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USAID KENYA AFYA HALISI
QUARTERLY PROGRESS REPORT

Targeted adolescents dialogue session at Nyalenda slum in Kisumu County

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USAID KENYA AFYA HALISI PROJECT

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ACRONYMS AND ABBREVIATIONS

AEFI	Adverse Events Following Immunization
AFP	Advanced Family Planning
AMTSL	Active Management of Third Stage of Labor
ANC	Antenatal Care
AWP	Annual Work Plan
AYP	Adolescent and Young People
AYSRH	Adolescent and Youth Sexual and Reproductive Health
BCS+	Basic Counseling Skills plus
BEmONC	Basic Emergency Obstetric and Newborn Care
BFCI	Baby friendly community initiative
BFHI	Baby-friendly Hospital Initiative
BP	Blood Pressure
BTL	bilateral tubal ligation
C4C	Counseling for Continuation
CAC	Community Action Cycle
CBD	Community-based distribution
CBHIS	Community Based Health Information System
CBMNC	Community-based maternal and newborn care
CBO	Community based Organization
CBRM	Community Based Referral Mechanisms
CCA	Clean Clinic Approach
CCC	Comprehensive Care Center
CEC	County Executive Committee
CEMD	Confidential Enquiry into Maternal Deaths
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CH	Child Health
CHA	Community Health Assistant
CHAI	Clinton Health Access Initiative
CHC	Community Health Committee
CHEW	Community Health Extension Worker
CHMT	County Health Management Team
CHSSIP	County Health Sector Strategic and Investment Plan
CHU	Community Health Unit
CHV	Community Health Volunteer
CHX	Chlorhexidine
CICA	County Institutional Capacity Assessment
CLTS	Community Led Total Sanitation
CME	Continuous Medical Education
CMMB	Catholic Medical Mission Board
CMSG	Community Mother Support Group
CMTC	County Medicines and Therapeutics Committee
COCs	Combined Oral Contraceptive
CPR	Contraceptive Prevalence Rate
CQI	Continuous Quality Improvement
CSO	Civil Society Organizations
CYP	Couple years of protection
DFH	Division of Family Health
DHIS	District Health Information Software
DMPA	Depot Medroxyprogesterone Acetate
DO2	Development Objective 2
DQAs	Data Quality Audits/Assessments
DTC	Decentralized Training Center
EBF	Exclusive Breastfeeding
ECD	Early childhood development
ECSB	Essential Care for the Small Babies
EHA	Essential hygiene action
EMMP	Environmental Mitigation and Monitoring Plan
EmONC	Emergency Obstetric and Newborn Care
EPI	Expanded Program on Immunization
ETAT	Emergency Triage Assessment and Treatment
ETL	Education Through Learning
FACES	Family AIDS Care and Education Services
FANC	Focused Antenatal Care
FGM	Female Genital Mutilation
FHOK	Family Health Options of Kenya
FIC	Fully Immunized Child
FP	Family Planning
G-ANC	Group Antenatal Care
GBV	Gender Based Violence
GIC	Generic Instructor Course
GMP	Growth Monitoring Promotion
GoK	Government of Kenya
GREAT	Gender Roles, Equality and Transformation
HCD	Human Centered Design
HCP	Health Care Provider
HCW	Health Care Worker
HFs	Health facilities
HH	Household
HINI	High Impact Nutrition Intervention
HMIS	health management information systems
HPAC	Health Promotion Advisory Committee
HRH	Human Resource for Health
HRIO	Health Records Information Officer
HSS	Health System Strengthening
HWTSS	Household water treatment and safe storage

ICC	inter-agency coordination committees
iCCM	Integrated Community Case Management
ID	Identification details
IEC	Information Education Communication
IFAS	Iron and folic acid supplementation
IGA	Income Generating Activities
IGWG	Interagency Gender Working Group
iHRIS	Integrated Human Resource Information System
IMAM	Integrated Management of Acute Malnutrition
IMCI	Integrated Management of Childhood Illness
IPC	Infection prevention and control
IUCD	Intrauterine contraceptive devices
IYCF	Infant and young child feeding
J2SR	Journey to Self Reliance
JOOTRH	Jaramogi Oginga Odinga Teaching and Referral Hospital
KANCO	Kenya AIDS NGOs Consortium
KAPPd	Kenya Action Plan for the Prevention and Control of Pneumonia and Diarrhea
KCGTRH	Kakamega County Government Teaching and Referral Hospital
K-CHIC	Kitui County Health Insurance Cover
KDHS	Kenya Demographic Health Survey
KEMSA	Kenya Medical Supplies Authority
KEPI	Kenya Expanded Program for Immunization
KESH	Kenya Environmental Sanitation and Hygiene
KIWASH	Kenya Integrated Water, Sanitation, and Hygiene
KMC	Kangaroo Mother Care
KMET	Kisumu Medical and Education Trust
KPA	Kenya Pediatric Association
KQMH	Kenya Quality Model for Health
KSG	Kenya School of Government
LAPM	Long Acting Permanent Method
LARC	Long-Acting and Reversible Contraceptives
LCHV	Lead CHV
LDHF	Low dose high frequency
LNG-IUS	Levonorgestrel intrauterine system
LOA	Letters of Agreement
LQAS	Lot Quality Assurance Sampling
M2MSG	Mother to Mother Support Group
MCA	Member of County Assembly
MCH	Maternal Child Health
mCPR	Modern contraceptive prevalence rate
MCSP	Maternal and Child Survival Program
MCSP	Maternal and Child Survival Program
MEDS	Mission for Essential Drugs and Supplies
MEL	Monitoring Evaluation and Learning
MFL	Master Facility List
MIYCN	Maternal, Infant, and Young Child Nutrition
MLM	Middle Level Managers
MNCH	Maternal, Newborn and Child Health
MNH	Maternal and Newborn Health
MNP	Multiple Micronutrient Powder
MOE	Ministry of Education
MOH	Ministry of Health
MOU	Memorandum of Understanding
MPDSR	Maternal and Perinatal Death Surveillance and Response
MR	Measles Rubella
MTC	Medicines and Therapeutic Committee
MUAC	Mid Upper Arm Circumference
MVA	Manual Vacuum Aspiration
NACS	Nutrition Assessment Counseling and Support
NCAHU	Neonatal, Child, and Adolescent Health Unit
NHIF	National Hospital Insurance Fund
NHPplus	Nutrition Health Program plus
ODF	Open Defecation Free
OJT	On job training
OPV	Oral Polio Vaccine
ORS	Oral rehydration salts
ORT	Oral rehydration therapy
OVC	Orphans and Vulnerable Children
PAFP	Post Abortion Family Planning
PBCC	Provider based behavior change
PET	Pre-Eclampsia Treatment
PHO	Public Health Officer
PIFP	Provider Initiated Family Planning
PLGHA	Protecting Life in Global Health Assistance
PMP	Performance monitoring plan
PNC	Post Natal Care
POP	Progestin only pills
PPFP	Post-Partum Family Planning
PPH	Postpartum hemorrhage
PPIUCD	Postpartum intrauterine contraceptive devices
PPR	Performance Planning and Review
PSK	Population Services Kenya
PTBI	Preterm Birth Initiative
PWD	Persons living with a Disability
PY	Planning Year

QIT	Quality Improvement Team
RBF	Results Based Financing
REC	Reach Every Child
RED	Reach Every District
RH	Reproductive Health
RMC	Respectful maternity care
RMHSU	Reproductive Maternal Health Service Unit
RMNCAH	Reproductive Maternal, Newborn, Child and Adolescent Health
RRI	Rapid Response Initiatives
SBA	Skilled Birth Attendant
SBCC	Social and Behavior Change Communication
SCHMT	Sub-County Health Management Team
SDA	Service Delivery Advisor
SDO	Service Delivery Officer
SDPs	Service Delivery Points
SGBV	Sexual and Gender Based Violence
SGS	Small Group Sessions
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infection
TA	Technical Assistance
TBA	Traditional Birth Attendant
ToR	Terms of reference
TOTs	Training of Trainers
TWG	Thematic Working Group
UBT	Uterine balloon tamponade
UHC	Universal Health Coverage
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
USG	United State Government
VAS	Vitamin A supplementation
VCAT	Value Clarification and Attitude Transformation
VSC	Voluntary Surgical Contraception
VSLA	Village Savings and Loaning Activities
WASH	Water Sanitation and Hygiene
WCD	World contraceptive day
WHO	World Health Organization
WIT	Work Improvement Team
WRA	Women of Reproductive Age

I. EXECUTIVE SUMMARY

Qualitative Impact

The US Agency for International Development's (USAID) Afya County and National Support Program (Afya Halisi) is a five-year project led by Jhpiego with PS Kenya, and four additional local implementing partners (LIPs) to be sub granted in year 3. The Project works with the Kenya National Ministry of Health (MOH) and the four focus county governments of Kakamega, Kisumu, Kitui and Migori to deliver quality, integrated services in family planning, reproductive, maternal, newborn, child and adolescent health, nutrition, and water, sanitation and hygiene (FP/RMNCAHN/WASH) to those most in need. The Project which has completed its second year of implementation is designed to strengthen the capacity of national, county and sub-county health leaders and health systems across the continuum of the household through the community to health facilities to improve efficiency of the health systems.

This report highlights Afya Halisi achievements for PY2 Q4 (July – September 2019) building onto the PY1 and PY2Q1 – PY2Q3 achievements. The report also provides the Project's annual achievements in year 2 period. During the quarter under review, Afya Halisi supported 660 health facilities in 23 sub-counties across the four counties and in Kakamega County Government Teaching and Referral Hospital. The project also began to align its programmatic approaches and operations, activity implementation and staffing to USAID's Policy Framework of Journey to Self-Reliance (J2SR).

In year 3, the Project will scale up its support to Butere and Mumias East sub-counties based on the poor performance of the two sub-counties that consequently pulls down the overall county performance. Afya Halisi will continue to strengthen the capacity of the county and sub-county Health Management Teams (HMTs) to use a prioritization matrix to identify sub-counties and wards performing poorly for evidence-based differentiated investments that address disparities in resource distribution, improve coverage for underserved, high burden sub-counties, wards, and health facilities to acceptable national goal and standards.

Programme management activities

J2SR and Year 3 work plan development

After concerted efforts in year 2, the Project's road map for Journey to Self Reliance (J2SR) was approved by USAID during the reporting quarter. This paved the way for the technical review of the Project's year 3 work plan, which was also approved by USAID in early October 2019. The Project's J2SR road map is founded on five key pillars that include; meaningful engagement with local implementing partners, strengthening coordination and stewardship of county governments to deliver services, supporting engagement of the private sector to leverage financial and technical resources for health, enhancing social accountability across all levels, and health systems strengthening by addressing the WHO building blocks. The Project has developed a J2SR monthly activity tracker which will be closely monitored and updated by the Project team to ensure that implementation of all planned activities are on trajectory.

Sub granting of local implementing partners

During the reporting quarter, the Project started a process of engaging four local implementing partners that are earmarked to implement community level interventions aimed at increasing positive health seeking behaviours for improved utilisation of FP/RMNCAH, nutrition and WASH services in the focus counties in year 3 to 5. The LIPs include; Anglican Development Services Eastern (ADSE), Centre for

the Study of Adolescence (CSA), Kisumu Medical Education Trust (KMET), and Lwala Community Alliance (LCA). The sub award agreements for the LIPs are expected to be approved in the next reporting quarter. The Project has held an inception meeting with the LIPs and plans to orient them on their scope of work, expected results and key deliverables before commencement of activity implementation in respective counties.

Transitioning of HRH staff

In year 2, the Project hired 91 Human Resources for Health (HRH) staff for the county governments of Kitui, Migori and Kisumu. As at end of year 2, Afya Halisi had started to engage the respective county health leaderships and both Kisumu and Migori county governments have committed to transition at least 30% of the HRH staff to the county governments' payroll in this financial year as per the signed Letters of Agreement (LOA), with the former committing to work with the county's Public Service Board to transition 75% of the HRH during a planned recruitment of HCWs in this financial year.

Personnel

During the reporting quarter, Afya Halisi's Chief of Party, Ms Ruth Odhiambo, transitioned from the Project. Dr Gathari Ndirangu is the Acting COP for the Project. The Project's Finance and Administration Director also transitioned as part of the Project's restructuring efforts to align to its J2SR implementation framework. The position is now being managed by Jhpiego's Senior Finance and Administration Manager, Mr Duncan Kago. In order to ensure smooth transition and uninterrupted implementation of planned activities and align to the approved year 3 work plan, including J2SR road map, the Project re-organized its staffing structure, relocated some staff, assigned some staff new responsibilities based on their skill sets, and made some positions redundant. The Project also accelerated recruitment processes for key positions, including the positions of Senior Community Liaison Officer, Child Survival Specialist, WASH Specialist/County Manager and Regional Manager for western region.

Project office locations

In line with the Project's J2SR plans, Afya Halisi relocated its county offices except for Kisumu and Kitui during the reporting period. The Kakamega county based staff relocated to the Ministry of Health's KenAfya offices while in Migori, the county based staff relocated to Migori County Referral Hospital, and maintained a one room office at Sunrise center building. Each of the county's will be managed by a County Manager who will also double up as the senior technical liaison with the CHMTs.

Sub-purpose 1: Increased availability and quality delivery of FP/RMNCAH, nutrition and WASH

During the quarter under review, the Project supported 660 health facilities. Out of these, the project had 608 health facilities that were providing FP counseling and/or services, an achievement of 92 percent against the annual target of health facilities providing FP counseling and/or services. The difference of 8 percent reflects health facilities that are faith based (mainly Catholic based). During the reporting quarter, the project achieved a CYP of 116,186, bringing the total to 554,377 as at end of FY19, representing a 93% achievement against the annual target. At county level, Migori contributed about half (55,863 CYP) of the reporting quarter's performance while Kakamega had an almost similar performance to Y2Q3 with 18,243 CYP. There was a 39 percent reduction in CYP from Y2Q3 in Kisumu, and Kitui had a 27 percent reduction due to a six-week health care workers' strike in both counties that negatively affected health service provision in public health facilities.

A total 2,101 CHVs were actively involved in the provision of FP information, referrals and services to community members in the four counties. This reflected an achievement of 79 percent against FY19 target.

At county level, 315 CHVs were in Kakamega, 793 in Kisumu, 635 in Kitui and 358 were in Migori. In the same period, 37 CUs were involved in the community-based distribution of FP commodities (6 in Kakamega, 24 in Kisumu, and 7 in Migori). A total of 5,746 adolescents accessed FP services, bringing the total reached in FY19 to 28,218, an achievement of 117 percent against the target of 24,189.

During the reporting period, 64 percent of Project supported health facilities experienced stock out of any commodity in the five categories (COCs or POPs, IUDs, DMPA, Male condoms and Implants) compared to 71 percent in the previous quarter, against the target of 15 percent. The under-achievement was due to the health care workers strike that was experienced in Kisumu and Kitui counties during the reporting period. There was also a national stock out of DMPA and implants 1-rod at KEMSA, and was being addressed at KEMSA level by the Department of Reproductive Health.

The Project continued to support counties to strengthen emergency obstetric and newborn care functions in the supported health care facilities with a target of 274 facilities mapped for emergency and life-saving maternity care. At the end of year 2, a total of 157 facilities were assessed and met the minimum BEmONC functions, out of which 20 were offering high-level emergency surgery and blood transfusion services. During the reporting quarter, an additional 17,224 pregnant women completed 4 ANC visits bringing the total in year 2 to 70,177. This is an achievement of 78 percent against the annual target of 90,486. During the reporting quarter, the health care workers' strike in Kisumu and Kitui affected performance in 4 ANC visits. In the reporting period, Kitui county had the lowest 4 ANC coverage at 36 percent, Kakamega at 54 percent while both Migori and Kisumu had 55 percent 4 ANC coverage - all below the 2019/20 national target of 80 percent. A total of 24,510 births were assisted by a skilled attendant in project supported facilities, bringing the total of delivery in health facilities to 98,812. This reflects an achievement of 118 percent against the annual target of 83,525. Coverage for skilled birth attendance for the Project's combined population was 66 percent, which was slightly higher than the national 2019/20 target of 65 percent.

During the reporting quarter, 21,584 newborns received post-natal care within the first two days. This brought the total to 87,079, an achievement of 125 percent against the annual target of 69,605. Considering that there were 96,660 live births in the focus counties during the reporting period, access to PNC was at 90 percent at health facility level during the reporting period. The PNC coverage is still low in the project focus counties with overall coverage at 50 percent, which is way below the national 2019/20 target of 90%. At county level, Kakamega and Kitui had the lowest coverages at 31 percent and 45 percent respectively. The Project developed strategic shifts which will be implemented in year 3 to expand coverage for PNC services and these are elaborated in the subsequent sections of the report. During the period under review, 5,995 adolescents (10-19yrs) presented with pregnancy and received ANC services in Project supported health facilities. This brings the total to 28,744 adolescents reached in FY19, an achievement of 76 percent against the annual target of 37,723. This accounted for 26 percent of the total first ANC visits in FY19.

The Project supported the four counties to reach 22,824 children to receive full immunization, bringing the total performance to 96,583 as at end of year 2 period, an achievement of 107 percent against the annual target. In addition, at the end of year 2, 101,069 children received DPT3 vaccination in the focus counties, slightly surpassing the project's year 2 target of 96,863. The overall coverage for DPT3 in the Project supported focus counties was 78 percent, which is lower than the national population coverage target of 80 percent. At county level, Migori had the highest coverage at 86percent while Kitui had the lowest at 69 percent coverage. To achieve the coverage target, the Project developed county specific

strategic shifts for implementation in year 3 and these are elaborated in the subsequent sections of the report.

The Project's focus on nutrition is in the counties of Migori and Kakamega. Afya Halisi reached 258,107 under five children with Vitamin A supplementation, an achievement of 92 percent against the PPR target of 279,625. As at end of FY19, Vitamin A coverage for Kakamega and Migori counties stood at 60 percent and 110 percent respectively. The low coverage in Kakamega County was due to inadequate support from MOH in sub counties that Afya Halisi was not supporting before. In year 3, Afya Halisi will continually use data to provide targeted system level support in these other sub counties to expand coverage for Vitamin A supplementation in the county. The Project had 114 health facilities with capacity to implement integrated management of acute malnutrition (IMAM), an achievement of 101 percent against the project's PPR target of 113.

The Project's WASH focus remains in Kakamega, Migori and Kitui counties. As at end of FY19 period, the Project enabled 55,947 people to gain access to safely managed sanitation service. This reflects an achievement of 116 percent against the project's PPR target of 48,300. These people were reached as a result of 138 villages being verified ODF as at end of FY19 period. The Project observed that the villages triggered and verified served relatively densely populated areas, hence more people than estimated were reached.

During the quarter under review, the Project supported 4,498 people to gain access to safely managed drinking water services bringing the total to 32,252 people as at end of FY19. This reflects an achievement of 59 percent against the annual target of 54,633. The Project supported 6 health facilities to improve basic sanitation facilities (21 squat holes) bringing the total to 65 basic facilities as at end of FY19 period. This reflects an achievement of 78 percent against the project's PPR target of 83.

Sub-purpose 2: Increased care seeking and health promoting behavior for FP/RMNCAH, nutrition and WASH

During the reporting quarter, the Project provided technical assistance to the focus counties in planning and execution of social and behavior change activities. The Project conducted a Training of Trainers (ToTs) on social and behavior change (SBC) targeting Public Health Officers (PHOs) in Kitui County. In addition, the Project supported orientation sessions on Education Through Learning (ETL) and Counselling for Choice (C4C) targeting Community Health Volunteers (CHVs), Public Health Officers (PHOs), Community Health Assistants (CHAs), and Health Care Workers (HCWs). A total of 458 participants were reached in all the focus counties. In Kitui County, as part of on-going technical assistance to counties on SBC, Afya Halisi trained 21 Public Health and Health Promotion Officers (11 female, 10 male) on documentation skills. Following the training, the Ministry of Health officers in the Departments of Health Promotion, Public Health and Community Health Strategy are in the process of drafting the Kitui Public Health Bulletin.

During the reporting quarter, the Project trained communities on use of the community scorecard in Kakamega and Kisumu counties. The Project trained eight community facilitators in each of the two health facilities that were targeted for intervention, namely Eshinutsa Dispensary in Khwisero sub-county in Kakamega) and Masogo Dispensary in Muhoroni sub-county in Kisumu. In addition, the Project supported in-reaches/outreaches in targeted health facilities in the four focus counties. There was a marked increase in clients receiving modern contraception, partly due to the industrial action by healthcare workers in Kisumu and Kitui counties. The Project also supported three Health Promotion Advisory Committee

(HPAC) meetings that brought together 101 Health Promotion Officers and Public Health Officers, Community Health Strategy (CHS) officers and other development partners to discuss preventive and health promotion options. These three meetings were in addition to six other such meetings supported by the Project in year 2.

Sub-purpose 3: Increased MOH stewardship of key health program service delivery

The Project received approval to commence national level support in Y2Q2 period. To kick start the process, the Project convened an introduction meeting to the leadership of Department of Family Health. Thereafter, priority activities for implementation in year 2 were agreed on with the respective divisions. Some of the key contributions made by Afya Halisi in year 2 included; provided technical and financial support in developing the revised terms of reference to the newly created RH TWG; participated in the discussions as well as co-chairing a session during the integrated national stock taking meeting on eMTCT and RMNCAH that was held in year 2; participated in the planning forums for the meeting on dissemination of ECHO findings including the actual breakfast event that was convened by NCPD to provide updates of the FP2020 commitment and during which, KEMRI disseminated the ECHO findings to the stakeholders; engaged the Department of Health Sector and Informatics to allow revision of the child health reporting registers and tools, whose printing are in progress; and provided technical support to the DFH in revising the RMNCAH scorecard that is currently being utilized at county and national level as a performance management monitoring tool.

Building on the gains made in year 2, and with the recent changes at the Ministry of Health that included splitting of various divisions and units, Afya Halisi will in year 3 continue providing technical support to DFH through the Division of Reproductive and Maternal Health (DRMH), the Division of Neonatal and Child Health (DNCH), and the Division of Adolescent and School Health (DASH) to assist them in accelerating the operationalization of the Health Act and fulfilment of the department's mandate.

Quantitative Impact

Working with MOH to track and measure granulated progress to achievement of key health outcomes that demonstrate improvements in health systems and access to quality FP/RMNCAHN and WASH services to targeted populations in the four focus counties and at national level is at the core of Afya Halisi's work. During the reporting period, the project achieved 116,186 couple-years of protection (CYP), bringing the total CYP achieved as at end of year 2 to 554,377. This achievement translated to 159,661 unintended pregnancies averted per CYP as shown in Figure 1 below. Migori had the highest unintended pregnancies averted at 70,169 in year 2 period.

Unintended pregnancies averted		
CYP		Pregnancies Averted
75,478	Kakamega	21,738
109,723	Kisumu	31,600
125,535	Kitui	36,154
243,641	Migori	70,169
554,377	Total	159,661

Figure 1. Unintended pregnancies averted in project supported health facilities in Y2Q1- Y2Q4

As at end of year 2 period, the Project focus counties achieved 1st ANC visit coverage of 78 percent out of the estimated deliveries; 4th ANC visit coverage was 51 percent, lower than the national 2019/20 target of 80 percent; skilled birth attendance coverage was 66 percent, slightly higher than the national 2019/20 target of 65 percent and coverage for post-natal care for infants was 50 percent, lower than the national 2019/20 target of 90 percent, as shown in Table 1 below. The Project developed strategic shifts to be implemented in year 3 to expand population coverage performance for the MNH indicators.

Table 1. MNH coverage in project focus counties, Y2

Indicator	County/coverage	Kakamega	Kisumu	Kitui	Migori	Project
Estimated deliveries		70,863	46,188	42,836	50,141	210,028
1st ANC	Y2Q1-Y2Q4 Achievement	56,129	37,111	27,951	42,605	163,796
	Y2Q1-Y2Q4 Coverage	79%	80%	65%	85%	78%
4th ANC	Y2Q1-Y2Q4 Achievement	38,032	25,444	15,569	27,329	106,374
	Y2Q1-Y2Q4 Coverage	54%	55%	36%	55%	51%
Skilled birth attendance	Y2Q1-Y2Q4 Achievement	46,534	32,652	21,828	38,420	139,434
	Y2Q1-Y2Q4 Coverage	66%	71%	51%	77%	66%
PNC - infants	Y2Q1-Y2Q4 Achievement	21,368	30,037	18,870	32,390	102,665
	Y2Q1-Y2Q4 Coverage	31%	66%	45%	65%	50%

In 2018/19, the average institutional maternal mortality rate in project supported health facilities was 122/100,000 deliveries as at end of the reporting quarter as shown in Figure 2 below, with no significant change compared to the previous reporting quarter.

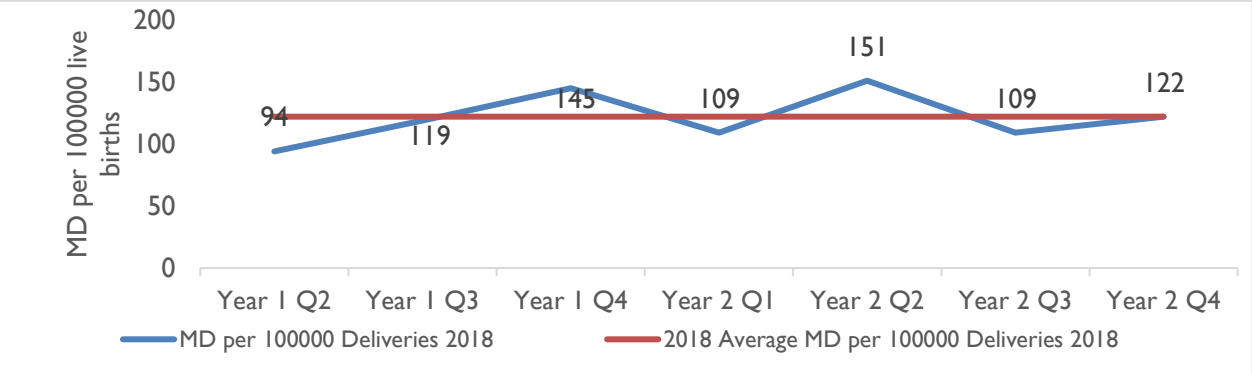


Figure 2. Institutional maternal mortality rate in project supported health facilities, 2018/19

At county level, Kakamega and Kisumu counties had the highest institutional MMR at 195/100,000 deliveries and 171/100,000 deliveries respectively, mainly contributed by Kakamega County Government Teaching and Referral Hospital and Jaramogi Oginga Odinga Teaching and Referral Hospital. The two facilities receive referrals from all the neighboring counties and sub counties.

