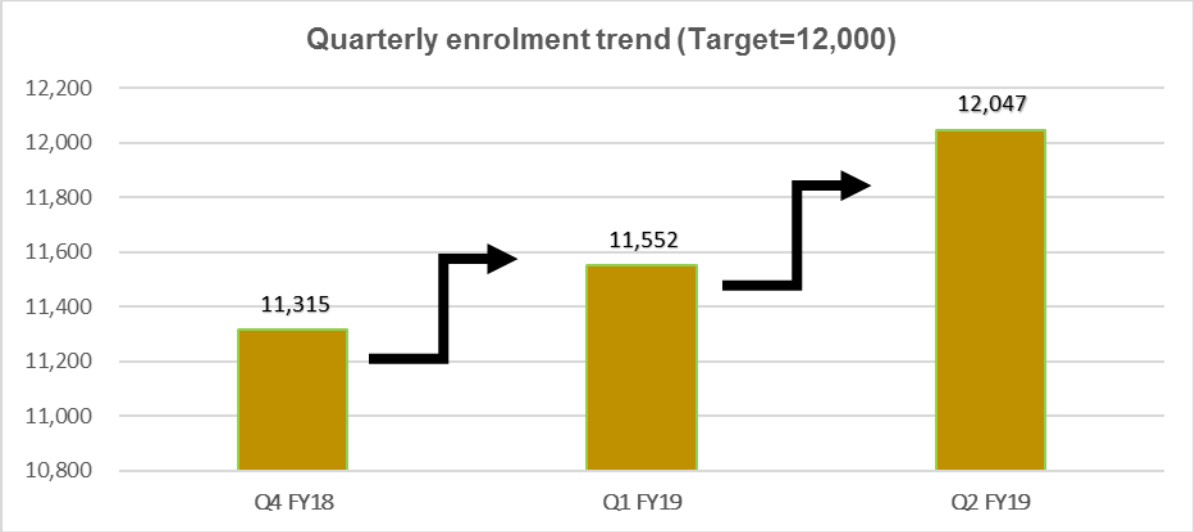


Figure 20: Enrollment performance by quarter

b) Provision of behavioral Interventions

i) Priority Population Prevention (PP Prev)

One of the key activities of DREAMS project is to start and expand evidence-informed HIV interventions for AGYW aged 9-24 years in Mombasa County. To reduce risky behavior and new incidences of HIV infections among them, *Afya Pwani* targeted in-school adolescents with evidence-informed behavioral interventions. Specifically, five interventions were implemented namely: Heathy Choice for a Better Future (HCBF), My Health My Choice (MHMC), Shuga II, Respect K and Families Matter Program. HCBF targets adolescents aged 10-14 years, MHMC targets 13-17-years, Shuga II targets young people aged 15-24 years, Respect K targets young people aged 15-24 years and FMP I and II targets parents and care givers of adolescents aged 9-14 years and young women aged 15-19 years respectively. All these interventions are a one off hence they are provided once to the beneficiaries in the entire life of the project. Cumulatively, *Afya Pwani* provided Priority Population Prevention (PP Prev) interventions to 6,505 (63%) AGYW against a total target of 10,285 active AGYWs.

Table 24: Achievements per age group by quarter

Age Category (in years):	Target	Q4 FY18	Q1 FY19	Q2 FY19	% Achieved
9-14	3,427	281	1,314	1,634	48%
15-19	4,076	690	2,309	3,073	75%
20-24	2,782	286	913	1,798	65%
Total	**10,285**	**1,257**	**4,536**	**6,505**	**63%**

Similarly, the project also successfully provided Families Matter Program sessions to parents/caregivers of 1,328 (1,090 FMP I, 238 FMP II) AGYW aged 9-14 and 15-19 years respectively against a combined target of 1,009. The achievement was 132 per cent. ***Table 2 below displays the cumulative number of AGYW reached by type of EBI.***

Table 25 Cumulative number of AGYW reached by type of EBI.

Age Category (in years):	HCBF	MHMC	Shuga II	Respect K	FMP
9-14	1,653	142	-	2	1,090
15-19	-	1,065	996	2,090	238
20-24	-	-	1,128	1,063	
Total	**1,653**	**1,207**	**2,124**	**3,155**	**1,328**

c) Provision of biomedical Interventions among AGYW

i) Provision of HTS Services:

Afya Pwani provided HIV testing services to 1,827 during the period under review totaling to 6,347 (62%) of AGYWs offered HTS so far. Among those tested, two AGYW clients tested positive and were referred for HIV care and treatment. Of these, only 1 was a known positive and under HIV care and treatment at Jomvu Model Health Center. Linking of the 2nd girl for care and treatment is ongoing though it has taken time pending caregiver acceptance. DREAMS project wraps around to the larger *Afya Pwani HIV* care and treatment project link Persons/counselors to walk clients to health facilities. Table 3 below indicates the achievements per age group.

Table 26: Achievements per age group

Age Category (in years):	Target	Q2 Reach	Total Reach	% Achieved
9-14	3,427	289	1,668	49%
15-19	4,076	919	2,956	73%
20-24	2,782	619	1,723	62%
Total	**10,285**	**1,827**	**6,347**	**62%**

The low achievement in HTS was attributed to the following factors: reluctance by AGYW to test in that HIV testing ought to be voluntary and pretext that they took a HIV test elsewhere within the last three months of the testing date. The project with inclusion of the SCASCOs is continuously counselling AGYWs through their caregivers to take HIV test before end of June 2019. One key result of HTS interventions was the increase in the number of AGYW with known HIV status especially among AGYW who declined testing for HIV earlier due to fear of undesirable HIV testing outcomes.

ii) STI screening & Treatment

During the period under review, the project also facilitated STI screening services for 676 AGYW whereby three were diagnosed with STI and treated as indicated in table below.

Table 27: STI screening per age group

Age Category (in years):	STI Screening
15-19	457
20-24	219
Total	**676**

iii) Condom Education & Demonstration:

In Q2, 728 (11%) AGYW were reached with the information on condoms against a quarterly target of 1,715. Cumulatively, 4,201 AGYW which is equivalent to 61% of the set 6,858 annual target have received condom education. To ensure condom availability, condom dispensers were installed in all main safe spaces and AGYW were sensitized on the same. As a result, many AGYW picked condoms from the dispensers with an approximated number of 400 condoms picked every week. Other AGYW picked condoms from service providers during HTS and EBIs sessions and mentors where 549 AGYW were issued with condoms.

Table 28: Achievement of condom Education and Demonstration against FY18 target

Age Category (in years):	Target	Q2 reach	Total Achieved	% Achieved
9-14	-	-	-	-
15-19	4,076	436	2,544	62%
20-24	2,782	292	1,657	60%
Total	**6858**	**798**	**4201**	**61%**

iv) Contraceptive Method Mix (CMM)- Education/Information:

The project continued to engage service providers to provide CMM education and offer contraceptive methods to eligible and interested AGYW. These services were offered at the safe space by clinician/nurse. CMM education was provided to 2,824 AGYW between 15 and 24 years. Cumulatively, 3,218 (47%) of the AGYW have been provided with CMM information against annual target of 6,858. As a result of the education provided, nine AGYW were individually counselled by the nurses and two of them received contraceptives (pills – 1 and injectables – 1)

Table 29: Achievement of Contraceptive Method Mix per age group

Age Category (in years):	Target	Q1 reach	Q2 reach	Total Achieved	% achieved
9-14					
15-19	4,076	214	1,923	2,137	52%
20-24	2,782	180	901	1,081	39%
Total	**6,858**	**394**	**2,824**	**3,218**	**47%**

v) Pre-exposure Prophylaxis (PrEP) Information and Services

The project provides PrEP Education through trained clinicians to AGYW aged 18-24years as per the existing guidelines. In the reporting period, 851 AGYW of the 5,263 AGYW targeted were reached with PrEP education. Cumulatively 2,919 (55%) AGYW were reached with PrEP education. Despite the efforts to create demand for PrEP across the project sites, none of the AGYW has enrolled for the service at the available safe spaces. To accelerate this intervention, the project partnered with Jilinde project that offers PrEP to key populations in Mombasa and Kilifi Counties to sensitize staff on PrEP. This was followed by a one-day sensitization training of all DREAMS staff and few selected mentors by one of the county PrEP

AGYW playing games in a safe space

TOT and mentor recommended by the MOH. It is expected that in the next quarter, the project will have a substantial number of AGYW linked to various health facilities for PrEP commodities. The project is also in the process of identifying PrEP Champions to sensitize AGYW and increase demand creation strategies on the same.

d) Structural Interventions Among AGYW

In addition to behavioral and biomedical interventions, DREAMS core package of intervention includes structural interventions. These are interventions provide social protection to the AGYW, build their social assets skills and address negative community norms that undermine HIV prevention efforts. Key results of the interventions were the increase in the number of AGYW with sources of income that included jobs and setting up businesses and improved school attendance.

i) Social Asset Building Activities:

In building girls' social and protective assets, the project focused on empowering AGYW with knowledge and skills and providing them safe spaces to access other reproductive health services. Weekly *"Binti Hodari Groups*[107]*"* activities increased AGYW opportunities by building their protective social assets. The project used the available Population Council topic-specific manuals for mentors to deliver age appropriate content to AGYW during *"Binti Hodari Groups" meetings.* During this reporting period, 9,720 (95%) of the active 10,285 AGYW attended weekly *"Binti Hodari groups"* sessions. Mentors continued working with the AGYW to establish the most favorable timing for safe space activities to boost attendance and offer more services to more AGYW. Consequently, 95% safe space attendance was achieved in the period.

Table 30:Achievement in provision of SAB interventions to targeted AGYW in Q2

Age Category (in years):	Target	Achieved	% Achieved
9-14	3,427	3,249	95%
15-19	4,076	3,848	94%
20-24	2,782	2,623	94%
Total	**10,285**	**9,720**	**95%**

[107] Binti Hodari is a self-selected and homogeneous group of AGYW based on age, marital status and employment status among other characteristics within which the AGYW can build their social networks and assets (make friends, build networks, learn new skill and pursue their talents among many other activities)

ii) Education Subsidy Program:

The project provided education support through provision of six-month dignity packs containing three panties, tooth paste, tooth brush and sanitary pads to 604 school going AGYW**.** None of the AGYW received school fees subsidies in the quarter but selection of new students eligible for education subsidies support was done. During the selection exercise, 670 applications were received though only 250 needy students in secondary schools were selected. Demand continues to outstrip the available education subsidy funds.

Table 31: Achievement of education support against FY18 target in the project.

Education Support	Target	Q1 School Fees	Dignity pack - Q1	Dignity pack - Cumulative
9-14	194	86	60	1054
15-19	2770	206	519	1861
20-24	2025	25	91	463
Total	**4,989**	**317**	**670**	**3378**

In the quarter in reference, the project held two meetings with representatives from the MOE. One was for quarterly update on the education subsidies and selection of the new applicants and the other to verify registration of the schools where some of the deserving applicants were schooling. The investment made in girls' Primary and secondary education is anticipated to have a short- and long-term effect on increased school attendance, reduce violence against girl's lower HIV new incidences, delay first marriage and first pregnancy, and enable a positive shift in attitudes towards girls' education. In the longer term, these results will give rise to greater economic and social benefits in health, fertility, income, girls' self-confidence, and women's empowerment.

iii) Combination Social Economic Approaches (CSEA):

AGYWS in a career guidance session at CAPYEI training center

CSEA included training in various vocational skills and entrepreneurship, linkage to internships and job opportunities, support to develop business plans, providing business start-up kits to execute the business plans, and linkage to micro-finance. In Q2, the project followed up 74 AGYW who had completed vocational training. Among the 74, eight (11%) were employed in fields related to their vocational skills and two (3%) were running their own businesses that are not related to their vocational skills. Another 11 (15%) got internships with the remaining 53 (71%) awaiting attachment placement and job opportunities. As at the end of Q2, 1726 AGYW had received entrepreneurship training of whom 76 (4%) developed business plans in readiness for start-up kits to be provided by the project to enable a few interested AGYW start small businesses. Another 160 are going on with vocational skills training in hospitality, mobile repair, Hair dressing & Beauty, and Industrial garment making. Those in

hospitality were supported with a complete chef's uniform (chef's hat, jacket, apron and neck scarf). ***Annex 1 is a success story of AGYW benefiting from economic empowerment activities.***

iv) Financial Capabilities Training:

Financial Capabilities (FC) training being a mandatory intervention for all the AGYW enrolled into the DREAMS program, additional cohort of facilitators were trained to accelerate the delivery of this intervention. In Q2, 1,366 AGYW completed FC sessions bringing the cumulative number of AGYW so far reached with FC training to 6,336 which is 62% of the active AGYW as indicated in the table below.

Table 32: AGYW reached with Financial Capabilities Training

Age Category (in years):	Target	Q4 FY18 reached	Q1 FY19 reached	Q2 FY19 reached	Total reached	% achieved
9-14	3,427	388	1608	258	2,254	66%
15-19	4,076	376	1507	650	2,533	62%
20-24	2,782	461	630	458	1,549	56%
Total	**10,285**	**1,225**	**3745**	**1366**	**6,336**	**62%**

e) Decreasing Risk in Male Sexual Partners

Afya Pwani conducted FGDs for Male Sexual Partner (MSP) characterization activities in Q1 with evidence recommending outreaches targeting prospective MSP their hung-out points. In Q2, the project started the implementation of the findings from this FGDs. In Timbwani and Mikindani Wards a HIV self-testing activity were conducted during this reporting period. The activities involved engaging HTS counselors in providing information on HIV and guidance on use of the self-test kits. An estimated 250 men were reached with information on self - test kits. Majority of them were motor bike riders with the others being men who had been attracted by the activities around the outreach site at Ferry Public transport stage and at Shelly-beach stage in Likoni Sub-County. In Mikindani Ward, an estimated 200 men were reached with similar information (about 120 were motor bike riders, 30 truck drivers, 30 matatu touts and drivers and the remaining were men from the general public. A total of 400 self-test kits were distributed to the participants. Most of the men were interested to carry more than one test kit so that their partners could use the other but due to limited number available at the outreach, it was not possible. The two events were successful mainly due to the support provided by chiefs and village elders from the local area. This support was mainly in mobilization of the target group as well as security during the two events.

f) Service Layering within the Minimum Package[108], [109]

For AGYW to be considered as layered, they must be active and having received age specific primary package of services. This layering is measured using the AGYW_PREV indicator bi-annually. At the end of Q2, the AGYW_PREV stood at 27% (2,758) among the 10,285 active AGYW. This proportion considered those who were fully layered and those who had received more than primary package of services as per the MER 2.3 guidelines. By age categories, the AGYW_PREV was 37%, 25% and 17% among the

[108] ***9-14 years:*** Financial Capability, Social Asset Building and EBI

[109] ***15-24 years:*** Financial Capability, Social Asset Building, EBI, HTS, Condom Education, Contraception Education and PrEP Education (18-24yrs)

beneficiaries aged 9-14 years, 15-19 years and 20-24 years respectively. During the quarter, Afya Pwani prioritized provision of primary services to the AGYW by focusing on mobilization for such services. Despite the efforts, the number of AGYW fully layered remains low due to the long period of time it takes to complete EBI sessions and availability of AGYW for services. The project through mentors, will increase efforts in reaching AGYW who are yet to be fully layered with the complementary services in the next quarter. The graph below indicates the number of AGYW layering status by age group.

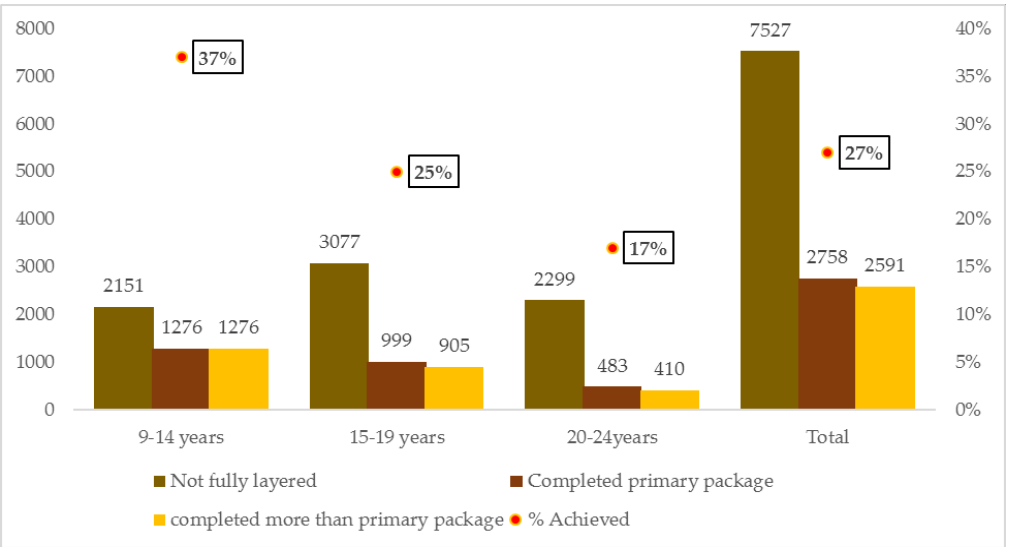


Figure 21: Achievement in terms of layering of AGYW in Q2

Challenges

The following challenges remain inherent, but efforts are being made to address them:

Challenge	How they were addressed
Low achievement in conducting HTS to all AGYW.	*Afya Pwani* is in liaison with MOH through SCASCOs to provide counselors to test AGYW during the weekend & also door to door testing.
Despite the efforts to create demand for PrEP across the project sites, none of the AGYW has so far requested for the commodity at the available safe spaces.	Partnering with Jilinde project that offers PrEP to key populations to sensitize DREAMS staff on PrEP. One-day training of DREAMS staff and selected mentors by County PrEP TOT. Identification of PrEP Champions to sensitize AGYW and increase demand creation on PrEP.
Inadequate safe spaces	Program Advisory Committee members supported in identifying and negotiating for community spaces that are not charged.
High expectations from presumed MSP during HTS outreaches	Reaching them at their points of operation instead of a centralized site.

Stakeholder engagement

Throughout the project period, *Afya Pwani* engaged host communities, Government of Kenya (GOK), civil society and the private sector to support various aspects of the project. Through the support, the project was able to provide a wider range of services than the available funding and project scope could have otherwise allowed.

Afya Pwani created several opportunities to engage the project beneficiaries in the quarter. At the community level, beneficiaries were members of the Project Advisory Committees (PAC) in each ward. Through the PAC, they reviewed the project progress and gave input incorporated in subsequent plans and implementation.

Project beneficiaries were also engaged as community resource persons. For instance, some were trained as EBI facilitators, mentors, mobilizers, and PrEP Champions. The project built their capacity to enable them to execute their roles effectively. The trainings were done through organized through conference training as well as mentorship on job.

Key lessons learned

- Pairing facilitators for behavioral interventions, based on complementing strengths, helped improve the quality of delivery of the sessions. Also, facilitating monthly peer meetings for the facilitators provided an opportunity to learn from each other and bond. Future project should continue to use similar strategies.
- Having a link person escort client who test HIV positive to a health facility for care and treatment can significantly increase the success of HIV test and treat approach. Afya Pwani used HTS providers as escorts but other options such as having young PLHIV link person escort the clients can be explored.
- Presumed Male Sexual Partners are best targeted at their places of work and it works best with involvement of their group Leaders, village elders and the area Chief.

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

Output 2.1: Maternal, Newborn and Child Health Services

a) Address sociocultural barriers to utilization of Maternal and Neonatal Health (MNH) services

During the period under review, the project supported initiatives aimed at promoting maternal health services, while dispelling myths and socio-cultural practices that impede utilization of the same. To this end, the following strategies were implemented to address sociocultural barriers to utilization of MNCH services

i. Engaging National Public administrators as agents of change: Utawala na Afya:

Despite efforts to increase community awareness and quality of health services, customary fixed frameworks remain a huge barrier to utilization of sexual and reproductive health (SRH) services in Kilifi County. Attempts to discuss the harm caused by these negative social norms, are often ill-construed. To address this, *Afya Pwani* engaged local leaders and national administrators to dissuade communities against these retrogressive practices. The difficulties encountered by t parents and chiefs to complete the process of late birth registrations owing to home deliveries provided the basis for the administrators to collaborate with the Ministry of Health partner and advocate in enhancing skilled deliveries and improve birth registration. This would improve maternal health outcomes as well as ensure prompt birth registration and hence the mantra *"Utawala na Afya*[110]*"*

A series of discussions with the County Commissioner and the Ministry of Health culminated into an agreement to jointly create demand and dispel these sociocultural barriers to uptake of MNCH. To this end, the project supported two sensitization meetings for 8 (7M,1F) Deputy Commissioners and 134 (98M,36F) assistant chiefs from the County. The leaders were provided with technical information on positive MNCH practices. Key strategies were also discussed around how to integrate MNCH health promotion and action into their administration practice. These highly interactive sessions boosted the confidence of the administrators to cascade their knowledge to other community leaders in their respective locations and implement practical actions in their communities and households to influence MNCH behaviors and practices. The leaders were also sensitized on community MPDSR committee: the constitution, role and process of establishment.

During these forums, the County Commissioner, directed the local administration to support in dissuading women from home deliveries and instead persuade TBAs to accompany pregnant women to health facilities and act as birth companions. Further, he instructed that at least one public Baraza[111] be dedicated to health education every month in each sub location. He urged the chiefs to exercise their power to better the health of their constituents, reiterating that promoting facility deliveries will save on time spent in processing late birth/death registration, time that can be spent in enhancing other administrative obligations. The commissioner pledged to be on the forefront in ensuring his team foster good health seeking practices among community members. He also challenged the department of health to put in place mechanisms to manage the anticipated increase in number of clients.

Added value of working with the National Administrators

Role Models: National administrators possess an ordained role of leadership in their institutions and communities. They shape social values and promote responsible behaviors.

Community Spokesperson: They are well situated to address social issues and have the capacity to bring communities together. As community spokespersons, they are often successful in influencing positive social change. Once convinced, these leaders can play an important role in shifting their communities' beliefs, attitudes, and behavior related to MNCH.

Community Mobilizers: Their moral influence and extensive networks give them access to the most disenfranchised and deprived groups, those that organizations are sometimes less able to reach effectively.

[110]

[111] Chief's assembly

"I have learned to view maternal and neonatal health from a new perspective. And I am looking forward to spreading the vital information communities need to know to protect mothers and babies from preventable death. As National Administrators, we have the power to create an enabling environment for our communities to get appropriate health services. I will lead in this initiative and equally call on all chiefs to do the same", Mr. Mutindika, County Commissioner, Kilifi County.

At the end of the sensitization meetings, the leaders were encouraged to develop their own plan of action depending on their local context. They were also asked to document their health-related activities, to be shared during their monthly meetingsIn Pala Kumi, Ganze Sub County, the assistant chief mobilized communities, inviting the area PHO to educate the community members on importance of ante-natal care and skilled deliveries.

Moving forward in quarter 3, the project will support decentralized sensitization of these leaders, fast track establishment of community MPDSR committees, link them with health providers and review efforts in promoting health services.

Some of the immediate outstanding outcomes of the meeting was a resolution of a meeting of all village elders, Kaya leaders and TBAs by the assistant chief, Ziani Sub Location, Kilifi South Sub County to discuss ways of promoting maternal health to overcome preventable maternal deaths. The TBAs were encourage dto be change agents and refrain from conducting home deliveries and instead refer and accompany pregnant women to the local health facility- Ziani Dispensary for deliveries. In Pala Kumi, Ganze Sub County, the assistant chief mobilized communities and invited the area PHO to educate the community members on importance of ante-natal care and skilled deliveries.

Gladys Etemesi of Afya Pwani engaging the chiefs in a discussion on safe motherhood

Moving forward in quarter 3, the project will support decentralized sensitization

of these leaders, fast track establishment of community MPDSR committees, link them with health providers and review efforts in promoting health services.

ii. Reformed TBAs contributing to safer births

TBA capacity building session in Kijana Heri medical centre

A significant proportion of women in Kilifi County continue to seek the care of TBAs, despite aware of the benefits of skilled delivery. Acknowledging the TBAs' cultural and social acceptability and the important role they play in supporting the health of women and newborns by linking communities to the formal health system, Afya *Pwani* has continued engaging them; advocating for institutional deliveries over home deliveries. This quarter, the project supported 4 advocacy sessions targeting 120 TBAs in Kilifi South and Magarini Sub Counties. This process involved negotiating to be change agents and serve as birth companions, as well as adopt the roles of community-level health education and mobilization to improve MNH. To establish collaborative relationships for reciprocal knowledge sharing between TBAs and SBAs, the TBA's were linked to health facilities[112] which promised to work respectfully with them. Kijana Heri Medical Centre further pledged to give incentives to the TBAs for every client referred.

As a result, the TBAs engaged, successfully referred 291 women to their link facilities. One satisfied client testified, *"My first born, I went to a birth attendant and everything well, for my second baby I also went to the same birth attendant. I gave birth but experienced so much discomfort from the massages and I bled a lot. For my third baby the TBA took me to hospital. In the hospital, I saw a very big difference. I honestly think it's the safest."*

iii. Male Champions for Maternal Health

In Kilifi County, like many societies, decisions on the management of pregnancy and childbirth more than often rest on husbands and older men. Unfortunately, in many instances, these decisions are made from uninformed perspective. Men shy away from community health education sessions, and therefore often remain ignorant about maternal and child health issues. To build on the progressive gains made in involving men in reproductive health discussions, *Afya Pwani* supported training of 60 additional male champions in Magarini and Kilifi South Sub Counties. The male champions were tasked to be ambassadors of maternal health, promoting male support for utilization and access to MNCH services.