As at end of year 2 period, the Project focus counties achieved DPT 3 coverage of 78 percent, lower than the national 2019/20 target of 80 percent, as shown in Table 2 below. The Project developed strategic shifts to be implemented in year 3 to expand population coverage performance for the immunization indicators.

Table 2. Immunization coverage in project focus counties, Y2

Indicator		Kakamega	Kisumu	Kitui	Migori	Project
Estimated under 1 children		70,725	42,196	36,111	47,831	196,863
DPT 1	Y2Q1-Y2Q4 Achievement	55,632	34,801	26,209	42,755	159,397
	Y2Q1-Y2Q4 Coverage	79%	82%	73%	89%	81%
DPT 3	Y2Q1-Y2Q4 Achievement	53,815	33,467	24,867	41,232	153,381
	Y2Q1-Y2Q4 Coverage	76%	79%	69%	86%	78%
Measles	Y2Q1-Y2Q4 Achievement	55,413	34,256	25,414	39,807	154,890
	Y2Q1-Y2Q4 Coverage	78%	81%	70%	83%	79%
FIC	Y2Q1-Y2Q4 Achievement	53,931	34,088	24,606	38,435	151,060
	Y2Q1-Y2Q4 Coverage	76%	81%	68%	80%	77%

Attribution of results: While Afya Halisi cannot claim full attribution to the results reported in this quarterly report due to the key role played by MOH in oversight and delivery of FP, RMNCAHN and WASH services at health facility and community unit levels in the four focus counties, coupled with support from other implementing partners, the project has reported results from its supported sub-counties, health facilities and community units due to its vast contributions during the reporting period. During this period, the project worked closely with MOH to plan and support implementation of FP/RMNCAHN and WASH activities through provision of technical assistance to strengthen health systems at sub-county, county and national levels and through service delivery activities to project supported health facilities and community units and communities in the focus counties.

During the quarter, the project supported systems-level activities in the focus counties that included quarterly county and sub-county supportive supervision visits, quarterly sub county MPDSR review meetings, quarterly sub county data review meetings, targeted data quality assessments, LARC mentors standardization, baseline assessment of level 4 facilities in Migori, support for inter-county blood transfusion meeting for counties in former Nyanza and Western regions, facility in-charges meeting in Rongo, dissemination of the FP learning agenda, AYSRH stakeholders meeting, RMNCAH stakeholders meeting, distribution of water tanks in 24 health facilities in Migori, PPFP data review meeting in Kisumu, inter-county referral meeting in Kisumu, equipment taskforce meeting in Kisumu and Kakamega, and renovations of operating theaters Migori and Kitui counties.

In addition, building on year 1, the project provided various equipment that are in use in provision of FP/ RMNCAHN and WASH services in the supported health facilities. Based on arrangements with the county governments, the project also provided human resource for health (Nurses, HRIOs) to health facilities in need to strengthen access to quality FP and RMNCAHN services in Kitui, Kisumu and Migori counties. From Year 1, the project has also provided various job aids, SOPs, and Performance Progress Charts to the supported health facilities in order to improve quality of care and enable performance and outcome tracking of priority health outcomes at health facility level.

Constraints and Opportunities

HCWs strike: During the reporting quarter, HCWs in Kisumu and Kitui counties were on strike due to delay in payment of salaries. To ensure continuity in service provision, the project worked with the respective county MOH teams to ensure continued provision of services in private health facilities that experienced an upsurge of clients due to the strike.

Reimbursement of NHIF funds: There still exists challenges in reimbursement of NHIF funds as some health facilities get a lower rate of reimbursement which poses financial challenges to the mothers as they have to top up to access delivery services. The Project is addressing the challenge through advocacy to NHIF to have optimal re-imbursement for quality and continued care.

Inadequate reporting tools: During the reporting period, shortage of MOH reporting tools was experienced in some of the project supported health facilities. The Project supported with photocopying and distribution of relevant tools to the health facilities. The revision of the FP/RMNCAH and nutrition reporting tools at national level has been finalized and printing of the tools is in progress. This is expected to address the current shortage of the reporting tools.

Commodity stock-outs: During the reporting quarter, the focus counties experienced challenges with commodity stock outs. There was a national stock out of DMPA and implants 1-rod at KEMSA, and this was being addressed at KEMSA level by the Department of Reproductive Health. In addition, during the reporting quarter, Migori County experienced a stock out of solo shots for immunization. The Project advocated the county to expedite the procurement process.

No formal community health structure in Kitui County: There is no formal community health structure in Kitui although the county has allowed the Project to work with identified community health resource persons to offer community services. Afya Halisi will institute an advocacy initiative in Kitui to re-establish a community health structure in year 3.

Subsequent Quarter's Work Plan

In year 3, the Project will work with the County Health Management Teams (CHMTs) to plan, budget, and monitor implementation of activities in the respective counties and will use that opportunity to provide technical assistance and mentor members of the CHMT on a business approach of implementation towards improved efficiency and effectiveness of the health systems for quality and people-centered RMNCAHN services. Emphasis on building of county and sub-county health systems to ensure effective coverage and provision of quality of care will be at the center of focus.

To strengthen private sector engagement, Afya Halisi will support a structured model of engagement between Kisumu CHMT and local professional associations e.g. the Kenya Obstetrical and Gynecological Society (KOGS) and the Kenya Pediatrics Association (KPA) in addition to supporting private sector franchise facilities. The Project will strengthen the capacity of the respective CHMTs to oversee service delivery in the private health sector by streamlining a structured way of engagement between the CHMTs and the private sector health facilities to improve the quality of care and enhance timely and accurate reporting. At the community level, the local implementing organizations will build the capacity of communities on using various platforms such as community-based organizations and community health volunteers on social accountability. The outcome of this will be empowered communities that hold health facilities accountable for basic standards, such as working hours and staffing and county leaders on availability of essential medical commodities and supplies, which will result in ensuring the health system is responsive to community needs.

At the national level, Afya Halisi will work with the Department of Family Health's Division of Reproductive and Maternal Health (DRMH), Division of Neonatal and Child Health (DNCH) and Division of Adolescent and School Health (DASH) to develop and disseminate evidence-based policies, strategies, standards, and learning resource packages.

II. KEY ACHIEVEMENTS (QUALITATIVE IMPACT)

Sub-purpose 1: Increased availability and quality delivery of FP/RMNCAH, nutrition and WASH services

Output 1.1.: Strengthened FP/RMNCAH, nutrition and WASH service delivery at health facilities, including referral from lower level facilities and communities.

Activity 1.1.1. Strengthen facility service readiness, quality of care and measurement to increase effective coverage of FP/RMNCAH, nutrition and WASH services

Family Planning

In the first two years of implementation, Afya Halisi provided support to the four focus counties to realize their FP strategic goals through structural, service delivery and technical assistance support. The Project provided support in finalization of the Migori county FP costed implementation plan (CIP) in year 1 while Kakamega, Kisumu and Kitui were supported by the Project to review theirs in year 2. The four counties have made tremendous progress in expanding access to FP with an increase in modern contraceptive prevalence rate (mCPR). An FP coverage and utilization survey by PMA2020 in 2018 revealed that Kakamega had mCPR of 73.7% up from 60% in 2014 while Kitui had mCPR of 68.2% up from 55%. Migori is working towards improving its mCPR from 42% to 55% by 2020.

During the reporting quarter, the project achieved a CYP of 116,186, bringing the total to 554,377 as at end of FY19, representing a 93% achievement against the annual target as shown in Figure 3. At county level, Migori contributed about half (55,863 CYP) of the reporting quarter's performance while Kakamega had an almost similar performance to Y2Q3 with 18,243 CYP. There was a 39% reduction in CYP from Y2Q3 in Kisumu, and Kitui had a 27% reduction due to a six-week health care workers' strike in both counties that negatively affected health service provision in public health facilities. During the reporting quarter, the Project supported 41 community outreaches in Kitui and ensured continuity in FP services were provided in the private health facilities in Kisumu and Kitui. Mentorship on PPFP continued in Migori (9 facilities) and Kakamega (13 facilities) while the project supported two RH-FP camps and 18 outreaches in Kakamega. In PY2, voluntary surgical contraception has been institutionalized in Kakamega County General Teaching and Referral Hospital (KCGTRH) and Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH). The former had 30 minor surgeries for permanent methods, including 3 vasectomies. At JOOTRH, there were 170 BTLs and 12 vasectomies in year 2, a reduction from 246 BTLs in year 2. This reduction is attributed to incessant health care workers' industrial actions over the year. In Kisumu, the project sensitized 25 FP mentors on LNG-IUS continuum with 30 facilities consistently providing LNG-IUS as an FP option. However, this method is still limited to select public health facilities in Migori and Kisumu as the MOH is yet to facilitate a nation-wide scale-up.

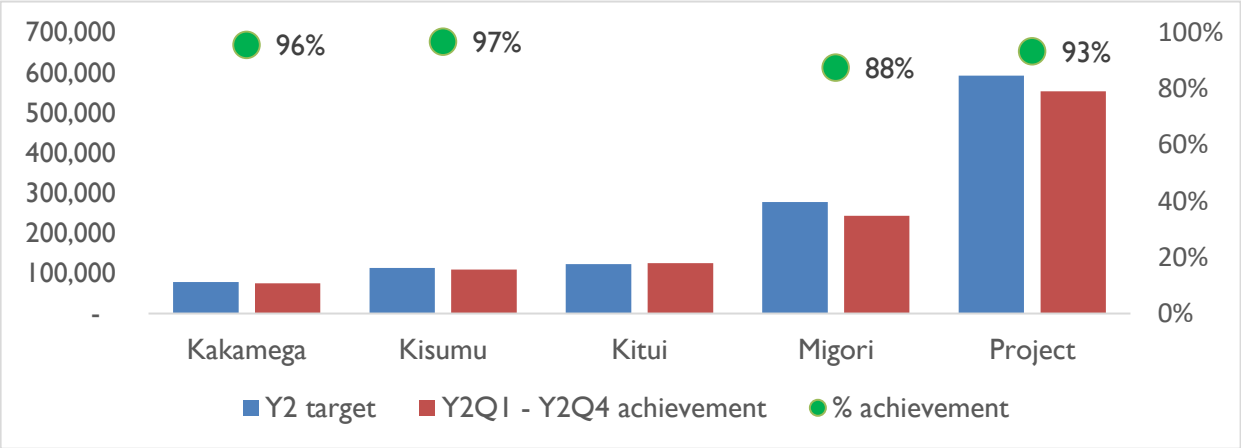


Figure 3. CYP achievement by County, PY2

At the end of PY2, 2,101 CHVs, an achievement of 79% against FY19 target, were actively involved in provision of FP messages to community members in the four counties. At county level, 315 CHVs were in Kakamega, 793 in Kisumu, 635 in Kitui and 358 were in Migori. In the same period, 37 CUs were involved in the community-based distribution of FP commodities (6 in Kakamega, 24 in Kisumu, and 7 in Migori). The challenge of FP commodity stock-outs continued into the reporting quarter affecting the number of commodities distributed by CHVs. The counties still experience major challenges with commodity stock outs. There is no formal community health structure in Kitui although the county has allowed the Project to work with identified community health resource persons to offer community services. Afya Halisi will institute an advocacy initiative in Kitui to re-establish a community health structure in year 3. In an effort to build local capacities, the Project has identified, Anglican Development Services Eastern (ADSE), a local implementing partner to support community health demand creation and service delivery activities in the county in year 3.

In year 2, the Project worked with 155 private facilities, almost a quarter of all the supported facilities. Although Migori had the highest number of private facilities (53), Kakamega had the highest proportion with 35% of the 55 supported facilities being privately owned. With the exception of the catholic affiliated facilities, the Project continued to build capacity of the private facilities to offer expanded FP services resulting in 86,639 CYP which is 16% overall contribution to the performance as shown in Figure 4 below.

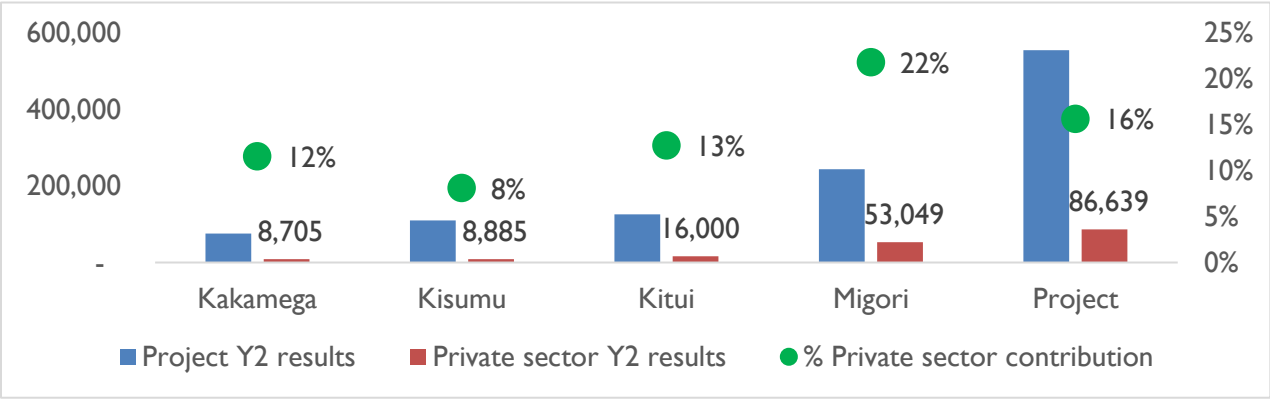


Figure 4. Private sector contribution in CYP achievement by County, PY2

World Contraception Day 2019: The Project collaborated with the focus counties and other non-state actors to support activities to mark the World Contraception Day. The events included community messages around the year's theme 'It's your life, it's your responsibility'. The Project supported provision of RH-FP information and services through an integrated health services camp with 49 clients accessing various FP services on the day in Kakamega. In Kisumu, events marking the day were held in all the sub-counties. These included integrated FP camps where a total of 1,218 clients accessed various services with 216 clients receiving FP methods of their choice; Pills-12, Depo-Provera - 29, Implants - 172 and 32 clients received IUCD. In Kitui, the Project collaborated with other agencies to conduct a week-long integrated service delivery in-reaches in five health facilities in Kitui East to mark the day. In FP service provision, 32 women accessed BTL, 25 received implants and 3 were inserted IUCDs. Other services provided included growth monitoring - 290, deworming - 111, HIV testing service - 167, cervical cancer screening - 320 and prostate cancer screening - 28. The camps were a great avenue to enhance accessibility of health services as HCWs were on strike at the time.

The county-specific activities were as detailed below.

Kakamega County

Scale-up of LARC: A total of 6 HCWs drawn from 6 private sector facilities were trained on LARC in year two. The project envisions to establish trainers in the 2018 FP training curriculum who will later conduct step down training with support from Transforming Health System, a World Bank initiative supporting FP/RMNCAH activities in the county. The Project advocated for the development of a costed implementation plan to guide planning for service provision at county level. The Project also supported the RHMNCAH TWG meeting to address issues affecting low coverage of family planning as well as high teenage pregnancies in the county. In addition, the Project supported the commodity therapeutic TWG meeting to strengthen commodity security in the county.

Scale-up of PPFP: In the reporting period, Afya Halisi provided technical support to health facilities to ensure healthy timing and spacing for women after delivery. There was emphasis on integrating counseling in the various service delivery points during facility visits and data review meetings. Facility-based mentorship to strengthen documentation of PPFP data was carried in 13 high volume health facilities with 42 HCWs (24 female,18 male) receiving mentorship on PPFP. This brought the total to 80 HCWs (52 female, 28 male) mentored on PPFP in year 2. FP services were provided during these mentorship sessions with 323 implants insertions, five BTLs, one IUCD, and many clients opting for progestin-only contraceptive pills. In year 3, the Project will continue to strengthen provision of PPFP as a high impact intervention especially building competency of HCWs on postpartum Intra-Uterine Device (PPIUD) insertion and comprehensive counseling with an aim of improving method mix.

Provider Initiated Family Planning (PIFP): During the year, the project-oriented 115 HCWs (68 female, 47 male) from 11 health facilities on PIFP to reduce missed opportunities and unmet need. The project will continue to support integration efforts in the coming quarter through utilization of existing mentors.

Scale-up of Voluntary Surgical Contraception: During the reporting period, the Project supported routine provision of BTL following revitalization of the VSC center at the county's main referral hospital, KCGTRH. The facility had 27 BTLs and 3 vasectomies during the reporting quarter resulting to a total of 136 BTLs and 10 vasectomies in year 2 compared to 135 BTLs and 3 vasectomies in year 1 period.

Strengthening BCS+ and Compliance to USG: The project continued to strengthen provision of quality FP services through orientation sessions for 446 HCWs (268 female,178 male) on integrated BCS+ and

C4C. Strengthening of BCS+ helped to improve method satisfaction among the clients and reduced method discontinuation. In year 2, a total of 518 HCWs were reached on FP compliance, with 257 HCWs being reached in Y2Q1 and 261 HCWs were reached in Y2Q2 period. In year 3, the Project will strengthen tracking of method discontinuation/switching and strengthen monitoring of FP compliance requirements.

Kisumu County

Scale-up of LARC/LNG-IUS: During the reporting quarter, through the Project's support, 25 county FP mentors were taken through the LNG-IUS continuum and a refresher on BCS-plus counseling in order to continue offering the method as service uptake had reduced. In year 2 period, Afya Halisi provided support to the county to mentor a total of 283 HCWs from 30 facilities on LARC/LNG-IUS. In addition, through the Project's support, a total of 51 (45 female, 6 male) CHVs were oriented on FP compliance in year 2. The county FP mentors and trainers had not been trained on the revised 2018 FP curriculum at the time of reporting although the Project will work with the county in the next reporting quarter to ensure that the mentors are trained, with support from national MOH.

Scale-up of PPFP: Afya Halisi conducted a performance review meeting for PPFP service provision where poor data capture was identified as the main gap. There was also emphasis on integrating counseling in various service delivery points. Facility-based mentorship to strengthen documentation of PPFP data was carried out in 37 high volume health facilities and a total of 42 HCWs (24 female,18 male) were mentored on PPFP. This brought the total to 108 HCWs (58 female, 50 male) mentored on PPFP in year 2. So far, 67 health facilities are offering PPFP services in the county with satisfactory levels of provider confidence. Implants is still the preferred method within 48 hours of delivery.

Scale-up of Voluntary Surgical Contraception: During the reporting period, the Project supported routine provision of BTL following revitalization of the VSC center at the main referral hospital. A total of 16 BTLs and 5 vasectomies were done during the reporting quarter, bringing the total in year 2 to 170 VSC services (158 BTLs and 12 vasectomies) compared to 246 clients receiving VSC services in year 1. The drop in year 2 was attributed to the health care workers' industrial actions.

Strengthening BCS+ and compliance to USG's PLGHA policy: During the reporting quarter, the Project supported re-orientation of 29 LARC mentors (22 female, 7 male) on balanced counseling skills. This was done during a PPFP data review meeting with the LARC mentors from six supported sub-counties in the county. This brought the total to 292 HCWs (205 female, 87 male) in 75 health facilities who were mentored on balanced counselling in year 2. All the LARC mentors were taken through the US Abortion and Family Planning and Protecting Life in Global Health Assistance (PLGHA) requirements to safe-guard voluntarism and life protection in family planning service delivery.

Kitui County

Despite a prolonged health care workers strike in the county, the project continued to enhance accessibility to FP services to the community through outreaches, in-reaches, integrated FP camps and community mobilization for service provision.

Scale up of LARC: During the reporting quarter, the Project supported a two-day training of 17 HCWs (13 female, 4 male) on LARC mentorship and skills standardization. The team of three from each sub-county will identify 5 facilities to start intensive LARC mentorship sessions. This will also be integrated with other modules like continuous quality improvement, BEmONC, and PPFP. In the reporting period, the Project supported mentorship on LARC to 4 private health facilities.

Scale-up of PPFP: During the reporting quarter, the project supported mentorship to 5 HCWs (all female) particularly on PPIUCD insertion. This was informed by high number of skilled deliveries and very few mothers accessing PPFP despite availability of the opportunity during the post-natal period. Challenges in data capture were addressed through onsite mentorships on the reporting tools. The Project's focus is to strengthen integration of PPFP with other services like management of childhood illnesses, immunization and HIV to minimize missed opportunities along with strengthening provider-initiated PPFP during targeted PNC visits.

Scaling up Voluntary Surgical Contraception: During the reporting quarter, the Project supported two family planning camps in Mwingi and Zombe Hospitals, reaching 34 clients including 14 BTLs and 8 implants. Mentorship on VSC was carried out during these camps to continue building local capacity in VSC procedures. Due to poor access to health facilities in the county, the Project will advocate for county co-funding of VSC camps in year 3.

Counseling for Continuation (C4C) and BCS+: The Project supported 31 HCWs to improve their counseling skills using the C4C and BCS+ models at Ikutha and Neema hospitals. Additionally, the Project supported mentorship of 8 HCWs (2 female, 6 male) on use of BCS+ and provided charts to seven private health facilities. This was aimed at strengthening FP counseling thereby enhancing client informed choice and method satisfaction. Continuous monitoring of FP compliance was done by the Project and no violation of the PLGHA and US FP Compliance policies was observed in year 2 in the county.

Migori County

During the quarter under review, the project supported activities geared towards increasing family planning coverage and most importantly enhanced method mix so as to respond to the needs of all users.

Scale up of LARC: During the reporting quarter, the Project supported orientation of HCWs on LARC and PPFP reaching a total of 84 HCWs (53 female, 31 male). This brought the total to 242 HCWs (152 female, 90 male) reached in year 2. As a result, the HCWs introduced FP registers in the maternity units to improve PPFP uptake and documentation. Additionally, Afya Halisi continued to monitor utilization of FP equipment supplied in the previous quarters. These included 240 IUCD sets, 230 PPIUD and 130 implants removal sets which were all in use.

Scale up of PPFP: During the reporting quarter, mentorships on PPFP aimed at scaling up uptake and enhancing HCWs capacity in the provision of the service were carried out in 9 facilities during which 27 HCWs (16 female, 11 male) were reached. The mentorships were tailored in such a way that the first sessions were orientations to all cadres working in the health facility and subsequent sessions were meant for technical staff where clinical simulations using the Project procured mannequins were done. Since the activity targeted facilities that conduct more than 20 deliveries in a month, an action on introducing an additional FP register in maternity was adopted by all facilities so as to strengthen the capturing of PPFP data.

Counseling for Continuation (C4C) and BCS+: During the reporting quarter, the Project conducted sensitization for HCWs on BCS+ where a total of 25 HCWs were reached. This brought the total to 256 HCWs reached in year 2. Gaps identified that contribute to poor counseling included lack of privacy, staff shortage, high workload and inadequate counseling skills. As a result, the project will further re-orient the HCWs on BCS+ and establish BSC+ champions.

FP compliance: During the reporting period, a total of 84 HCWs (53 female, 31 male) were sensitized on the statutory requirement on FP and Abortion bringing to the total to 486 HCWs sensitized on compliance to USG requirements.

Sub-county TWGs on RH: In order to strengthen FP service delivery, sub-county TWGs on RH were formed and operationalized. The core mandate of the TWGs are to oversee coordination of RH activities, implementation, analyzing data for decision making, and most importantly provide a platform for all RH implementing partners to engage in sharing work plans, successes and failures in implementation, lessons learned and discuss strategies of scaling up proven interventions and quality improvement.

Facility extended hours: Family planning services were availed to teenagers and youths through extension of hours to accommodate their demands and during organized in reaches/outreaches. As a result, 136 first time FP users were served.

Maternal and Newborn Health

The Project's focus in maternal and newborn health (MNH) was on increasing access to emergency maternal and newborn care, ensuring quality and dignity in MNH services and improving referral pathways to prevent maternal and newborn deaths. In year 1, there were 141 BEmONC facilities across the 23 supported sub-counties in the four counties, out of which 17 were CEmONC facilities. The Project continued to support counties to maintain or establish emergency obstetric and newborn care functions in the supported health care facilities with a target of 274 facilities mapped for emergency and life-saving maternity care. At the end of year 2, 157 facilities met the minimum BEmONC functions, out of which 20 were offering high-level emergency surgery and blood transfusion services. However, many of these facilities were still inconsistent in maintaining minimum functions to provide optimum emergency maternity care. The performance reflected a 57% achievement against the annual target of 274 health facilities, although a 60% improvement was realized from the performance in the first quarter of PY2.

Despite achieving the target number of HCWs trained in MNH care, the Project supported a further 47 HCWs (10 in Kisumu and 37 in Kitui) during the reporting quarter on different MNH modules. In year 2, the Project trained a total of 1,527 HCWs, translating to an achievement of 127% against the annual target of 1,200. The over-achievement of the target was necessitated by high need for skill enhancement at health facilities much as the annual target had already been realized. The Project has established a county-based network of mentors to provide step-down in-service mentorship. In year 1 and 2, the Project directly supported the training of 3,476 HCWs, out of which 1,949 were trained in year 1 and 1,527 HCWs in year 2. In year 3, the focus will mainly be on post-training follow-up and targeted mentorship.

In the last quarter of year 2, the Project supported training of 1,122 CHVs on community-based MNH module, bringing the total CHVs trained in year 2 to 2,006 CHVs, just over a half of the annual target of 3,900. As reported in Y2Q3, the Project conducted a CU functionality assessment to identify the need for training of the CHVs in the 220 mapped CUs. To avoid duplication, the Project supported need-based training of the CHVs since the counties have acquired other funding streams to support community-level training. Kisumu had the highest investment in CHV training based on the county's status as a pilot county for Universal Health Coverage. An additional 667 CHVs were trained in CB-MNH in the county to reach a total of 848 for the year. In the same reporting period, Migori had another 188 CHVs to add to 142 trained in the previous quarters. Kakamega added 163 CHVs trained to have a total of 308 for the entire

year while in Kitui total trained in CB-MNH in year 2 was 520, after a further 104 CHVs trained during the reporting quarter.