Post training, the male champions held 62 male only dialogue meetings reaching up to 578 men with MNCH information. In Kilifi South, the trained, male champions identified poor health worker attitude as

[112] Kijana Heri, Muyeye, Kizingo, Chasimba and Ziani disp

a contributing factor to low uptake of MNCH services. This forced women to either travel far to get these services in other facilities or opt for TBA services. To address this, they rallied support of community leaders and members to demand for quality and respectful services. The facility in-charge obliged to the communities' demand and has since conformed to provide respectful and comprehensive services.

iv. Targeted Dialogue sessions with Mothers in Law

Evidence from *Afya Pwani* baseline survey indicated that women often have only partial, if any, autonomy over their reproductive and sexual health. Husbands and other family members, especially mothers-in-law, often exert control over younger women. The project therefore held one dialogue meeting with 25 mothers-in-laws in Ganze to examine in detail the role of mothers-in-law in decision-making and gain insight into the circumstances that affect the decision-making process around ANC. This discussion established that more often mothers-in-law have a negative influence in ANC and SBA as they tend to discourage their daughter-in-law from seeking these services. The mothers-in-law attested to not using ANC/SBA themselves. The main factors leading mothers-in-law not to support ANC checkups, were expectations regarding pregnant women fulfilling their household duties, perceptions that ANC was not beneficial based largely on their own past experiences, the scarcity of resources under their control. The project team sensitized the mothers-in-law benefits of ANC and SBA in addition to the harm for not utilizing RH services. Though reluctant, some heeded to change, while the rest argued otherwise. The project will continue sensitizing this cohort in the subsequent quarters to bridge knowledge gaps and aid them in making informed decisions.

b) Increase demand for MNH services

i. Targeted Community dialogues with expectant women

In the reporting period, *Afya Pwani* through its grantees[113] supported 8 targeted community dialogue sessions with expectant women around 8[114] health facilities. A total of 248 expectant women attended these sessions and received information on the importance of ANC attendance, especially the need to start ANC early and completion of at least 4 visits; completion of childhood immunization, importance of skilled attendance at birth and postnatal care; importance of family planning (FP) especially for child spacing; and nutrition support including the importance of exclusive breastfeeding for the first six months. These sessions also served as feedback forums, where community members also shared information on negative experiences in health facilities that wane their desire to utilize utilizing health services. The community members got assurance of improved services from the health care workers attending these sessions. With increased awareness on importance of seeking ANC services, the project anticipates improved uptake of the services across the County.

[113]Magarini Cultural Centre and AMURT

[114] Sosoni Dispensary, Chasimba, Marikebuni, Marereni, ngomeni, mambrui, kijana Heri and Marafa

ii. Scaling up maternity open days

Maternity Open Day at Kambi ya Waya Dispensary Magarini Sub County

Maternity Open Days[115] have proven to increase uptake and utilization of MNH services in Kilifi County. Building on the gains of Quarter 1, *Afya Pwani* supported this intervention to address barriers to uptake and utilization of MNH services, demystify myths and misconceptions surrounding pregnancy and child birth. It also provides an entry point into provision of Longitudinal MNCHFP services through formation of cohorted ANC groups[116]. In this regard, the project supported 19 Maternity Open Days, reaching 826 pregnant women (520-1st ANC and 306 ANC revisits). This resulted in formation of 21 mama groups and 19 Binti kwa Binti groups. Mama and Binti group graduates were utilized to mobilize women for a Maternity Open Day in Rabai Health Centre and Dzikunze Dispensary. The graduates mobilized 182 pregnant women (106 at Rabai and 76 for Dzikunze) for their respective maternity Open days. ANC graduates are a key asset as agents of change in MNCHFP and role models who have positive impact on the Group ANC/PNC.

iii. Mama group and Binti kwa Binti Groups

Mama group session at Jilore Dispensary- Malindi Sub County

In a bid to ensure every pregnant woman, newborn and infant utilizes MNCH services throughout pregnancy childbirth and the postnatal period as envisioned by WHO[117]; *Afya Pwani* strengthened health systems, expanded the Maternal and Child Health Agenda (go beyond maternal and child survival); with a view of maximizing the health and well-being of neonates, infants, children, AGYW and women through offering group antenatal and postnatal care services. The *Afya Pwani* supported antenatal and post-natal groups are formed by cohorts of pregnant women enrolled during Maternity Open Days. The women are then grouped according to age and gestational ages at enrollment into antenatal care (Binti kwa Binti group for clients

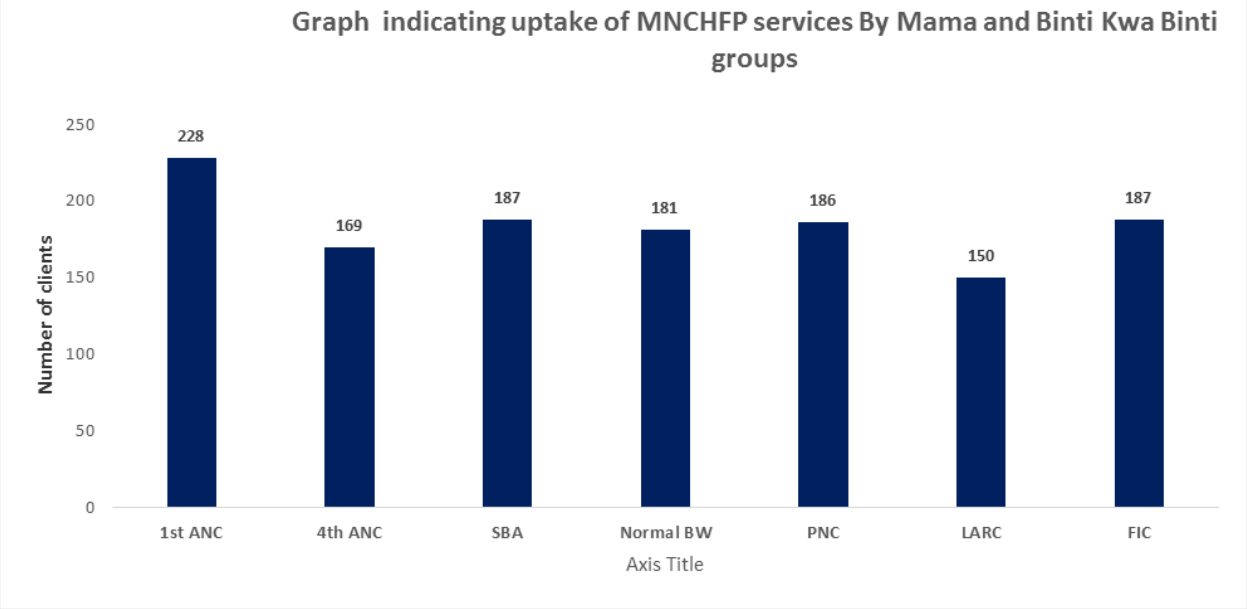
[115] Pregnant women only dialogue sessions

[116] Mama group for women over 24 years of age and Binti kwa Binti groups for women aged 24 years or less

[117] Quality of care for pregnant women and newborns- the WHO vision 2015

< 24 years and mama groups > 25 years). The groups enhance patient-centered care through individualized clinical care, targeted health education sessions, predictable appointments and experience sharing among the women. It also leverages on their social capital to enhance retention in MNCH cascade thus increasing uptake of 4th ANC, SBA, Immunization, PNC and FP uptake. The services provided during the group meetings include; routine ANC/PNC services as per the Guidelines, Integrated health education sessions[118], dialogue with the health care providers to address barriers hindering MNCHFP services uptake[119], Support groups[120] and reminders of next appointment by CHVs, Mentor mothers & Nurses. As previously reported, 40 groups were formed in Q2 following the Maternity Open Days conducted. Cumulatively, *Afya Pwani* supported 231 group meetings to offer Group ANC and Group PNC in Q1 and Q2 with a membership of 3,888 women.

Figure 22: Graph depicting uptake of MNCH FP services in 8 mama and Binti Kwa Binti groups



In this reporting period, the project supported four Mama and four Binti kwa Binti graduation ceremonies in 4[121] health facilities in Kilifi County with a total of 189 clients graduating. These ceremonies[122] provided an opportunity to celebrate and show case the women who successfully went through the MNCHFP cascade. To enhance facility and community ownership, current Mama and Binti kwa Binti groups

[118] Clients received Patient centred MNCHFP health education sessions which were integrated with Nutrition, WASH and Gender Based Violence. These sessions were delivered through various teaching modalities ie Interactive discussions, facilitated dialogues, demonstrations, short lectures, skits and songs.

[119] The Health Care provider utilizes the Group forums to address barriers towards access and utilization of MNCHFP services continuously and engage women to co-create a model for the group that reflects the cultural and health system context and responds to their needs.

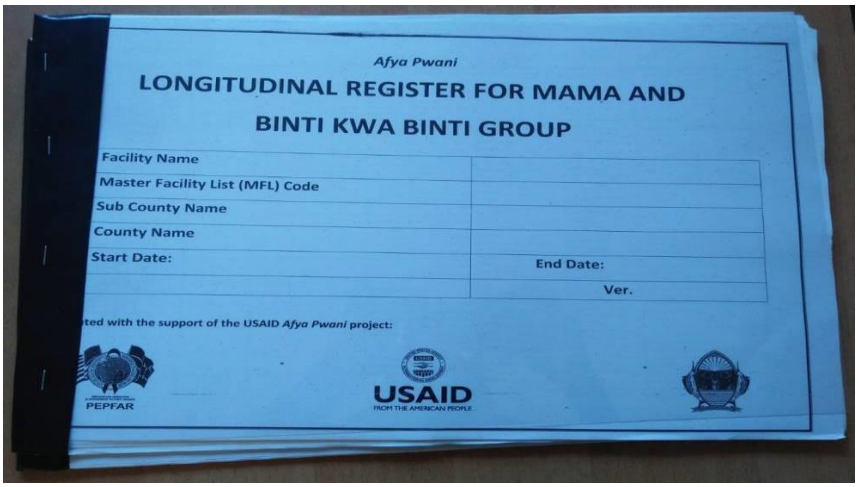
[120] Support groups allowed women to know each other, discuss pregnancy, childbirth and breastfeeding then form strong bonds that promoted healthy behaviors like breastfeeding, early newborn care, child spacing and generally positive experiences throughout pregnancies, childbirth and postnatally.

[121] Gongoni Health Centre, Kizingo Health Centre, Dzikunze Dispensary and Mjanaheri Dispensary.

[122] The graduations were held at least 9 months after last baby in the group was delivered.

members, Local Administration, Community Leaders and SCHMTs were invited. In addition, the graduating women were not exited from the groups, but the groups' focus was changed from facility based (Clinical) management groups to community entrepreneur/ empowerment groups. During the graduation ceremonies dialogues were held to assesses the experiences and get views on how to improve the group sessions. This also provided an opportunity to identify existing barriers to utilization of Group ANC and Group PNC in the health facilities. The women traced their journey and involvement in the groups and reiterated the benefits of attending the group meetings which included creating new friendships & bonds which positively altered their attitudes and behavior towards Hospital deliveries, good breastfeeding practices and ultimately improved their Maternal and Child health outcomes. The graduates affirmed their commitment to be role models[123] and agents of change in MNCHFP. The project awarded the members of the Mama groups with shawls during this ceremony. *Afya Pwani* will further engage them in mobilization of women for maternity open days and support them to participate in community peer sessions with the assistance of the CHVs and reformed TBAs.

iv. Piloting of Longitudinal register for Mama and Binti Groups.



Mama and Binti Kwa Binti group Longitudinal register

During the reporting period, *Afya Pwani* developed and piloted the Longitudinal register for Mama and Binti kwa Binti Groups in 9[124] health facilities in Kilifi County. The register complements existing tools by capturing essential aspects in the group ANC package like; Group type and month of enrollment, Antenatal care, Labor and Delivery, post-natal care, family planning, Immunization, Aspects of IMCI captured under Diarrhoea & Pneumonia, WASH interventions in MNCH and Auxiliary services[125] in Group care. The register was customized and made user friendly to enable clients and CHVs to be able to populate them thus reduces health care providers work load[126].

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

[123] Role models in MNCHFP, embracing recommended antenatal and postnatal practices

[124] Dzikunze Dispensary, Gongoni Health Centre, Kizingo Health Centre, Mjanaheri Dispensary, Marafa Health Centre, Mambrui Dispensary, Marareni Dispensary, Chasimba Health Centre, Gotani Health Centre,

[125] Telephone support intervention, Peer-led support, Male involvement, Referral and linkage and IGA Support

[126] Reviews from the Longitudinal register Pilot included: Register user friendly and easy to use, captures all the information and to provide a data extraction tool for the register.

i. Increasing ANC service uptake:

WHO recommends provision of timely and appropriate evidence-based actions related to health promotion, disease prevention, screening and treatment through Focused Antenatal Care. The aim is to provide integrated care delivery throughout the pregnancy period, reducing complications from pregnancy and childbirth and reducing maternal and perinatal mortalities and morbidity. In the period January to March (Q1) *Afya Pwani* reached 12,612 new clients up from 10,893 in Q1. Cumulatively, new ANC clients reached as at half year were 23,505, representing 48% of the annual target. The Q2 increment was achieved through the Maternity Open Days that emphasized on targeted mobilization of 1st ANC clients and community mobilization strategies such as community dialogues, advocacy forums, utilization of male champions and reformed TBAs. We capitalized on the high rates of first ANC visit to link pregnant women to Mama and Binti Kwa Binti support groups. This strategy enhanced retention in care leading to an increase in number of clients attending at least four ANC clinic visits from 7,426 in Q1 to 8,166 in Q2cumulatively reaching 15,592 (49%) women, of the annual target. The graph below shows trends in uptake of 1st and 4th ANC in Q1 and Q2.

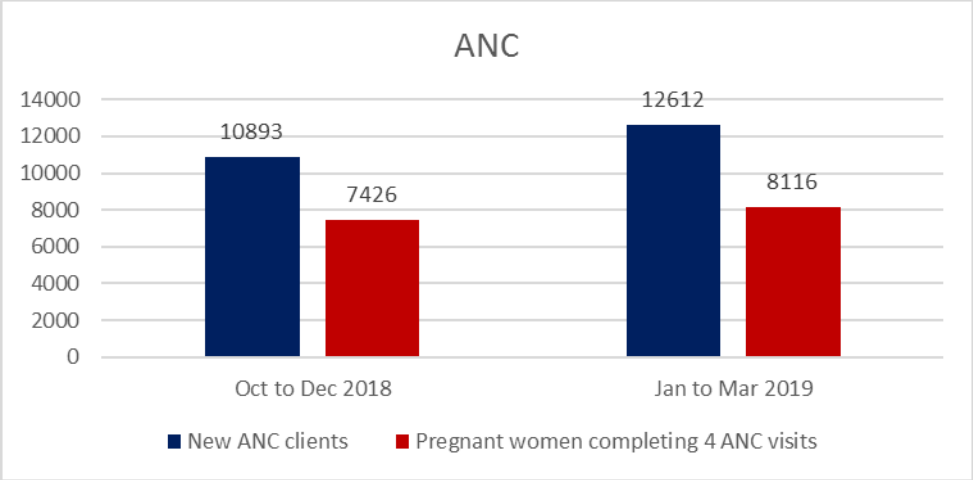


Figure 23: Graph depicting uptake of ANC1 and 4ANC

ii. Increasing Skilled birth attendance:

There was an increase in deliveries conducted by skilled birth attendants in Q2 across facilities in the seven Sub Counties in Kilifi County, from 9,480 in Q1 to 9817 in Q2 (total 19,320 women) representing 56% of the annual target. The increase in SBA is mainly attributed to the community dialogue sessions and dialogue meetings during Maternity Open Days which has helped address barriers to SBA such as poor provider attitude, CMEs on respectful maternity care and enhanced health care providers' capacity to provide high quality services due to clinical mentorship. Access to facilities has also improved as a result of the rolling out of 'Linda mama[127]' which has removed financial barrier to accessing health care. Despite an increase in SBA, the number of the children offered post-natal care within 24 -48 hours dropped from 7,980 in Q1 to 7,618 in Q2. Cumulatively 15,598 children were reached during the period under review,

[127] Linda mama provides a package of basic health services accessed by all in the targeted population on the basis of need and not ability to pay, positioning Kenya on the pathway to Universal Health Coverage (UHC)

representing 54% of the annual target. The drop in PNC is attributed to documentation gaps and deployment of newly recruited health care providers. Going forward, the project will sensitize the newly recruited staff on Integrated PNC in a bid to respond to documentation gaps.

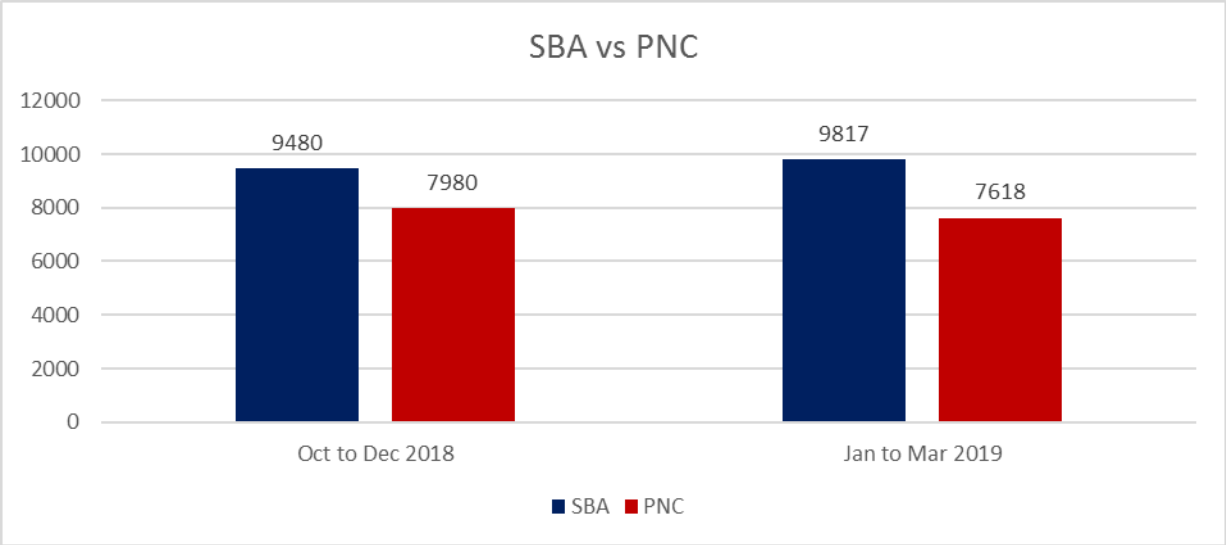


Figure 24 :Graph depicting uptake of SBA and PNC

d) Support Lab net working for ANC profile targeting lower level facilities

To improve access to laboratory services for ANC profiling, *Afya Pwani* conducted a planning meeting with the County and Sub County Lab Coordinators to map Laboratory Hubs for ANC profiling and feeder facilities. A total of 28 Laboratory Hubs[128] were established and Lab expert [129]referral was selected to support Lab networking. During the meeting, the project advocated for facilities without Laboratory services to utilize funds from 'Linda Mama' disbursement to purchase Laboratory reagents for ANC profile. In addition, the project supported a pilot phase for the Lab Networking (Expert Referral) in Ganze and Magarini Sub County whereby a total of 12 Lab technicians were supported to conduct ANC profile in 12 facilities resulting to 286 1st ANC women receiving ANC profiles. In the next quarter, this will be scaled up in all the Sub Counties.

e) Strengthening health facility capacity to offer BEmONC/ CEmONC services

Afya Pwani supported Kilifi County to perform an Emergency Obstetrics and Newborn cCare (EmONC) assessment to generate evidence on the current availability, utilization, and quality of EmONC services.The 2019 EmONC assessment sampled 60 public and private health facilities[130] in the seven Sub

[128] Ganze Sub county 4 Hubs, Kaloleni Sub county 3 Hubs, Kilifi North Sub county 4 Hubs, Kilifi South Sub county 4 Hubs, Magarini Sub county 6 Hubs, Malindi Sub county 3 Hubs and Rabai Sub county 4 Hubs.

[129] Lab expert is a trained and certified laboratory technologist

[130] Kilifi County Hospital, Malindi Sub County Hospital, Mariakani Sub-County Hospital, Rabai Rural Health Demonstration Centre, Bamba Sub-County Hospital, Vipingo Rural Demonstration Health Centre, Mtwapa Health Centre, Kijana Heri Medical Clinic, Gotani Model Health Centre, Dzikunze Dispensary, Tawfiq Muslim Hospital, Matsangoni Model Health Centre, Chasimba Health Centre, Muyeye Health Centre (Municipal), Ganze Health Centre, Gede Health Centre, Vitengeni Health Centre, Gongoni Health Centre, Marafa Health Centre, Marereni Dispensary, Tsangatsini Dispensary, Baolala Dispensary, Jibana Sub District Hospital, Oasis Medical Centre, Sosoni Dispensary, Garashi Dispensary, Madunguni Dispensary, Kinarani Dispensary, Adu Dispensary, Konjora Dispensary, Matolani Dispensary, Dagamra Dispensary, Sabaki Dispensary, Kizingo Health Centre, Kakoneni Dispensary, Mtondia Medical Clinic, Chalani Dispensary, Roka Medical Clinic (Chumani), Mambrui Dispensary, Mwangatini Dispensary, Malanga Dispensary (Vitengeni), Marikebuni Dispensary, Meridian hospital, Kokotoni Dispensary, Mtoroni Dispensary,

Counties of Kilifi that provided maternal and newborn health services and had high volume of deliveries (more than 10 deliveries in the period October to December 2019). The Kenya Health Facility EmONC /MNCH assessment tool 2016 was used to ensure validity of the exercise.

The assessment provided comprehensive information on the availability of infrastructure, equipment, essential drugs, and supplies; availability and capacity of human resources; insight into quality of clinical monitoring and management of labor, maternal deaths, and women and newborns with complications; geographic availability of critical services; status of routine and emergency obstetric and newborn services; implementation of the MPDSR system and quality improvement structures. Among the 60 facilities sampled, 11[131] attained all the seven signal BEmONC criterion while two[132] achieved the CEmONC criterion.

The best performing signal function was manual removal of the placenta (100%) while the least performing was assisted vaginal delivery (47%). While most facilities lacked a functional Assisted Vaginal Delivery Device (AVD), most (95%) had the capacity to perform basic neonatal resuscitation due to the availability of Neonatal Bag and mask ventilation signal function. Low capacity to administer parenteral antibiotics at 54% and parenteral anti-convulsant at 54%, were caused by stock outs of commodities within the facilities. Challenges in commodity management and inventory management were also noted. During the assessment, 3677 of the delivery's files were sampled. Most of the facilities in Kilifi County (78%) were found to be utilizing the partograph. Nevertheless, inconsistent use of the tool for monitoring labor was observed. Of the facilities that had partographs, only 58% used the partographs correctly by documenting maternal and fetal status during labor. Oxytocin administration within one minute of birth was at 77%. This was majorly due to poor documentation practices among health care practices and lack of understanding on correct use of partograph.