Essential Newborn Care

In Year 2, the Project supported sensitization on Essential Newborn Care, including the application of kangaroo mother care (KMC) in low-birth weights and premature babies in Migori and Kisumu counties. Past USAID assistance had made significant contributions to policy guidance and implementation frameworks to support the implementation of care for the low-birth weights and premature babies. However, interactions with service delivery systems show a lack of confidence by the healthcare providers in the practice of KMC. Kisumu and Migori have advanced EmONC mentors while Kitui and Kakamega were only setting up these structures in year 2. In year 2, the Project presented findings of an in-depth observational analysis of gross congestion at newborn units in Mwingi Sub county Hospital and Kitui County Referral Hospital. At the end of year 2, the newborn unit in Kitui had not been relocated to a new building despite the sub-optimal stature of the existing structure. Past Project reports indicate unstable supply systems for key MNH supplies, particularly chlorhexidine for cord care. In year 2, the national MOH commissioned a newborn in-patient register for improved measurement of newborn outcomes.

Improving access to quality ANC including 4 ANC visits: During the reporting quarter, the Project supported an additional 17,224 pregnant women to complete 4 ANC visits bringing the total in the year to 70,177 as shown in Figure 5 below. This reflects an achievement of 78% against the annual target of 90,486. During the reporting quarter, there was a six-week long health care workers' strike in Kisumu and Kitui which affected performance in 4 ANC visits.

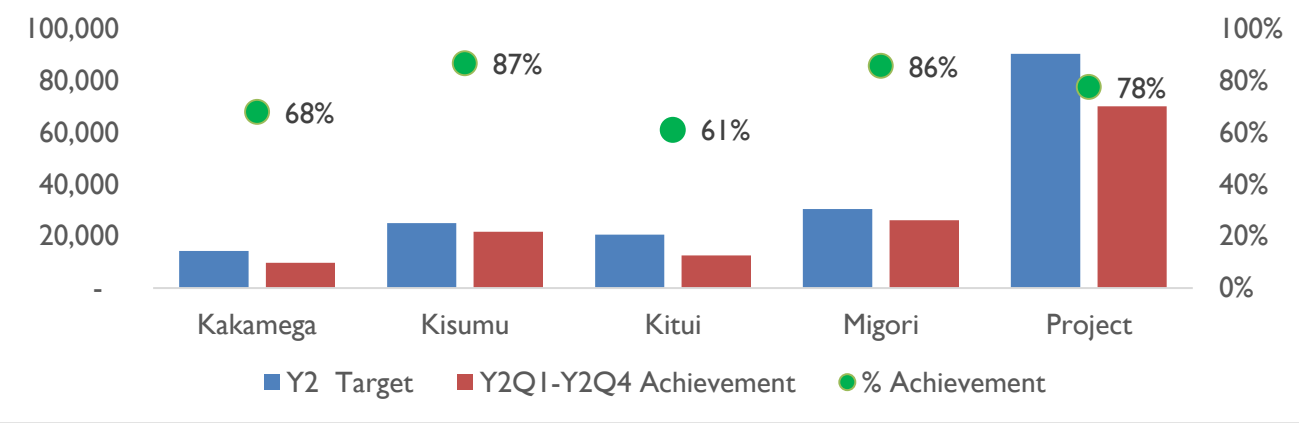


Figure 5. 4th ANC visit achievement by County, PY2

The 4th ANC visit coverage in the four focus counties was still low at the end of year 2, although marginal improvements were noted from year 1 performance across the four counties. In the reporting period, Kitui county had the lowest 4 ANC coverage at 36%, Kakamega at 54% while both Migori and Kisumu had 55% 4 ANC coverage - all below the 2019/20 national target of 80% as shown in Figure 6 below.

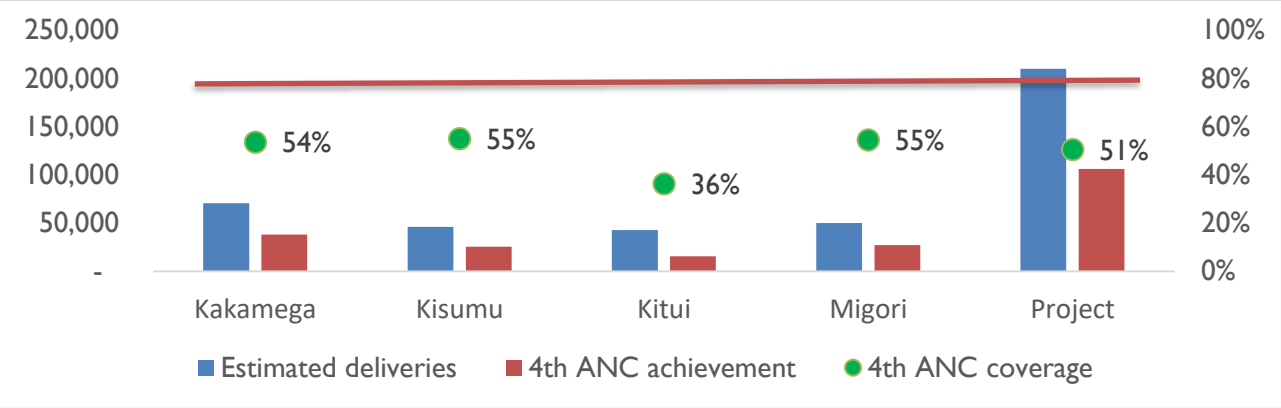


Figure 6. 4 ANC visit coverage by County, PY2

During the reporting quarter, CHVs mapped and tracked 1,098 pregnant women (500 in Kakamega, 598 in Kisumu) using the mapping and monitoring tool and referred them for ANC services. In Kakamega, the Project supported community sensitization on Linda Mama that mobilized 457 pregnant women to register for the national health insurance for maternity services. Distances to facilities in Kitui continued to hamper optimal ante-natal care while poor health seeking behaviors among the communities in the four counties remain a hindrance. Conventional facility-level interventions have realized minimal improvements and Afya Halisi has identified key strategic shifts in year 3 to expand population coverage performance for 4 ANC visit. These include revitalize social accountability structures e.g. use of community score cards, community dialogue with relevant authorities for communities to demand for quality ANC services; scale up modified Group-ANC in select high-volume health facilities; track quality of ANC and share status during community meetings; and work with the county to institutionalize use of TBAs as facility-level care companions and referral agents.

Scale-up of EmONC and SBA: In the counties, Migori had the highest number of BEmONC sites (49 facilities, 6 of which were CEmONC) while the 23 BeMONC facilities in Kakamega were spread in the three supported sub-counties i.e. Navakholo, Matungu and Khwisero. The only CEmONC facility in the county under the Project support was KCGTRH, located in Kakamega township, in Lurambi sub-county. In Kisumu, 43 facilities met the BEmONC functionality, out of which 6 were CEmONC facilities while Kitui had 35 BEmONC and 6 CEmONC facilities. Plans are still on course to increase access to emergency care with the Project supporting renovation of four operating theatres - two each in Kitui and Migori – and are expected to be completed in the early period of year 3. The Project is working with the Kakamega county health department to operationalize the surgical theatre at Navakholo Sub-county Hospital.

During the reporting quarter, 24,510 births were assisted by a skilled attendant in project supported facilities, bringing the total of delivery in health facilities to 98,812. This reflects an achievement of 118% against the annual target of 83,525 as shown in Figure 7. In terms of absolute numbers, Migori had the highest contribution with 9,419, a marginal increase from 9,337 in Y2Q3, and Kakamega had a similar marginal of 3% increase in SBA from 3,721 to 3,844. In the entire year, there were 36,774 and 14,820 births under skilled care in Migori and Kakamega counties respectively.

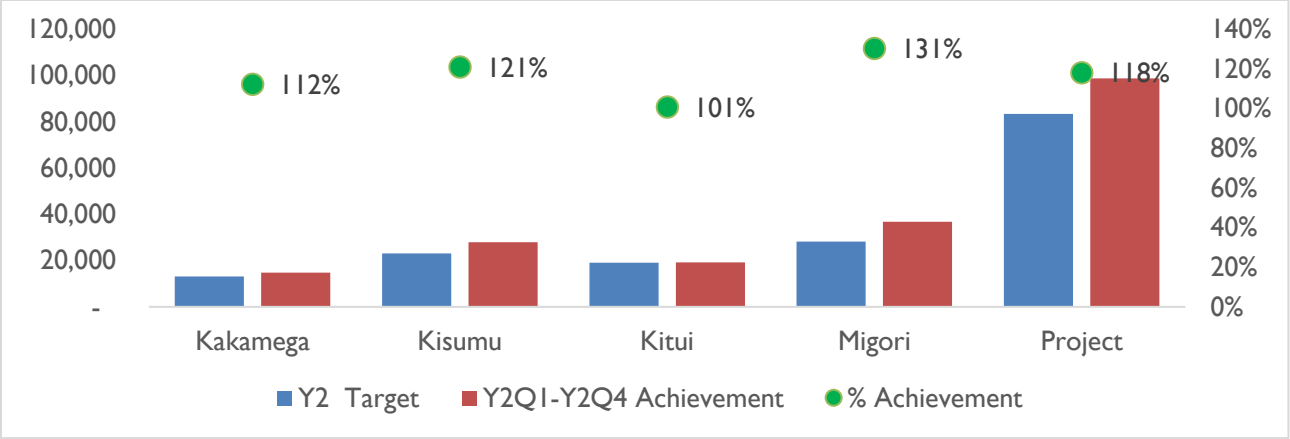


Figure 7. Skilled birth attendance performance by County, PY2

The coverage for skilled birth attendance for the combined population in the project focus counties was at 66%, which was slightly higher than the national 2019/20 population coverage target of 65%. At county level, SBA coverage was highest in Migori at 77% and lowest in Kitui at 51% while Kakamega was at 66% and Kisumu had 71% SBA coverage.

In the reporting quarter, healthcare services in Kisumu and Kitui were adversely affected by the public sector's HCWs strike over unpaid salaries, resulting in drops in registered institutional deliveries in both counties - Kisumu with 6,341, 15% drop from Y2Q3 while Kitui had 4,906, 7% drop from the previous quarter. To mitigate the effects of the industrial actions in the two counties, the Project's supported staff (54 in Kitui and 20 in Kisumu) were allowed by the CHMTs to offer emergency services and augment service provision in the private health facilities. The Project supported private facilities contributed to 33% of all the deliveries Kisumu county and a 24% overall contribution at project level in year 2 as shown in Figure 8.

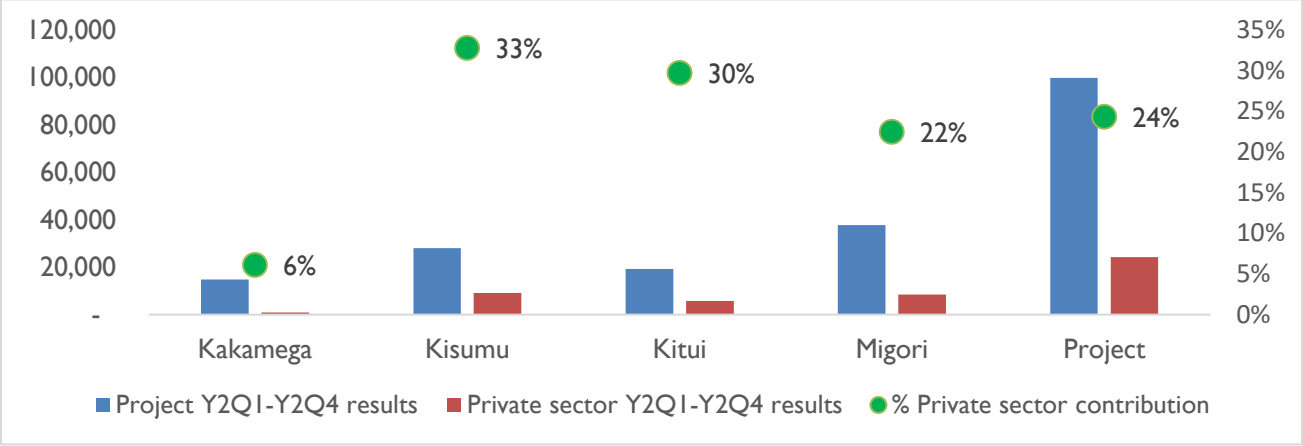


Figure 8. Private sector contribution in skilled birth attendance achievement by County, PY2

During the reporting period, 19,869 women were reported to have received Uterotonics immediately after delivery, bringing the total to 77,700 in year 2. This reflects an achievement of 93% against the annual target of 83,525. This achievement shows that 79% of the assessed case files had recorded provision of Uterotonics immediately after delivery during the reporting period. While there were no reported stock-

outs of the commodity, correct documentation of this service is still a challenge and will be a key focus for the Project in year 3. Besides mentorship on maternal and newborn care skills, EmONC mentors in the focus counties are also focusing on documentation of vital intra-partum care processes.

The specific activities implemented at the county level included;

In **Kakamega**, the Project supported mentorships on various EmONC topical areas including management of PET, PPH management and the continuum of intrapartum care including management of complications in labour. In year 2, a total of 248 HCWs (158 female, 90 male) were mentored on maternal health modules while a further 126 (91 female, 35 male) were oriented on newborn resuscitation, kangaroo mother care, essential newborn care and management of premature and very small babies. The EmONC assessment was conducted by MNH mentors in 27 health facilities, of which one was a CEmONC facility. The assessment focused on the training gaps, staffing gaps, equipment and preparedness of the health facilities to meet the EmONC signal functions. The major gaps identified included inadequate availability of manual vacuum aspiration (MVA) kits and dysfunctional vacuum extractors for assisted delivery. A replacement and re-distribution plan will form part of supervision activities planned in year 3.

In **Kisumu**, MNH mentors provided point-of-care support to 126 HCWs (91 female, 35 male) on resuscitation of the newborn by bag and mask and another 98 HCWs (63 female,36 male) reached with post-natal care sessions. To improve access to skilled birth attendance and positive intrapartum experience, the Project supported holding of three maternity open days at Ojola, Simba Upepo and Nyalenda health centers in year 2. Earlier in the year, these health facilities had zero skilled birth deliveries and were recording an average of 7 deliveries per month on an increasing scale, after the maternity open days. The Project further supported respectful maternity care through whole-site orientation at level three health facilities, reaching 98 HCWs.

During the reporting quarter, the Project supported EmONC assessment in health facilities providing delivery services in the county. The results showed that 43 facilities were BEmONC, out of which 8 were CEmONC health facilities. The assessment entailed training of 24 EmONC mentors on the data collection process followed by the actual assessment. The assessment focused on the training gaps, staffing gaps, equipment and preparedness of the health facilities to meet the signal functions. Major gaps identified were inadequate availability of manual vacuum aspiration (MVA) kits, dysfunctional vacuum extractors for assisted delivery and inadequate availability of paediatric resuscitative devices. A replacement and re-distribution plan will form part of supportive supervision activities in year 3.

In **Kitui**, the Project supported a meeting to develop a package of care and criteria for admission of clients in the maternal shelters. A total of 20 HCWs (8 female, 12 male) drawn from 12 facilities participated in the meeting, with five health facilities reporting success of the model. Kyuso Sub county Hospital reported an increase of skilled birth attendance from a monthly average of 18 in 2017 to an average of 65 per month in 2019. Ikutha Sub County Hospital has not only had an increase in skilled births, but also an increase in access to PPFP and immunization services as a result of the maternal shelter approach. Tseikuru Sub county Hospital reported an increase of skilled birth attendance from 15 in 2017 to 44 per month in 2019 attributed to the presence of the maternal shelters. The team noted that the maternal shelters in Mwingi North Sub county had drastically reduced poor outcomes of labour and delivery in health facilities in the sub county which were largely attributed to late referrals from Mwingi North region. The Project procured and provided 1,500 meters of curtain materials to improve privacy in the BEmONC health facilities.

In **Migori,** the Project supported a 3-day training of CHVs on MNH community module in both Suna West and Nyatike sub counties, reaching 94 CHVs (65 female, 28 male). It is expected that they will map-

out all pregnant women in their catchment areas and refer them early for ANC services so as to benefit from 4 ANC visits, and also conduct monthly household visits. The Project supported supportive supervision in all the sub-counties and action plans developed for follow-up. The action plans will be monitored by the county RH TWG secretariat in order to improve provision of MNH services especially 4 ANC visit whose coverage is below the national target of 80%.

Early detection of obstetric complications in Kisumu: Leveraging on available funding mechanisms to achieve common goals, the Project conducted a one-day refresher training for 28 nurses and 4 medical engineers on use of portable ultrasound machines obtained by the county through support from the World Bank. As the end of year 2, a total of 876 ultrasound scans (114 - high-risk pregnancy, 122 – routine scans, 590 - trauma related, and 50 obstetric emergencies) have been conducted by the trained nurses. About 10% of the scans were carried during the first trimester; 68% were normal scans. The common abnormalities identified for prompt intervention are breech presentation, placenta praevia, multiple gestations; polyhydramnios, intra-uterine fetal demise and pelvic inflammatory disease. The radiological diagnosis by the nurses was 98% congruent with the clinical findings.

PNC for mothers and newborns

During the reporting quarter, 21,584 newborns received post-natal care within the first two days. This brings the an annual total to 87,079, an achievement of 125% against the annual target of 69,605. Considering that there were 96,660 live births during the reporting period, access to PNC was at 90% at health facility level during the reporting period. The over-achievement of the target was due to the project's focused support to the sub county teams to provide onsite mentorships to targeted health facilities to improve documentation of PNC in the registers and uploading of the data in KHIS. In addition, the project supported the counties to avail the PNC reporting tools in the MCH and maternity departments for use in documentation of the PNC data. The PNC coverage is still low in the project focus counties with overall coverage at 50% while the national population coverage target is 90%. At county level, Kakamega and Kitui had the lowest coverages at 31% and 45% respectively. An increase in PNC coverage in Migori from 52% in year 1 to 65% in year 2 led to a concomitant decrease in institutional neonatal mortality ratio from 5 to 4/1,000 live births (Table 3). To improve the PNC coverage, in year 3, the Project will work with county MOH teams to strengthen community newborn tracking by CHVs, support counties to monitor utilization of PNC registers and data upload in KHIS, and revitalize social accountability structures e.g. use of community score cards, community dialogue with relevant authorities to demand for quality intrapartum and newborn care services.

Table 3. Comparison of PNC coverage and institutional neonatal mortality ratio in Project focus counties in year 1 and 2 periods

County	Oct 2017 to Sept 2018		Oct 2018 to Sept 2019	
	PNC Coverage	Institutional neonatal mortality ratio	PNC Coverage	Institutional neonatal mortality ratio
Kakamega	16%	9	31%	11
Kisumu	41%	12	65%	12
Kitui	28%	9	45%	8
Migori	52%	5	65%	4

Scaling up Maternal Perinatal Death and Surveillance Response (MPDSR)

Afya Halisi recognizes that a functional health system must also take care of the people that work within it and that demotivated providers cannot contribute to an efficient health system. The health workforce needs a supportive work environment including safe working conditions, efficient and supportive management, and appropriate role assignments. In year 2, two of the four counties had a number of disruptive industrial actions that negated the positive gains made in health service delivery. The contribution of the private sector health facilities was critical during the HCWs strike in early and last quarter of year 2, with the Project pre-positioning the support to the private sector to mitigate the effects of the strike. However, the Project acknowledges that such a stop-gap measure will not substantially result in long-term positive effects on the healthcare system. Visits to health facilities confirmed other system-level challenges like inefficiency and high levels of absenteeism, reports of which were shared with relevant county authorities.

During the reporting quarter, there were 31 maternal deaths in the project supported health facilities, with 90% of the deaths being audited as shown in Figure 9. At county level, Kakamega reported 9, Kisumu – 11, Kitui – 4 and Migori reported 7 maternal deaths. There was a 7% reduction in perinatal deaths compared to the previous quarter, with 463 perinatal mortalities reported in the four counties during the reporting quarter. Out of these, 46% of the perinatal deaths were audited during the reporting quarter compared to 66% that were audited in the previous quarter. At county level, Kakamega reported 138; Kisumu – 120; Kitui – 94 and Migori reported 111 perinatal deaths. In year 2, there were 122 maternal deaths out of which 93% were audited and 1,724 recorded perinatal deaths out of which 63% were audited. The audits revealed that bleeding after birth was the main cause of maternal deaths (52%), eclampsia (17%), obstructed labour (7%), infections (14%) and 10% were due to chronic co-morbidities like HIV and cardiac disease. The Project worked with the county governments and other stakeholders in each county to improve this outcome through system-wide approaches.

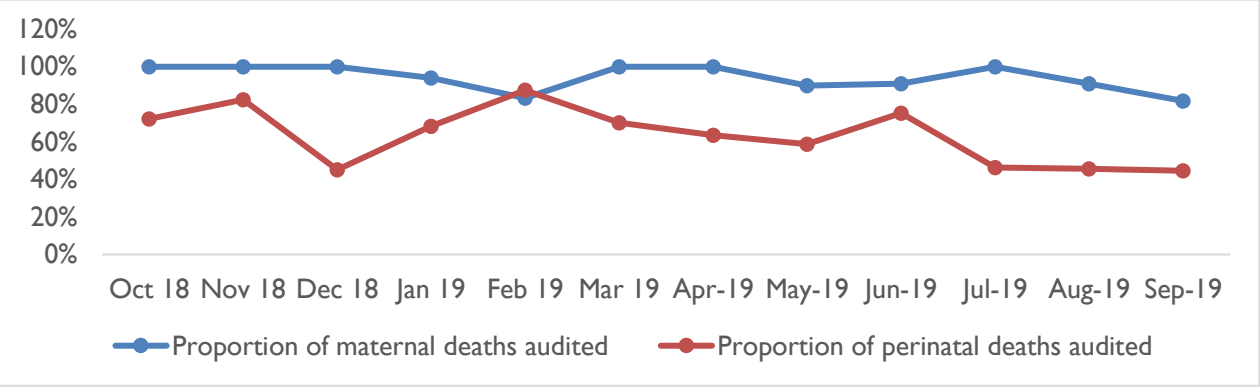


Figure 9. Proportion of maternal and perinatal deaths audited, Y2

Institutional maternal mortality ratio (IMMR) in the four counties was 126/100,000 facility deliveries in year 2 period. Table 4 below shows that Kisumu had the highest IMMR at 193/100,000 in year 2 period with a high Uterotonics gap of 14% while Migori had the highest Uterotonics gap in the same period.

Table 4. Comparison of Institutional maternal mortality ratio and Uterotonics gap in Project focus counties in year 1 and 2 periods

County	October 2017 – September 2018		October 2018 – September 2019	
	Institutional maternal mortality ratio	Uterotonics gap	Institutional maternal mortality ratio	Uterotonics gap
Kakamega	92	1%	118	6%
Kisumu	139	1%	193	14%
Kitui	67	12%	76	17%
Migori	102	17%	79	18%

The specific system level and technical assistance activities implemented at county level to address the gaps and maternal and perinatal deaths included;

In **Kakamega**, the county held a referral stakeholders consultative meeting to draft a referral policy. The county has a total of 12 ambulances although 3 of them are not in serviceable condition. Inadequate diagnostic facilities for radiology and medical laboratory services at sub-county hospitals are leading to high number of referrals to the main referral hospital causing unnecessary delays in care. The county committed to repair the three government ambulances, map all the private and faith-based ambulances and include them into the Red Cross pool of ambulances for better co-ordination of referral services in the county. Other measures included setting up a decentralized ambulance dispatch center for real-time tracking, improving access to medical imaging and laboratory services, and deploying medical specialists to Butere and Malava sub-county hospital. While blood transfusion services in the county are independent of national funding, the county allocated less than half of the unit's operational budget of KES 72 million. This has affected quality of blood screening, consequently the safety of blood at the unit. During the reporting quarter, Afya Halisi supported two blood campaign drives with a total of 232 units of blood collected. The Project will advocate for utilization of WHO-approved blood screening kits and equipment to assure blood safety. Afya Halisi will support the county to utilize an electronic application for inventory management for efficient and effective management of medical equipment. The Project supported strengthening of county and sub-county MPDSR committees in **Kakamega** and **Migori** following staff transfers that disrupted functionality of these structures.

In **Kisumu**, the Project supported two inter-county referral meetings during the reporting quarter with a total of 37 HCWs (21 female, 16 male) in attendance. The county bears the biggest burden of referrals in the western Kenya region due to its strategic location and a profile of public and private health facilities providing high-level specialized care. The long absence of specialists in obstetrics in Siaya County has now been remedied with the county deploying two specialists reducing referrals from a monthly average of 15 to 3 per month in the last two quarters. In efforts to improve coordination of referrals, Afya Halisi will procure seven mobile phones to ease communication among the central coordinating team, ambulances and the referring facilities. The Project also supported the county to convene a meeting that was chaired by the Governor, for all maternal and newborn care consultants and specialists to address glaring quality gaps in the care of patients. The meeting resolved that the specialists be more involved in the mentorship of HCWs in the sub-county hospital in management of obstetric and newborn emergencies.

In **Kitui**, the Project supported the county to develop a first MPDSR report as required in the national MPDSR guidelines. The county has seen a decline in the facility maternal mortality ratio and perinatal

mortality ratio in Kitui county from 100 (2017) to 79 (2018) per 100,000 births and 34 (2017) to 33 (2018) per 1000 live births respectively (KHIS, 2018). This was attributed to EmONC training, FP scale-up and institutionalization of MPDSR in the health care systems. All maternal deaths are audited and action points acted upon. The renovation of two theatres to expand access to emergency care was in the final stages of completion at the end of year 2. A special technical team is monitoring the progress and updating the county government. The county government has committed to procure the essential staff and supplies needed to operationalize the theatres upon completion.

Immunization

Since year 1, Afya Halisi has worked to improve the quality and expand the use of immunization to strengthen routine immunization systems in the focus counties. During the reporting quarter, the project supported the four focus counties to expand population coverage for immunization services. The project supported the four counties to reach 22,824 children to receive full immunization, bringing the total performance to 96,583 as at end of year 2 period, an achievement of 107 percent, against the annual target as shown in Figure 10 below. In addition, at the end of year 2, 101,069 children received DPT3 vaccination in the focus counties, slightly surpassing the project's year 2 target of 96,863. The project contributed to these achievements through support to county level Expanded Program on Immunization (EPI) data review meetings, continuous low dose high frequency mentorships on EPI, integrated outreaches in hard to reach areas, immunization focused supportive supervision and holding of community level small group sessions on immunization.

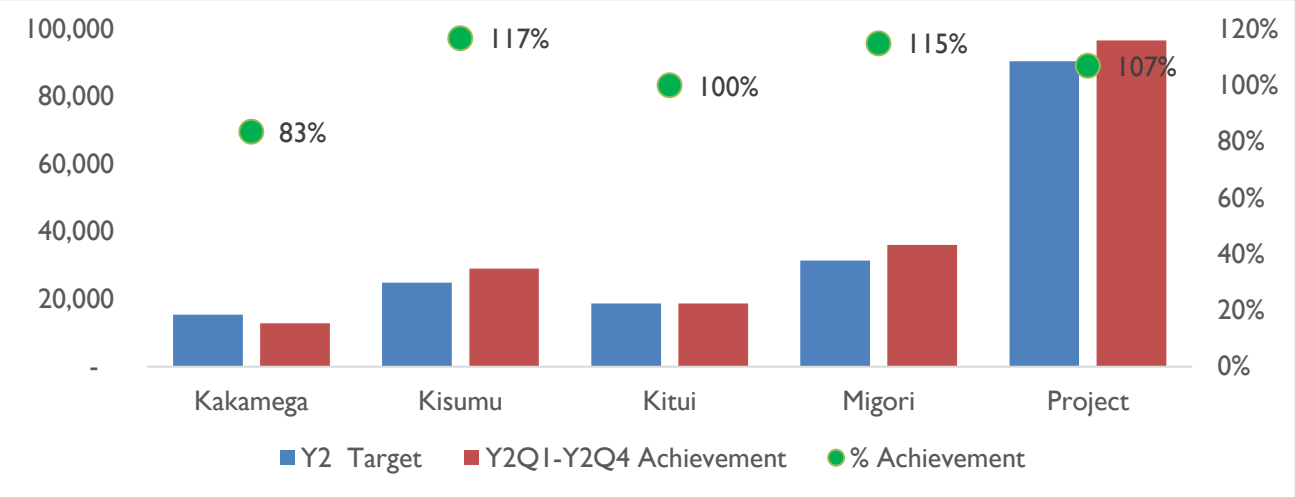


Figure 10. FIC performance by County, PY2

The overall coverage for DPT3 in the Project supported focus counties was 78%, which is lower than the national population coverage target of 80%. At county level, Migori had the highest coverage at 86% while Kitui had the lowest at 69% coverage. To achieve the coverage target, the Project has developed county specific shifts for implementation in year 3. These will include; advocacy to county government on funding and utilization of county resources for vaccines and immunization logistics and cold chain maintenance, advocacy on re-establishment of community health structure in Kitui county through a County Community Health Bill or equivalent, county-owned monitoring of immunization services, meaningful engagement with cultural and religious leaders on immunization services and schedules,

institutionalize utilization of WHO workload indicators of staffing needs (WISN) tool, revitalize social accountability structures e.g. use of the community scorecard, community dialogue to demand for quality immunization services, and support development of immunization champions (i.e. nyumba kumi leaders and ward administrators) as community advocates for increased immunization coverage.

The county specific activities are detailed below;

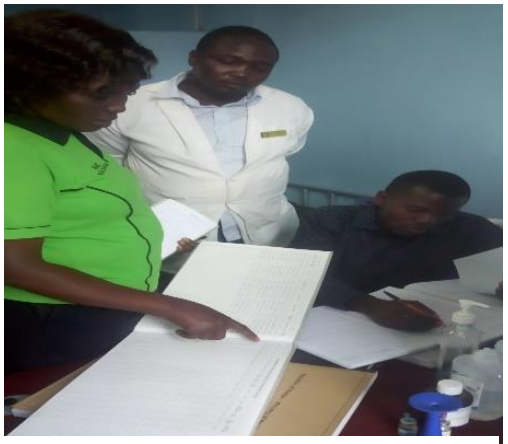
Kakamega County

EPI mentorship: During the reporting quarter, **t**he Project supported MOH mentors in Kakamega County to provide low dose high frequency mentorship to 73 health care providers (47 female, 26 male) in 45 health facilities. The mentorship focused on strengthening defaulter tracing mechanism, maintaining the cold chain, documentation in the various immunization reporting tools and vaccine forecasting. The mentorship schedules and action plans developed during the reporting quarter will be implemented in year 3. The mentors will work with the health facilities to review their micro plans for the next six months.

EPI supportive supervision: The Project supported MOH mentors in the county to conduct supportive supervision in 48 health facilities during the reporting quarter. The gaps identified during the supportive supervision were documentation on temperature monitor chart and high dropout rate above 10% and poor integration of services at the child welfare clinic (CWC). The mentors provided on-site mentorships to the healthcare providers to address the identified gaps during the supportive supervision visits.

Kisumu County

EPI supportive supervision: During the reporting quarter, the Project supported EPI mentors in Kisumu County to conduct EPI specific supported supervision in 65 health facilities. Some of the health facilities visited had challenges such as incomplete documentation, sub-optimal cold chain maintenance and weak defaulter tracing mechanisms. The MOH team scheduled targeted mentorships to the health facilities in the next reporting quarter to ensure proper documentation especially in the permanent register (MOH 510) and proper vaccine forecasting**.**



EPI supportive supervision in Nyando and Kisumu East Kisumu County

Kitui County

EPI mentorships: During the reporting period, Afya Halisi supported low dose high frequency mentorship to 10 healthcare providers (7 female, 3 male) in 9 health facilities. The mentorship sessions covered use of fridge tags, vaccine monitoring, immunization performance monitoring, documentation and actions taken when temperature excursion is observed, microplanning and defaulter tracing. Complete and accurate documentation in the permanent register (MOH 510) was also covered. The mentors did not cover many health facilities as had been envisaged due to the industrial action by healthcare providers in the county occasioned by delay in disbursement of their monthly salaries.

Vaccine collection for sub counties: To prevent stock out of vaccines during the quarter, Afya Halisi supported four sub counties in Kitui County to collect vaccines from Kitengela depot in Nairobi. This was done to ensure continued supply of vaccines in the sub counties.

Migori County

EPI mentorship: The Project supported EPI mentors in Migori County to provide low dose high frequency mentorship in 61 health facilities in Kuria West, Suna West and Nyatike sub-counties. In most health facilities, documentation in permanent registers was well done and tally sheets were in use. However, the mentors noted gaps in updating of monitor charts, use of diaries, cold chain maintenance and vaccine forecasting. The mentors conducted onsite coaching to the healthcare providers to address the gaps.

***EPI supportive supervision*:** In Kuria East sub-county, the MOH team used the immunization scorecard to identify 10 health facilities that had low population coverage for immunization services. Afya Halisi then supported the sub county MOH team to conduct targeted EPI supportive supervision to the 10 health facilities. The positive findings included: some health facilities had defaulter lists, others had complete documentation while some had adequate vaccine forecasting practices. However, one health facility with poor access and low utilization had only one healthcare provider, one had stock out of OPV and others did not have an immunization defaulter tracing strategy in place. Afya Halisi will work with the sub county MOH team to address these gaps in the next reporting quarter.

Child health

During the quarter under review, 8,235 children received treatment for pneumonia in project supported health facilities, bringing the total to 30,301 as at end of year 2. This reflects an achievement of 140% against the annual target of 21,710. Overall, 92% of the pneumonia cases were correctly treated during the reporting quarter. The Project contributed to the achievement through support to sub-county child health mentors in the focus counties to provide targeted mentorships to HCWs on management of pneumonia, low dose high frequency mentorships on IMNCI, supporting sub counties to conduct child health focused supportive supervisions and supporting child health mentors to conduct quarterly quality of care assessments in high volume health facilities in the focus counties. A decrease in FIC and PCV3 coverage between year 1 and 2 periods in Kitui, for example, led to an increase in pneumonia burden in under five children from 1% to 5% within the same period in the county (Table 5). In year 3, the Project will aim at expanding FIC and PCV 3 coverages in order to reduce pneumonia burden in under five children especially in Kitui and Migori Counties.

Table 5. A comparison of FIC coverage, DPT 3 coverage and Pneumonia incidence in Project focus counties in year 1 and 2 periods

County	October 2017 to September 2018			October 2018 to September 2019		
	FIC Coverage	PCV 3 Coverage	Pneumonia burden	FIC Coverage	PCV 3 Coverage	Pneumonia burden
Kakamega	80%	79%	2%	76%	76%	1%
Kisumu	81%	83%	2%	80%	79%	2%
Kitui	84%	82%	1%	67%	69%	4%
Migori	85%	91%	5%	80%	86%	5%

In addition, during the reporting period, the project supported the focus counties to treat 20,021 children who presented with diarrhea, reaching 85,901 children as at end of year 2. This was an achievement of 114% against the annual target of 75,284. Overall, 88% of the child diarrhea cases were correctly treated during the reporting quarter. The Project contributed to the achievement through support to the focus

counties and sub counties to conduct child health focused supportive supervision, dissemination of basic paediatrics protocols to 71 health facilities, distribution of ORT equipment and registers, supporting low dose high frequency IMNCI mentorships in health facilities, supporting child health mentors to conduct quarterly quality of care assessments in high volume health facilities and supporting integrated community case management (iCCM) of diarrhea. Table 6 below shows a comparison of diarrhea burden in under five children, handwashing and latrine use in Project focus counties in year 1 and 2 periods.

Table 6. Comparison of diarrhea burden, and handwashing and latrine use at household level in Project focus counties in year 1 and 2 periods

County	October 2017 to September 2018			October 2018 to September 2019		
	% households with hand washing facility	% households with functional latrines	Diarrhea burden	% households with hand washing facility	% households with functional latrines	Diarrhea burden
Kakamega	80%	79%	6%	81%	77%	7%
Kisumu	83%	56%	8%	81%	57%	8%
Kitui	88%	61%	7%	88%	75%	7%
Migori	82%	66%	7%	87%	76%	9%

The county specific activities are detailed below;

Kakamega County

***IMNCI Quality of care assessment*:** Afya Halisi supported child health mentors in Kakamega County to conduct IMNCI quality of care assessments in four high volume health facilities. The findings showed that triage, history taking, immunization and supply chain services were optimal in most of the health facilities assessed while documentation was sub optimal in two health facilities, triage in one health facility and counselling of caregivers was found to be suboptimal in two health facilities (Figure 11). The Project will continue to support the mentors in the next reporting quarter to address the gaps identified.

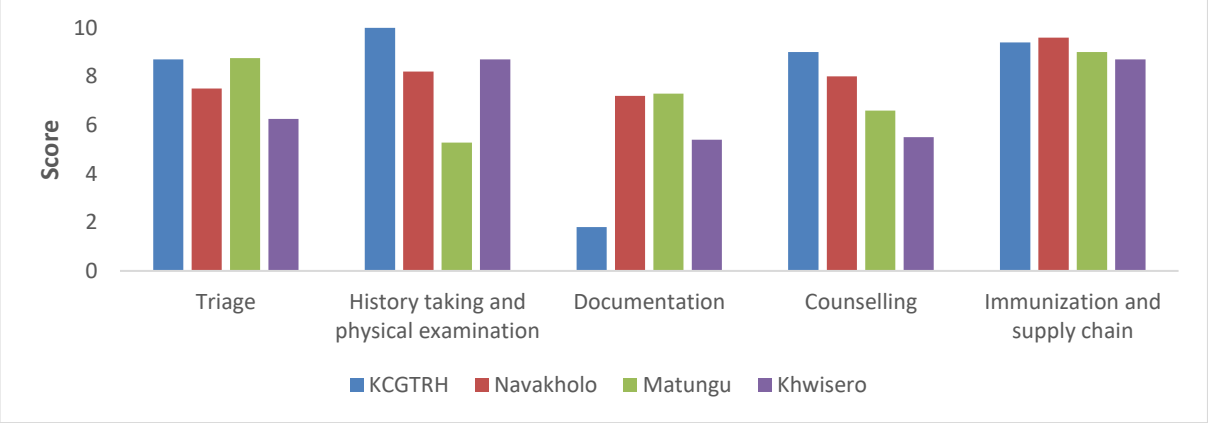


Figure 11. IMNCI Quality of Care findings in Kakamega County, Y2Q4 period

Child health and IMNCI supportive supervision: During the reporting period, the Project supported MOH team to conduct IMNCI supportive supervision in 30 health facilities in Kakamega. Some of the findings included: healthcare providers were able to triage correctly; they also gave the first dose of drugs to children appropriately and there was notable improvement in the quality of records in the under 5 register. Due to lack of pulse oximeter, oxygen saturation could only be taken in the wards.

A dehydrated child being rehydrated at Matungu sub county hospital

***Review meeting with child health mentors*:** Following mentorship and supportive supervision on IMNCI that were conducted during the reporting quarter, the Project held a review meeting with the child health mentors in Kakamega County. The meeting was aimed at sharing lessons learnt as well as developing a way forward for future mentorships in addition to discussing the county's commitment in improving the quality of care for under-five children. The following were the key insights; most healthcare workers had good knowledge of correct prescription for sick children and documentation had slightly improved in most health facilities; and shortage of staff was a major challenge hindering optimal usage of ORT corners. The County Child Survival Coordinator committed to the following to improve child health services: plan for regular quarterly meetings with the child health mentors; roll out IMNCI to all facilities in the county including sub counties not supported by the project; inclusion of IMNCI reporting tools in the county list of tools for printing i.e. MOH 204A, ORT registers, tally sheets; map out all healthcare workers trained in IMNCI and redeploy them to MCH and peadiatric wards; and reward and recognition of outstanding mentors. The county is in the process of procuring additional ORT corner equipment in the next financial year.

iCCM supportive supervision: The project conducted supportive supervision to 40 trained CHVs on integrated community case management (iCCM). The CHVs were able to manage and treat children with diarrhea at home and referred them appropriately for further management. However, some of the challenges noted included inadequate supplies, lack of commodities and some CHVs were not using the sick child recording forms as required. The Community Focal Person and the Sub county Pharmacist will support the health facilities in proper forecasting to ensure ORS and Zinc are always available to the CHVs.

iCCM supportive supervision and feedback on appropriate use of the sick child recording form and MOH 100 in Kakamega

<u>Kisumu County</u>

Child health and IMNCI supportive supervision: Afya Halisi supported MOH team in Kisumu County to conduct supportive supervision in 60 health facilities in the six project supported sub counties in Kisumu.

***Child health mentors for change training*:** Afya Halisi supported training of 12 child health mentors for change model in Kisumu County. The mentors would incorporate gender norms and sociocultural beliefs in child health and immunization activities since these play a key part in the way caregivers access health care and take care of their children.

A session during Child health mentors for change training in Kisumu.

Kitui County

Child health mentorships: During the reporting quarter, Afya Halisi continued to support MOH team in Kitui County to provide high quality child health services aimed at improving management of childhood illnesses including diarrhea and pneumonia. This was done through child health mentorships and quality of care assessments in high volume health facilities. In addition, the Project supported a neonatal and child health taskforce group meeting for Kitui County. Further, the Project supported a mentors for change training to a pool of IMNCI mentors who will serve as agents of change in removing barriers that preclude provision of quality new born and child health in the county.

Mentors for change training: The Project supported a two-day IMNCI mentors for change training in Kitui County, with 12 mentors participating. The Project worked with the county and sub county health management teams to identify mentors from the team that had undergone IMNCI training. The aim of the training was to help the mentors to address gender related barriers that impede provision of quality services to women and children. The mentors then developed action plans to ensure whatever they had learnt trickles to beneficiaries. The action plans focused on ensuring healthcare providers have a positive attitude towards community members, overcoming obstacles at work, mentorship of healthcare providers on attitude change and low dose high frequency mentorship on IMNCI.

IMNCI Mentorship: During the reporting period, Afya Halisi supported IMNCI mentorship sessions in health facilities with an aim of building the capacity of health care workers in provision of quality child health services. This involved in-depth discussions on how to manage conditions such as diarrhea and pneumonia. The main reference tools were the basic pediatric protocol and IMNCI guidelines. Through this support, a total of 72 healthcare providers (45 female, 27 male) in 11 health facilities were reached. To facilitate this process, mentors were selected by the CHMT and the SCHMT from the pool of MOH healthcare providers who had been trained on IMNCI.

***Quality of care assessments for IMNCI*:** During the quarter under review, the Project supported IMNCI mentors to conduct quality of care assessments in four health facilities, namely: Kitui county referral hospital, AIC Zombe hospital, Inyuu health center and Mwingi Central sub county hospital. Great improvements in IMNCI quality of care was noted in Inyuu health centre and AIC Zombe hospital. The assessments revealed a need to enhance mentorships to strengthen use of sick child recording forms. It was also noted that there were documentation gaps in two health facilities that were using electronic reporting systems. This finding is consistent across the four counties and the Project will work with the respective County MOH teams to harmonize the use of IMNCI paper based tools and the electronic forms. Figure 12 shows a summary of the key findings.

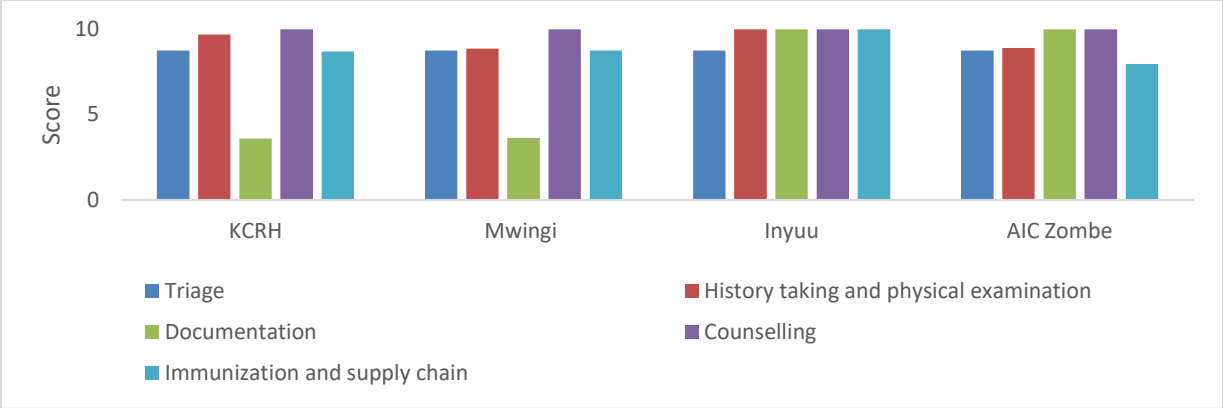


Figure 12. IMNCI Quality of Care findings in Kitui, Y2Q4

Dissemination of IEC materials and basic pediatric protocols*:* The Project received 164 basic paediatric protocol booklets from the Division of Newborn and Child health. The Project provided the booklets to the County Newborn and Child Health Coordinator. The county has planned to disseminate these guidelines in the next reporting quarter.

iCCM supportive supervision*:* Afya Halisi supported the County Newborn and Child Health Coordinator and Sub county Community Strategy Focal Persons to conduct supportive supervision in Mulangoni, Ukasi and Tyaa Kamuthale CUs. Though the CHVs had been trained, the link health facilities were yet to provide the CHVs with ORS and Zinc. The Project will work with the county MOH team and other partners implementing iCCM in the county to fast-track the development of the county's iCCM implementation plan. This will help promote ownership and promote sustainable implementation of iCCM activities.

A meeting during supportive supervision visit at Ukasi CU.

<u>Migori County</u>

IMNCI Quality of Care Assessments: Afya Halisi supported the Migori county MOH team to conduct quality of care assessments at four high volume health facilities that included Kehancha sub county hospital, Migori county referral hospital, Awendo sub county hospital and Nyamaraga sub county hospital. The key finding was that most children were being appropriately managed for pneumonia while only 50% of children presenting with diarrhoea during the assessments were appropriately managed. The assessors used a different tool, but the Project will work with the county MOH team to use the standard quality of care assessment tool provided by the Division of Newborn and Child health.

Integrated Community Case Management (iCCM): Afya Halisi supported the county MOH team to conduct supportive supervision in Kanyingombe, Karapolo, Kanyimach, Sagegi, Mobachi and Kombalo CUs. The key findings included: CHVs were treating and referring sick children; had ORS and Zinc; and also documented and reported all services they provided at the community level. On the flipside, some of the CHVs had filled up sick child recording forms and had not been given additional forms, they also had difficulties referring community members who had deeply held traditional beliefs which hindered referral of sick children. Afya Halisi will continue to work with the county MOH team to engage community

members through small group dialogue sessions to address harmful traditional beliefs and also work with MOH to replenish the sick child recording forms.

Nutrition

During the reporting quarter, the project supported the supplementation of 31,525 children aged 6 – 59 months with Vitamin A, bringing the total supplemented in the last six months to 258,107 children, a 92% achievement of the annual target. During the reporting quarter, 9,588 children with diarrhea received zinc supplementation bringing the total achievement to 36,576, an achievement of 131% against the annual target. In community units implementing Baby Friendly Community Initiative (BFCI), BFHI and project supported community units, the Project reached 18,110 children with community level nutrition interventions during the reporting quarter. This brought the total to 57,903 children reached in year 2, an achievement of 177% against the annual target of 32,714. These achievements were due to the Project's support to county MOH teams in Vitamin A supplementation in Early Year Education (EYE) centers, supporting community level baby friendly initiative, strengthening Integrated Management of Acute Malnutrition (IMAM), and mentorships on High Impact Nutrition interventions (HINI) and Baby Friendly Hospital Initiative (BFHI). As at end of year 2, Vitamin A coverage for Kakamega and Migori counties stood at 60% and 110% respectively as shown in Table 7 below. Migori County had higher coverage due to mobilization of children not only in EYE centers but also at household level. The low coverage in Kakamega County was due to inadequate support from MOH in sub counties that Afya Halisi was not supporting before.

Table 7. Nutrition coverage in project focus counties, Y2Q1 to Y2Q4

Nutrition service		Indicator	Kakamega	Migori
Breastfeeding coverage	IBF	Live births	69,844	50,016
		Babies IBF within an hour of birth	40,599	36,980
		% initiated on IBF	58%	74%
	EBF	Children < 6 months weighed	245,576	201,405
		Exclusive breastfeeding 0-<6 months	175,285	179,828
		% EBF	71%	89%
Micronutrient supplementation coverage	Children supplemented with Vitamin A	Population 6 - 59 months	310,954	201,084
		Children < five who received VAS	187,055	222,093
		% supplemented with Vitamin A	60%	110%
	ANC supplemented with IFAS	Total ANC attendance	200,382	144,160
		Women receiving IFAS	141,716	121,636
		% combined IFAS	71%	84%
Growth monitoring	Underweight children	Total children < five weighed	623,771	445,969
		Children < five underweight	14,771	8,088
		% children < five underweight	2.4%	1.8%

The county level activities are detailed below.

Kakamega County

Strengthen capacity for Baby Friendly Hospital Initiative (BFHI): During the quarter under review, the Project supported BFHI assessment for Matungu and Navakholo sub county hospitals which scored 54% and 15% respectively. The project supported the nursing officers in charge and nutritionists to conduct the

self-assessment for their own hospitals. The two hospital assessment teams also conducted an exchange visit between their two facilities for peer learning. The Project subsequently supported a one-day meeting bringing together the two hospital assessment teams and the county team. During the one-day meeting, the facility teams were oriented on BFHI data analysis to build their capacity to analyze their own data. In the subsequent quarter, the hospitals will conduct another self-assessment to determine progress, bridge gaps and the facility that scores more than 80% will be recommended for an external assessment.

Maternal nutrition: During the quarter under review, the Project reached 3,598 pregnant women with messages on maternal nutrition during ANC visits bringing the total pregnant women reached in year 2 to 14,774, an achievement of 85% against the county's annual target. In year 2, the private facility contribution to the performance was 7% (861) for initiation of breastfeeding and 16% (8,077) for exclusive breastfeeding. The county's coverage for IFAS was at 71% compared to Migori county's coverage of 84% in year 2 period. The major challenge faced during the year contributing to the low coverage, was stock out of IFA in quarter 2 period.

***High impact nutrition interventions (HINI)*:** During the quarter under review, the project supported an assessment for 52 health facilities, of which 25% were private facilities, to determine their capacity to implement HINI. The assessed facilities included 14 in Navakholo, 15 in Matungu, 22 in Khwisero, and KCGTRH. The assessment was conducted by MOH mentors that were standardized by the Project in year 1. In line with Journey to Self-Reliance (J2SR), the project developed an excel tool with formulas that sub-counties will use to enter the HINI data to generate own analysis and score card per facility and indicator. This will ensure that HINI mentorships and analysis of results are county driven and sustainable. Figure 13 below shows a comparison of HINI capacity assessment results per indicator in year 1 and 2 in Kakamega county.

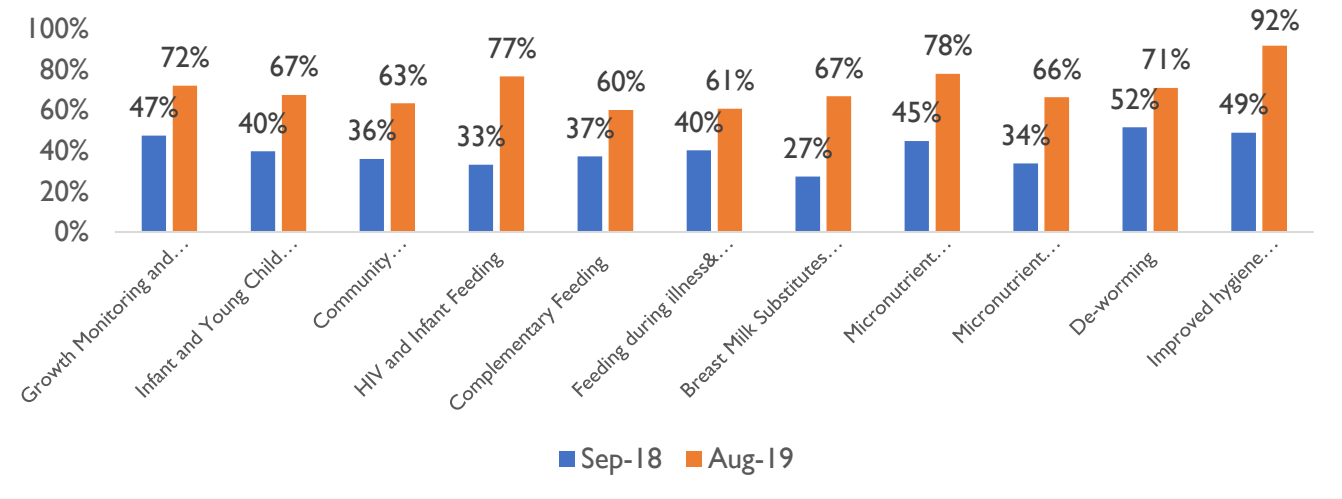


Figure 13. HINI Capacity assessment results, year 1 and 2 in Kakamega

The improved performance in the HINI indicators are attributed to the Project's support to standardize sub county mentors, who were then supported by the project to provide targeted facility based mentorships on HINI. Despite the improvements, gaps still exist in specific health facilities and indicators. In year 3, the Project will work with the sub county teams to provide mentorship support on HINI to targeted health facilities for specific indicators based on the gaps identified in the concluded HINI assessment.