Midoina Dispensary, Chakama Dispensary, Palakumi Dispensary, Takaungu Dispensary, Cowdray Dispensary, Baricho Dispensary, Chamari CDF Dispensary, Jilore Dispensary, Makanzani Dispensary, Kambi Ya Waya Dispensary, Ganda Dispensary, Mshongoleni Community Dispensary, Mephi Health Services, Ngomeni Dispensary, Kanamai Health Care

[131] Mariakani Sub-County Hospital, Rabai Rural Health Demonstration Centre, Bamba Sub-County Hospital, Vipingo Rural Demonstration Health Centre, Mtwapa Health Centre, Kijana Heri Medical Clinic, Gotani Model Health Centre, Dzikunze Dispensary, Tawfiq Muslim Hospital, Matsangoni Model Health Centre, Chasimba Health Centre, Muyeye Health Centre (Municipal), Ganze Health Centre, Gede Health Centre, Vitengeni Health Centre, Gongoni Health Centre, Marafa Health Centre, Marereni Dispensary, Tsangatsini Dispensary, Baolala Dispensary, Jibana Sub District Hospital, Oasis Medical Centre, Sosoni Dispensary, Garashi Dispensary, Madunguni Dispensary, Kinarani Dispensary, Adu Dispensary, Konjora Dispensary, Matolani Dispensary, Dagamra Dispensary, Sabaki Dispensary, Kizingo Health Centre, Kakoneni Dispensary, Mtondia Medical Clinic, Chalani Dispensary, Roka Medical Clinic (Chumani), Mambrui Dispensary, Mwangatini Dispensary, Malanga Dispensary (Vitengeni), Marikebuni Dispensary, Meridian hospital, Kokotoni Dispensary, Mtoroni Dispensary, Midoina Dispensary, Chakama Dispensary, Palakumi Dispensary, Takaungu Dispensary, Cowdray Dispensary, Baricho Dispensary, Chamari CDF Dispensary, Jilore Dispensary, Makanzani Dispensary, Kambi Ya Waya Dispensary, Ganda Dispensary, Mshongoleni Community Dispensary, Mephi Health Services, Ngomeni Dispensary, Kanamai Health Care

[132] Kilifi County Hospital, Malindi Subcounty Hospital

Gaps identified from the audits contributing to maternal and perinatal deaths	Mitigation measures
Health care providers' Knowledge and skill gap in maternal resuscitation, partograph use and obstetric emergency management	Clinical mentorship Adoption and roll out of SOPS for obstetric emergencies
Documentation gaps	CHMT to adopt checklists and structured tools to enhance documentation
Audits of perinatal deaths not done consistently	Operationalize routine Perinatal audits to be done and reported alongside Maternal audits
Lack of blood and blood products in facilities	Capacity building and support to ensure functionality of Blood transfusion committees
Few functional Community MPDSR committees	Formation of committees, capacity building and facilitation of the committees. Sensitization of local administrators during '*Utawala na Afya'* forum
Mismatch in gaps identified and recommendations	Technical assistance to MPDSR committees Tool to be developed by County MPDSR technical review team to be used by subcounty teams to track, collate and produce a dashboard on number of maternal deaths, causes and recommended actions to aid in monitoring and follow up.
Delay in instituting correct management e.g. review of patients, decision to cs, consultation	Facility in-charges/HOD to optimize available resources and staff

Output 2.2: Child Health Services

a) Increase demand for child health services

Kilifi County faces a number of systemic and cultural challenges which include; distance from health facilities, religious and cultural beliefs which defy modern health practices, poverty and lack of knowledge by clients. These challenges affect uptake of child health services. In its commitment to improve the health of children, *Afya Pwani* has continued creating demand whilst enhancing access to high impact child health interventions: Specific interventions supported by the project are outlined below:

i) Community sensitization to enhance routine immunization

To enhance immunization coverage, *Afya Pwani* conducted 14 dialogue sessions reaching 840 (602F,238M) caregivers with information on appropriate child health practices. The sessions provided an opportunity for the project team to educate the caregivers. Some of the key messages disseminated during the dialogue session include; the importance of immunization, hand washing, sanitation and other child care practices.

Community dialogue session in Marikebuni location

For instance, Magarini Cultural Centre, one of the project grantees, utilized community health volunteers and Kaya leaders to conduct household visits in hard to reach areas of Magarini Sub County. During the visits, CHVs and community leaders oriented the households on the immunization schedules, identified immunization defaulters and referred them for missed vaccines. Besides routine health education, Kaya leaders urged community members to utilize these services. As a result, 899 children were identified and referred for immunization services.

i) **Immunization defaulter tracing:** In a bid to create demand for services, the project also endeavored to reduce immunization drop out though a multiprong approach. This intervention entailed the following: line listing of defaulters from the permanent registers, tracing of defaulters using community structures, confirmation of the child's immunization status from the mother baby booklets, caregiver's education sessions to create awareness on the need to complete immunization schedules, client referrals by CHVs and outreaches. This comprehensive process ensured efficient data driven process resulting to successful targeted outreaches. To this end, 1002 defaulters from 17 villages[133] were successfully referred and received immunization services.

Community dialogue with traced immunization defaulters

[133]Marafa health centre-kata village-87, Kanyumbuni village-70, Makumba village-40, Adu disp-Ramada village-90, Gongoni h/c-Midodoni village-30, Kadzuhoni village-50 , Mwangatini disp-Songerako village-60, Madzaya village-70, Sosoni disp-inreach-58, Marereni disp-Kadzuyuni-60, Muyu wa kae-74, Mjanaheri

ii) Integrated Community Case Management

Afya Pwani advanced efforts to ensure institutionalization of ICCM in Kilifi County in Q2. Initially, the department of health was not keen to equip CHVs with commodities despite them being trained. They however, conformed to the call of equipping the CHVS after realizing the potential of ICCM in reducing morbidity for children under 5 especially in the hard to reach areas. In lieu of this development, the project trained 25 (M-9, F-16) additional CHVs from Magarini Sub County on Integrated Community Case Management. This was an effort to increase access to treatment for pneumonia, malaria and diarrhea cases in underserved communities. The CHVs were equipped with knowledge and skills to enhance early diagnosis and treatment of key illnesses as well as identifying those in need of immediate referral to health facilities and specialized personnel. The CHVs will further be mentored to address multiple health needs of the population along an interconnected continuum: from health promotion, disease prevention, treatment and care, to rehabilitation. Post training, the CHVs were able to the provide the following services; Clients presenting with fast breathing/pneumonia (14), Clients treated with amoxyllin DT (9), Clients presenting with diarrhea (9), Clients receiving Zinc / ORS (9), Clients referred for further services (6).

Mentorship at Kinarani dispensary on use of Chart booklet

b) Improve County coordination and capacity building in child health service delivery at 3 levels County/Sub County, health facility and community

i) Mentorship sessions

To improve health care workers' skills in child health service provision delivery, the project supported five structured clinical mentorship sessions. The clinical mentorship plans were informed by skill-set gaps identified during CMEs, supportive supervision and performance reviews. The scope of the mentorship was mainly on case identification and management of children with diarrhea and pneumonia. To this end, 30 health care workers were mentored to add to the pool of 82 mentored in Q1.

ii) Supportive supervision

The project supported integrated supportive supervision in 20 health facilities in Kilifi South, Ganze, Kaloleni and Rabai Sub Counties. The supervision teams comprised of members of the County /Sub County health management teams and *Afya Pwani* staff. The teams assessed quality of services and

disp-Mapimo-35, Marikebuni disp-Shauri moyo-62, Kambi ya Waya- 42, Marikebuni- 76, Mambrui dispensary, Sabaki dispensary- Mzee Zaidi village-68, Muyeye- HGM 30,

documentation using the Kilifi County Supervision tool. The following table shows the key challenges that were identified, and corrective measures undertaken.

Challenge noted	Corrective action
1. Stock out of Amoxyl DT	Redistribution from facilities with excess Sensitizations of health workers on stock management during the redistribution exercise
2. Nonfunctional ORT corners – due to lack of buckets, cups, tray	Purchase from linda Mama funds/support by Afya Pwani
3. Outpatient morbidity register for under 5s (MOH 204A) noted to have documentation gaps - main reason identified was placement of register far from the prescriber in some facilities.	Placement of registers at outlet of the consultation room (kamkomani) Mentorship on documentation- done during supportive supervision
4. Upward trend of diarrhea cases reported in Kaloleni	Inclusion of diarrhea in IDSR weekly reporting in Kaloleni to enhance monitoring Enhance WASH activities Clinical mentorship of HCP' on case identification and management
5. Knowledge gap in case identification and correct treatment of diarrhea/pneumonia cases	Clinical mentorship of new HCP

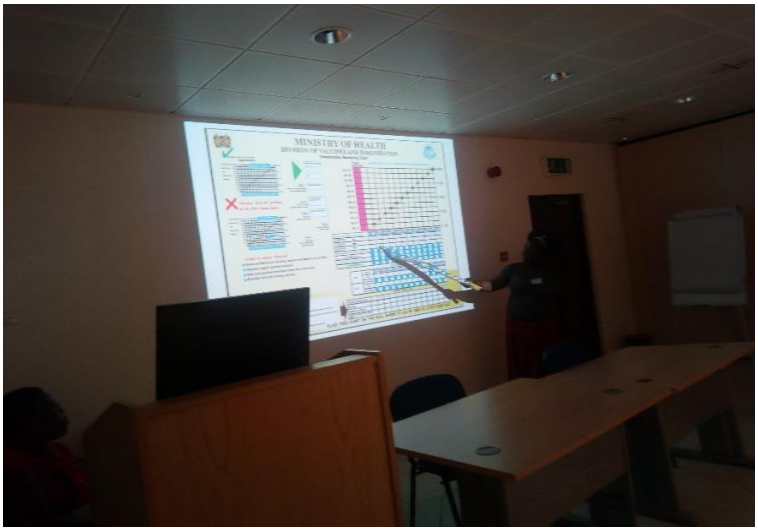
iii) Support S/CHMTs to redistribute Child health commodities to avoid stock outs

In the period December 2018 to January 2019, Kilifi County experienced vaccine stock out occasioned by the national stock out of OPV and IPV antigens and low BCG vaccine stocks in some facilities. In response to this, *Afya Pwani* in collaboration with Kilifi CHMT undertook the following mitigation measures during the stock out; redistribution of available vaccines within the County especially BCG, enhanced surveillance of vaccines stock at County and Sub County level, targeted immunizations in reaches and outreaches to reach children who had missed some vaccines, heightened defaulter tracing and ensured facilities maintained routine immunization for available antigens. *Afya Pwani* team and C/SCHMT received the vaccines at the County on the first week of February 2019. To hasten the process of having the children receive the missed vaccines, the project supported six Sub Counties[134] in the collection and distribution of the vaccines to facilities. The distribution exercise included not only the vaccines but also fridge tags, solo

[134] Number of health facilities which received vaccines during the distribution per subcounty: Kaloleni 6, Ganze 11, Kilifi North 14, Kilifi North 12, Malindi 8, Rabai 11.

shots, monitor charts, mother and baby booklets, ledger books, FP commodities and Mama kits as per facility needs.

iv) Support C/SCHMT to support health facilities develop micro plans.



Microplanning session in Kilifi North

To facilitate mapping of immunization target areas, *Afya Pwani* supported the CHMT and Sub County health management teams[135] in immunization microplanning. The CHMT was provided with technical assistance so that they can further facilitate the Sub County teams in formulation of their micro-plans. Targeting was based on previous performance to enable each facility to serve the community as per their current need and capacity. This also provided a platform to review facility level data for planning. The facilities that were performing well, shared their experiences during the microplanning meetings for adoption by others. The output of the meetings include facility, Sub County and County micro plans' which are currently being implemented. The project will closely monitor and support their implementation.

v) Immunization uptake

In the reporting period, more children were vaccinated with DPT3 in Q2 compared to Q1 (9891 in Q1 vs 10,450 in Q2). A similar trend was also noted in number of children under I year who were fully immunized (8416 in Q1 vs 11314 in Q2)., as shown in the table below.

Antigen	Q1	Q2	Y19 achievement at SAPR	% achieved at SAPR	Annual target
DPT3	9891	10450	20314	48%	42506
FIC	8416	11310	19726	50%	39849

Uptake of DPT3 and number of children under I year who are fully immunized (FIC)

The increase in number of children immunized was mainly because of targeted community interventions mentioned above. A robust defaulter tracing system and targeted integrated outreaches. The project supported 106 targeted integrated outreaches during Q2. The outreaches were held in all the seven Sub Counties targeting defaulters. During the outreaches, health education messages were disseminated before starting service delivery. The messages focused on HIV counselling and testing, immunization, breast feeding, family planning, good nutrition, prevention of ailments, CLTs, early treatment of a child

[135] Kilifi North, Kilifi South, Magarini and Ganze

and water treatment. Jigger prevention and treatment was also done. In addition, to above interventions, distribution of 244 packets of PURR to 16 households was done to increase access to safe water. With support from the project, children who were never immunized were reached, while those who needed urgent support like under weights were reached and linked for nutritional support.

The project supported a targeted measles 'mop up' exercise following a reported and confirmed case in Ngomeni Village. The exercise involved local leadership including assistant county commissioner, ward administrators, chiefs, assistant chiefs, village elders and religious leaders. It was preceded by a one-day sensitization meeting. As a result of this, 2,073 children were reached with immunization services and 3,209 on growth monitoring.

In Malindi and Magarini Sub Counties, the project supported a review meeting for public health officers and community health officers. The meeting sought to evoke new thinking around *"reaching every child"* thus the need to optimize outreaches. The team identified reasons for high immunization drop-outs and identified strategies to reverse the trend. To this end, the Sub Counties committed to enhance prompt routine identification and follow-up of defaulters which culminated into formation of community immunization action plans, with intensified defaulter tracing mechanisms. In the next quarter, the project will continue supporting this process to ensure fruition of the proposed actions.

vi) Enhancing hygiene practices and management of Diarrhea cases

In the reporting period, the project continued supporting WASH to ensure hygiene and proper sanitary practices are upheld. To further consolidate the gains made, the project assessed WASH in facilities in Q2. The project is in the process of finalizing analysis of the assessment of WASH status in health facilities. This will help identify and address hygiene and sanitation gaps in health facilities, which cause preventable nosocomial infections. The project has also embarked on improving functionality of ORT corners in the facilities by; equipping health workers with skills on managing the ORT corners, while maintaining high levels of hygiene and purchase of essential items.

To highlight the magnitude of reported diarrhea cases among the under-fives, identify gaps and develop solutions, the project held 3 meetings with the County and Sub County management teams. . The meetings targeted PHOs, County decision makers and community resource persons. Going forward, the project will continue to support the County and Sub County in these interventions to reduce the aforementioned cases.

vii) Support staff attend child health symposium

In the reporting period*, Afya Pwani* supported 15 delegates (4 from Department of Health Kilifi County) to attend a USAID FH symposium in Nakuru from 25th to 28th March 2019. The theme of the symposium was *"Every Child Counts." Afya Pwani* presented four[136] posters during the conference. One of the key

[136] Improving immunization coverage through a multifaceted defaulter tracing strategy in Kilifi County

Improving postnatal care in Kilifi county

A dedication to improve access to child health services in Kilifi county. An initiative of Kaya elders from Magarini Cultural Center

Optimizing demand creation and retention to services through peer to peer approach. A case study of Binti kwa Binti groups in Kilifi Conty.

outputs from the conference was formation of a joint an action plan identifying current gaps impeding child health service delivery and adopting evidence-based approaches learnt from the conference. See annex that elaborates the gaps and the proposed interventions.

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

a) Increased demand for FP services

To increase acceptance and utilization of family planning services in Kilifi County, *Afya Pwani* intensified awareness creation interventions as well as utilized local leaders as FP champions to influence perceptions around contraception. Progressively, community leaders have become supportive of child spacing and openly advocate for use of contraception. The project has also witnessed growing buy-in from community members as highlighted in the sections below:

Youth following a health talk during the football event

The project conducted various activities with a view to enlighten communities on the importance of FP and dispel myths that impede uptake of contraceptives. Targeted community dialogue meetings (8) were conducted, reaching 420 community members with information. The community dialogues were held with homogenous groups clustered as expectant mothers, mothers with young children, youth and men. Information disseminated in these forums was customized to suit each group, and testimonials from fellow community members was used to dispel the untruths about FP. Health care workers also used these forums to build confidence of community members, assuring them of quality FP services in every encounter. 98 of the project's supported mama groups in the County were also reached with information on FP as a preparatory step for post-partum FP.

i) Integrating FP education into Child Welfare Clinics (CWC)

Despite the efforts to promote FP services in the postpartum period, uptake remains low partly because of limited knowledge by community members on when fertility returns after child birth. To address this, the project integrated family planning health education into the service package provided at the CWC in three facilities (Mambrui, Kijana Heri and Gongoni). The project supported 12 education sessions, led by CHVs with technical backstopping from the health care providers in the CWC. From these sessions, a total of 48 clients were successfully referred for FP services (Mambrui-24, Kijanaheri-16-Gongoni-8).

ii) Religious Leaders promoting family planning

Overcoming misconceptions about contraceptives has been a big challenge, especially among the religious cohort. To this end, the project engaged 15 religious' leaders in Ganze and Kilifi North in a dialogue in order to nurture them to become champions of family planning. The discussions revealed fears among the leaders, mostly pegged on myths rather than their religious beliefs. Their concerns were about contraceptives limiting child births as well as causing infertility and other diseases in the reproductive organs. To address this, the project team dispelled the myths towards achieving the healthy outcomes for women, newborns, infants and children within the context of free and informed choice, whilst taking into account fertility intentions and desired family size- as opposed to a strategy to limit number of children a couple can have. The leaders were encouraged to reaffirm their commitments to talk about family planning through their respective church structures and settings. As a result of the training, the religious leaders have had 16 FP education sessions held in different settings. In Ganze, 30 religious' leaders were sensitized and advocated for support of FP promotion within the religious space. From these sessions nine women were referred for FP services in Madunguni Dispensary. In Gede, key FP information was integrated into sermons to in a bid to reach different age groups with FP information. The religious leaders also collaborated with CHVs from the nearby health facility- Watamu Dispensary to distribute condoms and refer clients who express interest in FP for further counselling. "*In addition to promoting contraception during sermons and religious meetings, I have also counseled and referred many clients during my home to home visits*," he says.

iii) Male champions promoting family planning

To date, *Afya Pwani* has trained 217 RH male champions to raise awareness on positive fatherhood, educate community members about healthier and more equitable behaviors for men and women. The male champions conducted 214 group sessions and 304 one-on-one sessions with men, highlighting the man's role in family planning by encouraging them to attend family planning clinics with their wives thus helping the men understand the methods and address their concerns. A total of 3,793 men were reached with FP information.

Besides holding male only dialogues, the male champions utilized other community meetings including church sessions, chief baraza's among others to educate and refer community members for FP services. In Kizingo, the champions requested for audience during a routine village elders meeting, where they educated the community leaders on FP. They successfully referred two village elders with their spouses for FP services. One of the village elders, after accessing the services, has now embraced the concept of child spacing and is now a FP champion.

Mohammed giving an FP health talk to women during a CWC

"I grew up hearing negative attributes of family planning. To everyone around me it was a bad thing, and I joined the bandwagon. In my home, family planning was not a topic for discussion and my wife knew that. I hoped to space my children naturally but continuously failed. Luckily, my area Chief invited me to attend the male champions training supported by Afya Pwani. This changed my perspective about contraception and family size. I indulged my wife in a discussion about FP, and she readily agreed to take up implants. Now, we are no longer worried about unplanned pregnancies, and we can properly take care of our four children.

Our experience underscores the ignorant beliefs held by many community members. That is why I take my new-found role seriously. I am a male champion, and I endeavor to educate as many community members as possible..."
Mohammed Yusuf, Male Champion-Kilifi North.

This quarter, Mohammed reached 286 men with FP education, distributed up-to 4000 condoms and referred 26 women for FP services.

iv) Expanding access to FP through community Based Distribution (CBD)

The project supported refresher training for 3 youth groups (Rabai, Magarini and Ganze) to enhance their capacity in contraception counselling, commodity reporting and FP compliance. 760 community members benefited from the services of the CBDs who distributed 9,040 pieces of male condoms to 613 clients, 357 cycles of pills.

One of the beneficiaries in Rabai reported, *"I am no longer worried about transport to the health facility, I promptly get refills of pills from my neighbor who is a CHV. I appreciate the initiative to make these services more accessible".*

b) Increase uptake of FP services

i) Enhancement of Integrated In-reaches and routine FP services

To increase access to FP services, we conducted 32 integrated out reaches in Kilifi County to reach more women in reproductive age with long acting reversible contraceptive (LARC). This forum also targeted newly recruited and or untrained HCP with skills enhancement on LARC through OJTs and mentorship. In addition, assorted non-pharmaceuticals and reagents were distributed to health facilities in support of integrated in-reaches. During the in-reaches majority (3897) opted for injectables while the rest opted for other methods, (implants 542, IUCDs 197 and oral contraceptives 238).

The afore-mentioned interventions enabled a total of clients 39,991 to access FP services in Q2 compared to 38,704 the previous quarter.

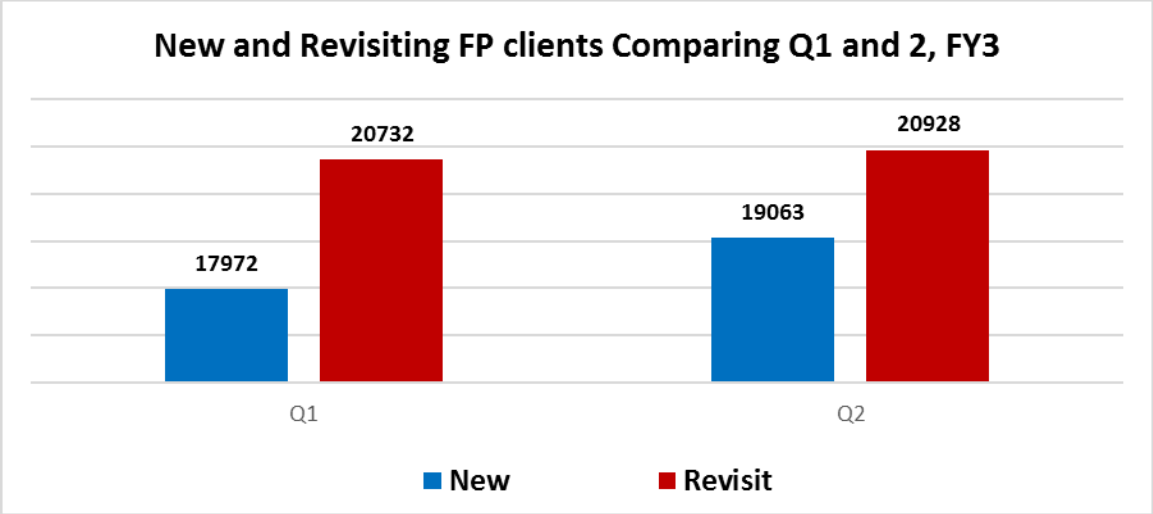


Figure 25: **Graph of New and revisiting clients in Q1 and Q2**

The following graph is an illustration of FP method mix *in Afya Pwani* supported sites in the reporting period, showing actual numbers of clients who received FP counselling and the full range of FP methods

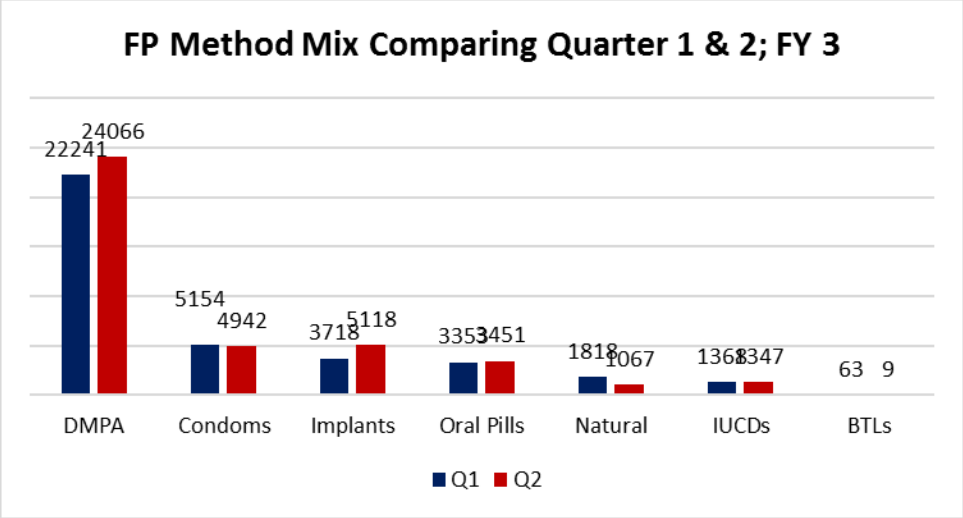


Figure 26 Trends in FP Method Mix from January to Dec 2018

Injectable contraceptive remained the most popular FP method with 24,066 clients (60%) in quarter 2. This is attributable to its popularity in the community because its discrete. To address this challenge the project worked with opinion leaders, religious leaders and male champions as earlier mentioned to dispel myths and misconceptions which hinder access to contraceptive use.

The following graphs shows Couple Year Protection (CYP) distribution during the reporting period.