Strengthened capacity for integrated management of malnutrition (IMAM): During the quarter under review, the project supported the assessment of 34 health facilities on capacity to manage IMAM. The facilities assessed included 13 in Navakholo 13, 9 in Matungu 9, 11 in Khwisero and KCGTRH. The project integrated the IMAM assessment with HINI assessment and analysis. Figure 14 below shows a comparison of performance in year 1 and 2.

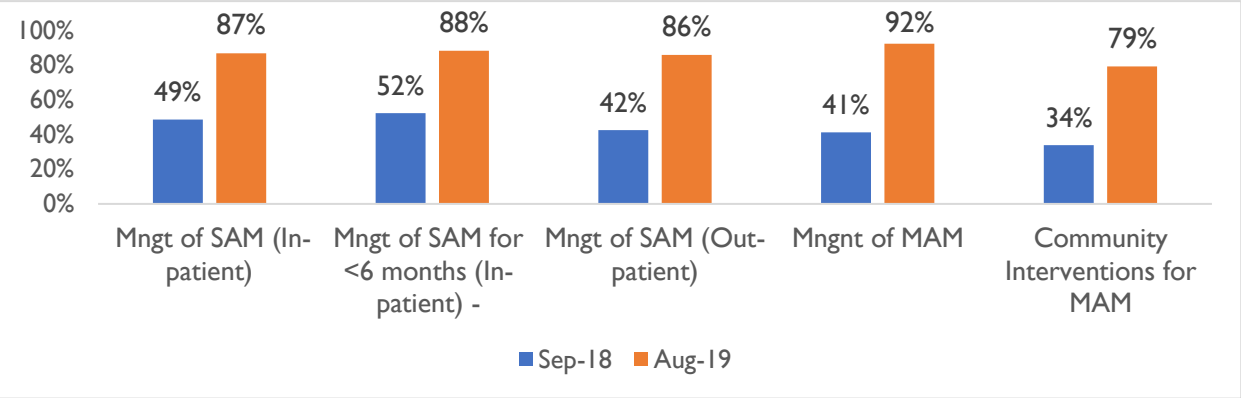


Figure 14. IMAM Capacity assessment results in year 1 and 2 in Kakamega County

The Project attributes the improved performance to its support to the sub county mentors to provide targeted mentorships to HCWs in IMAM health facilities to address gaps identified in IMAM assessment conducted in year 1. In addition, the project supported scale up of IMAM sites from 31 in year 1 to 34 in year 2. In year 3, the project will continue to work with the sub county MOH teams to provide on-site mentorship to targeted health facilities based on the IMAM assessment results and indicators that scored poorly. The project will also conduct an assessment in the additional two sub counties of Butere and Mumias East to identify key gaps and areas for targeted onsite mentorships. During the reporting quarter, the under five children documented as underweight were 979, bringing the total to 4,215 underweight children in year 2. This translated to 2% of the total children screened in year 2 in the county.

Vitamin A supplementation (VAS): During the quarter under review, the project reached 11,040 children with Vitamin A supplementation, bringing the total reached in the last six months to 60,218. This reflects an achievement of 63% against the county's annual target. The county coverage for Vitamin A supplementation was 60% in year 2 period. The low coverage in Kakamega County was due to inadequate support from MOH in sub counties that Afya Halisi was not supporting before. To achieve the results, the Project successfully collaborated with the Ministry of Health and Ministry of Education - EYE section. The Ministry of Health supported mobilization, supervision and actual supplementation while the Ministry of Education mobilized EYE centers as well as supervised the exercise. In addition, the achievement was due to the Project's support to the county and sub county MOH teams to conduct supportive supervision in health facilities that had low coverages, and provide HINI mentorship in targeted health facilities. The project also strengthened Vitamin A commodity security through support to the county MOH teams to collect and distribute Vitamin A from national level to focus counties and health facilities. The private sector contributed to 5% (2,722) of the county's achievement in Vitamin A supplementation in year 2 period.

Migori County

Strengthen capacity for Baby Friendly Hospital Initiative: During the quarter under review, the Project supported eight hospitals in the county to conduct self-assessments on BFHI. The assessments targeted

clinical and non-clinical staff, and mothers with children aged 0-6 months, with the participants being randomly selected from the health facilities. Subsequently, the Project supported an orientation meeting on BFHI data analysis for HCWs in the assessed hospitals. The support resulted in increased capacity of the HCWs to analyze their own data. The BFHI assessment results showed that Uriri Sub county Hospital was at 92%, Migori County Referral Hospital at 23%, Lwala Community Alliance Hospital at 77%, Kegonga Sub County Hospital at 54%, Awendo Sub County Hospital at 69%, Kuria West Sub County Hospital at 46%, Rongo Sub county Hospital at 53% and Karungu Sub county Hospital at 69%. In year 3, the Project will support the facilities to improve their performance through follow up on specific gaps that were identified. The Project will work with the sub county teams to conduct another self-assessment in November and health facilities that achieve 80% and above will be recommended for an external assessment.

World Breastfeeding Week Launch: During the reporting period, the Project supported Rongo sub county to launch the World Breastfeeding Week. The event was held at Lwala Community Alliance in Rongo Sub county, a hospital that has made great strides in implementation of BFHI. The global event was marked to celebrate mothers who exclusively breastfed their children as well as recognize other breastfeeding champions in the community such as mothers, CHVs, healthcare providers and other community members. This encourages them to continue protecting, supporting and promoting breastfeeding in the community and health facilities. Lwala community was lauded for having made progress in the implementation of BFHI, having recorded progress from 30.7% in June 2018 to 54% in June 2019 making it the best BFHI implementing health facility in the county. The improvement was as a result of the Project's support to the sub county team to provide onsite mentorships on BFHI to HCWs in the health facility.

Strengthened capacity for High Impact Nutrition Interventions (HINI): During the quarter under review, the Project supported the county and sub county MOH teams to conduct an assessment on HINI capacity for 177 health facilities, of which 18% were private health facilities. The assessment, which was aimed at highlighting the gaps on knowledge, infrastructure and capacity in implementation of HINI, was also aimed at identifying improvements in implementation of HINI compared to the assessment that was conducted in year 1. The facilities that were assessed included 20 in Awendo, 25 in Kuria East, 25 in Kuria West, 43 in Nyatike, 14 in Rongo, 10 in Suna East, 16 in Suna West and 24 in Uriri. In line with J2SR, the project sensitized the sub county nutrition officers on an excel tool developed by the Project for use by the sub-counties to enter the HINI data to generate own analysis and score card per facility and indicator. This will ensure that HINI mentorships and analysis of results are county driven and sustainable. Figure 15 below shows a comparison of HINI capacity assessment results per indicator in year 1 and 2 in Migori county.

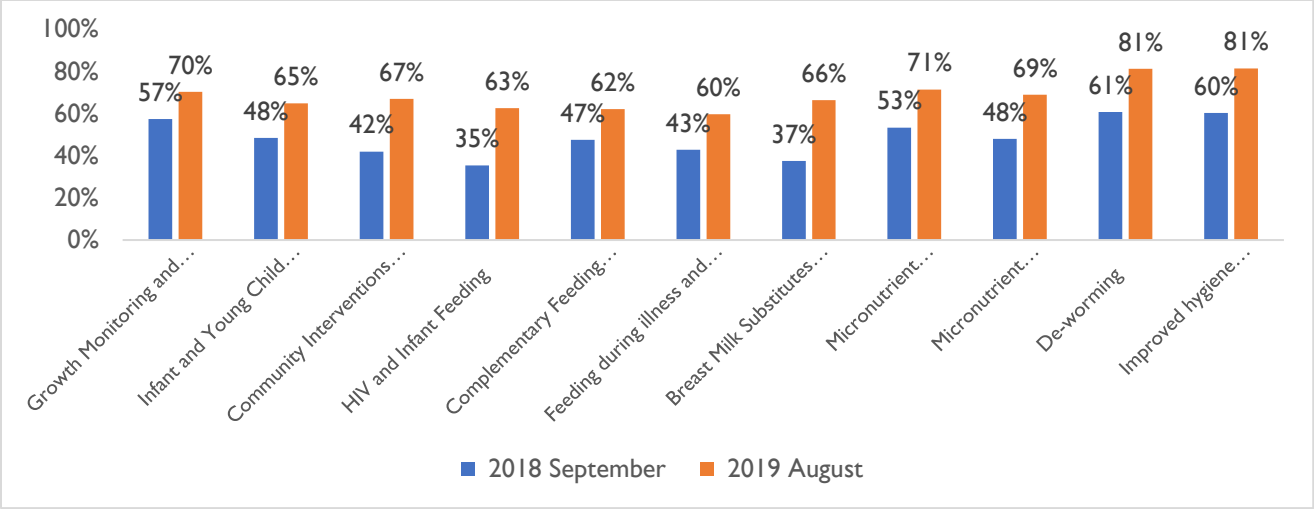


Figure 15. HINI Capacity assessment results in year 1 and 2 in Migori County

In year 3, the Project will support the sub county teams to provide targeted mentorships, focused on specific indicators in specific health facilities that scored red or yellow in the HINI assessment.

Vitamin A supplementation (VAS): During the quarter under review, the project reached 20,485 children with Vitamin A supplementation, bringing the total children reached in the second semester (April – September 2019) to 197,889 which is an achievement of 107% against the county's target. The county coverage for Vitamin A for the last six months was 110%. The county had higher coverage due to mobilization of children not only in EYE centers but also at household level. In year 2, the project will support Vitamin A supplementation in health facilities and EYE centers to sustain the Vitamin A coverage performance. The private health facilities' contribution was 8% (15,886) to Vitamin A supplementation in the county was 8% in year 2 period.

Maternal nutrition: During the reporting period, the Project reached 9,867 pregnant women with messages on maternal nutrition during ANC visits, bringing the total pregnant women reached in year 2 to 40,560. This reflects an achievement of 110% of the county's annual target. The private health facilities' contribution was 15% (6,272) in year 2 period.

Strengthened capacity for Integrated Management of Acute Malnutrition (IMAM): In year 2, the Project supported scale up of IMAM health facilities from 74 to 80 in the county. The achievement was mainly due to the project's support to the county and sub county teams to provide targeted facility based mentorships on IMAM. The project integrated IMAM and HINI capacity assessments.

WASH

During the reporting period, the Project continued to support various water, sanitation and hygiene (WASH) interventions both in the community and health facilities across the three focus counties of Kisumu, Kakamega and Kitui. These included following up villages for Community Led Total Sanitation (CLTS) in Kakamega and Migori counties,; building capacity for WASH in communities and health facilities; improving sanitation facilities through minor repair works; increasing access to safely managed

water services; and advocacy at county and facility levels for increased resource allocation to address WASH needs in health facilities.

The Project's WASH performance by county as at end of year 2 period is shown in Table 8 below.

Table 8. WASH performance by County in Y2

Indicator	County/Achievement	Kakamega	Kitui	Migori	Project
Villages verified as ODF	Y2 Target	51		110	161
	Y2 Achievement	59		79	138
	% Achievement	**116%**		**72%**	**86%**
Number of people gaining access to a basic sanitation service	Y2 Target	15,300		33,000	48,300
	Y2 Achievement	36,489		19,458	55,947
	% Achievement	**238%**		**59%**	**116%**
People gaining access to basic drinking water services	Y2 Target	11,082	19,265	24,286	54,633
	Y2 Achievement	6,749	12,909	12,594	32,252
	% Achievement	**61%**	**67%**	**52%**	**59%**
Individuals trained to implement improved sanitation methods	Y2 Target	377	314	251	942
	Y2 Achievement	477	294	151	922
	% Achievement	**127%**	**94%**	**60%**	**98%**
Number of basic sanitation facilities provided in institutional settings	Y2 Target	10	43	30	83
	Y2 Achievement	16	37	12	65
	% Achievement	**160%**	**86%**	**40%**	**78%**

The county specific activities are detailed below;

Kakamega County

To strengthen IPC skills and practices among healthcare workers, the Project conducted IPC orientation in Matungu, Khwisero and Navakholo sub-county hospitals and other high volume health facilities reaching 100 healthcare providers (59 female, 41 male). In addition, the Project supported sensitization of 35 healthcare providers on IPC targeting mostly private health facilities staff in Kakamega County where IPC practices were observed to be low during supportive supervision visits. During the reporting quarter, Afya Halisi provided 20 sets of waste bins and 86 bin liners in health facilities in the county.

To improve sanitation access in supported health facilities, Afya Halisi supported a sanitation assessment and undertook minor renovations of sanitation facilities in two facilities with 7 squat holes, in addition to Khwisero sub county hospital which was renovated by repairing running water to flow to the maternity wing. This brought the total sanitation facilities supported by the Project in institutional settings in the county in year 2 to 16 against a target of 10, an achievement of 160%.

Kitui County

To reinforce improved WASH practices in health facilities, the Project supported the renovation of sanitation facilities in four health facilities with a total 14 of squat holes during the reporting period. This brings to total 37 basic facilities that were renovated with minor repairs in the county in year 2 period through the Project's support. This reflects an achievement of 86% against the county's annual target of 43. These facilities have contributed to improved sanitation services in the targeted health facilities.

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A latrine block at Itoleka Dispensary before and after renovation in Kitui Central sub-county

Through advocacy efforts, Afya Halisi advocated for county and sub-county allocation of more resources to address WASH in health facility needs. As a result of these project advocacy efforts, the county and sub-county management teams conducted county-own WASH assessment and supportive supervision in health facilities. The Project will continue to advocate the county team to implement the findings of the WASH assessment in the subsequent quarters.

Migori County

During the reporting quarter, Afya Halisi supported sanitation renovations in Migori County that targeted 13 health facilities that were supported in year 1. The renovations were done to meet the thresholds agreed on with USAID team during the WASH data quality audit feedback meeting in Kitui. The works done included fixing doors on latrines blocks, replacement of iron roof, re-painting of latrine blocks, installation of tiles in bathrooms and toilets, among other minor improvements. These health facilities are now providing enhanced privacy as well as improved access to sanitation services to the clients.

Activity 1.1.2. Strengthen adolescent and youth-friendly services at health facilities

Refer to Annex 1.

Activity 1.1.3. Quality improvement approaches to strengthen facility services

In **Migori**, quality improvement activities were assessed during the integrated support supervision visits and progress was noted in four facilities. Work improvement team (WITs) meetings are now conducted with minimal support from the project in facilities where orientation on Kenya Quality Model for Health (KQMH) was done earlier. Three QI projects have however stalled and this was attributed to the transfer of almost all staff who initiated the projects. The WIT scored a team maturity index of 4, an indication of consistency in quality improvement while most of the facilities are at score 2. In collaboration with the SCQIFP, the Project will mainly focus on strengthening QIT at the sub-county level to enable them provide oversight and offer technical assistance to WITs. The Project has planned two learning sessions in the next quarter to offer a platform for the WITs with QI projects to showcase their work.

In **Kitui,** the Project supported IMNCI mentors to conduct quality of care assessments in four health facilities - Kitui County Referral Hospital, AIC Zombe Hospital, Inyuu Health Center and Mwingi Hospital. Great improvement was noted in Inyuu Health Center and AIC Zombe Hospital. The assessments revealed a need to enhance mentorships to strengthen the use of sick child recording forms. It was also noted that there were documentation gaps in two health facilities that were using electronic reporting systems. This finding is consistent across the four counties and there is need to harmonize the use of IMNCI paper-based tools and the electronic forms. Afya Halisi supported a two-day re-orientation on improvement science to the QI mentors during the healthcare workers strike and a mentorship plan to support work improvement teams upon resumption of services. This will be finalized in the early months of year 3 and progress shared in subsequent reporting. The county has now a substantive quality of care coordinator at the county health department to oversee QI activities across the sector.

In **Kisumu**, the Project supported the sub-county management teams to hold quarterly meetings to deliberate on quality of care actions. Due to staff movements in the sub-counties, the Project supported an update on KQMH quality standards reaching 96 sub-county health managers and QI mentors. There is an increased patient caseload in the county as a direct result of the county implementing UHC, potentially affecting the quality of service and client experiences. The sub-counties agreed on QI initiatives, for consistency in sharing the learning. Nyakach sub-county is working at improving waste management, Nyakach sub-county will look at MPDSR processes and Kisumu West chose to improve post-natal care practices in their health facilities. Nyando sub-county will be working on improving intrapartum care for better maternal and newborn outcomes. All the sub-counties agreed to review client feedback loops to establish response plans with the communities.

In **Kakamega**, the Project had already supported set up of a quality management structure in year 1 and the facility teams have continued to monitor their QI initiatives, independent of external support. During year 2 period, the county's main referral facility – Kakamega County General and Teaching Referral Hospital – has consistently focused on creating a conducive working environment for client-centered care with support from the management. Even with staff changes, most of the 23 QI coaches are still actively supporting their teams to improve client care. A learning session will be held in year 3 to review gains made from facilities in improving patient outcomes.

Output 1.2: Strengthened delivery of targeted FP/RMNCAH, nutrition and WASH services at community level, including effective referral to mobile and/or static facilities

Activity 1.2.1. Strengthen Community Health Platform

During the quarter under review, the Project focused on building the functionality of the 220 CUs and capacity of CHVs to create demand for and provide effective health services at the community level. The Project trained the CHVs on the basic module to enable them to discharge their roles at the community level. In addition, the Project sensitized CHCs on governance, oversight, advocacy and community engagement. Further, the Project supported sensitization of CHAs and lead CHVs on facilitation of small and targeted dialogue sessions for behavior change. Through the Project's support, the CHVs visited a total of 146,264 households to provide health messages, as well as map and track pregnant mothers and newborns for timely health services. The Project also supported the 220 CUs to convene monthly review meetings that were attended by 2,101 CHVs during the reporting quarter. In Kitui County, the Project supported the CHVs to mobilize and facilitate 30 dialogue sessions on 4th ANC, skilled birth attendance

and immunization reaching 433 community members. The Project provided the CHVs with identification badges for easy recognition during household visits and other community health activities.

Capacity building of CHAs, CHVs and CHCs: To build the capacity of CHAs, CHVs and CHCs, the Project supported various trainings and sensitizations. The Project trained 1,222 CHVs (873 female, 349 male) on the basic module which is the elementary training required to equip CHVs with skills to perform their roles effectively. As part of the training, the CHVs carried out household mapping to update information on the households they support. After the training, the CHVs developed plans for activities they will be involved in including mapping and tracking of pregnant mothers and newborns, targeted dialogue sessions, defaulter tracing, preparation of talking walls and strengthening health facility CHV desks to improve health performance in their villages.

For effective facilitation of the dialogue sessions, the Project sensitized 374 CHAs, PHOs and lead CHVs (181 female, 193 male) on operationalizing small and targeted dialogues. Among those sensitized, 145 were in Kisumu; 152 in Kitui and 77 in Migori. The Project trained the lead CHVs alongside CHAs because they are always present at the CU level assisting CHAs who may be taking care of several CUs. They are good communicators, confident and respected members of the community. The lead CHVs and CHAs are expected to continue facilitating small and targeted dialogue sessions in all thematic areas effectively.

Further, the Project supported sensitization of 534 CHC members (301 female, 233 male) on governance, oversight, advocacy, community engagement, participation, coordination of community activities, resource mobilization, and performance monitoring. Out of the total CHC members that were sensitized, 139 were in Kakamega, 233 in Kisumu, and 162 in Migori. The sensitization was aimed at enabling the CHC members to get more involved in CU activities which is important for their functionality.

The county specific activities are detailed below;

<u>Kakamega County</u>

Community health strategy basic module training: During the quarter, the Project supported a 10-day basic module training for 60 CHVs (51 female, 9 male) in the county. The CHVs were those that had replaced CHVs that had dropped out and had not been trained before. The 10-day training was done at sub-county level to enable every CHV who had not been trained before to participate in the training. In addition, the Project supported a three-day sensitization on community health strategy basic module for 280 CHVs (210 female, 70 male) who had previously been trained. The three-day sensitizations were held at facility level.

CHAs during training at Namasoli in Khwisero sub-county

Sensitization of CHCs on governance and resource mobilization: During the quarter under review, the Project sensitized 139 CHCs (97 female, 42 male) in Kakamega County on governance and resource mobilization. The CHCs are expected to continue providing leadership and oversight in the implementation of CU activities.

Kisumu County

Community health strategy basic module training: The Project supported a 10-day training of 182 CHVs (158 female, 24 male) in Kisumu County on community health strategy basic module. The CHVs were those that had been trained before on the basic module across the 60 project supported CUs in the county.

Sensitization of CHVs and CHAs on facilitation of small group dialogue sessions: The Project sensitized 154 lead CHVs and CHAs (88 female, 66 male) on how to conduct small group dialogue sessions. The CHAs and lead CHVs will be crucial in engaging community members on adoption of healthy behaviors.

Sensitization of CHCs on governance and resource mobilization: During the quarter under review, the Project supported sensitization of 239 CHCs (141 female, 98 male) on governance and resource mobilization. The CHCs had been providing oversight in implementation of CU activities and will continue to carry out advocacy and mobilization of resources for CU interventions.

Kitui County

***Community health strategy basic module training*.** The project in collaboration with MOH supported a 10-day training for 482 CHVs (333 female, 149 male) on community health strategy basic module. The CHVs were drawn from the six project supported sub-counties in Kitui County. Following challenges in implementation of the community health strategy in Kitui County, the CHVs had not been reporting and after the training, they will begin to submit their reports once provided with the reporting tools.

CHVs demonstrating how to position a client during a lifesaving session of the basic module training in Kitui County

A work plan prepared during the basic module training in Kitui County

Sensitization of PHOs, CHEWs and lead CHVs on facilitation of small group dialogue sessions: During the quarter under review, the project sensitized 152 PHOs, CHEWs and lead CHVs (47% female) on effective facilitation of small group and focused dialogue sessions. The CHVs will continue to facilitate dialogue sessions to create demand for health services at the community level.

Migori County

***Community health strategy basic module training*.** The Project supported a 10-day training for 90 CHVs (63 female, 27 male) on the basic module. In addition, a 5-day refresher training was provided for 128 CHVs (46% female) that had previously been trained. The Project supported three of the CUs (Komosoko,

Iraha and Moheto in Kuria West sub county) to map out households and update information on the households they support. The CHVs were guided to plan for activities that will lead to improvement of key indicators in their communities.

Sensitization of CHAs and lead CHVs on facilitation of small group dialogue sessions: The Project supported sensitization of 77 CHAs and lead CHVs (21 female, 56 male) drawn from 32 project supported CUs on how to conduct small group and focused dialogue sessions. The sensitization sessions took place at the sub-county level and were facilitated by SBC officers. The CHAs and lead CHVs will continue to facilitate dialogue sessions to engage community members on adoption of healthy behaviors.

Sensitization of CHCs on governance and community health services: The Project supported the training of 162 CHCs (68 female, 94 male) on governance and community health services as well as CHC roles in effective communication, advocacy, social mobilization and resource mobilization. The CHCs are expected to continue providing leadership and oversight in the implementation of CU activities.

Activity 1.2.2. Support community health service delivery

Defaulter tracing

During the reporting quarter, the Project continued to support CHVs to trace defaulters who were listed by the healthcare workers. Defaulters lists were generated monthly by the healthcare workers and provided to CHVs for physical tracing. Follow up was done to ensure registers are updated accordingly to capture the outcomes of the tracing exercise. Figure 16 below shows the defaulter tracing outcomes in year 2. These were clients that were traced, referred and provided with respective services.

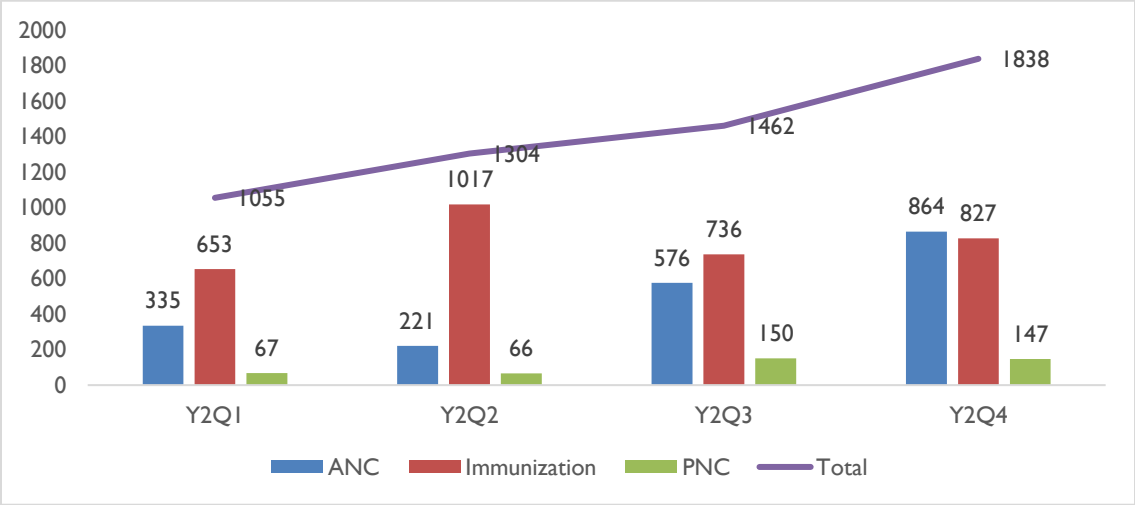


Figure 16. Defaulter tracing outcomes in the four focus counties in Y2

The county specific activities are detailed below;

Kakamega County: During the reporting quarter, the Project continued to support healthcare workers to actively line list defaulters which were then given to CHVs for physical tracing. During household visits, the CHVs were able to identify the line listed defaulters and refer them to the health facility for services. During the reporting quarter, the CHVs traced and referred 285 pregnant women for ANC, 195 under one year old children for immunization and 10 mothers for PNC services. The CHVs ensured that they went

to the health centers to receive the missed services. So far, 1,456 immunization defaulters have been traced and referred for services in the county in Y2 period. During regular household visits, the CHVs referred 364 pregnant women for ANC, 166 pregnant women for skilled birth attendance, 195 under one year old children for immunization and 5 newborns for PNC services.