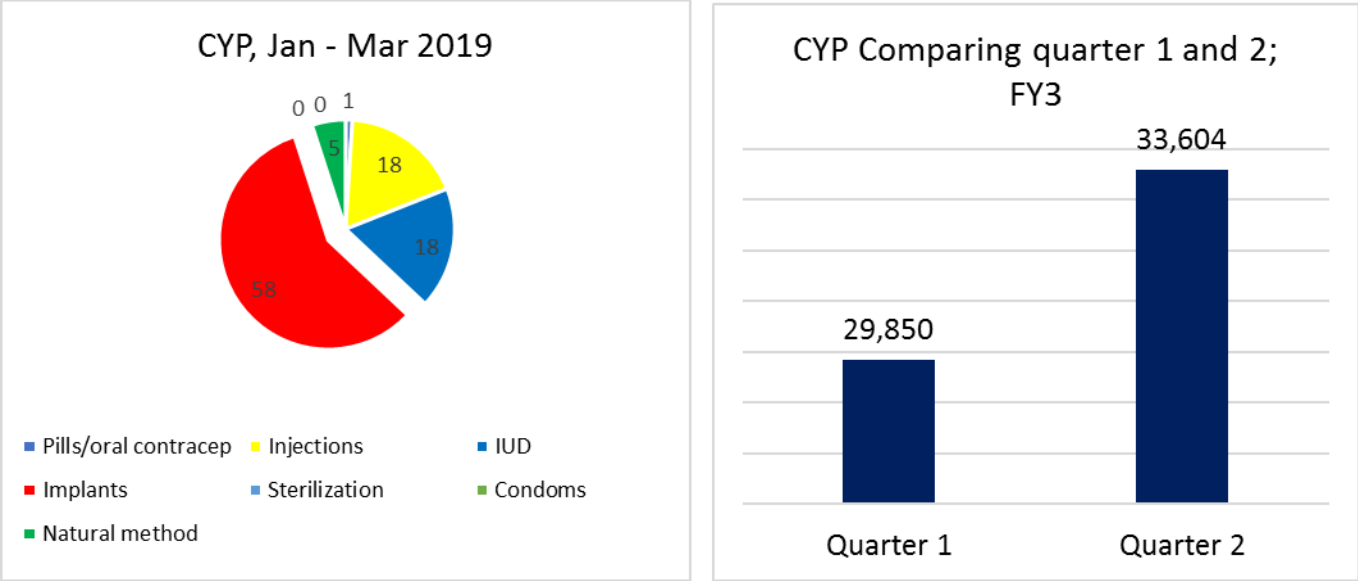
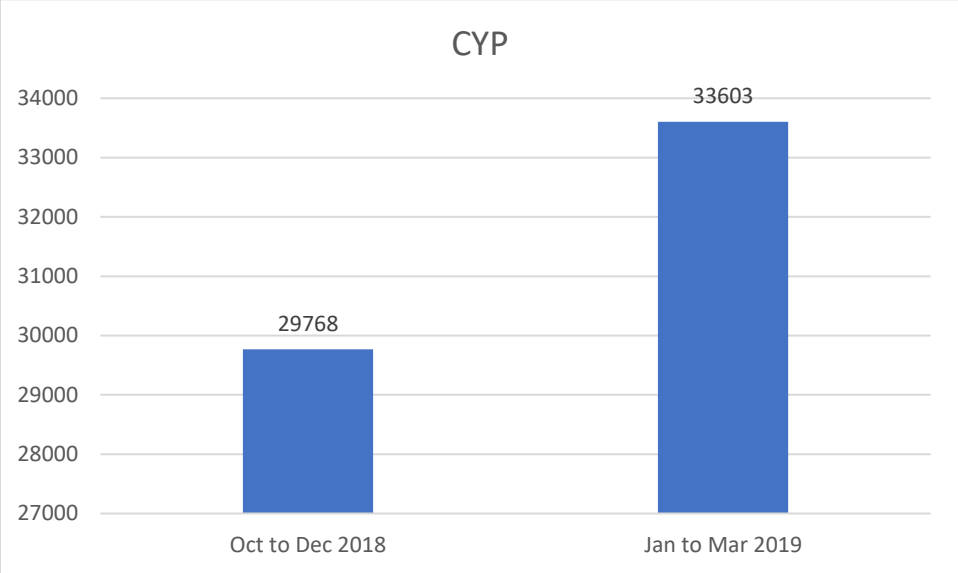


Figure 27: **CYP distribution during the period Oct- Dec 2018**



Implants remained the highest contributor to CYP (22,346.3%) with 16,083 clients, followed by IUCDs 894 clients (18%) and injectable contraceptives (18%, 16,083 clients). Oral contraceptives contributed 1% (2242 clients) while natural FP was received by 1,028 clients (7% CYP) in Kilifi County.

c) Improve the quality of FP services provision

i) Capacity Building

In quarter 2, 200 HCP working in 107 facilities were mentored on supply chain management with a focus on FP commodity management. Several health care workers were trained on Job in various areas i.e.: 34 HCP (19F,15M) received OJT on insertion of long acting reversible contraceptives; 38 (22F,16M) in cervical

cancer screening. RH coordinators and facility in charges were sensitized on importance good FP commodity management.

ii) Coordination of Family Planning Activities in Kilifi County

To better coordinate FP services in the County, *Afya Pwani* was represented in 3 different forums, namely, FP TWG, AYSRH TWG, FP review meetings. Cross cutting issues included; FP commodity stock out hence need to conduct sensitizations on commodity management, low uptake of FP services among adolescents and youth leading to teenage pregnancies and need to conduct more advocacy on FP. Regular participants in these meetings are representatives from the division of health, *Afya Pwani*, KMYDO, DSW, PSK, FHOK and NCPD. RH coordinators were asked to actively monitor FP commodity stocks and take necessary steps to avoid understocking. Additionally, county AYSRH coordinator was tasked to call for an AYSRH advocacy meeting.

d) Strengthen commodity logistics management at county, sub county and facility level

i) Sensitization on FP commodity Management

FP Commodity management sensitization sessions were integrated into 4 diferrent meetings targeting CHMT members (4), RH coordinators (7),facility incharges and family planning service providers (210) as well as Pharmacists (5) drawn from Kilifi County. A total of 200 health workers (84M and 116F) were reached with on the job training on good storage practices, good inventory management and accurate reporting of both services and commodity data. Common challenges like failure to summarize page data in the FP register, wrong entries in the vaccines stock ledgers, challenges in transcribing the FP Register data onto both the services report (MOH 711) and the FCCDRR, wrong calculation of quantities to order leading to understocking were addressed during the class practicum...

ii) FP commodity Surveillance

In March, the project supported a demand driven FP commodity surveillance exercice in the County. This was necessitated by the following facts gathered during the aforementioned FP commodity management sensitization sessions:

- Some facilities consistently reported zero ending balances for commodities that were available in the facilities.
- Both Afya Pwani and TCI had FP inreaches support that called for availability of all FP commodities.
- Facilities reported stock out of commodities that were available at sub county stores.

Table 33 Illustration of Ganze Sub County FP commodity before the surveillance

WEEKLY FP COMMODITY STOCK SURVEILLANCE

Week 1 (12th March 2019)

SC NAME	S#	NAME OF FACILITY	COCs	POPs	DEPO	NXT	JADELLE	IUCD	F/condom	M/condom
Ganze SC	1	Jaribuni disp	12	9	50	-	-	5	-	4,606
	2	Mwapula disp	384		17	-	9	-	-	-
	3	Palakumi disp	-	-	250	-	30	10	-	1,040
	4	Midoina disp	141	-	11	-	-	-	917	-
	5	Bamba SCH	109	36	1,197	66	22	16	-	14,400
	6	Jila disp	-	-	61	-	-	49	-	2,160
	7	Sokoke disp	24	-	77	-	-	-	-	3,900
	8	Kachororoni disp	9	-	43	-	10	5	-	288
	9	Dungicha disp	-	-	50	-	4	-	-	144
	10	Mirihini disp	2	-	-	-	4	-	-	864
	11	Ganze H/C	-	-	27	-	70	-	-	1,152
	12	Malanga AIC	16	24	98	14	26	57	-	4,023
	13	Madamani disp	50	-	96	-	13	-	-	1,050
	14	Muryachakwe Disp	18	-	12	-	10	8	2	6,192
	15	Vitengeni H/C	-	15	125	-	40	8	-	-
	16	Dzikunze disp	37	-	62	-	8	18	-	5,950
	17	Malanga disp	12	6	25	-	50	-	-	666
	18	Mrima wa Ndege disp	21	-	45	-	-	-	-	-
	19	Dida disp	18	21	16	-	-	-	-	144
	20	Rima Ra Pera disp	60	90	186	-	2	-	288	288
		TOTAL GANZE SC	**913**	**201**	**2,448**	**80**	**298**	**176**	**1,207**	**46,867**

Key: Coc-Combined oral contraceptive ,PoP progesterone only pills, DEPO Deprovera, NXT Implanon, IUCD intrauterine contraceptive device

As a result of the exercise

- RH coordinators in Kilifi County felt empowered with the capacity to monitor/know and commodity stock status in the facilities.
- Facilities were networked through a whatsApp group. This helped to know facilities that had exess of some commodities
- Facility staff were able to learn some aspects commodity management from each other

The project supported RH coordinators with airtime to facilitate communication with facility incharges. *Afya Pwani* staff developed a tool that collected the information by facility name, physical balance of assorted FP commodities plus name and telephone number for lead FP service providers in the facilities. This, coupled with FP commodity redistribution and mentorship led to an improvement on the stocking and reporting of the same.

Table 34 Illustration of Ganze Sub County FP commodity status after the exercise

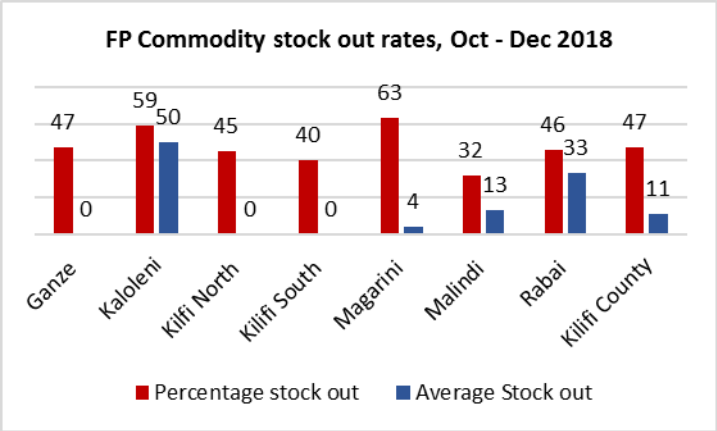
WEEKLY FP COMMODITY STOCK SURVEILLANCE

Week 3 (29th March 2019)

SC NAME	S#	NAME OF FACILITY	COCs	POPs	DEPO	NXT	JADELLE	IUCD	F/condom	M/condom
Ganze SC	1	Jaribuni disp	9	9	46	5	-	5	10	144
	2	Mwapula disp	38	3	0	-	5	4	10	198
	3	Palakumi disp	8	2	75	-	-	4	10	288
	4	Midoina disp	144	9	96	1	10	6	20	432
	5	Bamba SCH	93	99	524	30	43	14	50	144
	6	Jila disp	120	9	43	1	10	10	20	2,160
	7	Sokoke disp	108	9	117	1	10	-	20	2,592
	8	Kachororoni disp	9	9	54	2	10	10	10	132
	9	Dungicha disp	40	6	55	-	11	10	10	288
	10	Mirihini disp	70	6	93	5	11	9	20	720
	11	Ganze H/C	72	24	152	11	13	20	13	178
	12	Malanga AIC	13	6	94	10	26	5	10	3858
	13	Madamani disp	63	9	95	2	18	5	94	720
	14	Muryachakwe Disp	45	6	52	1	10	5	10	288
	15	Vitengeni H/C	60	9	100	3	30	5	50	-
	16	Dzikunze disp	114	-	122	1	4	10	30	148
	17	Malanga disp	35	4	90	10	10	5	50	830
	18	Mrima wa Ndege disp	78	6	38	2	10	5	18	360
	19	Dida disp	45	15	63	2	39	4	20	144
	20	Rima Ra Pera disp	24	6	85	-	0	5	20	144
		TOTAL GANZE SC	1,188	246	1,994	87	270	141	495	13,768

iii) Monitoring of Percentage and Average FP Commodity Stock outs

The average stock out based on the ending balance of DMPA stock improved from 6% in Q1 to 9% in Q2. This success is attributable to the aforementioned commodity management interventions.However,the percentage FP commodity stock out rate (based on the 5 tracer commodities[137]) increased from 55% in quarter 1 to 57% in quarter 2. This was mainly because of gaps in commodity management which have been addressed during the above mentioned redistribution exercise.To address this gap, monthly FP surveillance on the 5 tracer commodities will be upheld.



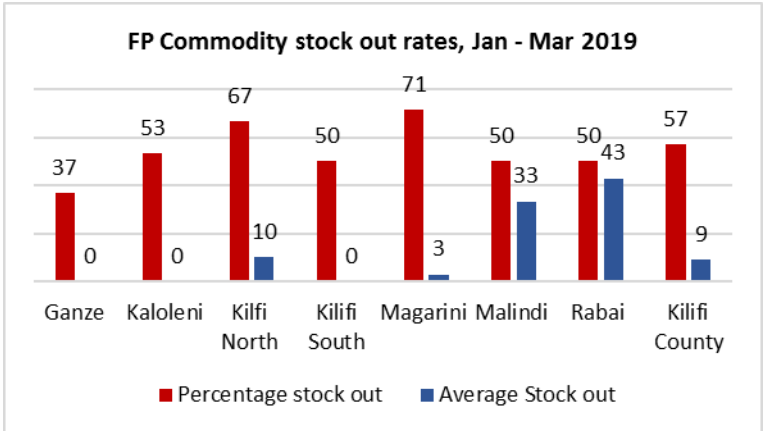


Figure 28 Kilifi County FP commodity stock out rates Oct to March 2019

[137] DMPA, Condom,IUCD, implants,pills

iv) Family Planning Commodity Reporting Rates

Afya Pwani supported commodity management interventions that included generation of accurate and timely submission of commodity reports. As a result, the reporting rate increased from 86% in quarter 1 to 95.5% in quarter 2.

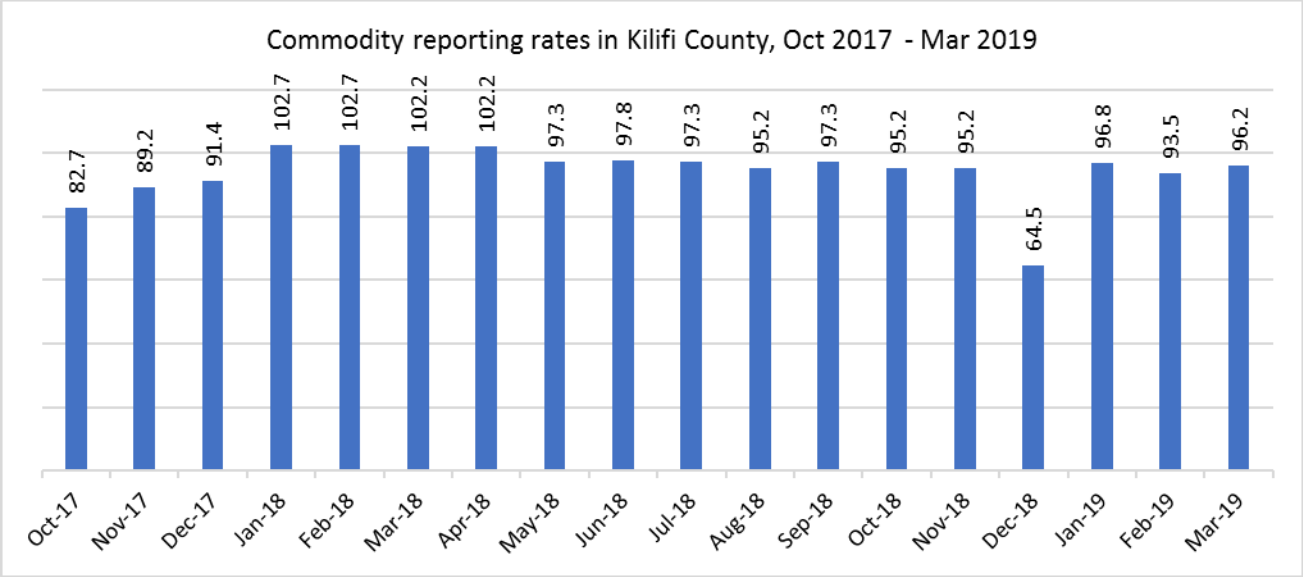


Figure 29 Kilifi County FP commodity reporting rates Oct to March 2019

e) Strengthen youth friendly services to increase uptake of Voluntary contraceptives

In the same period, a total of 3851 adolescents aged between 10 and 19 accessed voluntary contraception. This was made possible through peer to peer CBD program and demand creation activities.

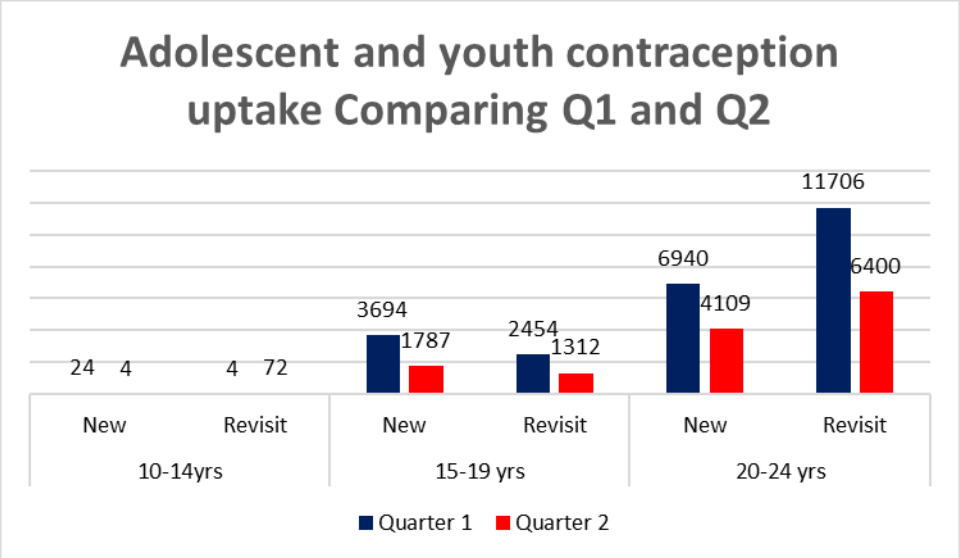


Figure 30 FP uptake among adolescents and youth by age and type of visit

i) Provision of Peer to peer community-based FP services

A special edutainment event was held at Madzayani, catchment of Mwangatini Dispensary targeting the youth in the area. One grantee, Magarini Cultural Center organized a football match as a way of mobilizing youth and help convey health messages focusing on teen pregnancy and sexual violence prevention. The Centre supported 4 CBDs to supply short term FP commodities during the sports-for-change activity attended by over 250 youth. A total of 846 pieces of male condoms were distributed.

ii) Stakeholder coordination of county Gender and Youth affairs

Afya Pwani participated in the development and review of the Kilifi County '*Adolescent and Young People Sexual Reproductive Health & Rights and HIV Strategic Response 2019-2022'* to guide the implementation of youth activities within the project in line with the strategy. This was made possible through collaborative efforts of different stakeholders addressing issues of young people in Kilifi County. The strategy was due for launching in March but was postponed to a later date. *Afya Pwani* will support the launch of the same in Q3 through advocacy and communications activities with the theme '*a healthy and empowered adolescent and young person'*. In addition, young people will also be supported to attend the launch.

iii) Sensitize existing youth groups on sexual reproductive health and rights

Focus Group Discussions (FGD) were held with youth in Rabai Sub county in Q1 to establish youth perceptions around issues of contraceptive use, sex and sexuality. Findings from the FGDs indicated that there were two categories of youth. One group of young people who have chosen to abstain from sex but did not have support structures to support their choice. Second group who are sexually active but are not able to access contraceptive due to myths, misconceptions and provider bias. This necessitated a capacity building session for these categories of youth. Two follow up sensitization sessions were held in Q2 to address the gaps noted from the FGD. A session with youth who are practicing abstinence and the other with the sexually active youth. The sessions were held in a bid to develop a network of young people with correct information that they can share with their peers back in their communities. Both classes had 25 youth attending. The abstinence group was empowered with information and life skills on how to stay celibate despite the growing societal pressure on the need to indulge in premarital sex. The other group was empowered with information on different contraceptive methods and the advantages and disadvantages of the different methods available as well as clarification on myths and misconceptions around contraceptives. The youth committed to disseminate the information learnt to their peers. A follow-up session is scheduled to assess the impact of the intervention and provide a platform for the youth to share their experience.

iv) Implementation of Interventions to address Provider Bias in family planning.

Provider bias is a major barrier to youth accessing contraceptives. To address this barrier the project adopted 'Binti wa Kisasa'[138] model from the Tanzania 'Beyond Bias Project' for pilot testing in Kilifi. This model prime the youth to overcome provider bias. It also ensures that young people have access to empathetic, non-judgmental quality counseling and provision of a full range of contraceptive methods regardless of their marital status or parity. To customize the intervention, the project created the toll-free

[138] Empowered girl

number (**0800720076)** for *"Binti wa Kisasa"* audio in collaboration with Safaricom. The number was shared with Pwani University and Matsangoni youth for pre-testing. This was followed by FGDs to gather their opinion on clarity of the message, how they relate with the content, how it would help a young person get the service they need/ demand for better services, appropriateness of the tone and the duration of the audio. Youth in Matsangoni a rural setup identified themselves with the *"Binti wa Kisasa"* audio more than the Pwani university youth who are in an urban set up. Further, FP TWG members including county RH coordinator, County AYSRH coordinator, sub county RH coordinators, sub county public health nurses, and RH/FP stakeholders were sensitized on the *"Beyond Bias"* intervention during FP TWG meeting. In quarter 3, the project will closely monitor the utilization of the *"Binti wa Kisasa"* audio, roll out client segmentation activities in at least 7 facilities.

Output 2.4 Water, Sanitation and Hygiene (WASH)

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

To enhance access to improved water, sanitation and hygiene services in health facilities, schools and at community level, the project assessed WASH needs in health facilities, installed water storage tanks and branded the already installed water storage facilities.

i) Conduct technical assessment for water needs in the high-volume facilities, communities and target primary schools.

ORT Corner in one of the assessed HCFs

As a follow up to an assessment of WASH needs in the seven Sub Counties (Magarini, Ganze, Malindi, Kilifi North, Kilifi South, Kaloleni and Rabai) done in quarter 1, the project in collaboration with Kilifi County commenced data analysis in March and draft report is expected to be ready by end of April 2019. The tool used for the assessment was drawn from WHO WASH Facility Improvement Tool[139] which is a practical guide for improving quality of care through water, sanitation and hygiene in health care facilities. The tool identifies WASH in facilities as a fundamental prerequisite for achieving national health goals and Sustainable Development Goals (SDGs) 3 (ensure healthy lives and promote well-being) and 6 (ensure availability and sustainable management of water and sanitation). Safe water, functioning hand washing facilities, latrines, and hygiene and cleaning practices are especially important for improving health outcomes linked to maternal, newborn and child health, as well as carrying out basic Infection Prevention and Control (IPC) procedures necessary to prevent Antimicrobial Resistance (AMR). The findings of the assessment will inform the gaps in WASH and priority interventions in each health facility in the County as well as help improve health services through prevention of infections and control including other sanitation interventions and infrastructural or equipment gaps at health facilities. Some preliminary findings from the assessment include: more than 14.5% of the 103 health facilities have no drinking points for patients,

[139] http://www.who.int/water_sanitation_health/healthcare_waste/wash-in-healthcare-facilities-action-plan.pdf

57.8% depend on rainwater and 27.7% have no water receptacles. Since most of the health facilities depend on rainwater which is erratic therefore water adequacy in these health facilities is not guaranteed; there is need for more WASH support and advocacy for more resources by the County. At the ANC more than 26.5% of the health facilities had no functional ORT corners and 24.1% had no hand washing at the ORT corner. Hand washing at the health facilities with latrines was not being practiced in 32.5% of the facilities and more than 63% of the sanitation facilities were not suitable for persons with disabilities. For Maternity units, more than 17.8% of the facilities had inadequate medical waste management; 59.5% lack water supply and 55.6% did not have placenta pits.

As result of the assessment the County considered the preliminary findings as important and required urgent attention hence proposed activities and allocated resources in the 2019/2020 AWP formulation towards improving WASH services in health care facilities.

To protect the water tanks that the project has installed since inception, the project team conducted assessments and developed bill of quantities for 27 of the 30. Going into the second half of year 3, *Afya Pwani* will commence installation of the protective roofing shades and select renovations of the water tank bases.

ii) Support rehabilitation and installation of low-cost water systems in health facilities and schools

The project supported installation of water storage tank at Marekebuni dispensary and facilitated the issuance of completion certificate. The project will continue to install the remaining tanks already delivered to sites (5 health facilities - Musumarini, Kachororoni, Midoina, Kiwandani and Roka maweni dispensaries and 2 primary schools - Barakajembe and Mwaeba primary schools) in the next half of the year. To improve visibility, the project branded three water storage tanks already installed at Mtondia dispensary in Kilifi North, Musumarini dispensaries in Kilifi South and Kirosa primary school in Magarini Sub Counties as well as ODF community sign boards at Dida location in Ganze Sub County. The project beneficiaries and County health department applauded Afya Pwani's support in increasing access to safe water to communities, schools and health facilities.

iii) Support to World Water Day celebrations

World water Day Banner in Kilifi County 2019


Guests during the 2019 World Water Day celebrations in Kilifi – Kizingo/MbarakaJembe

The World Water Day celebrations is a global event aimed at creating awareness on the importance of safe water and providing information on strategies for promotion of water accessibility and utilization at

community level. The theme for this year's celebrations was *"Leaving No One Behind"*. In Kilifi County, the event was celebrated at Kizingo/Mbaraka Chembe community water project and attended by some Members of County Assembly, Water Chief Officer, Director Water Resources, Managing Directors for WSP- Kilifi and Malindi water companies, community CBOs, government officers and community members.