Kisumu County: During the reporting quarter, monthly pull out of defaulters list by healthcare workers made defaulter tracing systematic and effective. Once provided with the lists, the CHVs were engaged in identification of the listed defaulters. The CHVs traced and referred 462 pregnant women for ANC, 367 under year old children for immunization and 137 mothers for PNC services and ensured they received the missed services. During regular CU activities, the CHVs identified community members who required different services, referring 975 pregnant women for ANC, 628 mothers for skilled birth attendance, and 600 women for FP services. The CHVs referred a total of 756 children for immunization and 93 newborns for PNC services.

Kitui County: During the reporting quarter, the Project supported the CHVs to refer 200 community members for services in the link health facilities. the CHVs referred 70 pregnant women for ANC, 54 under one year children for immunization, 31 mothers and their infants for PNC and 45 pregnant women for skilled birth attendance services, as they participated in regular CU activities.

Migori County: The Project supported the CHVs to trace a total of 84 pregnant women for ANC and 160 under one year old children for immunization services and ensured they received the missed services. They further referred 768 community members for services in the link health facilities. Out of these, 326 pregnant women were referred for ANC, 215 under year old children were referred for immunization, 218 pregnant women were referred for skilled birth attendance and 9 newborns presenting with danger signs**.** The CHV desks in the link health facilities were critical in facilitating the tracking of referred defaulters and provided an enhanced platform for use of the MCH diary to identify defaulters for easy tracing.

Mapping of pregnant women and newborns

During the reporting quarter, the Project supported CHVs to map and track 1,098 pregnant mothers using the mapping and monitoring tool. This is compared to 3,709 pregnant mothers that were mapped in PY2 Q3, 1,938 in PY2 Q2 and 237 in PY2Q1, bringing to total 6,982 pregnant mothers that were mapped in Y2. Out of the pregnant mothers that were mapped during the reporting quarter, 500 pregnant mothers were in Kakamega and 598 were in Kisumu. The pregnant mothers were referred to health facilities for ANC services, and sensitized on danger signs during pregnancy and benefits of skilled birth attendance. The Project supported the CHVs to mobilize a total of 457 pregnant mothers to register for Linda Mama program in Kakamega County. In addition, the CHVs mapped a total of 861 newborns and tracked them to ensure they receive antigens on time. Out of these, 267 were mapped and tracked in Kakamega and 594 in Kisumu County.

Supportive supervision for improved quality of services

Enhanced supportive supervision involving CHAs visiting CHVs during household visit is an important strategy adopted by the Project to ensure quality services at the community level. During the reporting quarter, the Project supported a total of 34 CUs to receive enhanced supportive supervision. Out of the CUs that were visited, 10 were in Kakamega and 24 were in Migori County.

The following challenges were identified during the supportive supervision visits: some CHVs had difficulties in creating rapport and building community trust; lack of commodities for distribution at the community level; lack of financial rewards as a major disincentive for the CHVs; incomplete referral process from community to facility and back to community; concerns that the process of referrals was hampered by poor communication between the link facility and community; and most weighing scales were faulty. Key recommendations included having CHAs conduct routine supportive supervision to mentor the CHVs on the gaps and challenges that were identified.

TBA mapping and role re-designation

During the reporting quarter, through the Project's support, re-designated TBAs who act as birth companions referred and accompanied 946 pregnant women for ANC (346 in Kakamega, 571 in Kisumu and 29 in Kitui), 829 pregnant women for SBA (166 in Kakamega, 628 in Kisumu and , 35 in Kitui) and 20 newborns for PNC services in Kitui County. The birth companions at Kanziko Health Centre in Kitui held a quarterly meeting jointly with the facility health care workers to review their efforts geared towards encouraging mothers to use facility services (see Figure 17). During the review meeting, it was noted that the main challenge for hospital delivery by mothers was lack of means of transport hence birth companions were sensitized on individual birth plan. This was aimed at enabling the birth companions to reach mothers with key messages on individual birth plan and to plan timely for delivery in the health facility.

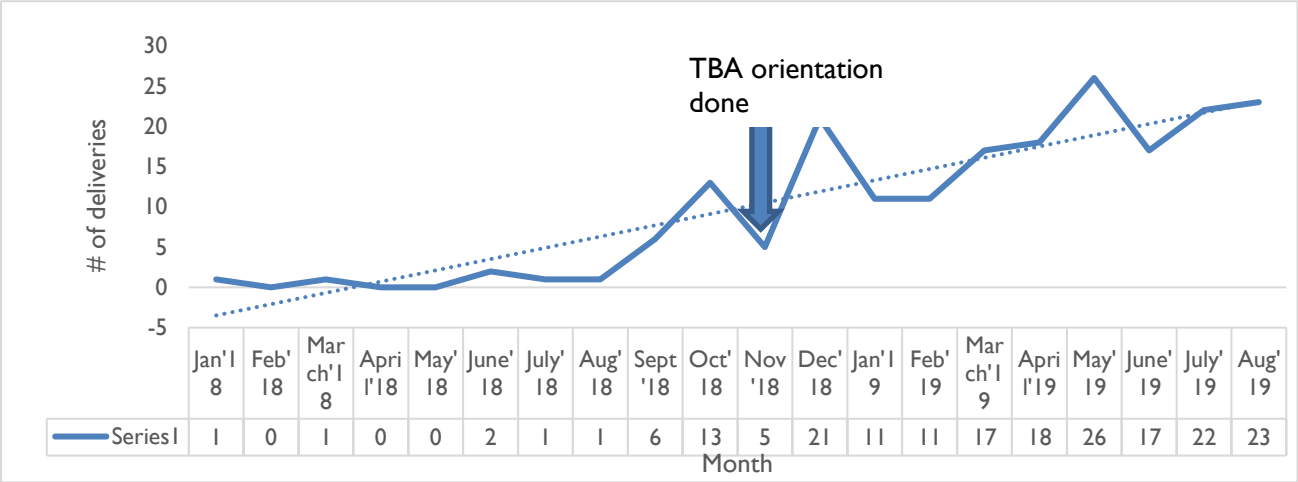


Figure 17. Improved skilled birth deliveries at Kanziko Health Centre before and after orientation of birth companions

Provision of CHV badges

During the reporting quarter, the Project procured identification badges to 2,019 CHVs in project supported CUs and distribution was completed in Kakamega, Kisumu and Migori counties. At county level, 339 CHVs in Kakamega received the badges, 814 in Kisumu, 480 in Kitui and 386 in Migori. A further 121 CHVs in Kitui South Sub county were provided badges by CMMB, an implementing partner in Kitui County.

CHVs after receiving badges in Moheto CU

CHVs in Nyangoge CU after receiving badges

Scale-up Community Based Distribution

During the reporting quarter, a total of 2,101 CHVs were actively involved in the provision of FP messages to community members. This is compared to 1,996 CHVs in PY2 Q3, 1,377 in PY2 Q2 and 772 CHVs in PY2 Q1. At county level, 278 CHVs in Kakamega, 749 in Kisumu, 618 in Kitui and 350 in Migori counties actively provided information on FP services during household visits and dialogue sessions during the reporting quarter. They equally referred community members who required FP services at the health facilities. A total of 37 CUs were involved in community based distribution of FP commodities, of which 6 were in Kakamega, 24 in Kisumu and 7 in Migori as shown in Table 9 below. The challenge of FP commodity stock outs continued into the reporting quarter, thus affecting the number of commodities distributed by the CHVs.

Table 9*: FP services provided by CHVs*

County	# of CUs providing CBD	CHVs providing FP messages	Condoms Distributed	Cycles of Pills distributed
Kakamega	6	315	387	3
Kisumu	24	793	400	10
Kitui	0	635	0	0
Migori	7	358	0	0
Total	**37**	**2,101**	**787**	**13**

Kakamega County: During the reporting quarter, 24 CHVs (18 female, 6 male) in Bushiri CU that were sensitized on CBD in the previous quarter distributed 387 condoms and 3 cycles. The county still had a major challenge with FP commodity stock outs translating to the low numbers of commodities distributed.

Kisumu County: The Project supported a total of 749 CHVs (614 female, 135 male) to provide FP messages and information to community members. During regular household visits, the CHVs referred 600 women of reproductive age for various FP services in the health facilities. They further distributed 400 condoms and 10 cycles of FP pills. The county experienced a major challenge with FP commodity stock outs during the reporting quarter.

Kitui County: During the reporting quarter, the Project supported a total of 618 CHVs (328 female, 290 male) to provide FP messages and information to community members.

Migori County: During the reporting quarter, the Project supported a total of 350 CHVs (221 female, 129 male) to provide FP messages and information to community members. They provided counselling services to community members on various FP methods and other reproductive health messages.

Strengthen community-facility linkages, referral mechanisms, and accountability

During the reporting quarter, the Project continued to strengthen CHV desks to coordinate defaulter tracing and referral as well as share tasks at the link facilities. Normally, CHVs have a duty roster with a number of them attending to the desk daily. CHVs on duty receive community referral forms, screen clients for services and identify defaulters for counseling and linkage, provide health talks and link clients referred to the community to the appropriate CHVs. To strengthen community-facility linkage between facilities and communities, the link facilities developed CHVs' referral directory that is displayed at the main referral points including the customer care desk, MCH and maternity departments.

In addition, the project supported the convening of CU monthly feedback meetings at the health facilities to strengthen community-facility linkage. During the monthly meetings, CHVs presented their household visit reports and discussed progress and challenges in various community activities. The CHAs and healthcare workers utilized this opportunity to strengthen the capacity of the CHVs on defaulter tracing, tracking pregnant women and newborns as well as how to facilitate dialogue sessions effectively. The number of CHVs attending monthly review meetings gradually increased from 772 in PY2 Q1 to 2,101 CHVs in PY2 Q4.

The county specific activities are detailed below;

Kakamega County

Household visits: During the reporting quarter, CHVs visited a total of 60,760 households out of 77,198 households, 78.9% achievement of the targeted households. During the household visits, the CHVs prioritized sharing health messages to community members on topics such as FP, nutrition, WASH and immunization. The CHVs visited 93 newborns within 48 hours, and identified and referred community members who required services in the link health facilities.

Monthly review meetings: The project supported 34 CUs to hold monthly reporting and review meetings at the link health facilities during the reporting quarter. The meetings promoted data utilization for decision making, enabled the CUs to focus on specific key actions to accelerate improvement of key indicators, and guided the CHVs on areas for discussion during community dialogue days. The meetings were attended by 278 CHVs (209 female, 69 male) and 26 CHAs (12 female, 14 male).

Kisumu County

Household visits: During the reporting quarter, CHVs visited a total of 60,143 households out of 74,910 households, 79% achievement of the targeted households. The CHVs provided various health messages and referred community members for services in the link health facilities.

Monthly review meetings: A total of 749 CHVs (614 female, 135 male) attended monthly reporting and review meetings at the link health facilities. During the meetings, the CHAs and healthcare workers guided

the CHVs on defaulter tracking process and addressed capacity gaps such as indicator definitions, referral strategies, and identification of villages with many defaulters to guide in decision making.

Kitui County

Household visits: CHVs in the county visited 312 households in Mwingi Central and Kitui South sub counties and provided key health messages and collection of data for reporting. Household visits is picking up in the other sub counties in the county and a more comprehensive report will be provided in next reporting quarter.

Monthly review meetings: The Project supported 94 CUs to carry out monthly review and reporting meetings that were attended by a total of 618 CHVs (328 female, 290 male). During the meetings, CHVs were refreshed on key elements of individual birth plan, danger signs in pregnancy and indicator definitions for maternal and perinatal deaths. This was aimed at improving the quality of household visits and accurate reporting of maternal and perinatal mortalities at community level.

Community dialogue sessions: During the reporting quarter, the Project supported 30 dialogue sessions in Kitui County, reaching a total of 433 community members, of which 181 were mothers who have children under 2 years old and 252 were pregnant mothers. The mothers with children were provided with key messages on immunization and the reasons they should ensure their children are fully immunized. They were also encouraged to share information with other community members. Pregnant mothers discussed the importance of ANC and skilled birth attendance.

CHVs sensitization on key messages at Endau Dispensary in Kitui County

Birth companions in a review meeting at Kanziko Health Centre in Kitui County

Migori County

Household visits: During the reporting quarter, CHVs visited 25,049 out of 34,079 households, an achievement of 73% of the targeted households. The CHVs provided health promotion and relevant health messages. The visits were targeted to pregnant women, newborns, lactating mothers and caregivers of children under two years old. The major points of emphasis were antenatal clinic visits for pregnant women, skilled child birth, exclusive breast feeding for children below 6 months, post-natal care, water treatment for consumption, hand washing and use of sanitation facilities, active male involvement in maternal child health and nutrition, immunization for children and spacing of pregnancies for the health of the mothers and children.

Monthly review meetings: A total of 350 CHVs (221 female, 129 male) attended monthly review meetings during the reporting quarter. The meetings provided the CHVs and CHAs an opportunity for continuous monitoring and review of service delivery for community level health services such as ANC, PNC and immunization.

Conduct integrated outreaches, including outreaches targeted at hard-to-reach populations

As part of efforts to reach the fifth child[1], the Project worked with the sub county MOH teams to conduct targeted, data driven and integrated outreaches in hard to reach wards with low immunization coverage in Kakamega, Kisumu and Kitui counties during the reporting period.

A HCW administering BCG during an outreach in Nyakach sub county

Output 1.3: Strengthened county health systems for delivery of FP/RMNCAH, nutrition and WASH services

Activity 1.3.1. Assess and improve Leadership and Governance capacity of CHMTs and SCHMTs

During the reporting period, the Project continued to collaborate with other stakeholders across all supported counties to implement iCCM, WCD, collaborative CHS forums among others. They include but not limited to University of Maryland, Catholic Medical Mission Board, Nutrition and Health Program plus, Afya Ugavi, Afya Ziwani, Child Fund, World Vision, AMPATH plus, Save the Children, PharmaAccess and World Bank.

Through collaboration with the AFP project, Afya Halisi staff were also trained on SMART Advocacy during the reporting period. The aim of the training was to enable project staff to gain knowledge on the SMART advocacy approach, identify priority advocacy priorities and develop 6-12 months advocacy strategies and action plans for the implementing the identified advocacy strategies. During the training, the project teams developed preliminary draft action plans for the following priority Afya Halisi advocacy agenda in year 3 as shown in Table 10 below.

[1] Globally, one in five children does not receive their full course of immunizations, leaving them at risk of preventable disease.

Table 10. Afya Halisi priority advocacy agenda in year 3

County	Advocacy Agenda
Kitui	Implementation of the Community Health Strategy and having it anchored in county law.
Migori	Development of UHC implementation policy and framework.
Kisumu	Domestic resource mobilization from the private sector for health care financing.

The key county specific leadership, management and governance are as detailed below;

Kakamega County

Kakamega stakeholders meeting: During the reporting period, the Project supported the county to hold the stakeholders meeting. The key highlights of the meeting included; reports from the various TWGs indicated that the county's MNCAH TWG was not functioning optimally. The county still had high maternal deaths with declining trends, and high burden of perinatal deaths. The meeting agreed on the need to strengthen the county MPDSR and TWG meetings. Following the stakeholder meeting discussions, a team of independent engineers and anesthetists evaluated the status of the anesthetic machine at Navakholo sub County Hospital theatre and provided feedback to the CHMT. The Project is working with the Kakamega county health department to operationalize the surgical theatre at Navakholo Sub-county Hospital.

Kisumu County

Kisumu County Medical equipment taskforce: During the reporting quarter, the Project participated in the Kisumu County medical equipment taskforce meeting. The county agreed to leverage on the UNICEF platform – an app for health equipment inventory management. Upto 161 public facilities had uploaded all their equipment details into the system. Afya Halisi was to support verification for the FBOs and private sector health facilities.

Kitui County

***Neonatal and child health technical taskforce meeting*:** During the reporting quarter, the Project supported Kitui CHMT to conduct a newborn and child health taskforce meeting, which was by 23 participants (14 female, 9 male). Key action points included: more use of data for decision making; establishment of a community health taskforce to strengthen linkages with health facilities; adoption of continuous positive airway pressure (CPAP) technology by other hospitals to improve newborn outcomes; advocacy for attitude change by healthcare providers towards women during delivery; establishment of counselling platform in newborn units to ensure emotional support to mothers; and addition of MCH and Nutrition teams to the taskforce.

iCCM implementation plan meeting: Afya Halisi collaborated with CMMB to support Kitui CHMT to hold a breakfast- meeting to discuss implementation status of iCCM. The team agreed to have a harmonized iCCM implementation plan which would take cognizant of contextual factors within Kitui. The team came up with the following actions: mapping communities that require iCCM and sensitization of all county health management team members on iCCM. CMMB committed to support the next meeting that is scheduled on 17th October, 2019. Afya Halisi will participate in the meeting and support efforts to develop a county specific iCCM plan, guided by the national level iCCM implementation framework.

Migori County

Implementing partners and stakeholders' meeting: During the reporting quarter, the county held an implementing partners meeting to agree on a framework for joint work planning and review progress of activity implementation for each of the implementing partners. Afya Halisi shared the project activities that it has implemented in the county and its contribution to the county population coverage targets. The county also disseminated the redesigned structure with the CHMT consisting of the Medical Services and the Public Health teams and their specific roles and responsibilities. The Medical Services team will oversee the 12 level 4 health facilities in the county.

Activity 1.3.2. Strengthen Health Workforce

During the reporting quarter, the Project continued to support HRH staff in **Migori, Kisumu and Kitui** counties. In **Kitui** County, 7 HRH staff were replaced bringing the total back to the initial 54 HRH. This brings the total to 91 HRH staff supported by the Project. Of these, 8 are registered Clinical Officers, 74 nurses and 9 HRIOs. The staff are distributed in the three counties except Kakamega. The project continued to support the counties with processing the HRH data into iHRIS. In **Kisumu** and **Migori** counties, through the Project's advocacy efforts, the county health leadership committed to transition at least 30% of the HRH staff into the county governments' pay roll in FY 2019/2020.

Activity 1.3.3. Health Management Information Systems for effective use of data

The details are included in the Performance Monitoring section.

Activity 1.3.4. Access to Essential Medicines and Other Health Commodities at county and sub-county level

Stock management, inventory, forecasting and ordering for quality health
The project continued to support supply chain management activities aimed at ensuring commodity security and rational use of drugs at all levels of service delivery.

Percent of SDPs that report a stock out of any FP commodity
During the period under review, the percentage of USG supported facilities that experienced stock out of any commodity in the five categories for the three months (COCs or POPs, IUDs, DMPA, Male condoms and Implants) reduced to 64% up from 71% in PY2Q3 against the target of 15% as shown in Table 11 below. To achieve these results, the Project supported various activities to strengthen stock management, inventory, forecasting and ordering for quality health service provision. In **Kisumu**, the Project supported training of 40 HCWs on forecasting and quantification. In **Kakamega**, the Project supported quarterly commodity data review meeting, and county commodity security TWG meeting. In addition, the Project supported the quarterly County Medicines and Therapeutics Committee meeting. In **Migori,** the Project supported an integrated supportive supervision, reaching 20 health facilities in four sub counties, namely Rongo, Suna East, Uriri and Awendo. The Project also supported the training of the sub county pharmacists and SCHRIOs on the Excel-based FP dashboard. The Project also supported a commodity data review meeting in the county that brought together the following partners: Jilinde, University of Maryland Baltimore, Save the Children - parent organization, The Challenge Initiative (TCI) and the CHMT to review data for PY2Q3 period.

Table 11. FP commodity stock out rates in project supported health facilities, Y2Q1 – Y2Q4

Indicator/County		Kakamega	Kisumu	Kitui	Migori	Project
Percent of SDPs that report a stock out	Y2Q1	53%	71%	83%	51%	68%
	Y2Q2	66%	70%	81%	54%	69%
	Y2Q3	64%	68%	85%	57%	71%
	Y2Q4	45%	61%	71%	60%	64%
Average stock out rate	Y2Q1	15%	47%	28%	22%	29%
	Y2Q2	38%	44%	17%	21%	26%
	Y2Q3	30%	35%	23%	20%	25%
	Y2Q4	29%	46%	26%	23%	30%

Average FP commodity stock out rate

During the quarter under review, the average stock out rate for FP commodities was 30% compared to 26% in PY2Q2 period as shown in Table 11. Kisumu County reported the highest average stock-out rate of DMPA at 46%, Kakamega at 29% and Kitui at 26%. Migori County reported the lowest stock out rate at 23%. To ensure improved stock out rates, the project supported sub county MOH teams to redistribute FP commodities to health facilities that had stock out. The increase in the reporting rates in the reporting quarter compared to the previous quarter is mainly due to the health care workers strike that was experienced in Kisumu and Kitui counties during the reporting period. There was also a national stock out of DMPA and implants 1-rod at KEMSA, and this was being addressed at KEMSA level by the Department of Reproductive Health. In the next reporting quarter, the project will through support from Afya Ugavi, redistribute these commodities from Kitui County, which had received the commodities in July and August 2019.

Commodity and supply chain management at county and sub-county level

To ensure improved commodity management practices and enhanced commodity security across board, and using lessons learned from previous programs, the integrated commodity management model (iSCM) was piloted in **Kakamega** and **Kisumu** counties. Table 12 below summarizes the key achievements in tracking and reporting on 21 tracer commodities during the reporting period.

Table 12. iSCM Indicator Performance

TA Package	Indicator	PY2Q4 Achievement
Support to county departments of health to strengthen oversight for supply chain	# of integrated commodity management working groups supported at county and sub-county level	1. One TWG meeting supported in Kakamega County and 2. One commodity data review meeting supported in Kakamega and Migori Counties bringing together the following partners (Jilinde, UMB, Save the Children-Parent organization, TCI and the County) to review data for Q3
	# of program-specific commodity management working groups supported at county and sub-county level	No commodity management TWG supported for specific program area (RMNH/FP) since the adoption of integrated model that was held in Kakamega and Migori
Capacity Building Initiatives in Commodity Management	# of CME's in commodity management best practices	During the period under review, there were no CMEs on commodity management supported in the four counties.
Improve inventory management practices	% improvement in facilities where commodities are stocked according to plan	Using DMPA as proxy, % improvements as at end of September 2019 (Y2Q4) and end of Y2Q3 period were as follows: - 1. Kakamega: from 30% in Y2Q3 to 32% in Y2Q4 2. Kitui: from 23% in Y2Q3 to 26% in Y2Q4 3. Kisumu: from 44% in Y2Q3 to 47% in Y2Q4 4. Migori: from 21% in Y2Q3 to 24% in Y2Q4
Commodity data acquisition, reporting and use	% improvement in DHIS2 commodity reporting rates (national and county levels)	In the county ranking, in Y2Q4; 1. Kakamega was at position 1 up from positon 13 in Y2Q3 tying at 100% with Homa Bay, Nyamira and Busia counties. 2. Migori was at position 7 down from position 2 in Y2Q3, 3. Kitui position 26 down from position 7 in Q3 and; 4. Kisumu closed the ranking at position 36.; a sharp drop from position 15 in Y2Q3 due to the HCWs strike
Pharmacovigilance quality assurance and use	# of reports submitted to the national PV system on suspected poor-quality medicine and adverse drug reactions	The project reported two ADRs from LNG-IUS in Uriri Sub County Hospital in Migori and Masogo Sub County Hospital in Kisumu, and male condoms that were recalled by the manufacturer (Innolatex® Limited-Thailand) in all the 23 supported sub counties.
Monitoring Tracer Commodities	Reporting rate in DHIS2	Aggregate reporting rate was 90.5% down from 98.2% in Y2Q3; with Kakamega reporting 100% and Kisumu reporting the lowest at 75% with Kisumu Central reporting 22% due to the HCWs strike.
	On-time reporting rate in DHIS2	Aggregate reporting timeliness was 90.5% down from 95.7% in Y2Q3, with Kakamega reporting 100 % and Kisumu reporting lowest at 75% due to the HCWs strike.
	% of observations where commodities are stocked within recommended stock levels	Using DMPA for monthly reporting of stocks between 3-6 months 1. Kakamega: from 70% in Y2Q3 to 68% in Y2Q4 2. Kitui: from 77% in Y2Q3 to 74% in Y2Q4 3. Kisumu: from 65% in Y2Q3 to 53% in Y2Q4 4. Migori: from 80% in Y2Q3 to 76% in Y2Q4
	% of observations where commodities are stocked out	Using DMPA as proxy for monthly reporting of stock outs comparing end of June and end of September 2019. There was a general drop 1. Kakamega: from 30% in Y2Q3 to 32% in Y2Q4 2. Kitui: from 23% in Y2Q3 to 26% in Y2Q4 3. Kisumu: from 44% in Y2Q3 to 47% in Y2Q4 4. Migori: from 21% in Y2Q3 to 24% in Y2Q4

***Supportive supervision*:** The Project supported analysis of integrated support supervision reports in Kakamega and Kisumu Counties, and dissemination of forecasting and quantification report to Kakamega County Department of Health for inclusion in the AWP. The Project also supported two Medicines and

Therapeutics Committee meetings at Kakamega County Teaching and Referral Hospital. In year 3, Afya Ugavi will roll out the integrated supply chain model in Kitui and Migori counties, based on the lessons learned in Kakamega and Kisumu. Afya Halisi will collaborate with Afya Ugavi by building the capacity of health care workers to implement supply chain activities at facility levels.