Hand washing using tippy taps during the World Water Day celebrations

Afya Pwani project supported the Community Health Volunteers and Public health workers with transport and lunch allowances during the event. The groups demonstrated the installation and use of tippy taps for hand washing with soap and water as well as the importance of using safe water at household level. Kizingo/Mbaraka Jembe Water Project is the only successful community managed water project in theCounty. Some of the key issues raised during the event included; supply of water in the County not meeting the demand because of growing population, inconsistency in pumping and break down of pumps, electricity bills not paid on time by the water companies resulting to frequent disconnections, unrealistic water bills, resulting to majority of community members not connected to safe water systems. As part of the solutions to the perennial water problems, the County is opting for groundwater exploitation through borehole drilling and installations of solar water pumping systems.

b) Scaling up of Community led total sanitation (CLTS) and School led total sanitation (SLTS) interventions

Towards sustainability and further scale up of ODF activities, the project together with the Sub County and County verifications teams followed up CLTS triggered villages during the reporting period. *Afya Pwani* also supported the County quarterly WASH stakeholders meeting where the Chief Officers were introduced to WASH activities, and County planning and target setting were carried out.

i) Quarterly Sub County level planning meetings and target setting

The quarterly WASH stakeholder's forum was held in February in Mtwapa, Kilifi South Sub County. The meeting was attended by Sub Counties WASH Coordinators, M&E focal persons, County water department representative as well as partners (AMREF, Madrasa, SNV, Caritas, Plan and Aga Khan foundation). Among the key issues and observations are as follows: Sub County and facility level interventions should be guided not only by latrine coverage but diarrheal disease trends, infrastructural investments at public institutions and more specifically health facilities and schools should be accompanied by commensurate investment in sanitation. *Afya Pwani* also presented preliminary findings of the WASH in HCFs as aforementioned.

Other meeting outcomes were:

- Need for allocation of funds for Community Health Strategy with more focus on WASH in HCFs and water quality surveillance in FY19/20 County workplan and budget.

- Greater use of data (specifically diarrheal trends) by the County and Sub County leads to check on performance of field and institutions WASH interventions.
- Preliminary discussions commenced at the end of the quarter with the County department of water for the development of a County water source map. The water sources that will be prioritized are water pipeline and boreholes in the County so that diarrheal diseases hot spots and access to water to be overlayered to facilitate where water provision investments will be prioritized.

Lastly, *Afya Pwani* was part of a County WASH implementing partners that attended a briefing meeting of the new Chief Officer (CO) for preventive health services. The project representative presented to the new CO of *Afya Pwani*'s the support to the County i.e. WASH, MNCH, FP, Nutrition and HIV services.

ii) CLTS updates

Afya Pwani project conducted CLTS post-triggering follow ups and review meeting with the community based CLTS promoters, local leaders and County /Sub County public health workers on the triggered villages. The project staff provided technical assistance to County health department staff and communities. The follow ups and review meetings were conducted in Birini mwamleka, Mwahera, Jaribuni and Vitengeni sub locations where communities are making good progress towards ODF status. The project supported follow up of 35 (Vitengeni-8, Birini mwamleka-10, Jaribuni-4, Mwahera-11) villages to various status[140] of ODF levels.

A total of 612 new latrines were constructed by communities in Kaloleni, Mwahera, Jaribuni and Vitengeni wards during the first half of year 3 of the project. This resulted to increased access to basic sanitation facility to 3,119 (1595F, 1524M) people for Q1 and Q2.

iii) Verification of ODF villages

The project supported the Sub County public health workers to conduct CLTS verification process for 17 ODF claiming villages in Jaribuni and Sokoke wards in Ganze Sub County that are now ready for third party certification. The villages are detailed in Annex VII.

[140] Awareness and latrine construction, self-claim, self-verification, Sub County verification, third party certification, quality assurance and celebration levels

iv) Health facility medical waste management.

Accumulated medical wastes in Malindi Sub County hospital due to breakdown of autoclave and shredder

During the month of March, *Afya Pwani* WASH team, County Public health officers, and facility medical waste operators visited Malindi hospital medical waste management site to assess the status of the medical waste management system. This assessment was prompted by the breakdown of the medical wastes autoclave and shredder at the end of February and had not been repaired by mid-March calling for the assessment. The assessment team also assessed the broken-down incinerator at the same site.

The breakdown of the equipment at Malindi health facility resulted in accumulation of medical wastes that posed a great risk as there are potentials for rodents and flies picking harmful pathogens and eventually contaminating surfaces and equipment's within the other departments of the health facility. This is in addition to the foul smell emanating from the accumulated wastes. The remedy for the problem is to operationalize the medical waste equipment which requires about 98,000/= for; replacement of two contactors, power surge guard, phase failure controller as well as relay and labor charge and construction of medical waste store.

The faulty Steam generator

The incinerator which acts as a back-up medical waste management equipment to the autoclave and shredder is also not functional. The County government has since repaired the autoclave and is back to operation and has requested *Afya Pwani* to support in the repair of the incinerator. The detailed assessment of the repair needs for the incinerator will be completed in the second half of the year and repair work done.

c) Uptake of desirable Hygiene promotion practices and behaviors for prevention of childhood diarrhoea

i) Water safety improvement practices

Point of use water treatment is key in ensuring household water quality and goes a long way in diarrhea disease prevention among household members and children under 5.

To this end, the project distributed 2,400 sachets of PURR for household water treatment. This was done through the trained hygiene champions and community health volunteers who conducted demonstrations on use to the household heads before handing them over. The product will support 240 households to treat about 24,000 litres of water for one week in Mwandasa village Kaloleni Sub County, Kilifi County. The Mwandasa village is one of the villages that is using unprotected water sources which is

prone to contamination. In the future the communities have been encouraged to continue sourcing for more chemicals from the local outlets-shops and supermarkets.

In the month of January and February 2019, 27 solvatten water purification kits were distributed to 17 health facilities in Magarini, Ganze and Kaloleni Sub Counties.

ii) Quarterly interdepartmental (MOE, MOH, MOW, MOA) supportive visits for WASH in schools, health facilities and the community

The Sub County Sanitation and Hygiene Promotion Interdepartmental review meeting was held in Rabai Sub County at the Deputy County Commissioner's office on 5th March 2019. The meeting sought to review CLTS implementation at ward level and engagement of provincial administration in the CLTS journey. Rabai Sub County has four Wards; Ruruma, Rabai/Kisurutuni, Mwawesa and Kambe/Ribe with total of 133 villages and 17,120 households of which 11,982 households have latrines. Afya pwani project shared the Diarrheal trends by facility in Rabai Sub County. The Sub County has some challenges including increase in diarrheal cases among the under-fives, which was attributed to inadequate latrines use at household level, use of dirty water and low practice of hygiene at household level; hand washing at critical times.

To change the current situation, the leaders at Rabai agreed to intensify household hygiene promotion and hold regular leaders' meetings to review the progress at the locational and sub locational levels.

Output 2.5 Nutrition

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

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

To enhance capacity of nutrition services in the County, the project supports multi-sectorial coordination forums geared towards improving malnutrition trends in Kilifi County. County and Sub-County Nutrition Coordination Forums (CNTF) bring together all actors and stakeholders involved in nutrition to realize the aspirations for nutrition in the County as stipulated in the County nutrition action plans. During the reporting period, the project team participated in County Nutrition Technical forum (CNTF) at Kilifi County health department boardroom. Stakeholders deliberated on the scope, level of engagement and the geographical spread of the nutrition interventions based on the needs. During the forum, it was agreed that *Afya Pwani* together with other partners will provide technical support to the County in reviewing Kilifi County Nutrition Action Plan I and in development of KCNAP II for the period 2019-2022. A multisectoral technical working group was formulated to spearhead the process. Members were drawn from Agriculture, MDMA, Nutrition, UNICEF, Public Health, Culture and social services, partners, Academia, Research, Education and child protection department.

ii) Support CHMTs and SCHMTs to conduct quarterly supportive supervision and mentorship visits to targeted health facilities providing Nutrition services

During the quarter, *Afya Pwani* conducted a joint support supervision together with the Sub County team in Magarini and Kilifi South Sub Counties. The objective was to identify gaps in the implementation of

nutrition services and develop action points with the health facility staff. In addition, the exercise aimed at following up on the action points developed during the last support supervision exercise. Facilities visited during this quarter include: Garashi Dispensary, Marafa Health Center, Marereni Health Center, Gongoni Health Center, Matolani Dispensary, ADC Danisa Sosoni Dispensary, Kizingo Health Centre, Mtepeni Dispensary, Chasimba Health Center and Mtwapa Health Center. It was noted that some facilities had incomplete nutrition registers which affected their nutrition commodities supply. Plotting of age for weight on the mother child booklet was not done accurately in some facilities. The action points and recommendations included: inter-facility mentorship sessions where the best performing health facility with regards to high impact nutrition services will provide mentorship to health workers in facilities facing challenges. The support supervision team emphasized on timely and consistent reporting on the LMIS system to avoid stock outs at facility level. Reporting rates on LMIS has steadily improved throughout the quarter: January 84%, February 100% and March 100%

iii) Support CHMT, SCHMT and facility QITs to conduct self-assessments and continuous audits to ensure compliance on BFHI

To improve health and life of infants and young children through optimal/appropriate breastfeeding practices, *Afya Pwani* supported mentorship sessions to health facilities to ensure that they work towards achieving and sustaining BFHI compliance. The project team together with the Sub County nutritionist visited 7 facilities[141] in Magarini Sub County. During the mentorship sessions, the health workers were reminded on all BFHI steps, gaps in implementation were identified and corrective actions discussed. The project has supported 29 [i]Baby Friendly health facilities to incorporate one additional step from the updated BFHI 2018 guideline.

iv) Sensitize mother to mother support groups and opinion leaders on MIYCN

To promote good nutrition among pregnant women at facility level, 826 pregnant women were taken through MIYCN educative sessions. The sessions cover maternal nutrition during pregnancy and lactation, exclusive breastfeeding for 6 months, timely adequate and appropriate complementary feeding, IFAS supplementation and continued breastfeeding up to 2 years. In addition, 23,520 pregnant women received IFAS supplementation during ANC visits.

v) Strengthen vitamin A supplementation to children below five years at health facility level.

To improve the nutrition status of Children aged six months to five years, the project supported vitamin A supplementation at all service delivery points at facility level to minimize on missed opportunities. The cumulative percentages per sub-County: Ganze 122%30,977) Kaloleni 112% (29,948), Kilifi North 169% (60,895), Kilifi South 136% (39123) Magarini 95% (33,518), Malindi 180% (48,248) and Rabai 182% (24,925). Kilifi County Vitamin A supplementation rates cumulatively was at 139% (267, 634).

vi) Support CMEs on inpatient management of SAM in 4 high volume facilities.

During the quarter under review, *Afya Pwani* supported Mariakani Sub County Hospital to conduct a CME on inpatient management of Severe Acute Malnutrition 28 health care workers (9M,19F) benefited. The

[141] Garashi Dispensary, Marafa Health Center,Marereni Health Center,Gongoni Health Center , Matolani Dispensary, ADC Danisa and Sosoni Dispensary

CMEs focused on integrated management of acute malnutrition with complications. Moving on, the project will support CMEs in 3 additional health facilities offering inpatient management of malnutrition in Kilifi County.

vii) Procurement of anthropometric equipment's

In quarter 2, *Afya Pwani* donated anthropometric equipment to 18 targeted health facilities. This included 25 height charts and 30 BMI wheels.

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

i) Targeted community dialogue sessions

Exclusive community dialogue sessions were conducted targeting mothers-in-law and pregnant women. Eight sessions142 were conducted where 248 women were reached. The objective of the dialogue sessions was to identify barriers to good Maternal Infant and Young Child Nutrition practices and address them. The sessions also helped demystify believes affecting food diversification especially during pregnancy and complementary feeding.

ii) Facilitate integrated community outreach services at community level.

During the period under review, Afya Pwani carried out 34 inreaches and 72outreaches reaching a total of 3,206 children with growth monitoring and screening for malnutrition. Children diagnosed with malnutrition were referred at the link health facility for nutrition intervention.

iii) Support pregnant adolescent and young people forums to discuss maternal, infant and young child nutrition

Through grantees, the project supported 8 targeted community dialogue sessions and 8 health facilities143 sessions with expectant women around. A total of 248 expectant women attended these sessions and received nutrition education on maternal nutrition needs of a pregnant adolescent, the importance of exclusive breastfeeding for the first six months, timely adequate and appropriate complementary feeding and continued breastfeeding to 2 years.

c) Improve household food security

i) Support monthly HH nutrition promotion sessions by Mama groups.

Between January and March 2019, *Afya Pwani* supported CHVs to conduct household visits and support establishment of kitchen gardens in Kilifi South and Ganze Sub counties. Eight (4 Kilifi South, 4 Ganze) kitchen gardens have been established at household level despite challenges with water during the dry session. In collaboration with the Ministry of Agriculture, the project trained 2 Support groups at Gongoni health center to establish sack gardens and replicate at household level. 6 households have established the sack gardens and 4 more are in the process. It was noted that crops planted in the sucks are doing

[142] Sosoni Dispensary, Chasimba, Marikebuni, Marereni, ngomeni, mambrui, kijana Heri and Marafa

[143] Sosoni Dispensary, Chasimba, Marikebuni, Marereni, ngomeni, mambrui, kijana Heri and Marafa

better doing the dry season, therefore community members are encouraged to embrace the initiative. The project has further identified two mama groups in Kilifi South (Imani mama Group and Shimo la Tewa mama group) that will be trained and supported in setting up of 4 small gardens near water points.

ii) Positive Deviant Hearth Initiative

In the quarter under review, *Afya Pwani* supported Kaloleni Sub-County health Management team and Chalani Dispensary to initiate community level management of acute malnutrition for children below 5 years through PD Hearth initiative. Twenty-eight children were identified with moderate malnutrition, 12 have been discharged, 2 reffered to Chalani dispensary for further treatment and 14 are still on treatment.

SUB-PURPOSE 3: STRENGTHENED AND FUNCTIONAL COUNTY HEALTH SYSTEMS

During the reporting period, *Afya Pwani* project provided Health Systems Strengthening interventions targeting S/CHMT's and health facilities. The project worked with Counties in strengthening the planning and budgeting processes; tracking the implementation of HRH staffing plans; staff performance management process improvement and organization structure development. The project sustained capacity building initiatives of County commodity management teams and provided technical support in continued use of EMR systems in HIV care and treatment service delivery points.

Output 3.1 Partnerships for Governance and Strategic Planning

a) Strengthen the planning and budgeting process in the sector

Afya Pwani continues to strengthen budgeting process of the supported Counties by building the capacity of the CHMTS with necessary knowledge and tools to carry out their functions effectively. In Kilifi County, the project provided TA to the County and Sub County health managers to support the development of the FY 2019/20 management level Program Based Budget (PBB) aligned Annual Work Plan (AWP). Specifically, the project-oriented participants on the AWP templates recently approved by the Council of Governors (CoG) for planning purposes at the different health levels. This facilitation ensured timely development and submission of the final AWP for review by the Council of Governors (COG) and prior to submission; alongside the final PBB to the County Assembly. The AWP captured health sector needs from the community units, facilities and Sub County levels. This support contributed to attainment of 80 percent coverage in supporting Kilifi, Mombasa, Taita Taveta and Kwale CHMTs in preparing PBB aligned Annual Work Plans.

Further, the project supported the department in reviewing the sector's performance and particularly, identification of program implementation gaps to inform the sector priorities. This is envisaged to improve service delivery by providing supportive functions to implementing units under the health services department. The department was also supported to analyze cost implications of identified priority activities and in aligning health sector allocations to priority service delivery and development areas in line with the sector's budget ceiling. This covered 50 percent against the set target of supporting HMTs to review Annual Work Plans to aid priority setting.

Similarly, the project facilitated the health department in steering discussions towards establishment of a fully-fledged monitoring and evaluation (M&E) unit. Specifically, the project disseminated and oriented members on the guidelines for institutionalization of M&E to the CHMT and formulation of a development

plan. As a result, the County assigned officers to coordinate M&E functions. The project will provide additional support towards development of a capacity building plan for the designate M&E officers and CHMT on strengthening the department's M&E functions.

During the quarter, *Afya Pwani* received approval to print the earlier developed final five-year plans for the period 2018-2022 for Kilifi and Mombasa County. Going into quarter 3, the project will work with the Counties to prepare for the launch and dissemination of the strategic plans at different county levels. Going forward, the project will continue to support the department's efforts to align other planning documents to the strategic plan and support advocacy efforts in order to foster meaningful engagement with existing governance structures and stakeholders to lobby for increased resource allocation.

b) Strengthen stakeholder coordination and collaboration

Afya Pwani has been supporting the Department of Health in Kilifi County to coordinate quarterly health stakeholders' forums. In the last quarter, the project facilitated the electioneering process and oversaw the transition of the steering committee chairperson to Aga Khan University. During the period, the project participated in the first steering committee meeting under the new leadership and prepared the agenda for the next forum to be held in April 2019.

The project supported Mombasa County in coordinating the second M&E Technical Working Group (TWG) meeting held on February 19, 2019. In this meeting, the TWG reviewed the implementation progress for the action plan; developed using the Monitoring and Evaluation Capacity Assessment Tool (MECAT) developed by HIGDA during the first meeting held in November 2018. The forum also provided a platform for stakeholders to provide updates and share the M&E work plan implementation updates. A key emerging issue was the need to strengthen Sub County M&E processes and overall county research approaches to inform future decision making.

In Kwale County, the project in collaboration with HIGDA and CoG supported the department to coordinate the M&E TWG meeting whose objective was to provide updates on HIS/M&E TWG work plan implementation progress, discuss the development of the M&E framework and other TWG activities including dissemination of Cohort 2 Module 3 Kwale information product on BEmONC mapping, cascading of data analytics and Geographical Information System (GIS) training to Sub County teams and the support required for the Kwale Research TWG in preparation for the next scientific conference. The project attained 75 coverage in strengthening of stakeholder engagements mechanisms to improve coordinated

In quarter 3, the project will support high volume facilities (HVF's) in strengthening their capacity in planning and budgeting to improve strategic prioritization of health facility programs.

Lessons Learnt

- There is need for continuous provision of targeted capacity building at facility level to strengthen facility managers capacities in application of the PBB approach in planning and implementation.

Output 3.2: Human Resources for Health (HRH)

a) County HRH stakeholders committee meetings

During the quarter, the project supported the County HRH stakeholders committee meetings through logistical and technical assistance (TA) in Mombasa, Kwale, and Kilifi. The three Counties represent 60% of the planned coverage in FY3. The three Counties represent 60% of the planned coverage in year 3. For instance, in Kilifi County, the meeting was used to take stock of the progress made in addressing the critical staffing gaps that had been identified earlier through recruitment of additional staff in line with the recruitment plan earlier established. It was evident the County has made tremendous progress in recruitment of more than 50 new health workers and deploying them as per the identified areas of need. In Kwale County, the meeting was used as an avenue to review and strengthen the IHRIS functionality. Notably, the department increased the number of IHRIS point persons within the county headquarters and HVF's as a measure for enhancing the use and uptake of the system.

a) Performance Management

The project sustained follow-up and TA through supporting performance appraisal champions for high volume facilities and Sub Counties to ensure staff filled their performance appraisal forms in line with the designed appraisal schedules. The three Counties that received support account for 60% of planned coverage leaving out Lamu and Taita Taveta Counties which are yet to make significant progress in performance management process improvement. In Mombasa County, CPGH staff embraced the appraisal process with nearly all staff filling their appraisal forms as required. The process in Kilifi was supported by the county public service board (CPSB) to ensure meaningful involvement of all parties. The Board further emphasized the importance of the appraisal process to the key HRH functions including recruitment, salary reviews and promotion processes. In Kwale County where this process had not made significant progress, discussions are on-going to determine how best to streamline HRH appraisals in collaboration with the CPSB and County Human Resources unit. To this end, the project will continue providing TA during these consultations as well as provide guidance to the County health leadership team on the appraisal system in the County towards institutionalization. Semi-annual appraisal reviews have been planned to establish how well the process is progressing in Mombasa, Kwale and Kilifi.

In the same period, Kwale County received TA to review the County Health Department organizational structure. This was a consultative process involving the county health department top leadership. The project took lead; in guiding the County to design a comprehensive organization structure focused on service delivery improvement with elaborate reporting relationships. The final organization structure was submitted for onward submission to the County Executive for adoption and approval before its implementation. Once the organization structure is approved, the County will appoint staff on substantive positions with clear job descriptions and in line with the identified person specifications for each job role hence pave way for the review of Hospitals, Health Centers and dispensaries organization structures in the County even though the project had already finalized developing job descriptions and revising the organization structure for Msambweni County Referral hospital in year 2. The completion of this process has triggered a request from Taita Taveta County and support will be made available in the subsequent quarter.

b) Facility based staff contract health workers management framework

During the quarter, facility-based staff employment contracts for Kwale and Kilifi Counties were renewed while Mombasa County finalized the recruitment and deployment of the staff. All the earmarked 4 Counties have facility- based staff in place representing 100% of the planned coverage in FY3 save for Lamu County which receives central support. This was achieved through a consultative process with the County Public Service Boards and departments of health. The process also involved a review of performance appraisals for all staff. Based on the Memorandum of Agreements (MOAs); signed earlier, renewal of employment contracts for the staff was dependent on individual staff positive appraisal report. With this provision, it was important to have each staff appraisal reviewed by the project staff, department of health as well as the County Public Service Boards (CPSBs). In both Counties (Kwale and Kilifi) all staff had good appraisal ratings and their employment contracts were renewed for a further one year.

The CPSB in Mombasa, in consultation with the County Department of Health and *Afya Pwani* project hired facility-based staff following interviews that had been conducted earlier. A total of 29 health workers of different cadres were hired and deployed in public health facilities in the County to mitigate health workers' shortage in the county. The staff will be managed as per the provisions of the signed MOA. With the deployment of the staff the project will focus on performance management processes to ensure the staff meet their performance objectives and help the department realize its objectives.

In the same period, the project also worked towards determining the number of facility-based staff required to support in FY3 in consultation with various project team leads and based on the available resources. The agreed number were shared and discussed with the project leadership and the process to acquire additional staff initiated. Job announcements were made, and interviews will be conducted in quarter 3.

c) IHRIS skills building for High Volume Facilities.

The project conducted follow up with the five Counties to ensure that High Volume Facilities (HVF's) and the health departments in general continue to utilize IHRIS to capture HRH data. This has been a collaborative effort with the HRH Kenya project. The two projects teams worked together and held a joint County HRH stakeholders' forum in Kilifi, Mombasa and Kwale to lobby for the uptake of the system. *Afya Pwani* also continued to provide support to Taita Taveta and Lamu to ensure uptake and use of the IHRIS system.

d) Partnership with HRH Kenya Mechanism

The project has sustained active collaboration with HRH Kenya project and worked together on several initiatives. Through this collaboration, the quarterly Inter-County HRH Forum and TWG was held during the quarter and the county department of health for various counties sharing costs to realize the meeting. The collaboration continues to be strengthened with joint activities earmarked for the next quarter.

In quarter 3, HRH will focus on supporting County Health Management Teams (CHMTs) and County Public Service Boards (CPSBs) to explore mechanisms that can optimize utilization of the existing health workforce while following through the implementation of the critical staffing gaps reports for Kilifi, Taita Taveta and Lamu Counties.

Output 3.3: Health Products and Technologies (HPT)

a) Strengthen County Commodity Management oversight

Two Counties held their Commodity Security TWG meetings during the quarter. Mombasa CS TWG meeting was co-funded by both *Afya Pwani* and NASCOP with Afya Ugavi and Jilinde represented in the meeting. The Kilifi meeting was funded by World Bank which *Afya Pwani* team participating. The Kilifi CS TWG planned a County Health Commodities Quantification and data has already been collected. The data collection was co-funded by World Bank and *Afya Pwani*. A one-day Quantification sensitization was conducted prior to the data collection and *Afya Pwani* provided a facilitator. The actual Quantification exercise is scheduled for Quarter 3 but the report is expected to be out before the County annual budgeting process is concluded for it to be useful.

In collaboration with NASCOP, KEMSA MCP and CHAI, USAID, *Afya Pwani* facilitated the Pharmacists ART Medicines Allocation Training for pharmacists from Mombasa, Kilifi, Lamu, Taita Taveta, Kwale and Tana River. This was a training on the new concept of allocation of both antiretrovirals and opportunistic infection medicines at Subcounty level with approval at County level. The orders for January 2019 were processed and submitted during the training. All the *Afya Pwani* Counties were supported to allocate Rapid HIV Test kits to facilities. Ongoing mentorship on the process has made all the teams competent to allocate with minimal technical assistance and as a result, stock outs of HIV RTKs have been eliminated.

b) To improve commodity data quality and availability

To improve commodity data quality and availability, County and Sub County pharmaceutical facilitators, Laboratory coordinators and nutritionists continued being supported with internet bundles to upload commodity reports into the various databases (DHIS 2, HCMP and Nutrition LMIS). The various reporting rates are as follows:

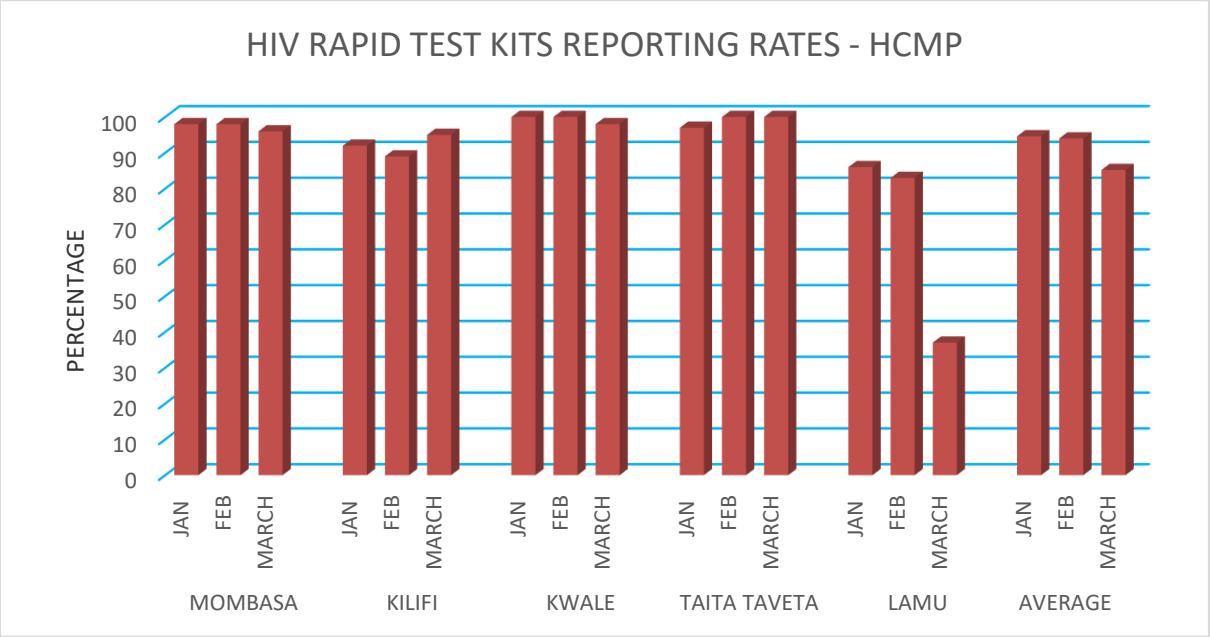


Figure 31 HIV rapid test kits reporting rates- HCMP

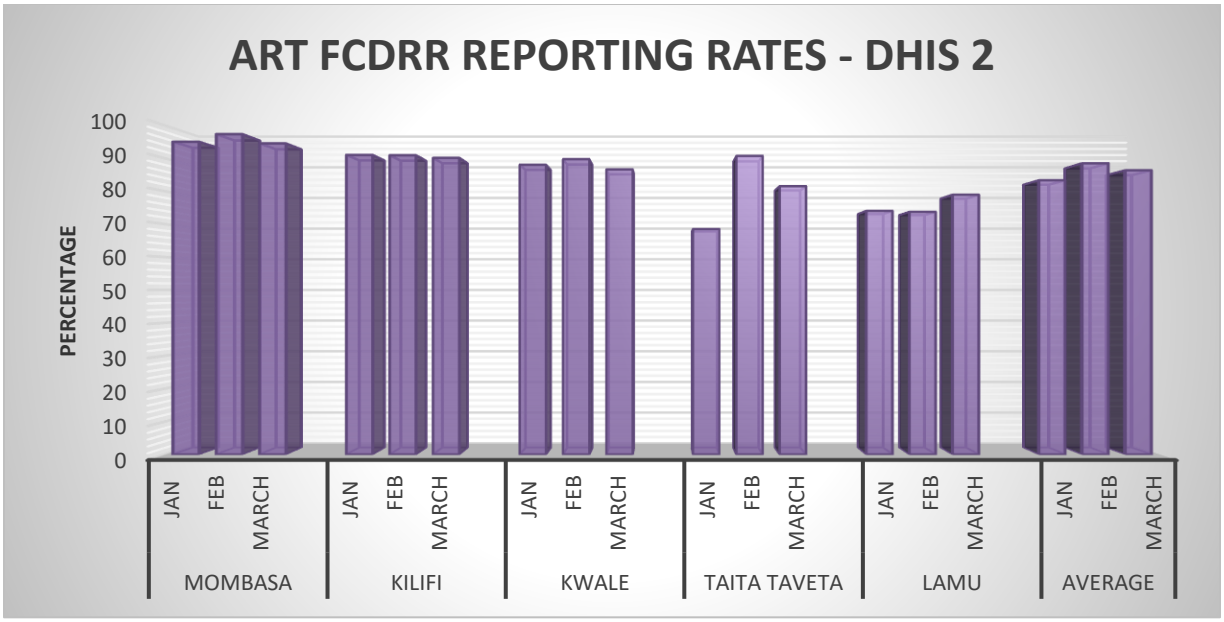


Figure 32 ART FCDRR reporting rates- DHIS 2

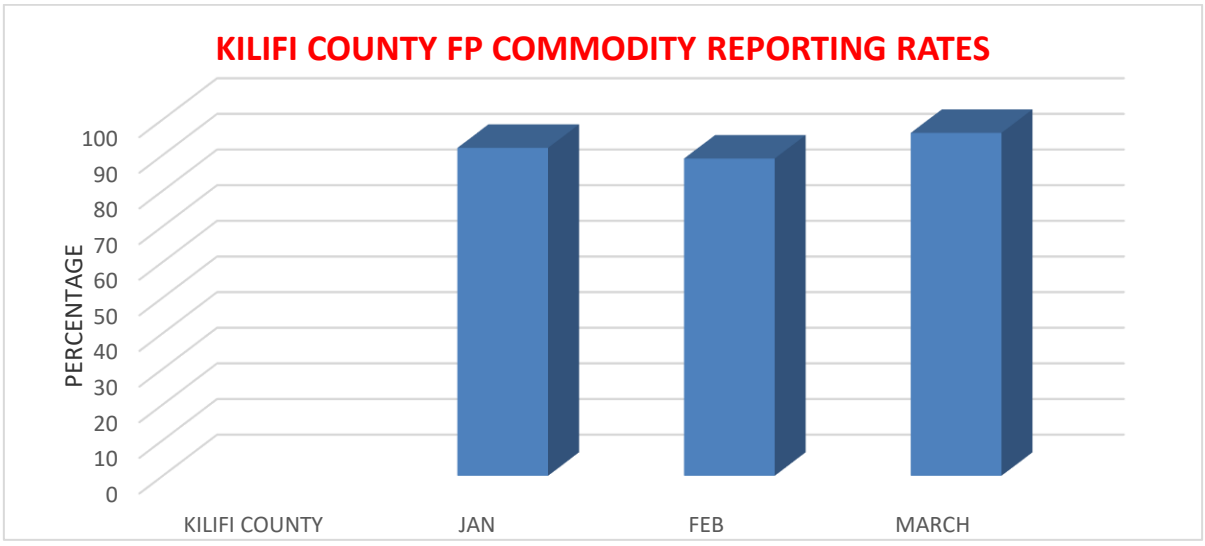


Figure 33: Kilifi County FP commodity reporting rates

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

Seven health facilities[144] were visited for general commodity management support while 30 health facilities[145] in Kilifi County were visited for FP and RMNCH commodities redistribution, mini DQA and OJT. A total of 76 health workers (30M,46F) were reached with on the job training on good storage practices, good inventory management and accurate reporting of both services and commodity data. In the RMNCH/FP commodities exercise, many bottlenecks to commodity access were identified and addressed for example failure to summarize page data in the FP register, wrong entries in the vaccines stock ledgers, challenges in transcribing the FP Register data onto both the services report (MOH 711) and the FCCDRR, wrong calculation of quantities to order leading to understocking and also health workers avoiding some methods e.g. Progestin only pills (POPs) and female condoms citing unpopularity with clients and IUCD citing lack of confidence to insert. There were instances where methods were available in the store but not displayed in the FP clinic and this was corrected. Commodities were redistributed to ensure every facility had all the required methods for FP to ensure access.

The new FP register does not cater for change of method yet the FCCDRR required this data. Both the new and the old registers only have one column for implants yet there are both one rod and two rod implants leading to confusion. The register needs to be reviewed again to cater for the health workers needs and for uniformity and accuracy of data collection and reporting.

The *Afya Pwani* Commodity Management Advisor accompanied NASCOP to three facilities in Lamu County to check on the status of ART Optimization and give a CME on the same. TDF/3TC/DTG, which was the preferred regimen for male adults was found to be inadequately stocked. This was the trend in most facilities around February 2019 and the reason was found to be the very rapid scale up of the optimization process yet the January 2019 orders to KEMSA MCP were based on consumption during that month. Calls were made to KEMSA MCP to increase quantities of both TLD and TLE in the February 2019 orders when it was apparent in March 2019 that the ordered quantities would not be enough owing to the scale up. Pharmacists were advised to use morbidity data (line lists) to quantify the need for the two commodities in the interim before consumption data became representative of the demand.

Several commodities were in short supply from the KEMSA warehouse owing to the optimization process e.g. TDF/3TC and LPV 200 mg/RTV 50 mg tablets. Some adult clients were transitioned to ATV/r while redistribution continued to cover gaps. There was a biting shortage of Nevirapine Suspension and redistribution has been continuing to cover gaps. The project was even able to move pediatric Raltegravir tablets from Emali Health Centre to Mlaleo Health Centre after liaising with NASCOP to map where the commodities were. They were transported by courier to the needy client. WhatsApp groups also played a

[144] Lamu County Referral Hospital, Mpeketoni Subcounty Hospital, Pablo Horstmann Dispensary, Likoni Subcounty Hospital, Ganjoni Health Centre, Coast Province General Hospital and Kilifi County Referral Hospital

[145] Malindi Subcounty Hospital, Gongoni, Muyeye and Baolala Health Centers, Marereni, Fundissa, Adu, Sabaki, Mambrui, Mjanaheri, Ngomeni, GK Prison, Mtoroni, Kambi ya Waya, Marikebuni, Magarini, Garashi, Shakahola, Chakama, Gahaleni, Ganda, Mmangani, Madunguni, Kakuyuni, Jilore, Kakoneni, Mkondoni, Sosobora and Mshongoleni Dispensaries and Kijanaheri Clinic.

pivotal role in communicating shortages and mapping where the commodities would be found for redistribution to happen and avert an event where any client would miss their medication.

Output 3.4: Strategic Information and Monitoring and Evaluation Systems

a) Facility Based EMR support

To strengthen and sustain EMR use in HIV service delivery, the project provided new computers to 8[146] facilities in the five Counties of project focus. The project further deployed EMR in one new facility[147] in Mombasa County bringing the number of EMR sites in the five counties to 54 (154%). Support provided during deployment include; provision and configuration of hardware and software, mentorship of health workers on system's use including navigation, data entry and routine reporting to enhance patient records accessibility for HIV services provision. The project also upgraded all IQCare and IQ Tools installations in all facilities implementing EMR in Mombasa, Kilifi, Kwale and Taita Taveta to the latest versions to enhance system use. In addition, the project continued providing routine EMR support across all the five counties through facility visits and remote support. The support focused on; computer hardware maintenance, network repair on the job capacity building and IQCare/I Tools upgrades and troubleshooting.

b) MHealth Tools

In the quarter, the project sustained its support to ensure efficient documentation and timely reporting of HIV testing and linkage data. As such, the project continued to distribute tablets for use in data collection. The mobile application ***AfyaMobile*** is aimed at facilitating HIV testing data collection to support efforts towards improving the 1st 90 outcomes. In quarter 3, the project will focus on the EMR (IQCare) system upgrade to incorporate ANC module in the current 56 sites and capacity building of users in basic trouble shooting and report generation.

Output 3.5 Quality Improvement

Strengthening Facility QI Team

The project supported Mombasa County QIT/WIT managers in coordinating facility support supervision visits aimed at providing coaching and mentorship including monitoring implementation of facility specific projects with emphasis on the need to accelerate transition of quality improvement mechanisms at facilities. The targeted facilities were Kisauni Dispensary, Kisauni Matt Clinic, Bamburi Dispensary, Likoni SCH, Jomvu Mikanjoni Health Centre, Port Reitz, Miritini CDF Health Centre, Mikindani HC, Coast General Hospital, Tudor Sub-County Hospital. Mlaleo Health Centre, Kongowea dispensary and Ganjoni Dispensary.

[146] Witu Health Centre, Oasis Medical Center, Tudor sub county hospital, Lamu County Hospital, Kilifi County Hospital, Mrima Health Center, Magongo Health Center, Vitsangalaweni Health Center

[147] Mogongo Health Centre

III. ACTIVITY PROGRESS (QUANTITATIVE IMPACT)

Please see Attachment II for the full performance summary tables.

IV. CONSTRAINTS AND OPPORTUNITIES

These have been described under respective output sections.

V. PERFORMANCE MONITORING

a) Key Activities and Results (Outputs & Outcomes)

During the reporting period, the project ensured compliance to donor reporting requirements, conducted data quality improvement activities, pre-validation PMTCT data in Malindi sub-county, Kilifi county, led data and performance review activities and supported distribution of MoH reporting tools. Further, the team conducted M&E capacity assessment for *Afya Pwani* grantees in the five counties and EmONC assessment in Kilifi County. Also, the team continued with KDHIS2 and EMR strengthening activities, capacity building of MoH staff on M&E and supportive supervision on reporting.

i) Compliance to donor reporting

During the reporting period, the M&E team collected and entered data for the project in JPHES, DATIM, partner performance dashboards and KHIS aggregate reporting systems. Data for USAID reportable indicators were submitted in line with MER 2.0 v2.3 guidelines. On monthly basis, the project supported County and Sub County HRIOs with Airtime for follow up of missing reports and data bundles to access and analyze KHIS data for different uses. As result of this support, the HIV reporting rates for Kilifi, Lamu and Mombasa Counties that have transitioned fully to use of revised MoH tools remained over 99%. As for Kwale and Taita Taveta, where transition to revised tools is ongoing, the reporting rates were lower than the other counties. The project will continue supporting the two counties to transition fully to use of the revised tools by end of the quarter. To achieve this, the M&E team will work with HRIOs in photocopying of the tools and distributing them in facilities with shortage.

As for Non-HIV reporting rates in Kilifi county where the project support RMNCAH services,100% and 99% reporting rate for MoH 711 and 710 respectively were recorded during the quarter. This was an improvement from the previous quarters where the rates ranged between 80-90%. The project also developed tools for capturing Non-DHIS data for JPHES reporting including data for diarrhea and pneumonia cases diagnosed and correctly treated.

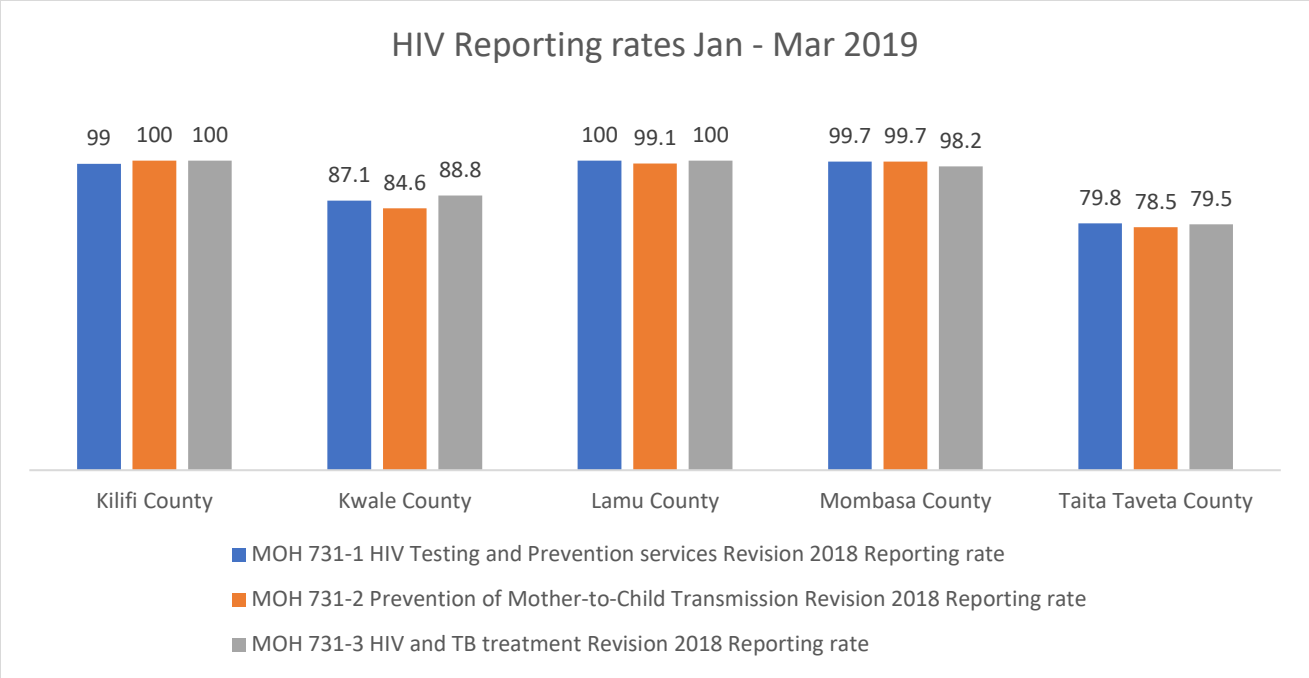


Figure 34 HIV reporting rates for HTS, PMTCT and Care & Treatment

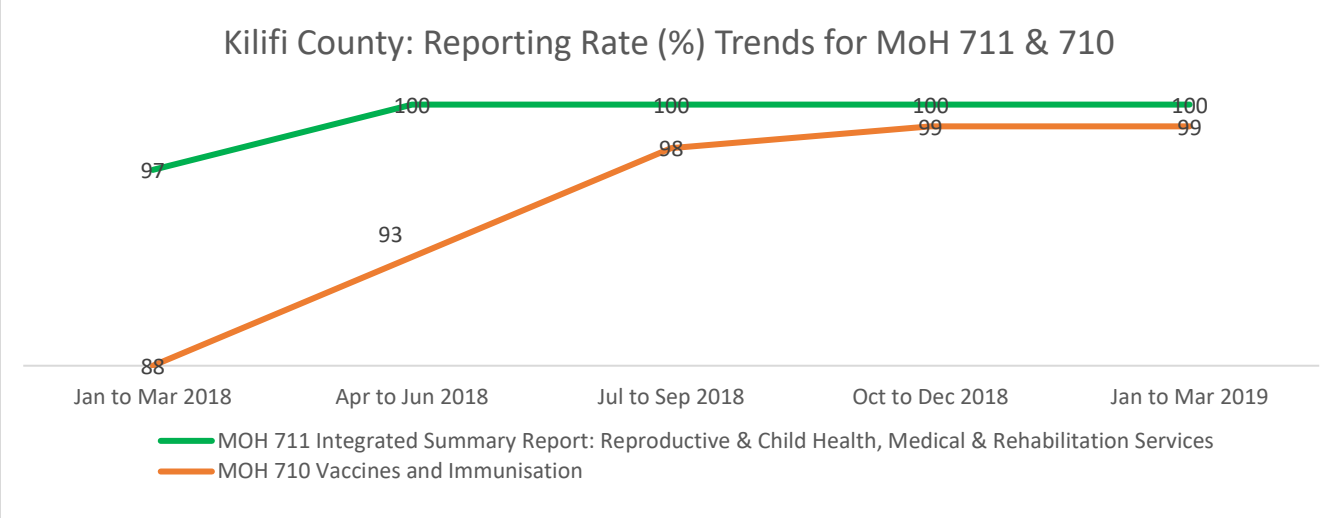


Figure 35 Kilifi County Reporting rates for RMNCAH major forms

ii) Data Quality Improvement

The project continued to support MOH to lead multipronged approach to sustain and improve data quality milestones that have been achieved so far by the counties through *Afya Pwani* support. In Kilifi County, the M&E team supported PMTCT pre-validation DQA in Malindi sub county where all PMTCT documentation gaps were identified and corrected in the quarter. Among the leading data gaps identified were incomplete PCR tracking log and slight variance on total number of first ANC in the registers, the total reported in MoH 731 and KHIS. In Mombasa RDQAs were supported in Kongowea and Shika Adabu and follow-up on corrective actions for previous DQA done in 7/12 focus facilities. In Taita Taveta, DQA were done in Taveta Sub County facilities where Taveta Hospital, Njukiini, Rekeke, Ndilindau, Kimorigho,

Edloro and Challa dispensary were reached. Moreover, data verification exercise was done in Maungu, Ndovu, Kasighau, Bughuta, Ghazi dispensaries to ensure accuracy of the reports. Other activities conducted to improve data quality included photocopying, distribution and redistribution of patient files, appointment cards and data management SOPs to all ART sites in the supported Counties.

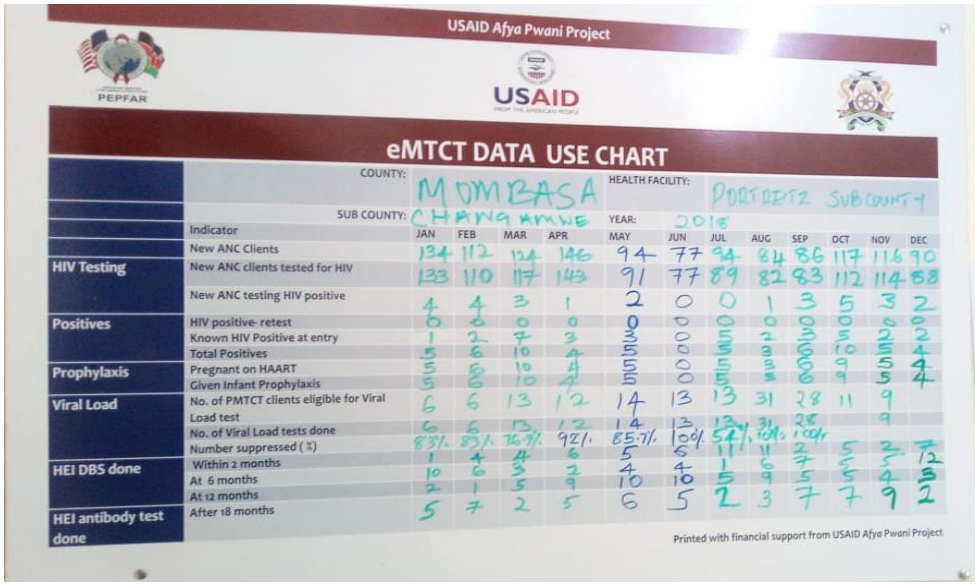
iii) EMR Implementation

The project sustained EMR support to a total of 55 sites spread across the five supported counties. This was done through targeted OJTs and mentorships to HCPs. The areas that were prioritized for EMR capacity building included generation of line lists for differentiated services delivery (DSD), treatment optimization, daily clinic appointments, use of data queries for data validation and quality checks and patient management. As this took place, routine IQcare updates were done in all EMR sites and databases uploaded to National Data Warehouse.

iv) Data demand and information use:

In the period under review, the project supported MoH in scaling up data demand and information use through focused data and performance review meetings and monthly deep dive data analysis. These meetings were made more focused and objective by use of a project developed data review tool (DRT) that has been validated by CHMTs. In Kilifi, seven facilities conducted data reviews with special focus on index testing, EID uptake and outcomes and viral load re-suppression. In Taita Taveta County, data review meetings were held in Mwatate, Maungu, Njukiini and Taveta hospital to discuss their performance based on the 90:90:90 targets.

At project level, the M&E officers backstopping specific project technical areas aggregated, analyzed and shared monthly data with program teams. County HRIOs were supported to analyze and share KHIS data with facilities. This helped the HCPs to identify and prioritize areas for quality improvement and adaptive learning. Additionally, facilities were supported to ensure dashboards were duly filled and run charts displayed at facilities to provide snap shot of top line indicators performance and trigger further analysis.



Progress chart in Portreiz SCH

v) Routine project assessments

During the period, the M&E team in Kilifi County led EmONC assessment in 60 health facilities which were selected jointly by *Afya Pwani* and CHMTs for Phase one of wave two assessment. Among the key finding from the assessment were shortage of delivery kits, antibiotics and anticonvulsant drugs at the labour and delivery rooms. These gaps are being addressed jointly by CHMT and *Afya Pwani.* The team also conducted M&E capacity assessment for 20 *Afya Pwani* sub-grantees. In this assessment, M&E systems for 80% of the grantees met the minimum requirements to monitor the grantees activities. The key gaps identified were lack of capacity building for staff and inadequate resources to support M&E activities. In quarter three, the project will work to bridge these gaps.

vi) M&E staff capacity building and supportive supervision

The activity prioritized and targeted new ART sites like Jibana SDH, Makanzane and Kiwandani dispensary where the staff were not familiar with HIV documentation and reporting. In the other facilities, capacity building of HCPs on documentation of HIV services focused on revised MOH tools. This was done through circuits of CMEs, OJTs and mentorship led by HRIO champions. As result, over 182 HCPs across the five counties were reached with capacity building activities.

At project level,one staff attended NASCOP training on documenation and reporting of PrEP.

vii) Other activities

The project supported Kilifi CHMT in consolidation of 2019/2020 annual workplan.

b) Key Challenges and Recommendations

1. Competing tasks among the MOH staff hence postponement of activities.
2. Shortage of revised MOH tools for HIV reporting. The project plans to photocopy and print more tools in Q3.

c) Key Planned Activities

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

VI. PROGRESS ON CROSS CUTTING THEMES: GENDER AND YOUTH

Afya Pwani applies an intersectional lens to Inclusion, Gender and Rights Mainstreaming by constantly reflecting and implementing activities based on the lifecycle approach that address gender-related health disparities from birth to adulthood. This has been done by sensitizing selected program staff on the approach, for example the DREAMS project staff (main target to address the vulnerabilities of AGYW by empowering them with HIV infection prevention strategies). Sub County Health staff in Voi have also been oriented and have put in necessary efforts to address gender disparities. This has been achieved through targeted sensitization sessions, progress review meetings and community dialogues with various

populations including community leaders, in-school adolescents, men and young people. The formation of OTZ clubs within the quarter by trained health care workers reached in the last reporting period aims at addressing unique challenges of adolescents and youth through their empowerment to contribute to positive health outcomes. The project has endeavored to keep the youth at the core of its programming and seek views among the youth by conducting Focus Group Discussions on related topics.