Activity 1.3.5. Health System Financing

In **Kitui County,** the Project supported enrolment of 184 pregnant women to Linda Mama and 991 mothers into NHIF in the private sector. The enrolment of pregnant women into Linda Mama was affected adversely Kitui County due to the health workers strike that took place during the reporting quarter. There still exists challenges in reimbursement as some health facilities get a lower rate of reimbursement which poses a great financial challenge to the mothers as they have to top up to access delivery services. The Project is addressing the challenge through advocacy to NHIF to have optimal re-imbursement for quality and continued care.

The enrolment into Linda Mama and NHIF was also affected by implementation of UHC in **Kakamega** and **Kisumu** counties and K-CHIC in **Kitui.** The situation is expected to be normalize from Quarter 2 in year 3 when the government rolls out UHC in all the counties

During the reporting period, the Project supported renovations of four operating theatres in sub county hospitals that include Rongo Sub county Hospital, Awendo Sub county Hospital, Migwani Sub county Hospital, and Tseikuru Sub county Hospital. The renovation works are at advanced stages and are expected to be completed and handed over to the CHMTs in the next reporting quarter. In year 3, Afya Halisi will advocate for cost-share of key RMNCAHN activities and projects. The Project will follow up commitment of County Government of **Kitui** to build an additional five CEmONC facilities and hire staff to operationalize the operating theatres. In order to ensure operationalization of the operating theatres, the Project will follow up the commitment of the county governments to provide staff and procure minor start-up inputs like equipment, emergency kits and enhancement for respectful care as part of Afya Halisi's cost share.

In **Migori,** the Project supported distribution of 23 storage tanks to health facilities in the county. The Project also donated furniture and storage racks to various health facilities and offices in the county.

Sub-purpose 2: Increased care seeking and health promoting behavior for FP/RMNCAH, nutrition and WASH

Output 2.1: Increased knowledge of and demand for FP/RMNCAH, nutrition and WASH services

Activity 2.1.1 Strengthening capacity of counties to carry out SBC activities

Technical assistance in planning and execution of SBC activities

In line with J2SR implementation approach, Afya Halisi will in year 3 build the capacity of the county MOH teams and local implementing partners (LIPs) in social and behaviour change (SBC) methodologies including provision of technical assistance in planning and execution of SBC activities.

In **Migori County**, during the reporting quarter, the Project held a meeting with the Sub-county Health Promotion Officers (HPOs) for Nyatike and Uriri and provided technical assistance in development of the sub counties' SBC implementation plans. The sub counties will implement the plans in year 3 in collaboration with implementing partners.

Social and behaviour change Training of Trainers for sanitation marketing

In **Kitui County**, during the reporting period, the Project conducted a Training of Trainers (ToTs) on social and behaviour change targeting Public Health Officers (PHOs) in the county. The training was aimed at equipping the participants with general SBC knowledge and effective community facilitation skills, sensitize participants on effective marketing strategies for various sanitation products, and develop strategies on how to galvanize a WASH movement within communities by creating social pressure that supports improved sanitation and hygiene practices. The training enabled the participants to identify and prioritize key post-open defecation free (ODF) issues in their wards, develop SBC strategies to address identified post-ODF issues, develop key messages/strategies to entrench and normalize improved sanitation, and acquire basic knowledge on SBC for application in their day to day work.

Orientation of healthcare workers on Education Through Learning and Counselling for Choice

During the reporting period, the Project supported orientation sessions on Education Through Learning (ETL) and Counselling for Choice (C4C) targeting CHVs, PHOs, CHAs, and HCPs. A total of 458 participants were reached in all the focus counties. Among these, 298 were CHVs, PHOs – 20, HCPs - 102, and 33 were CHAs). The orientations were a build up to the ToT approach that was adopted by the Project to facilitate efficient cascading of effective SBC strategies to the community level.

ETL is a facilitation technique that catalyzes a participatory and productive community dialogue resulting in focused community deliberations that eventually lead to behaviour change. It is expected that implementation of the ETL facilitation technique will improve the quality of interpersonal communication sessions leading to increased uptake of health services. Follow ups conducted by the Project showed that the MOH teams see great value in improving the quality of CHVs sessions and have embraced ETL as an effective community facilitation technique that works equally well as small group sessions. For example, in Muhoroni Sub county in Kisumu County, the Sub-county Community Focal Person organized a training on ETL and C4C for lead CHVs and CHAs using the ministry's resources. Afya Halisi only provided technical assistance through facilitation of the sessions and shared relevant IEC materials. The lead CHVs and CHAs developed work plans that detailed how they would cascade the skills and implement effective SBC sessions at community level.

Re-orientation of Traditional Birth Attendants

During the reporting period, the Project supported an orientation of 20 TBAs in **Kisumu East sub-county** to provide support to women to attend ANC services and deliver at health facilities. During the orientation, the following action points were made and forwarded to the sub county MOH: Compensation options for TBA escorting women to healthcare facilities should be considered; TBAs should work with HCWs throughout the gestation period to improve early identification and referral of ANC and SBA clients; and TBAs should be introduced to healthcare facilities and mainstreamed into the referral system in order to increase their effectiveness.

Training on community scorecard

During the reporting quarter, in **Kakamega** and **Kisumu counties**, the Project trained communities on use of the community scorecard. The Project trained eight community facilitators in each of the two health facilities that were targeted for intervention, namely Eshinutsa Dispensary in Khwisero sub-county in Kakamega) and Masogo Dispensary in Muhoroni sub-county in Kisumu. The community facilitators were then tasked to bring community members (users/clients) to the health center and evaluate the quality of health services using a scorecard developed by Afya Halisi. The community members then gave feedback to the staff during dialogue sessions facilitated by the trained facilitators. The dialogue explored the gaps in service delivery at the health facilities and the causes thereof. Afterward the community members and service providers explored home-grown solutions on how to mitigate their challenges and improve the quality of services rendered at these two health facilities.

Documentation workshop for HCWs

In Kitui County, as part of on-going technical assistance to counties on SBC, Afya Halisi trained 21 Public Health and Health Promotion Officers (11 female, 10 male) on documentation skills. The training was aimed at building the capacity of county and sub-county officials to improve their skills in writing better human interest stories. They were also trained in "Photography" and "How to Make Effective PowerPoint Presentations". Following the training, the Ministry of Health officers in the Departments of Health Promotion, Public Health and Community Health Strategy are in the process of drafting the Kitui Public Health Bulletin. The first edition of the publication is expected to be out in the next reporting quarter.

Activity 2.1.2 Create demand for services

In-reaches/outreaches

During the reporting period, the Project supported 94 in-reaches/outreaches in private health facilities in the four focus counties.There was a marked increase in clients receiving modern contraception, partly due to the industrial action by healthcare workers in Kisumu and Kitui counties. A total of 2,191 women of reproductive age received FP services from the private sector facilities with 56.3% receiving implants, 31.8% received injectable, 17.2% received IUCDs and 3.9% received pills. Clients also received immunization and ANC and immunization services as shown in Table 13 below.

Table 13. Family Planning, Immunization and ANC yields from outreaches/in-reaches

County	Implants	DMPA	IUCD	Pills	Immunization	ANC
Kakamega	330	209	60	41	331	322
Kisumu	101	41	3	8	16	3
Kitui	362	269	70	37	473	138
Migori	288	137	19	45	334	81
Total	**1,229**	**695**	**172**	**95**	**1,165**	**297**

Male involvement

In **Kakamega County**, during the reporting period, the Project supported 60 participants from Maura village in Navakholo sub-county to participate in community dialogue sessions whose aim was to improve their knowledge on exclusive breastfeeding among lactating mothers, men and elderly women, especially mothers in-law, who had been identified as powerful influencers for the young mothers. During the dialogue sessions, in addition to information on exclusive breastfeeding, demonstrations on correct breastfeeding technique and expression of milk were carried out. This was a great opportunity to involve men who were culturally believed to be competing with newborns for breastmilk in some parts of the local community.

Education Through Listening – A session on EBF in Navakholo Sub-county

In **Kitui County**, the Project worked with the county MOH team to hold a small group session with 24 young men that attending the Ukasi Young Fathers' Club. The session was a great eye-opener to the MOH team and made them appreciate the pervasive false community beliefs, myths, misconceptions and wide knowledge gaps around FP and MNCH among the young men. The MOH team committed to make a follow up visit to the club during the club's next scheduled meeting to provide correct information on FP and MNCH services.

World Contraception Day celebrations

The Project participated in the World Contraception Day (WCD) in all the focus counties. The celebrations which was held on 26th of September 2019, are aimed at improving awareness on contraception leading to informed choices on sexual and reproductive health matters, especially among young people. The theme for 2019 was "It's your life, it's your responsibility". The Project organized FP outreaches at venues where the event was commemorated, and also distributed IEC materials.

Activity 2.1.3 Optimize all contacts with the health care system

Health Promotion Advisory Committee TWG meeting

During the reporting quarter, the Project supported three Health Promotion Advisory Committee (HPAC) meetings that brought together 101 Health Promotion Officers and Public Health Officers, Community Health Strategy (CHS) officers and other development partners to discuss preventive and health promotion options. These three meetings were in addition to six other such meetings supported by the Project in year 2.

In **Kakamega**, during the HPAC meeting, the issue of high teenage pregnancies in the county featured prominently in the discussions. The RH coordinator shared a presentation of the steps the county had taken to tackle the issue. In **Kitui**, the HPAC_meeting discussed how to document best practices on health promotion in the county. Participants also used the review the draft County Public Health newsletter. In **Kisumu,** Afya Halisi disseminated its SBC products. Afya Halisi was tasked to follow up with the CHMT to enable institutionalization, adoption and operationalization of the SBC strategies and IEC products.

In **Migori**, the Project worked with the sub-county HPO for Kuria West sub county to conduct a follow-up meeting with the leadership of Kuria Council of Elders. The meeting discussed action points from their last meeting. On the agenda was how the elders could intervene to mitigate the issue of teenage pregnancy, which is partially driven by harmful cultural practices such as female genital cutting and early marriages, being practice by the community.

Output 2.2: Improved gender norms and sociocultural practices

Activity 2.2.1. Conduct a gender analysis and develop gender strategy

During the reporting period, the Project engaged the counties in identification of gender transformative interventions in the context of FP/RMNCAH. These meetings were held in Kitui, Kisumu and Kakamega counties. The findings generated through the gender analysis, that was conducted by the project, were utilized to inform development of the gender integration implementation plans. In addition, the project developed male engagement messages for FP/MNH and a disability inclusion package.

Overall, in PY2, the project continued to utilize findings generated from the gender analysis to devise strategies of addressing socio-cultural barriers to accessing and utilization of FP/RMNCAH services, and adaption of healthy WASH and nutrition behaviors. The gender analysis addressed the five gender analysis framework domains, namely, laws, policies, regulations; cultural norms and beliefs; gender roles, responsibilities and time use; access to and control over assets and resources; patterns of power and decision-making and explored approaches to strengthening implementation of gender transformative interventions at community, facility and systems level. The project will in year 3 engage LIPs to address the identified barriers through various community platforms. The findings generated through the analysis will also be utilized in implementing GBV interventions in Kisumu and Kakamega counties.

Activity 2.2.2. Identify community platforms to promote positive gender and sociocultural norms and practices, including equitable decision-making

During the reporting quarter, the Project continued to hold small-group sessions in order to provide various community audiences with an opportunity to critically reflect on the harmful gender norms and socio-cultural practices that impede access to and utilization of FP/RMNCAH services and the adoption of positive WASH and nutrition behaviours. The project continued to work with both male and female gender champions to convene intergenerational dialogues to address gender norms.

Community score card at Eshinutsa

At county level, **Kisumu** and **Kakamega** counties finalized on the community scorecard process in two sub-counties- Muhoroni and Khwisero.

Through the Community scorecard processes, the Project provided an opportunity for community and service providers to deliberate on barriers to access to health services and develop a work plan for implementing solutions aimed to improve the quality of care in the health facilities.

In year 3, the project will scale up the utilization of community scorecards through the LIPs as a social accountability approach in all the four focus counties.

Community animator presenting feedback at Masogo

Activity 2.2.3. Build capacity of HCWs, CHVs and champions to discuss gender norms and sociocultural beliefs and provide gender responsive services

During the reporting period, the Project sensitized healthcare providers in the four focus counties on gender service delivery standards for improved gender sensitive delivery and quality improvement of FP/RMNCAH services. The Project also supported sensitization of traditional birth attendants on their re-designated roles and health providers were guided through a series of workshops on provider behaviour change.

In **Migori**, the Project sensitized 57 healthcare providers (34 females, 23 males) on the gender service delivery standards. The healthcare providers were in the four sub-counties of Suna East, Awendo, Rongo and Kuria East. The standards were subsequently piloted in five health facilities by the facility quality improvement teams (QITs). Some of the gaps identified through this exercise included: in some facilities, services were only offered within 8 - 10 hours a day, lack of privacy during admission, providers do not inquire if there are beliefs that hinder clients uptake of services, there is no written zero-tolerance policy or client charter that prohibits sexual harassment, providers have not received any training on sexual harassment, lack of client - facility feedback mechanisms, among others. The county teams developed facility-level action plans that would be monitored by the quality improvement teams and SCHMT Quality Improvement focal persons.

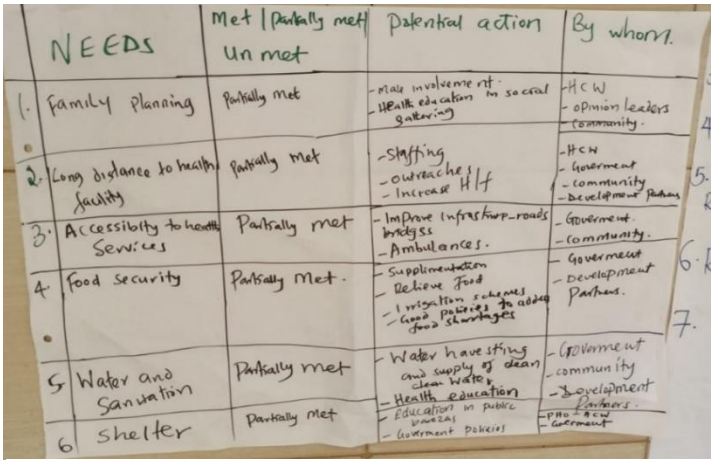
In **Kakamega**, a total of 13 providers (10 female, 3 male,) were oriented on gender service delivery standards. The participants were drawn from the SCHMTs, CHMT and facility GBV focal persons. It was expected that the participants would follow through the implementation of the action plans that were developed by the five facilities where the tool was piloted in PY2Q2. In year 3, the Project will closely engage with the sub county QIT to integrate these standards in the county supervision mechanisms to ensure that the assessments are gender responsive.

In **Kitui**, the Project supported sensitization of 21 healthcare providers (7 female, 14 male) from Mwingi Central on the gender service delivery standards. These teams included QI focal persons derived from high volume facilities. In **Kisumu**, the Project supported sensitization of 29 healthcare providers (16 female,13 male) across all the six sub-counties on the gender service delivery standards. The participants

comprised of County RHC/QI focal person, SCRHCs, SC-QI focal persons, and QIT from the high volume private and public facilities. Piloting of the tool in Kisumu and Kitui was however not undertaken due to health care workers strike during the reporting period. In year 3, the Project will support the SCHMTs to integrate the service delivery standards in QA initiatives. Cumulatively, 269 healthcare providers, sub-county and county QIT and QIOs (149 in Y2Q3 and 120 in Y2Q4) were trained on the gender service delivery standards across the project supported counties.

During the reporting period, the Project supported sensitization of 16 TBAs drawn from **Kisumu East** sub county on their re-designed roles. In addition, the Project reached 28 TBAs from **Kakamega** to discuss their re-designated roles. During the sensitizations, the TBAs cited continued preference by some of the clients for home deliveries and lack of a structured mechanisms for referring clients. According to the TBAs, some of the community members opt for home deliveries due to delayed referral of women and girls to health facilities, male partner preference of TBAs due to their positive attitude while handling pregnant women, and the relatively limited costs associated with TBAs. The Project will continue to engage with the SCCHS focal persons to identify mechanisms to operationalize TBA re-designated roles, and champion for male engagement in FP/RMNCAH services.

In an effort to address gaps in service utilization ascribed to negative provider attitude, the Project supported a mentors for change training in **Kitui.** A total of 13 health care workers (4 female, 9 male) underwent the training, which used the Health Workers for Change manual. The workshop sought to create an enabling environment for the providers to identify the factors that influence their attitudes towards different clients and the improvements required. A series of six sessions were held on variouss topics, namely; *Why I became a health worker? how do our clients see us? women's' status in society, overcoming obstacles at work and solutions.* The mentors subsequently developed action plans to guide improvements in the client-provider interaction and service delivery.



Kitui county health workers for change action plan

The Project's staff also underwent the training on health workers for change. The Project will continue to engage the trained staff in reaching other providers in order to bring positive transformation in their attitude towards clients. In year 3, the Project will through the LIPs utilize the Jhpiego gender transformative toolkit to train various stakeholders on gender integration responsive and sensitive interventions geared towards addressing inequities and fostering community involvement in challenging negative social-cultural norms such as negative masculinities that impede equitable decision making towards positive health outcomes.

Activity 2.2.4. Strengthen county forums to improve gender equity and response to gender discrimination in relation to RMNCAH, Nutrition and WASH

During the reporting period, the project engaged with other civil society organizations and the county representatives to validate the SGBV policy for **Kakamega county**, and support development of the SGBV policy for **Kisumu county**. The county SGBV policies aim to provide mechanisms for enhanced and coordinated SGBV prevention and response mechanism. The policies provide a platform through which the county governments can engage with the County Assemblies to ratify an SGBV bill that is central to providing mechanisms for a county dedicated SGBV budget. The Project supported convening of **Kakamega county** quarterly gender TWG meeting that sought to coalesce all partners involved in ASYRH and GBV in the county so as to minimize duplication of efforts in addressing GBV issues. The project will in year 3 engage with the TWG in the co-design and implementation of planned GBV activities in Kisumu and Kakamega counties. In **Kitui,** the Project participated in a feedback meeting on a study commissioned by the World Bank on, "Economic Violence on Women" in six sub-counties in the county. The study revealed that gender inequalities affect control and access to property which disadvantage mostly women and children. These inequalities also affect the extent to which women's voices in decision making are mainstreamed. The report also highlighted the need for a gender transformative approach to women's empowerment programs, and consequently on enhanced decision making within households and communities. In year 3, the Project will draw on recommendations from the report whilst strengthening linkage of women and adolescent girls to economic empowerment initiatives, in an effort to reduce vulnerability to violence associated with poor economic status.

Output 2.3: Increased practice of key nutrition and WASH behaviors in target communities

Activity 2.3.1. Promote and support key nutrition and WASH behaviors in target communities

Kakamega county

Strengthen capacity for Baby Friendly Community Initiative (BFCI)

During the quarter, the Project reached 6,660 children aged 0- 23 months with community level nutrition interventions. Of these, 4,162 children were reached through BFCI and 2,493 children through other project supported CUs. The achievements were attributed to the Project's support to the BFCI implementing CUs to hold the BFCI review meetings. The Project encouraged the BFCI implementing CUs to integrate the BFCI review meetings within the CU platform as a sustainability measure. In addition, the Project also distributed the first 1,000 days booklets for mothers to use as a reference in health facilities targeted for baby friendly status.

BFCI self-assessment

During the quarter under review, the Project supported assessment of 18 health facilities and their link CUs on BFCI. This was done in 50 CUs that are implementing BFCI. The Project also supported a one-day meeting, that was attended by the sub county nutritionists and CHAs, where the results were analyzed and consolidated. Though some of the CUs made progress towards achieving baby friendly status, the analysis showed that the scores ranged from 13% to 75%. None of the CUs scored 80% and above, the threshold for baby friendliness.

Some of the recommendations noted during the assessment included the need to conduct routine health talks and continuous medical educations, supporting regular CMSG meetings, conducting cooking demonstrations, and sensitization of communities on BFCI through *baraza*s. The Project supported the sub county teams to disseminate the assessment results to the health facilities, where onsite mentorship and continuous medical educations were provided to the HCWs to address identified gaps.

Small group sessions

During the reporting quarter, the Project supported the Navakholo sub county team to conduct small group sessions in Mukhweso CU in the sub county. The sessions were aimed at addressing myths and misconceptions surrounding exclusive breastfeeding. The sessions were conducted with young adolescent mothers, older women, grandmothers and mothers in law and men. In year 3, the CHVs will identify champions among the community members to reach more people at community level.

Small group session in Mukhweso CU in Navakholo on breastfeeding

<u>Migori County</u>

Strengthen capacity for Baby Friendly Community Initiative (BFCI)

During the quarter under review, the project reached 8,627 children aged 0 – 23 months with community level nutrition interventions through BFCI. An additional 1,462 newborns were reached through BFHI and 1,361 other project CU sites bringing the total children 0- 23 months reached to 11,450. Afya Halisi supported the CUs implementing BFCI to conduct monthly data review meetings. The CHAs and sub county teams used the sessions to review performance and provide feedback to the CHVs.

BFCI self-assessment: The Project facilitate 53 CUs implementing BFCI in Migori County to conduct self-assessment on BFCI. The Project also supported a one-day meeting, that was attended by the sub county nutritionists and CHAs, where the results were analyzed and consolidated. Though some of the CUs made progress towards achieving baby friendly status, the analysis showed that the scores ranged from 13% to 62%. None of the CUs scored 80% and above, the threshold for baby friendliness.

Knowledge and skill gaps on MIYCN were observed among mothers and healthcare providers. Some of the recommendations from the assessment included ensuring that MIYCN policies and other IEC materials are placed in appropriate locations in the health facilities in addition to translating them into relevant local language using pictorials to bridge knowledge gaps. Additional recommendations included strengthening of mother to mother support groups (M2MSGs) to ensure linkage and referral of mothers for support as well as strengthening community mother support groups (CMSGs)in implementing sites.

Activity 2.3.2. Improve Water Sanitation and Hygiene practices

CLTS follow up, verification and certification of villages

During the reporting quarter, the Project continued to implementing WASH activities in the community through CLTS in Migori, Kitui and Kakamega counties. The activities ranged from triggering, follow-up, monitoring, ODF verification, certification and post-ODF activities.

The county specific activities are detailed below;

Kakamega County: As at end of year 2 period, the Project supported the county to verify 59 villages as ODF, an achievement of 116% against the county's annual target of 51 villages. During the reporting quarter, the county further certified 7 villages as ODF in Khwisero sub county bringing the total to 54 villages certified as ODF in Kakamega county in year 2, through the Project's support.

Kitui County: During the reporting quarter, the Project collaborated with other WASH implementing partners in Kitui to support the county to roll out post ODF activities. In Mwingi West sub county, the project supported upgrading of skills for 22 artisans on installation of sato pans in PY2 Q2 period. As a result of the support, in PY2 Q4, the trained artisans installed 38 sato pans in various households in Mwingi West sub-county. To assess progress on post ODF activities, the Project supported a post ODF review meeting attended by 40 MoH staff (17 female, 23 male). The Project also supported the county in capacity building of 41 CHVs and PHOs (29 female, 12 male) from Migwani and Nguutani wards on social norms as post ODF sustainability mechanism. The CHVs would in turn work with the local administration in their villages to come up with their own norms and regulation that will enforce the sustainability of ODF status in their villages.

Migori County: The Project supported the county to undertake various activities in CLTS. In Awendo sub county, 50 villages were triggered and follow up was started and will continue until the villages achieve ODF certification status. Similarly, in Nyatike sub county, 54 villages were followed up to monitor CLTS progress. To support in follow up process, the Project trained 66 community resource persons (CORPs) on CLTS. Of these, 33 were in Awendo and 33 in Uriri sub county. During the reporting quarter, the Project supported the county to verify 14 villages for ODF status, bringing the total verified in the county in year 2 period to 79. This reflects an achievement of 72% against the county's annual target of 110.

Increasing access to safely managed drinking water services

Kakamega County: During the reporting quarter, the Project supported minor improvement of 11 water points in Khwisero (4) and Navakholo (7) sub counties, resulting in 2,469 people gaining access to safely managed drinking water services. This brings to total 6,749 people gaining access to safely managed water services in the county in Y2, through the Project's support. The main rehabilitation works around spring improvement centered on repairing spring boxes, draw-off pipes and fencing the area. The communities supported in providing information and unskilled labor during spring improvement, for instance, opening wastewater drains, keeping materials safe and collecting and

Rehabilitated Oluoch spring in Matungu

delivering rough stones for 'stone pitching' works around the spring. This community engagement by the Project secured a sense of ownership and sustainability of the water points. To ensure water quality of the springs, 12 water samples were drawn and analyzed and results shared with the Project and MOH. In addition to the water point improvements, the Project supported training of 51 community water management committees on water management issues.

Migori County: During the reporting quarter, the Project improved water points that were renovated in Y1Q4 period by fencing and installing gates, renovation of spring boxes, tilling and construction of open drains. In addition, the Project trained 20 water management committee members from Ochindo spring (13) and Mukuyu spring (7). They were trained on management, sustainability, and sanitation and hygiene aspects of the springs. To ascertain the quality of water from the supported springs, 7 water samples were drawn, analyzed and results shared with the Project and MOH.

Kitui County: During the reporting quarter, the Project supported the Department of Water to rehabilitate four boreholes whose operations had stalled. Through the rehabilitation, a total of 2,049 people gained access to safely water services, bringing the total 12,909 people gaining access in the county in year 2. To promote water point sustainability, the Project supported the Department of Water and Department of Public Health to train the 48 water management committee members (22 female, 26 male). They were trained on project sustainability, operation and maintenance, financial management, sanitation and hygiene.

People fetching water from a rehabilitated Kawala borehole in Mwingi Central which had ceased operation from 2014

Activity 2.3.3 Support County WASH and Nutrition forums and link with partner projects

Strengthen coordination of WASH partners

In **Kitui County**, during the reporting quarter, the Project participated in the WASH stakeholders' forum sponsored by UNICEF in partnership with the Department of Water. During the forum, the County Department of Water shared its proposed plans, activities and budgets for each sub-county. Key among the agreed actions was merge the two WASH forums (water and public health).in the county. It was agreed that the next forum would be co-convened by both departments and a draft county WASH bill would address the issue sustainably once it is passed by the county assembly. The review of the county water management committee training manual and sustainability of community managed water systems were also discussed during the WASH forum.