In the period (Oct-Dec), a FGD was held with youth in Rabai Sub County to establish their perceptions around contraceptive use and discussions around sex and sexuality-whom they discuss with. Findings indicated that there were young people that have decided to abstain from sex and that there were capacity gaps for those that are sexually active as they hold myths and misconceptions around contraceptives. The feedback necessitated a capacity building session for these categories of youth. Two sensitization sessions were therefore held on 7th March 2019 at Blessed Hotel in Rabai, Rabai Sub-County, one with youth who are practicing abstinence and comfortable disclosing the same to their peers and other people at large while the other session was with the sexually active youth who were take through different contraceptive methods. The sessions, which were conducted by the select members of Rabai SCHMT were held to develop a network of young people with correct information that they can share with their peers back in their communities. A total of 30 youth were reached with cohort appropriate messages; (M-6, F-9) for the abstinence team and (M-7, F-8) for the contraceptive team. Topics covered under abstinence: Relationship messages for young people; Diversity messages; Sexual rights messages; Communication Skills and strategies for delaying sex. Topics covered under contraceptives: different contraceptives methods; advantages and disadvantages of the different methods and myths and misconceptions of different contraceptive methods. It was discussed and agreed that the youth would disseminate the information to their peers then the project will support feedback sessions. In the remaining quarters, eight FGDs will be conducted in the current quarter while seven will be conducted in the Jul-Sept quarter to establish youth perceptions on contraceptives in a bid to encourage utilization and uptake of contraceptives among them.

a) Consolidate, harmonize and disseminate Gender Mainstreaming Frameworks

In the first half of FY2 of the project participated in thein the development of the Kilifi County-Based Gender Strategy. The strategy was then shared with the County Assembly for approval whereby the Gender Department is following up to see its successful completion. While the same should to be replicated in other counties, the challenge is obtaining adequate resources to support a similar process in other Counties.

In Kilifi County, *Afya Pwani* chairs the male engagement subcommittee that constitutes of gender partners in the County. A preliminary meeting was held on 7th February with the overall gender stakeholders to discuss the progress. It had been agreed that partners would be clustered into four thematic areas: Equity and Inclusion, Legal Rights and Justice, SGBV and Male involvement. These clusters are supposed to meet and discuss progress and joint action planning for implementation. In the next quarter Apr-Jun, *Afya Pwani* will meet with these partners to discuss and agree on a simplified male engagement strategy.

b) Improving gender mainstreaming in programming through enhanced systems, skills and knowledge

In the first quarter of year 3 of AP project, a two-day sensitization on Gender Integration was conducted in Voi, 10th-11th Dec 2018 reaching Health Managers in Taita Taveta county with the aim of strengthening their capacity and Afya Pwani program staff on gender integration strategies for subsequent application in program work. The team of 32 people (M-17, F-15) constituting of CHMT, SCHMT, facility in-charges and five *Afya Pwani* Staff were sensitized on gender and (S)GBV. The team was hopeful about reviving the county Gender Technical Working Group (TWG) that will focus on addressing the capacity gaps at county and sub county levels. The team was encouraged to adopt the Kilifi TWG model that constitutes a multi-agency team in place to look at the different facets of gender depending on identified gaps by priority. The project will continue to provide technical support to the team in Voi to ensure a vibrant gender integration team is in place. In the meantime, the team in Mwatate Sub County have collaborated with lower Mwachabo Community Health Unit and other partners and conducted a one-day sensitization on SGBV multi-sectoral response, PEP, child protection and HIV reaching 52 (M-24, F,28) community leaders in the area. Three CHMT sensitization sessions remain for Mombasa, Kwale and Kilifi whereby one sensitization is expected to be covered within the quarter (Apr-Jun) while the pending two will be covered in the period (Jul-Sept).

Owing to limited funds available to train staff on gender integration, the management identified an alternative option that would enable staff to gain knowledge on gender through an online course by USAID Measure Evaluation Global Learning Centre. All staff were encouraged to undertake the course dubbed Gender and Sexual and Reproductive Health 101 under the link https://www.globalhealthlearning.org/course/gender-and-sexual-and-reproductive-health-101 in January 2019. A total of 126 of the expected 137 staff have gone through the course and had their completion certificate filed in their individual files. This is a significant milestone towards ensuring both organizational compliance with the PEPFAR 2014 Gender Strategy and ensuring staff capacity to provide gender aware technical support in respective thematic areas and service points.

c) Engage communities and stakeholders to prevent and respond to SGBV incidence and AYSRH rights

The *Afya Pwani* project has continued to work with the CHMT to ensure Post Rape Care services are offered especially in all the high-volume facilities in respective Counties. A major challenge has been an acute shortage of Post Rape Care Forms in Coastal Counties. The project made efforts at printing the forms and this was made possible within the reporting period. The forms (books) were obtained in March 2018 and distributed across Mombasa, Kwale, Taita Taveta and Kilifi Counties. A total of 100 copies were produced by the project and were distributed in the four counties- Kwale, Kilifi, Mombasa and Taita Taveta. The books were distributed across four Counties of Mombasa, Kwale, Taita Taveta and Kilifi counties. A total of 100 copies were distributed as follows: 40 PRC books for Mombasa, 30 books for Kilifi, 10 books for Taita Taveta and 20 for Kwale.

During the two quarters under review, the project participated in the development of the county AYSRH strategies aiming to institutionalize and systematically integrate adolescent and gender issues in county health activities. Mombasa County Adolescents and Young people Strategy on HIV and Sexual Reproductive health (2018 – 2023) that was launched on 8th November 2018, outlines a holistic approach

and interventions to address the needs of adolescents and young people in Mombasa County. Afya Pwani contributes to operationalizing this strategy in the County through interventions in Mombasa including the DREAMS program whose activities focus on increasing resilience among young girls; and and access and utilization of health services such as sensitizations targeting adolescents and youth at hot spots, the adolescent package of Care and operation Triple Zero.

Kilifi County has also developed its first 'Adolescent and Young People Sexual Reproductive Health & Rights and HIV Strategic Response 2019-2022'. This has been made possible through collaborative efforts of various stakeholders addressing issues of young people in Kilifi County. *Afya Pwani* has also participated in the development and review of the strategy which was to be launched on March 23rd, 2019 but the launch date was postponed to a later date in April 2019. *Afya Pwani* supported the launch by printing t-shirts bearing the vision of the strategy which is '*a healthy and empowered adolescent and young person'*. Implementation of youth activities within the project are in synergy with the strategy. Young people will be supported to attend the launch at the Governor's office in Kilifi town during the launch.

On the other hand, Community Health Volunteers (CHVs) trained on SGBV continued to conduct community level sensitizations as shared in one feedback meeting within the quarter. This is one of 4 meetings planned during the year. The feedback meeting was held in Malindi with CHVs from three community units namely: Shella, Central and Bara. In attendance the Community Health Officers from Malindi Sub County. 36 (8M 18F) people attended the meeting at the ACK church hall in Malindi on 23rd March 2019. These were a representation of the larger team of CHVs meeting to report on progress made. It was reported that the CHVs have been educating the community on various platforms addressing the consequences of unreported rape cases. One CHV agreed to this by sharing her experience…

'*I personally intervened in a case where a girl had been defiled twice by a close male relative when she was young; her mother decided to keep silent about the issue and as a result, she started suffering stress which developed to depression. The mother passed on with instructions to her daughter never to disclose about the ordeal. The girl grew up in isolation and could not socially interact which was interpreted as rudeness by her family members… I came to know all these when I realized a young girl of 16 years is living with a 25-year old man in my neighborhood and we organized to have him apprehended. The girl disclosed all this information after the man were arrested…'.*

The CHVs have been utilizing Chiefs *barazas*, women groups and other gatherings to convey messages of SGBV multisectoral response and coordination. During the meeting, emphasis was placed on documentation of cases which was being done in black books previously provided by the project from year one after they were trained in multisectoral response coordination. A simplified case documentation tool was shared with the team and the CHVs agreed to utilize the tool and share feedback in the subsequent three meetings within the year; two meetings will be held in the month of May and June and a final one in August 2019.

CHVs from Malindi Central share the challenges they face when handling SGBV cases

d) Improve knowledge on gender and male engagement

In the previous quarter, *Afya Pwani* worked with male champions to conduct community sensitization meetings in Bamba, Palakumi, Dida, Sokoke, Mirihini and Ganze wards. Through these, community members have been mobilized to address sexual violence by increasing vigilance against child and sexual abuse occurrence and apprehension of suspected pedophiles. During the feedback meeting in October, capacity gaps were identified especially around articulating SGBV forms, effects and incidences in the community. Consequently, a one-day sensitization forum was held with 28 male champions from Kilifi South and Ganze on 20th February 2019 during which different topics including sexual violence and the law, key messages on sexual violence, referral pathways for SGBV cases sexual among others were discussed and relevant information disseminated. During the period, the supported male champions conducted sessions in the community and schools which reached a total 370 pupils. Community sensitization and mobilization through the male champions will be intensified in the previous reporting period.

Male champions during the sensitization forum held at *Afya Pwani* Kilifi boardroom on 20th February 2019

In Ganze, in efforts to expand ODF villages, the project undertook a gender-integrated mentorship process of engaging both men and women in toilet construction. Among those trained in basic artisanship were women who are currently facilitating and supervising constriction of permanent toilets in the community. This has provided opportunity for sustainable gender empowerment and transformation of norms, roles and expectations by demonstrating that despite the dominant Giriama traditions and stereotypes that exclude women from what is perceived to be masculine professions including leadership, deliberate engagement of women can empower them as change agents. In the respective villages, construction of permanent toilets is 100% and are ODF zones.

e) Scale up provision of standard package of care and support for SGBV /AYSRH needs

The Standard Operating Procedure (SOP) for the management of Sexual Violence Against Children (SOPVAC) guidelines were developed and rolled out in the year 2018 with an aimed at building the capacity of Health Care Workers with knowledge and information on how to offer quality and respectful health services to child survivors of sexual violence. To enhance the utilization of the SOP among HCWs, *Afya Pwani* organized a CME for facility staff in Bamba SCH on 22nd March 2019 as it covers a broad scope of patients due to the vastness of the Sub County. This was an informative session where not only was information shared about the guidelines but other issues including documentation of cases in the Post Rape Care (PRC) form was also discussed. A total of 20 facility staff and seven students (M-16, F-11) were imparted with information on the guideline. In the coming quarter, 19 facilities will be reached with this information.

In the previous quarter the project supported running Psychosocial support groups that reached 28 (S)GBV survivors as follows: 13 people (M-6, F-7) in Mombasa. In Kilifi County, the last quarter saw completion of a survivor's support group of 15 people (M-13, F-2). Two survivors support groups will be established in Kilifi North and Malindi in the quarter (Apr-Jun) which will see the successful completion of this activity. An additional activity that will be done during the quarter include holding a meeting with the police, community, health personnel to address gender issues.

In Mombasa, the project partnered with the Medical Officer in Likoni Sub County hospital and started a psychosocial support group comprising of 15 SGBV survivors who began meeting within the quarter. The survivors are girls and their age ranges from 5 month - old to 17 year -old. All the survivors tested HIV negative. PEP and counselling have been provided to them per the sexual violence management manual and they all adhered to PEP. Most of the girls are school going. The perpetrators were noted to be from Timbwani ward. Two perpetrators have been arrested and the rest are still at large. The 5 month- old baby was defiled by her father.

Gender-based violence interventions or services in Likoni Sub County are currently facing several challenges such as the situation where most clients are being assisted by the MOH medical officers to access legal procedures for justice to be realized since it is vital for the healing process of survivors.

f) Coordination, alignment and collaboration to enhance service to youth and vulnerable groups

i) Adolescent Package of Care/ Operation Triple Zero (APOC/OTZ) feedback meeting

In quarter 1, a feedback meeting was held in December with trained health care workers from 16 health facilities from Kilifi County to establish progress made post-training and the way forward to ensure implementation of OTZ adolescent groups with 16 health care workers in attendance. It was noted that

facilities had given feedback and had started recruitment of young people into the clubs. Progress has been made with regards to establishing and strengthening the OTZ clubs including sensitizing caregivers. In the previous reporting period, 8 facilities had established clubs. These have increased such that 15 out of the 16 targeted health facilities have established OTZ clubs meeting monthly as follows as supported by the project:

Table 35 Number of adolescents enrolled in the OTZ clubs in Kilifi County as at 31st March 2019

Facility	Male	Female	Total
Mtwapa	20	20	40
Vipingo	15	19	34
Gede	9	18	27
Mariakani	19	14	33
Bamba	12	18	30
Ganze	11	19	30
Kilifi	14	11	25
Gongoni	12	18	30
Malindi	7	8	15
Marafa	5	5	10
Marereni	10	8	18
Rabai	8	14	22
Matsangoni	9	12	21
Takaungu	7	15	22
Ngerenya	10	12	22
TOTALS	**168**	**211**	**379**

Building on Q1 OTZ trainings, the project continued to provide training of OTZ Champions in Kilifi County reaching 33 participants (18M, 15F). A WhatsApp group was formed and remains active as members share relevant health -related messages. A challenge however is that many of these adolescents do not have mobile phones since they are of school going age and their care givers do not allow or cannot afford to buy smart phones. Monthly meetings will continue to be conducted to ensure that club members remain vibrant and focused on the objectives. Voluntary recruitment of other adolescents and Youth to the clubs is ongoing. Consistent time adherence for drug taking has emerged as a significant challenge affecting adherence to ARVs as required. The members cited lack of watches or alarms as well to make this possible.

To resolve this the members were encouraged to purchase watches which will help them in monitoring the pill-taking time.

In Mombasa County, a three-day training on OTZ conducted in Likoni Sub County in collaboration with C/SCASCOs and the Sub-county Adolescents Coordinator targeting peer educators who are AYLHIV and at the same level, are peer educators. A total of 12 participants (M-4, F-8) who participated in the training were from Likoni, Mrima, Mbuta and Shika adabu health facilities participated in the training which focused on the dynamics to ensure viral suppression for AYLWHIV. The training was guided by the OTZ positive living booklet, OTZ CD, adolescent package of care manual, Binti/Mwas manual and OTZ tools. Topics covered during the training included definition of OTZ, the OTZ motto, the concept note, objectives, focus areas in OTZ, implementation procedures and OTZ activities. The participants were engaged on strategies to empower their peers in OTZ clubs with skills and knowledge on achievement of zero missed appointments, zero missed pills and achieving viral suppression. Following the training done, a follow-up meeting in March was held with 5 (M-3, F-2) in attendance. The poor attendance was attributed to some members not having received the message about the meeting while some lacked funds for transport. The members deliberated on challenges contributing to missed appointments and possible solutions. The AYLWHIV agreed to make a follow up on their peers who do not attend the adolescent and youth support group meetings that exist in the facilities and encourage them to join OTZ clubs. The next club meeting was scheduled for April when schools are closed.

ii) School-based treatment literacy programs in schools linked to ART sites

Treatment literacy sensitizations at primary schools were organized to reduce stigma in schools due to cases of poor adherence by school going children on ART due to stigma. In Kwale County, Kinango Sub County, treatment literacy sessions were conducted in the reporting period at 9 primary schools where 4,615 (M-2,500; F-2,115) students were reached with anti-stigma and discrimination messages, modes of HIV transmission, prevention, ART drug adherence and risky sexual behavior. The schools reached were St. Joseph's, Kinango primary, St. Lukes, Dumbule, Chifusini, Ng'onzini, Gwadu and Moyeni. In Lungalunga Sub County, a total of 1,626 (M-875, F-751) students from Twaka and Kichakamkwaza primary schools were reached with messages on modes of transmission of HIV/AIDS, ART drug adherence and prevention measures.

iii) HIV Prevention activities to vulnerable populations

Informal settlements require special attention in the prevention of HIV transmission and care of PLHIV. In the reporting period, the project partnered with Likoni Sub County hospital management and engaged four CHVs to reach the community in Timbwani-Shelly beach, an informal settlement with health education messages regarding HIV prevention reaching 60 people (M-50, F-10). In similar settings during the support group sessions, health talks in the facilities and anti-stigma sessions in the community, the facilitators focused on correct condom use, benefits of protected sexual relations, using facts to demystify myths and misconceptions fueling the spread of HIV and inhibiting uptake of health services at health facilities. Forums targeting adolescents and young adults were conducted at Chaani, Changamwe and Mvita Sub Counties. The forums focused on disseminating HIV/AIDS education and prevention messages to adolescents living within these community unit areas. A total of 50 young people participated in the forum. Topics discussed in the forum included life skills, modes of HIV transmission and prevention.

Consistent and correct use of condoms, which involved condom use demonstration of both female and male types.

Efforts to address HIV stigma In Taita Taveta, the project supported a community dialogue session in March in collaboration with the Njukini area chief, community Health Assistants (CHAs) and the Njukini CHVs. The community was sensitized on the importance of HIV testing, HIV and TB anti-stigma messages, Pre-exposure and Post Exposure Prophylaxis where 45(M-33, F-12) community members were reached with the information. Some Community health workers, chief and Community health assistant took the lead in passing the messages. The meeting agreed that community members will take appropriate action upon SGBV occurrences i.e. refer survivors to hospital for PEP, accept and not discriminate their loved ones who are HIV positive. That those who are LWHIV will take safety measures when planning to get children. The community will also be able to refer TB symptomatic patients for checkup and treatment to curb transmission. Questions on PEP and PREP were well responded to where the community was advised that, a survivor of Sexual Violence should not change clothes before reporting to hospital for examination. This is when PEP can be administered within 72 hours. Thereafter, the authorities will take charge in finding the perpetrator in collaboration with the community structures.

iv) Addressing Specific needs of Key Populations (KP)

The project in collaboration with the counsellors and CHVs in Shika Adabu dispensary – Mombasa County, mobilized and facilitated a support group session for KPs in which 41 men were in attendance. Education was on HIV/ AIDs prevention strategies, care and treatment of those HIV infected, ART and benefits of ART adherence. Factors contributing to poor adherence and possible solutions among KPs were also addressed during the meeting.

In Kwale County, community dialogues conducted to educate people on HIV/AIDS and TB to enhance ART uptake since it addresses issues of stigma. Within the quarter seven dialogues were conducted reaching 280 (158M,122F) community members sensitizing them on HIV/AIDS to reduce stigma. This activity was achieved by leveraging on three barazas and four community meetings in the village. The topics of focus were modes of transmission, prevention measures, stigma, discrimination, pre-exposure and post-exposure. It emerged that community members are not willing to disclose their status due to fear and stigma and use of traditional healers to treat HIV. Many community members do not have protected sex because they fear being seen carrying condoms around since there is mentality of being prostitute. The facilitator emphasized on the importance of early knowledge of HIV status and condom use. 200 condoms were distributed to the community members. The communities were encouraged to go to nearest health facilities with their partners for HIV testing services.

v) Sensitizations on Pre and post -exposure prophylaxis

In Kwale County, two community dialogues conducted to discuss PrEP & PEP. These dialogues were conducted at villages linked to Vitsangalaweni, Kinondo and Lungalunga facilities where the criteria for using PEP and PrEP were disseminated and questions addressed. PrEP for discordant couples at the health facility was also discussed.

vi) Strengthen youth friendly services to increase uptake of FP

During the quarter, *Afya Pwani* Grantee Magarini Cultural Centre (MCC) increased its demand creation initiatives to enhance uptake of MNCHFP services through integrated health education sessions. A special edutainment event was held at Madzayani, catchment of Mwangatini Dispensary targeting the youth in the area through a football match to mobilize the youth. During the event held in March 2019, health messages were conveyed with key focus on teen pregnancy and sexual violence prevention. The Centre supported four Community Based Distributors (CBDs) to supply short term FP commodities during the sports-for-change activity attended by over 250 youth in which 846 pieces of male condoms were distributed at the event.

g) Partnerships and engagement with private sector and other stakeholders for sustainability and capacity building

Afya Pwani is leveraging on stakeholders' forum to build partnership and where possible hold joint activities to leverage on resources. This approach has worked and through team effort seen a successful realization of gender activities including commemoration of international gender days like the recently concluded International Women's day where different partners pooled their resources in Kilifi to make the day a success with minimum spending from individual organizations.

The annual global campaign to mark the International Women's Day was commemorated within the quarter on March 8th with the theme *'better the balance'.* The main *Afya Pwani* event was held in Kilifi County because of the national profile of teenage pregnancy and child marriage highlighted late 2018 by the massive number of school girls who were pregnant during examinations. The gender and child rights stakeholders came together and organized for a pre-event activity that involved a dialogue organized with the community from Kilifi North. The men, women and youth in the area had an opportunity to discuss matters affecting them and be informed of opportunities available for their progress. Based on the project's rights-based approach in our interventions, the project supported sign language interpreters to offer interpretation services to the deaf participants during the event as to benefit from updated information about current events affecting them and available services in the county and community.

The project collaborated with Pwani university to commemorate the day by having a pre-event activity at the university. This was done by conducting a sports day that involved engaging staff and students in various activities with lessons and key messages on gender balance and women's empowerment. The winners who were mostly women were awarded prizes which involved airtime and sweets. With an estimated audience of 1,000 people, 240 staff and students (M-160, F-80) participated in the sports day. The key messages on gender equity raised during the event included: Equal participation/involvement of women in activities and decision making. This was demonstrated through the 'tag of war' where each team had to have a representative from both sexes; both men and women have a collective responsibility in creation of a gender equal institution.

The project was among the partners who supported the main event held at Ganze Primary school. The CEC Gender - Mrs. Maureen Mwangovya graced the event and in her speech, focused encouraging women to be proactive representatives in all development matters. A key event that remains to be supported in the International Youth Day that will be commemorated in the next quarter on August 11th.

Challenges

1. Staff capacity to integrate gender in all program areas remain a challenge due to inadequate technical appreciation and understanding of gender as a cross-cutting issue rather than a stand-alone set of interventions. A series of trainings using various fora are planned to include webinars, one-on-one and FGDs to strengthen staff capacity. Further training is planned for grantees, and peer educators attached to the project.
2. Insufficient budget and time allocation for gender and youth activities especially those requiring staff, grantees and other stakeholders' participation.
3. Continuing shortage of PRC forms at health facilities and the long process of acquiring them. Printing some is a temporary measure since supply of such tools is a national government responsibility.

VII. GRANTS

Grants award and management

During the reporting period*, Afya Pwani* continued to work with the approved grantees to support the project in implementation of demand creation, effective linkage and defaulter tracing activities at community level. To support demand creation activities under Sub Purpose 1, the project worked with 16 grantees implementing activities as outlined in the approved *Afya Pwani* workplan. Following approval of the project's Sub Purpose 2 workplan and budget, the project was also able to identify savings to award three grantees [148]to continue implementation of demand creation activities under Maternal Child Health, Family Planning services and WASH and Nutrition. These grantees had not been awarded in the first quarter due to unanticipated delays in receiving approval of the Sub Purpose 2 workplan and budget from USAID. However, the project was not able to identify adequate resources to sustain the award to one partner, Health Rights Advocacy Forum (HERAF) which was subsequently closed out.

Grantee Reporting and Compliance

In compliance to the grant agreement terms and conditions, the project noted timely submission of both financial and program reports by the grantees. During the period ending March 31, 2019, the project was able to facilitate the disbursements to grantees to enable them conduct planned activities for the quarter. The burn rate against the grantee budget obligation for the financial year is 29%.

Capacity building of Local Implementing Partners (Grantees)

To strengthen the capacity of grantees to deliver quality services in the respective thematic areas, *Afya Pwani* initiated a post award assessment to determine the progress made by grantees in strengthening their internal systems and identify weak areas which the project can support to enhance the organization's structures. The assessment noted significant improvement in financial and program reporting structures by the grantees however, some gaps were noted including weak financial monitoring

[148] Grantees awarded under Sub Purpose 2.

1. Ananda Marga Universal Relief Team (AMURT)
2. Supporting Primary Education Across Kenya (SPEAK)
3. USTADI Foundation

systems to support multi-donor funding, lack of adequate M&E systems and inadequate understanding on gender concepts, integration and mainstreaming to project implementation. The project is developing a comprehensive capacity building plan to be used to strengthen the specific weak areas that were identified.

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

As outlined in the approved *Afya Pwani* Grants Manual and approved Year 3 workplan, the project has continued to provide support to select facilities as 'Partner Implemented Projects' (PIPS) that are administered through Memoranda of Understanding (MOU) signed with the facilities which allows the project to directly pay for all allowable costs.

For this financial year, the project is implementing activities through one 'Partner Implemented Projects' (PIP) in Lamu County. The activities implemented by this facility are largely focused on addressing the gaps identified in provision of quality care and treatment service delivery to clients and complements the support provided by the *Afya Pwani* staff and community grantees.

Grantee contribution to the project outputs

The project noted accelerated activity implementation by the grantees in the respective thematic areas because of their familiarity with the geographical areas of implementation and better understanding of the project interventions coupled with the on-going support from the *Afya Pwani* team. With support from the project, grantees were able to implement activities to compliment *Afya Pwani* interventions and contribute to the overall *Afya Pwani* targets in sub purpose 1 and 2 as outlined in Annex IV.

Service Delivery

In the period October 2018-March 2019 the grantees have continued to coordinate demand creation and support retention of clients to treatment care and support for HIV and TB in Taita Taveta, Mombasa, Kilifi and Kwale and RMNCH/FP in Kilifi Counties. There are no major changes about the guaranteeing process; however, a capacity assessment of the grantees was administered to assess the level of growth of organizations institutionally internal systems and programmatically. The findings of the assessments will be shared in subsequent reporting periods. This SAPR period therefore considers the core achievements by the grantees as they contributed to the overall results of the Afya Pwani portfolio. Although the report highlights the contribution of grantees; the results are captured in various County specific reports. The grantees are based in community set ups, but they work in the facilities considering that case management starts from the facilities into the communities. Below is a table summarizing the activities done by grantees in Q2.

VIII. PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING

The mitigation of adverse effects of the project's work on the environment continued to be done during the reporting period. Thirty seven (37) facilities were checked for compliance with the set standards alongside other activities like FP and RMNCH commodities redistribution, Data Quality Audit and OJT. Most of these were in Magarini and Malindi Sub Counties of Kilifi County. Overally, the facilities were found to be compliant with the guidelines on waste segregation with colour coded bins and bin liners in place and sharps being disposed in safety boxes. However, a few discrepancies were noted , for instance, in Ganda Dispensary, black bin liners were found in the pharmacy store with commodities inside as the

facility had recently moved to a new location due to ongoing renovations. The nursing officer in-charge committed to correct the situation. Garashi Dispensary had some bins missing in some rooms and a large black bin was being shared across several rooms. Going forward, the facility agreed to have black bins to avoid sharing. Magarini Dispensary did not have red bins in the rooms They argued that it is a new facility and as such they were not carrying out any invasive procedures other than in the dressing room which needs a red bin. The same was noted in Chakama Dispensary. It was agreed that they install the bins in the rooms as part of compliance process.

Of the facilities visited, only health centres and hospitals had functional incinerators, a similar situation as with majority of *Afya Pwani* supported facilities. Som The facilities include,Malindi Sub County Hospital, Gongoni Health Centre and Baolala Health Centre. Yellow bin, Red bin and safety boxes waste from neighbouring dispensaries is collected periodically and taken to the nearest incinerator for disposal. Black bin waste is burned in an open pit.

Filled safety boxes stored for collection at Mkondoni Dispensary in Malindi Sub County

The incinerator at Gongoni Health Centre

Health workers were sensitized on the need to conduct regular stock takes of commodities and check expiry dates at the time in order to practice FEFO (First Expiry First Out) method and take action when the quantities about to expire could not be consumed in the facilities e.g. by calling the Sub County Pharmaceutical Facilitator (SCPF) to redistribute. Expired commodities were to be segregated, recorded and stored where they were not likely to be used or lost. Some expired FP commodities and other commodities were found in Kakoneni Dispensary where regular stock takes were not conducted.

Please see Appendix I which contains the detailed Environmental Mitigation and Monitoring Report (EMMR) for the April- June 2018 quarter.

IX. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

In collaboration with NASCOP, KEMSA MCP and CHAI, USAID *Afya Pwani* facilitated the Pharmacists ART Medicines Allocation Training for pharmacists from Mombasa, Kilifi, Lamu, Taita Taveta, Kwale and Tana River in a bid to strengthen commodity management. The training focused on the new concept of allocation of both antiretrovirals and opportunistic infection medicines at Subcounty level with approval

at County level. The orders for January 2019 were processed and submitted during the training. Additionally, *Afya Pwani* and NASCOP carried out an ART optimization status assessment to three facilities in Lamu County to check on the status of ART Optimization (Uptake of the new 2018 adult regimens of DTG and TLE400).

X. PROGRESS ON LINKS WITH GOK AGENCIES

a) National HTS Data Quality Assurance (DQA)

To support quality HIV Testing Services in all *Afya Pwani* supported Counties, NASCOP in conjunction with PEPFAR carried Implementing partners carried out a National HTS Data Quality Assurance (DQA) across 5 coastal Counties in April 4th through 15th, 2019. The objective was to assess the quality of HTS data reported through verification of reported HIV patient monitoring data and systems at the facility level. The activity included assessment of adherence to service quality and guidelines, confirmation of HTS Provider training, certification and participation in Proficiency testing (PT), review of safety practices done at HTS sites, availability of protocols and job aids, Compliance to HTS National testing algorithm and 5Cs of HTS. A sample of HIV positive clients identified in the month of October, November and December 2018 from HTS registers from all HTS service delivery points at the assessed facility were followed through to linkage register and then to the treatment preparation register. Indicators assessed were total tested, total Positive, PMTCT Tested, PMTCT Positive, Number linked to care and treatment and ttotal having reported to have used self-test in the last 12 months. A total of 25 *Afya Pwani* supported HTS sites in Mombasa, Kilifi, Kwale, Lamu and Taita Taveta Counties were visited for the DQA. Afya Pwani M&E and HTS lead in the Counties participated in the DQA led by National AIDS and STI Control Program (NASCOP) and respective County Department of Health. A ssummary of key findings and recommendations were:

Findings:

- All facilities had and were using revised HTS registers and job aids at all HTS service delivery Points in all Counties
- All facilities had trained and certified HTS providers, participating in Proficiency testing and offering HTS according to National guidelines
- Underreporting of Maternity and PNC retest numbers was identified across sites due to inadequate documentation in the service delivery registers. Facilities were noted to be testing and documenting in the HTS register, but no documentation in the Maternity and PNC registers.
- There was incomplete documentation of linkage in few sites. Follow-up data on linkage was not complete for patients tested and linked in different periods. Service providers had not updated the CCC numbers of the patients linked later after follow up. Corrective action to be followed through by HTS leads.

Recommendations

- Health facilities need to hold monthly meetings to discuss HTS data issues before reporting the number this will help reduce discrepancy across reporting sites.
- HTS service providers should embrace self-assessment and client exit interviews to identify gaps and improve service delivery. This was not consistent at all sites

- There's need for more TA from the sub-county team on the use of tools. It was noted that, the Sub County team were well versed with the use of the tools, yet there was a knowledge gap in the facilities.

b) Addressing sociocultural barriers to utilization of Maternal and Neonatal Health (MNH) services in Kilifi County

Socio-cultural barriers are key impediments to access to quality health services in Kilifi County. To this end, in quarter 2, the project engaged the National public (provincial) administrators as agents of change through an advocacy event called *Utawala na Afya* (Leadership for Health).

This was informed by the difficult experience of the administrators and parents and go through to complete the process of late birth registrations. The project, in collaboration with the Ministry of health partnered with the County Commissioner to enhance skilled deliveries and improve birth registration with the aim of improving maternal health outcomes as well as ensure prompt birth registration. A series of discussions with the County Commissioner and the ministry of health culminated into an agreement to jointly create demand and dispel sociocultural barriers to uptake of MNH. The leaders were provided technical information on positive MNCH practices giving them an opportunity to integrate MNCH health promotion and actions into their daily work. The leaders felt empowered to articulate health promotion issues to the communities and individuals they serve.

c) World TB Day

The project in collaboration with the CHMTs celebrated the 2019 World TB Day in all supported Counties. In Kilifi County, the World TB Day was commemoration at Mwembe Kati in Kilifi South Sub County, in Lamu County, at Witu Health Center and in Mombasa County, the World TB Day celebration also marked the launch of the Kenya National Strategic Plan (NSP) for Tuberculosis, Leprosy and Lung Health 2019-2023 which provides a framework for a multi-sectoral partnership approach to overcome TB and leprosy as public health and social challenges. During the commemoration, *Afya Pwani* supported HIV testing services to the members of the public, HIV/TB IEC materials, screening for TB and nutritional assessment services. A total of four new HIV clients were identified and all the four were linked to HIV treatment services. Two people confirmed to have TB with Gene xpert in Kilifi County and started on treatment at Mtwapa Health Center.

XI. PROGRESS ON USAID FORWARD

a) *Afya Pwani* consortium changes:

Afya Pwani is a consortium of three partners namely, Pathfinder International (prime), Palladium group (HSS partner) and Plan International (WASH partner). As per the project scope of work, Pathfinder International should begin to take on WASH and HSS portfolios as from year 3 or the project. Plan International partnership closed out at the end of February 2019 paving way for transitioning implementation of all WASH and Community nutrition activities in Kilifi to the prime, Pathfinder International. Two key Plan International staff were absorbed by Pathfinder to assure continuity of implementation of WASH activities. Similarly, the HSS team lead who is *Afya Pwani* Key personnel terminated his contract and majority of Palladium staff are currently working at about 50% LOE on the

project. The HRH lead is now the acting HSS team lead. Negotiations are ongoing between USAID, Pathfinder and Palladium of the future HSS structure to support the project.

b) SURGE Strategy

Informed by the COP 19 project priorities, *Afya Pwani* has embarked on the SURGE initiative that aims to achieve epidemic control by saturation of the HIV testing, treatment and suppression targets using proven strategies like Index client testing and linkage and case management for optimal client adherence and retention. So far, the project has created specific and disaggregated SURGE targets by geography and populations, formed SURGE teams and developed their TORs. Moving forward to execution of SURGE we will be in this quarter be updating the teams and kickstarting the implementation. We hope to share initial outcomes of SURGE in Q3.

XII. SUSTAINABILITY AND EXIT STRATEGY

Afya Pwani continues to strengthen sustainability of the HIV and MNCH by supporting the budgeting process of the supported counties by capacity building the CHMTS with knowledge and tools to carry out their functions effectively. Under the HHS pillar, the project provided TA to the Kilifi County and subcounty health managers to support the development of the FY 2019/20 management level Program Based Budget (PBB) aligned Annual Work Plan (AWP). Specifically, the project-oriented participants on the AWP templates recently approved by the Council of Governors for planning purposes at the different health levels. In addition, we continued with efforts to train, mentor and provide supportive supervision to the CHMTs and health facilities in program management and service delivery. Our grant subrecipients continue to deliver community level activities taking into consideration social accountability.

During the reporting period, facility-based staff employment contracts for Kwale and Kilifi were renewed through a consultative process with the County Public Service Boards and departments of health based on the Memorandum of Agreements (MOAs) signed earlier. This is critical in continuity of service provision with the County fully in charge of the hiring, performance of the staff. In Mombasa county, the Public Service county department of health in consultation with Public Service boa and *Afya Pwani,* 29 facility-based staff were hired following successful interviews.

To provide capacity building and strengthening grantees, in the month of March 2019, a local Kenyan organization, **HIV Free Generation (HFG),** received a grant notification of Ksh 20 million from AMREF HEALTH AFRICA under the Kenya Innovation Challenge Tuberculosis Fund (KIC TB) from the Global Fund-Tuberculosis grant. This challenge fund will focus finding men in drug dens and matatu industry there by supplementing national and county efforts in reaching the most hidden TB cases in Mombasa county. Afya Pwani has been providing technical assistance to HFG being one of our grantees in HIV/TB control to bid for this grant since October 2018. We are very pleased with this announcement and we look forward to continued collaboration to find the last remaining cases of TB among in Mombasa County. HFG will now proceed with the grant making phase of the 2018 – 2021 funding.

XIII. SUBSEQUENT QUARTER'S WORK PLAN

a) Sub-Purpose 1: Increased Access and Utilization Of Quality HIV Services

To achieve the PMTCT targets of identifying HIV infected pregnant and breastfeeding women and link them to immediate ART, the project will focus on narrowing the gap between 1st ANC and expected pregnancies in Kwale and Taita Taveta Counties as guided by the SAPR program performance report. This is going to be implemented in line with SURGE to bring more women to facilities for 1st ANC and hence HTS uptake in PMTCT setting with an average yield of 5% in Q2.

SURGE model will also be used to collaboratively support quality improvement to cover 48 facilities[149] accounting for 80% of clients currently on ART which will implement packages of interventions to improve early retention of ART clients, TB case finding and uptake of IPT, viral load suppression and differentiated care service delivery. Further, the project will support 77 sites accounting for 80% of positives identified in the last one year to implement QI initiatives to improve the identification of positives and link them to ART.

To ensure that services are always provided, the project will streamline ART commodities county level quantification and align forecasts and ordering with the projected commodity consumptions due to the "SURGE" initiative at facility level through supervision. Redistribution of FP commodities in Kilifi and County Commodity TWG meetings and planning activities to address specific gaps will also be prioritized.

Going into quarter 3, the DREAMS priority interventions will focus more on building resilience of girls and linking them to employability opportunities collaboration with like-minded partners. In addition, the project will focus on mentorship sessions through the approved EBI'S to ensure all the AGYW'S have been reached. We will also create social safety-nets by helping the AGWY organize themselves in groups so as the help them initiate viable income generating activities as groups which will be utilized as incubation process for individual projects.

In monitoring and evaluation, the project shall prioritize the weekly reporting of SURGE outputs, DDIU and learning. We will also prioritize capacity building through OJTs and mentorship of facility staff in documentation and reporting of HCA in DHIS and DATIM. We will continue with our RDQAs and moreover conduct targeted DQAs in our supported ART and RMNCAH/Nutrition and WASH sites and support them adopt data quality improvement plans. We will also continue supporting facility-based data review meetings. In the spirit of adopting evidence informed interventions, we will use results of FGDs already conducted to serial C&T defaulters to be able to tailor our interventions appropriately.

[149] Coast Provincial General Hospital (PGH), Malindi SCH, Kilifi CH, Mtwapa Health Center, Port Reitz SCH, Tudor SCH, Likoni Sub-SCH, Kongowea Health Centre, Moi SCH, Mariakani SCH, Kisauni Dispensary, Diani Health Centre, Bamburi Dispensary, Msambweni SCH, Mikindani (MCM) Health Centre, Kinondo Kwetu Dispensary, Taveta SCH, Gede Health Centre, Magongo (MCM) Dispensary, Municipal Health Centre, Mlaleo Health Centre (MOH), Ganjoni Health Center, Vipingo Health Centre, Kinango SCH, Gongoni Health Centre, Mwatate Sub- SCH, Kwale Sub SCH, Rabai Health Centre, Mpeketoni Sub SCH, Tiwi Health Centre, Lungalunga Dispensary, Samburu Health Centre, Likoni Catholic Clinic, Jomvu Model Health Centre, Marereni Dispensary, Shika Adabu Dispensary, Kikoneni Health Centre, Bamba Sub-SCH, Miritini Dispensary (CDF), Chasimba Health Centre, Bokole Dispensary (CDF), Lamu SCH, Matsangoni Health Center, Mvita Dispensary, Ndovu Health Centre, Chaani (MCM) Dispensary and Vitsangalaweni Dispensary.

b) Sub-Purpose 2: Increased Access and Utilization of Focused MNCH And FP, Wash And Nutrition

The USAID *Afya Pwani* project will continue to work towards its goal of increasing access and utilization of focused maternal and neonatal and child health (MNCH), Reproductive Health (RH)/Family Planning (FP), water, sanitation and hygiene (WASH) and Nutrition health services, all whilst strengthening quality health services in Kilifi County in Q3. Afya Pwani will build on Q1and Q2 gains of an increased number of women utilizing focused antenatal care (ANC1,4ANC), skilled birth attendants (SBA), Postnatal care (PNC), and increased number of children accessing child health services. Specifically, the project will ensure continuum of care in the mother child dyad by capitalizing on the high number of ANC1 to ensure optimal linkage to Mama groups (MG) and Binti kwa Binti (BKBs) support groups that have proofed key in retaining mother baby pairs throughout the continuum of care. To ensure success of the groups, we will expand sensitization of HCWs on the BKB and MGs concept and rollout of the longitudinal register and implementation guide will be done.

As for WASH, the project will continue to enhance involvement of public health workers and community partners to promote sanitation and hygiene practices through joint CLTS post-triggering follow ups and sub county verification of Open Defecation Free claiming communities. The project will also focus on providing protective (direct sun) shades onto the already constructed water tanks in Schools and health facilities to improve the quality of the water provided for domestic use.

Table 42 Disaggregated by Earmarks

XV. ACTIVITY ADMINISTRATION

Serenics navigator has not changed so far.

XVI. SUCCESS STORIES

These are outlined below:

LIVING YOUR DREAM WITH HIV

Elizabeth Mumbi, a Mentor Mother, PLHIV at Mlaleo Health Centre

Elizabeth Mumbi, 35, is a mentor mother at Mlaleo Health Centre that is in Mombasa County. She talks to and mentors' mothers who are living with HIV, and she always reminds them that HIV doesn't stand in the way of achieving their dreams. Mumbi discovered that she was HIV positive when she was 29. She says that 6years down the line, she takes medication for HIV daily, exercises, and is in excellent health. She's also living her dream of touching lives in the society positively. "I know there is no cure

for HIV, but I consider myself healed as I don't suffer the struggle and despair that was eating me up. I am healthy, I feel good about myself, and I think that is what matters unlike those days when I thought that it was a death sentence and never imagined myself alive today,"says Elizabeth.

Through the USAID *Afya Pwani* project, Mumbi has been able to mentor 90 women diagnosed with HIV in a period of four months. She talks to them and reminds them that being positive does not mean the end of life. She has been able to restore the hope of many. "Most of them come to me feeling so despised, desperate and hated. I usually conduct a one on one session with them. I tell them that I am positive and living happily. I have managed to re-unit more than five couples who separated after learning that their partners were infected. As we speak, I have three discordant couples whom am mentoring. They are living together happily after listening to my advice and adhering. I meet them every Wednesday of the week." Mumbi says.

The Mentor mother support group provide many benefits for women. They have been an important source of psychological support; helping to build confidence, resilience, reducing anxiety and promoting a sense of belonging.

"I had to make a mental turnaround to say, 'I am not going to die. I am not going to let all these factors ruin me — I am now going to be braver than I was before,'" one mentee who sought anonymity recalled.

Afya Pwani has put efforts to ensure that nearly all women who visit the ANC are tested and those who turn positive are linked to the Care and treatment. The mentor mothers establish a very good rapport and are able to understand some of their psychosocial needs addressed through these sessions. The sessions have provided a platform for women to share experiences, helping others living with HIV to cope with fear, hopelessness, stigma and discrimination.

Although Mumbi is not sure whether she has reached that level where she can go public about her HIV status with everybody, she says that she cares less if people know about it. It doesn't harm her anymore. She hopes that one day she will gather the confidence and tell the world her story to encourage those like her to adhere to treatment. She challenges other women living with HIV to get involved in support groups as she considers it to be extremely helpful.

HOPE, A WEAPON AGAINST VULNERABILITY

Teresa at Work

Opportunity may not knock on everyone's door, and even for those whom opportunity comes their way they may not seize it. What matters is how you snatch and make the best out of opportunities that emerge. Teresa Aluoch is 23 years old is among the few girls who have risen from poverty but have not let their past define them. In 2017, Teresa completed her secondary education amid struggles, frustrations and lots of suffering. Hoping for a better future, she moved from her remote village in Migori County and travelled to live with her sister in Mombasa. Weeks turned to months persevering the hardships for seven months where she could hardly afford to cater for her personal needs. She feared reaching out to her sister who was also struggling to maintain her relatively large family. Increased financial responsibility forced her at one point to work as a hawker making rounds selling soda and other soft drinks. Like many other teenage girls in her neighborhood, being out of school and unemployed in Likoni slums increased her vulnerability.

On one fateful day, a neighbor and a friend, invited her to accompany for Financial Capability training session that was offered by the USAID *Afya Pwani* DREAMS project. She reluctantly agreed and followed her without knowing that this would be her turning point. She met and shared her story with the project's mentor who visited the household and enrolled her in early July 2018. Teresa joined Shuga11 sessions (communicates HIV prevention messages) and entrepreneurship sessions.

One month into the program, she was supported to attend a vocational course in Hospitality offered by CAPYEI at Holy Ghost Fathers Technical training. At the Center, students are also provided with career counseling to enable them smoothly to transition into a career of their choice. Out of passion and dedication, she emerged the best student in her class and graduated with a Certificate in Hospitality which she would later use to secure a job at Sea View Café. Teresa persisted through the four-month theory and practical training course, and upon completion of the course, she got a job as a waitress at Sea View Café, situated along the busy Mama Ngina Drive in Mombasa County.

"I feel I can hold my head up in my community again" she says

Today, Teresa earns about KES 12,000 (USD 120) per month. Besides being able to meet her needs, this job has helped her escape the risks associated with idleness and entering alone into strangers' spaces to sell soft drinks. Currently Teresia serves as role model and motivational speaker to other AGYW in the community. *"I thank the DREAMS program for paying my school fees and for mentoring me into who I am today, although I do not earn*

much, I certainly would not have reached here if it was not for the program. I promise to take good care of my new job and excel in many more areas," she says.

TIPPY TAPS HELP STUDENTS EMBRACE HYGIENE AND SANITATION

Pupils at Mwaeba Primary School using tippy taps to wash hands and soap. The tippy taps are strategically located next to their classroom

When you walk into Mwaeba Primary School, a few things will strike you. Here, students do not huddle in groups at break time talking loudly or screaming joyfully because of the 'free' given time. They will be either in class revising for the next lesson or taking time to collect anything that choke their eyes. The school compound is devoid of litter. And the pupils say a respectful greeting every time they pass you and offer to either carry your bag or usher you to the head teacher's office.

"When we are healthy, we can learn and achieve our dreams. When our hygiene is at stake, our goals are limited". These are the words of Agnes Mara, a class eight pupil at Mwaeba Primary School who is involved in the school's health club that is instilling a culture of handwashing among fellow students while empowering them with knowledge and skills on good sanitation and hygiene practices.

The school is situated in rather isolated village with its walls painted with colorful murals, a good reminder to the pupils and visitors on the importance of good sanitation. The messages provide a step-by-step process of washing hands after using the toilet, before preparing food and eating and after touching anything that may be of health risk to them.

"We partnered with the USAID *Afya Pwani* project to restart health clubs in the school", Hero Cosmas, a teacher and the health club patron at the school says. The health clubs are an association of approximately 30 pupils who spend their free time talking about health issues and reach out to their fellow pupils to devise their own activities to address them. "Although currently, cases of diarrhea and other related diseases are on the decline, we are certain the future of this village and the surrounding areas will be bright because of these children," says Cosmas.

The 13-year-old pupil, says prior to the formation of the health clubs, most of her peers would fall sick missing crucial school hours. She says that the health club is a centerpiece of the school's quest of ensuring everyone live in a healthy, clean and safe environment free from preventable illnesses.

According to Kahindi Kaviha, the headteacher of the school, pupils are the best change agents. He notes since the introduction of the handwashing campaign using tippy taps and soap in the school, most households neighboring the school have embraced the idea. "We encourage them to pass the same message to their parents on the importance of good sanitation practices", he says. The pupils who were trained by the *Afya Pwani* Water, Hygiene and Sanitation (WASH) team, have embraced the handwashing practice.

A row of tippy taps and soap are now set up next to the classrooms for use by the pupils and the teachers. The school health patron says that the training they received from the project has seen each household in the community construct their own toilet facility and install a handwashing station close by to complete the proper sanitation practice.

Through the School Led Total Sanitation (STLS) and Community Led Total Sanitation (CLTS) approach, communities in Mwaeba and its environs are beginning to learn the effects of open defecation on their health and wellbeing. They are now encouraged to come up with sustainable solutions towards achieving Zero Open Defecation status.

"We decided to work with schools because students are more receptive to change and are likely to pass the knowledge to their parents. Besides them debating at school, the students also visit neighboring schools for debates and discuss issues that affect them", explains Juliet, an *Afya Pwani* project officer. Over the last two years, the project has supported more than 20 primary schools in Kilifi County install tippy taps and renovate toilets as one way of keeping pupils healthy.

Tippy taps are simple, economical handwashing stations made from locally available materials such as a jerry can, wooden stands and strings which release small amount of water each time it is tipped. When the tap is released, it swings back to its upright position.

Juliet says the innovation though not new in the country is efficient, adaptable and convenient to the user. "There are minimal chances of the water in the jerrycan getting contaminated with germs as the user only touches the soap that is tied on one edge of the tippy tap," explains Juliet.

Studies indicate that worldwide 280,000 children die every year from diarrhea caused by unsafe water and poor sanitation. Yet according to the World Health Organization (WHO), the disease can be reduced greatly by close to 50 percent through hand washing with soap. The use of tippy taps has made children embrace hand washing practices since they find it not only enjoyable but also convenient, easy to install

and use. Through the initiative, pupils are taught not only how to use a toilet and keep it clean, but also how to wash their hands properly.

“We were very happy when our school and our village was recognized by the officials from the County Health Department for sanitation practices,” says Kahindi. The CLTS and STLS approach is a key strategy that *Afya Pwani* project is using towards realization of the rural open defecation free Kenya roadmap by 2020. “We will continue to monitor to see how keeping our students healthy and in school translates to success,” says Cosmas as he bids us farewell.