In **Migori County,** to strengthen WASH coordination, the Project supported the county to convene WASH stakeholders' forum, which was attended by various partners such as UNICEF, KIWASH, Afya Halisi, Lwala Community Alliance, among others. The forum discussed strategies for supporting the county to attain ODF goal by September 2019. In the meeting, the county MOH requested partners to support the county achieve ODF status. Subsequently, to achieve this county goal, the Project supported

CLTS triggering, follow up, ODF verification, certification and capacity building in Afya Halisi supported sub counties.

Sub-purpose 3: Increased MOH stewardship of key health program service delivery

Output 3.1: Strengthened coordination, M&E capacity

Activity 3.1.1. Support MOH to convene coordination structures including TWGs and interagency coordinating committees

Reproductive Health Technical Working Group: As a follow up to the reorganization at the Ministry of Health, the newly created Division of Reproductive and Maternal Health disbanded the previous thematic technical working groups (MNH, MPDSR, FP, AYSRH, M&E) and established one overall RH technical working group. Afya Halisi provided technical and financial support in developing the revised terms of reference to the newly created TWG. The TWG will be held on a quarterly basis, and will bring all key stakeholders working in the field of Reproductive and Maternal Health. Various committees of experts, comprising of technical experts in the field of MNH, FP, RH and MER will provide the platform upon which day-to-day consultations and discussions for specific agenda items will be articulated and refined before presentation to the RH TWG. These COEs will be convened on a need basis, with clear deliverable and timelines. Afya Halisi will continue to provide technical support during these engagements.

National stock-taking meeting: The Ministry of Health through the Divisions of National AIDS and STI Control Program (NASCOP), Reproductive and Maternal Health (DRMH) and Neonatal and Child Health (DNCH) convened an integrated national stock taking meeting on eMTCT and RMNCAH whose goal was to critically review the milestones towards the country's commitment to eMTCT of HIV and Syphilis and the reduction of maternal and neonatal mortality. The stock take, dubbed '**Accelerating Universal Health Coverage through an integrated national stock taking of elimination of Mother To Child Transmission of HIV and Syphilis and Reproductive Maternal Neonatal Child and Adolescent Health'** aimed at enabling leveraging of the opportunities presenting through the Universal Health Coverage (UHC) flagship program and other country RMNCAH support initiatives, such as the Global Financing Facility funded Transforming Health Services project, the H6 initiative among others. It was also aimed at accelerating progress towards the reducing new pediatric HIV infections in line with KASF objectives, Universal Health Coverage and Sustainable Development Goal 3. The meeting saw participation of the national MOH officials, CHMT representatives from 47 counties, development partners, UN agencies and RMNCAH stakeholders. Afya Halisi participated in the discussions and in addition, co-chaired some session.

FP2020 CSO Meeting and Dissemination of ECHO findings: During the reporting quarter, NCPD convened a CSO meeting to provide updates of the FP2020 commitment. Afya Halisi participated in the planning forums for the meeting including the actual breakfast event. During the meeting, KEMRI disseminated the ECHO findings to the stakeholders, and a proposal to revitalize the RH-HIV technical working group was made. During the CSO meeting, Amref Health Africa shared a motion tracker aimed at tracking FP2020 commitment. The stakeholders felt that it did not meet the required threshold, and a smaller team, of which Afya Halisi is part of, was established to refine the monitoring system for FP2020.

DRMH, DNCH and DASH Partner Coordination Forums
During the reporting period, Afya Halisi actively participated in partner coordination forums for DRMH, DNCH and DASH for more streamlined engagement with MOH/DFH regarding the national reproductive, maternal, newborn, child and adolescent health agenda. The Project contributed to discussions with the heads of the three divisions towards improvement of partner coordination for more meaningful support. The Project hosted one of the monthly meetings for the DNCH partners and one for the DRMH partners and contributed to drafting the TORs for the DNCH group.

Activity 3.1.2. Build M&E capacity and strengthen strategic information for evidence-based policy planning

Revision of Child Health HMIS tools: In year 2 period, Afya Halisi engaged the Department of Health Sector and Informatics to allow revision of the child health reporting registers and tools. This was necessitated after the child health partners realized that the recently concluded revision of tools did not include child health indicators. The Head of HIS provided a one-week period to allow the Division of Neonatal and Child health to review the tools. Afya Halisi provided technical and financial support during the three-day workshop to review the registers and reporting tools. In attendance were other child health implementing partners including PATH, CHAI, UNICEF, and Save the Children. Following the meeting, the team agreed on the indicators that will be incorporated in KHIS and the score card, including additional elements in the child health registers (Child Welfare Clinic (CWC), under 5, inpatient and community tools). The HIS team have since ratified the changes and printing and dissemination of the revised tools is being awaited.

Revision of the RMNCAH scorecard: During the reporting period, Afya Halisi provided technical support to the Department of Family Health in revising the RMNCAH scorecard that is currently being utilized at county and national level as a performance management monitoring tool. The meeting that was held in Naivasha was supported by World Bank, Measure Evaluation and ALMA Foundation. The Kenya RMNCAH scorecard was developed and launched in 2014 through consultative meetings that saw a list of 26 core indicators across the continuum of care, identified to be tracked routinely. The scorecard is actively being used by 25 counties and based on the lessons learned, DFH together with other MOH departments and divisions prioritized the revision of the scorecard to reflect the current situation on the ground and to incorporate new indicators following the HMIS revision process. The review of the existing scorecard saw some of the indicators dropped based on sterling performance (ANC 1) while the threshold levels of others were changed to be in line with the UHC targets. As a follow up, DFH is planning to sensitize counties on the revised scorecard and also to follow up on the other counties who had been trained but were yet to roll out the scorecard. Additionally, there are discussions to develop a community scorecard that will have existing indicators in the CBHMIS incorporated.

Output 3.2: Strengthened capacity to develop evidence-based policies, strategies and guidelines

Activity 3.2.1. Provide technical support for the development, review and dissemination of national policies, guidelines and technical briefs

DNCH strategy meeting: During the reporting period, UNICEF hired a consultant to develop the Neonatal and Child Health Strategy. This was a follow up of the Child health policy that had been developed with support from PATH. Afya Halisi participated in inception meeting with the consultant to review the

roadmap. In the coming quarter, the project will continue participating in the development process, and in addition, support county level representation during the strategy development.

Activity 3.2.2. Revitalize the DFH research agenda

FP2020 Documentation Meeting: In 2012 following the London Summit on Family Planning, Kenya made commitment on increasing access to family planning including financing. The country has made great progress in strengthening uptake of family planning methods, with the recent PMA2020 data indicating a mCPR of 60.7%. in this reporting quarter, NCPD with support from UNFPA, planned to engage a consultant to document FP2020 achievements, lessons learnt and best practices. The FP2020 focal points recommended the formation of a task force to guide the process. Afya Halisi is part of the task force that was set up to steer this process. In the quarter under review, the project participated in a number of meetings to plan for the documentation, including reviewing the consultancy terms of reference.

Lessons Learned

The following were the lessons learnt during the reporting quarter;

- There is need to have regular consultative meetings with other WASH partners to share best practices and agree on areas of synergy
- All community actors need to be involved for the success of post open defecation free activities. CHVs should lead the process supported by trained artisans.
- Periodic review meetings helps to identify gaps and find solutions to improve performance
- Majority of water points still don't collect revenue from water use, which once the source develops mechanical breakdown, makes repair work almost impossible.
- When the Ministry of Health staff take deliberate leadership on key activities such as supportive supervision and data quality audits, there are higher likelihoods that the gains made will be sustained longer.

III. ACTIVITY PROGRESS (QUANTITATIVE IMPACT)

This section has been included as an attachment.

IV. CONSTRAINTS AND OPPORTUNITIES

HCWs strike: During the reporting quarter, HCWs in **Kisumu** and **Kitui counties** were on strike due to delay in payment of salaries. To ensure continuity in service provision, the project implemented the following measures; in **Kisumu County**, through communication from the County Director of Health, Afya Halisi HRH contracted staff were redeployed to support JOOTRH and faith based facilities, which experienced an upsurge of clients due to the strike. Afya Halisi allocated mentors in the private sector sites to support and provide quality checks on service provision. The Project contracted HRIOs (HRH) roved to provide support in data management in the private health facilities to ensure timely, complete and accurate reporting. The Project supported a supportive supervision visit for both the CHMT and SCHMTs to the private and faith based health facilities. The Project also formed a private and faith based WhatsApp group to ease referrals. The government ambulances were on standby to refer patients across various health facilities.

Reimbursement of NHIF funds: There still exists challenges in reimbursement of NHIF funds as some health facilities get a lower rate of reimbursement which poses a great financial challenge to the mothers as they have to top up to access delivery services. The Project is addressing the challenge through advocacy to NHIF to have optimal re-imbursement for quality and continued care.

Inadequate reporting tools: During the reporting period, shortage of MOH reporting tools was experienced in some of the project supported health facilities. The Project supported with photocopying and distribution of the relevant tools to the health facilities. The revision of the FP/RMNCAH and nutrition reporting tools at national level has been finalized and printing of the tools is in progress. This is expected to address the current shortage of the reporting tools.

Commodity stock-outs: During the reporting quarter, the focus counties experienced challenges with commodity stock outs. There was a national stock out of DMPA and implants 1-rod at KEMSA, and this was being addressed at KEMSA level by the Department of Reproductive Health. In Migori County, the Project supported redistribution of Implanon NXT from Rongo Sub county that had excess stock to the other sub counties in the county. In addition, during the reporting quarter, Migori County experienced a stock out of solo shots for immunization. The Project advocated the county to expedite the procurement process.

No formal community health structure in Kitui County: There is no formal community health structure in Kitui although the county has allowed the Project to work with identified community health resource persons to offer community services. Afya Halisi will institute an advocacy initiative in Kitui to re-establish a community health structure in year 3. In an effort to build local capacities, the Project has identified Anglican Development Services Eastern (ADSE), a local implementing partner to support community health demand creation and service delivery activities in year 3 in the county.

V. PERFORMANCE MONITORING

Strengthening capacity of MOH systems, structures and personnel on data collection and use

Onsite mentorships on reporting tools

In **Kakamega,** based on the previous DQA and data review meeting action points, the Project supported the sub county MOH teams to conduct onsite mentorship sessions in all health facilities in Matungu sub county and at Kakamega County General and Teaching Referral Hospital (KCGTRH). The mentorships involved taking the HCWs through the registers and reporting tools to strengthen their capacity on use of the tools. A total of 35 HCWs (20 female, 15 male) were reached.

In **Kitui,** the Project sensitized the sub county HRIOs and facility HRIOs on how to verify and validate monthly facility MOH reports to ensure timely and complete reporting. The support targeted Mwingi Central, Mwingi North and Mwingi West sub counties given that they had challenges with timely and complete reporting in Kenya Health Information System (KHIS) during the reporting period.

In **Migori,** the Project supported onsite mentorships to HCWs on FP/RMNCAH and nutrition reporting tools in targeted health facilities. The support was aimed at improving HCWs' understanding of indicator definitions and data capture in both register and reporting tools. A total of 58 HCWs (35 female, 23 male) in 29 health facilities were reached in the county during the reporting quarter. The main emphasis during the onsite mentorships was completeness of the registers and reporting tools and use of data for decision making.

SCHRIO conducting mentorship at Oruba Dispensary in Migori

Orientation of sub county HRIOs on data management

In **Migori** county, the Project collaborated with the county MOH team to orient 30 HRIOs (12 female, 18 male) on data management and information sharing. As a way forward, the HRIOs deliberated on the data quality situation in the county, reviewed challenges faced and developed action plans to address data quality issues in the county.

Validation and correction of data discrepancies in Kenya Health Information System

During the quarter under review, the Project worked with the sub county HRIOs to strengthen reporting of data in the Kenya Health Information System (KHIS) in all the focus counties. The Project conducted validation of the monthly MOH reports and followed up with the sub county HRIOs and facility in charges to correct identified outliers, discrepancies and missing entries. The Project put more efforts to follow up on the reporting rates in Kisumu and Kitui counties given that the HCWs were on strike during the reporting quarter.

Improving data quality

Quarterly data quality assessments

In **Kakamega,** the Project supported implementation of routine DQA on FP/RMNCAH and nutrition indicators in Khwisero sub county for 12 health facilities. The aim of the assessment was to verify the quality of data reported and provide onsite mentorship to HCWs on identified gaps in documentation. Some of the findings included; data discrepancies due to either under- or over-reporting especially on family planning indicators and poor filling and storage of registers and reports in some facilities. The challenges highlighted were attributed to staff shortage, numerous competing tasks and burn out experienced by HCWs. The HCWs were provided onsite mentorships on correct use and reporting of the family planning indicators during the assessment.

In **Kisumu,** during the reporting period, the Project supported integrated data quality assessment (DQA) in Nyakach sub-county to ascertain the quality of reported data on postnatal care, AYSRH and immunization services. The assessment which was conducted by a team comprising of the SCHMT members and HMIS mentors reached a total of 11 health facilities. The facilities were supported to develop data quality improvement plans to address identified data quality gaps. Some of the gaps that were immediately addressed included lack of data management SOPs which were provided to the health facilities and dissemination done. Figure 18 below shows some of the findings of the DQA assessment.

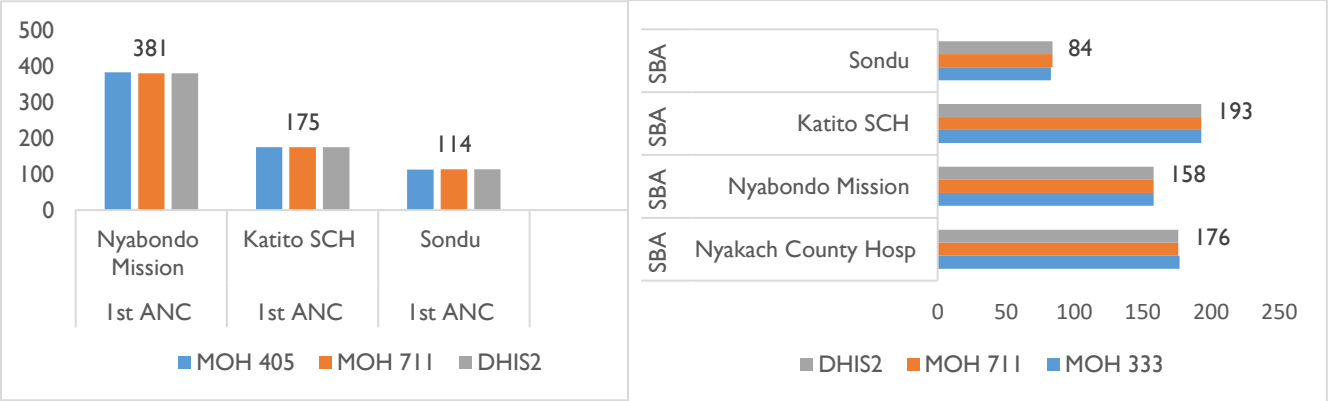


Figure 18. Findings of DQA assessment in Nyakach sub-county, April to June 2019

In **Kitui,** the Project worked jointly with the Kitui Central SCHMT to conduct data quality audit in private health facilities on the following indicators; skilled birth attendance, diarrhea cases in under five children, adolescents presenting with pregnancy (10-19 years) and postnatal care for babies. The assessment noted that the facilities had over reported on adolescents presenting with pregnancies (15-19 years), over 80% data accuracy on diarrhea cases in under five children, and absence of data management SOPs and reporting guidelines. The health facilities were guided on development of data quality improvement plans and the SCHMT will make follow ups to ensure implementation of the agreed actions.

In **Migori**, during the reporting period, the Project worked with the sub county HMT members to conduct routine DQA in 80 health facilities in the county for the period of April to June 2019. The objectives of the assessment included; assess quality of reported RMNCAH data for select indicators, undertake a system assessment by checking if all elements are in place to ensure quality data and to identify corrective measures and develop action plans for strengthening the data management and reporting system, and improving data quality. The assessment noted that health facilities in the county were using RMNCAH scorecard for advocacy and performance reviews. At the sub county level, it was observed that QGIS maps were used to inform interventions on various programmatic areas. To prevent missed opportunities for ANC clients, facilities adopted color coding in ANC registers at all visits. Data quality improvement plan (DQIP) were being used in some facilities to follow up on the gaps noted in previous DQAs.

Strengthening data use for decision making

Sub-county quarterly data review meetings

In **Kakamega,** during the reporting period, the Project supported data review meetings in Matungu and Navakholo sub counties. The sub-county data review meetings provided a platform for stakeholders to review performance and plan effectively. Of major concern at the Navakholo Sub county data review meeting was the rising number of maternal and perinatal deaths due to delayed referral process by the ambulance department. To address the issue, it agreed that there was need to fast track the establishment of an operating theatre at Navakholo Sub county Hospital. In the Matungu Sub county data review meeting, the key concern was performance for postnatal care services which was low for some health facilities and this was attributed to lack of proper understanding of the indicator by the HCWs. The SCHRIO clarified that HCWs should use the indicator definition as provided in HMIS/KHIS reporting guide.

In **Kisumu,** during the quarter under review, the Project supported MOH to conduct data review meetings in all the six supported sub counties in the county in order to enhance use of data for decision making. The review meetings were attended by 264 HCWs (169 female, 95 male) drawn from 128 private and public health facilities.

The Project also provided technical assistance to the SCHRIOs to generate KHIS based RMNCAH scorecards which were presented and discussed during the review meetings. This was building on the training provided to the SCHRIOs on RMNCAH scorecard generation and use in year 1 through the Project's support. During the review meetings, emphasis was made on proper documentation, strengthening of facility level DQAs and data reviews to improve data reliability, especially in health facilities that had red scores in majority of the RMNCAH indicators. In order to improve service delivery and accelerate performance of indicators, facilities were urged to deliberately engage and reach adolescents and youth, intensify in-reaches and outreaches, trace all unvaccinated and under vaccinated children from the permanent register and ensure that all are immunized to improve coverage on fully immunized children, and motivate CHVs to promote facility and community linkages, and effective referrals.

Muhoroni SCHRIO during sub county data review meeting

In **Migori**, the Project collaborated with county MOH team, Afya Ziwani, UNHPA, WHO and Afya Ugavi to conduct the county annual review for the year 2017/2018. The objectives of the meeting were to review the implementation status of the action plan developed in the last FY 2017/2018, review the annual performance of key indicators, understand level of support from implementing partners, and identify and reward best performing sub counties. Table 14 below shows a comparison of the county's performance on key FP/RMNCAH indicators during FY 2017/2018 and FY 2018/19 periods.

Table 14. Comparison of Migori county performance on key FP/RMNCAH indicators in FY 2017/2018 and FY 2018/19.

No	Indicators	FY 2017/2018	FY 2018/2019
1	Adult viral load	91%	94%
2	Paedriatic cascade	75%	80%
3	IPT 1	66%	70%
4	1PTT 2	53%	66%
5	LLITNs to under 1	69%	85%
6	LLITNs to the pregnant women	76%	85%
7	FIC coverage	64%	85%
8	Cervical cancer screening	11%	12%
9	1st ANC	81%	87%

No	Indicators	FY 2017/2018	FY 2018/2019
10	4Th ANC	35%	55%
11	Skilled deliveries	58%	78%
12	% of adolescent pregnancies	33%	26%
13	FP coverage	51%	59%
14	Latrine coverage	58%	60%
15	Households with hand washing facilities	78%	59%
16	ODF Coverage	36%	63%
17	MOH 711 Reporting rate	98%	100%
18	Maternal deaths	18	37

In addition, the Project supported Uriri and Nyatike sub counties as well as Migori county referral hospital to conduct data review meetings. The sub county level performance reviews using QGIS maps and scorecards were conducted during the data review meetings.

In addition, the Project supported the Medical Services Management Team in **Migori County** to conduct a baseline assessment for level four facilities. The process entailed adaptation of the baseline assessment tool and programming on Kobo collect for paperless and real time data collection. A total of 12 Health facilities were assessed during the period including 5 private facilities. Key priorities from the baseline assessment included the need to strengthen private health facilities regulation including updating the licensure status of HCWs in private health facilities.

Learning agenda

Writing workshop for manuscripts: During the reporting quarter, Afya Halisi convened a writing workshop to draft some potential manuscripts for publications. The workshop was facilitated by Dr. Mark Kabue who was a Senior MER Advisor based at Baltimore. The writing team was comprised of the technical leads who had identified areas for publications based on the assessments that the project had undertaken, which included Kitui baseline assessment, gender analysis, facility health assessment, and FP formal learning agenda on contraceptive discontinuation. A total of 8 papers were drafted and potential journals identified. In the coming quarter the team will continue developing the papers with an aim of publishing a minimum of five papers in Y3.

Progress on the formal learning agenda

1. **Family Planning: Contraceptive discontinuation**

As part of the ongoing learning agenda on contraceptive discontinuation, client exit interviews were conducted with family planning clients in Kitui and Migori to assess the quality of services provided. A total of 568 women who had taken up a contraceptive method were interviewed with a team of research assistants to establish their experience with the FP services that had been offered. The results which have since been disseminated to the county teams indicated glaring on the quality of FP services offered. The assessment revealed that only six out of ten women were informed on how the method works; only 47% were informed of the potential side effects, out of which 77% were informed of what to do when they experience side effects. During the dissemination meetings, the providers cited high client load as the main reason why quality counseling is not offered at the facility. On further discussion, it was apparent that the providers lacked a tool that talks about potential side effect for the contraceptive method. In the next quarter Afya Halisi will develop a tool that will act a job aid to support the provider with counseling especially on side effects, which has been cited as the main driver for contraceptive discontinuation.

The team also engaged the DRMH leadership on the learning agenda and it was agreed that during the next TWG, Afya Halisi will use the opportunity to disseminate the study findings.

In this quarter, the methodology manuscript for the FP learning agenda was published in the Reproductive Health Journal. The manuscript which was coauthored by the team of the investigators can be accessed here https://www.ncbi.nlm.nih.gov/pubmed/31488170.

2. **AYSRH: Combined approach towards improving utilization of AYSRH services**

The client exit interview with adolescents receiving SRH services were conducted in Kisumu and Kakamega Counties in the intervention facilities. A total of 370 boys and girls were interviewed. The key

findings were: one of four adolescents were seeking FP services; one out of four adolescents were seeking ANC services; 40% were seeking HIV testing and counseling services; and 20% were seeking curative services. Generally, the adolescents reported their experience with the service provider to be satisfactory, with almost nine out ten adolescents stating that they received youth friendly services.

During the reporting quarter, national and county level dissemination meetings on the baseline findings comprising of the formative assessment, household and client exit interviews, were conducted with key Government officials from Ministry of Health and Education. Following the meeting, a number of actions were proposed to kick start the implementation process of the learning agenda. These include, setting up a study coordination team, conducting grass-root dissemination, engaging national Ministry of Education for buy in, development of parents' toolkit on guidance and counseling.

During the reporting quarter, the coauthors drafted a methodology manuscript that was submitted to the Reproductive Health journal for publication.

VI. PROGRESS ON GENDER STRATEGY

During the reporting period, the Project continued to engage with the communities and gained insights into the utilization of community-level participatory approaches in assessing quality of services offered in health facilities. In the last six months of year 2, the project tested the use of community scorecards as a quality improvement mechanism. In addition, the project continued to hold small group sessions on the project thematic areas. These sessions aimed to create an environment within which opinion leaders and community members were able to critically reflect on the socio-cultural barriers to health access, harmful gender norms, and stimulate discussions on locally adaptable approaches to enhancing equity and empowering women and girls. The project will in year 3 continue to identify and engage with behavioral influencers in the target communities.

Gender integration in county QI efforts is critical for ownership and sustainability. The project engaged with several quality improvements focal persons across the four supported counties on the integration of gender service delivery standards into existing county and sub-county quality improvement mechanisms. In addition, in year 2, the project contributed to the development and/or review of the county SGBV policies in Kakamega, Migori and Kitui counties and the gender mainstreaming policy in Kisumu county, as part of efforts led by the County gender Departments in advocating for dedicated funding for gender interventions in county budgets for the different sectors. The project in collaboration with diverse stakeholders convened workshops to inform the development of gender transformative implementation strategies and messaging. Focus was placed on the development of a male engagement package and an inclusive package for persons with disability. Key messages and strategies for inclusion of PWDs were developed. The project will utilize these packages to roll out implementation of county context and age-appropriate gender transformative interventions.

VII. PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING

Afya Halisi, working with the Ministry of Health and focusing in the four focus counties of Kitui, Migori, Kakamega, and Kisumu, aims to deliver quality, integrated services in the areas of FP/RMNCAH, Nutrition, and WASH with the goal of reducing preventable maternal and neonatal deaths. The project will ensure that all environmental mitigation measures and conditions are implemented throughout the life of the award and that timely amendments are undertaken as needed with the relevant Bureau environmental officer approval in writing.

VIII. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

Table 15. Linkage with other mechanisms

Implementing partner	Area of collaboration
Afya Ziwani	Collaborated to conduct the county annual review for the year 2017/2018
CHAI	Revision of child health registers and reporting tools at national level
Jilinde	Collaborating in holding of commodity data review meeting for Migori County.
KMET	Planning and assessment meetings in order to include KMET as a local implementing partner in the Project
Lwala Community Alliance	Planning and assessment meetings in order to include Lwala Community Alliance as a local implementing partner in the Project
Tupime Kaunti	Writing of the MPDSR reports for Kakamega and Kisumu counties; consultative meetings during year 3 work plan development process, development of a joint approach for the implementation of MPDSR processes in Migori County.
HRH Kenya	Training on HRIS system in Kisumu.
AFP	Trained Afya Halisi technical staff on SMART advocacy approach
TCI	FP activities in Migori County, including during commodity data review meeting for Migori County.
CMMB	Support Kitui CHMT to hold a breakfast- meeting to discuss implementation status of iCCM. support to CHVs in Kitui South sub county with identification badges.
World Bank	Collaborated during sub-county data review / planning meetings and joint county level MPDSR meetings for Mwingi and Kitui Hospitals. Participated in the RHMNCH score card review meeting.
THS - World Bank	To provide step down training on the 2018 FP training curriculum; Afya Halisi conducted training for HCWs on use of portable ultrasound machines obtained by Kisumu county through support from World Bank; participated in a feedback meeting on a study commissioned by the World Bank on, "Economic Violence on Women" in Kitui.
Clinton Health (CHAI)	Training on REC and Supportive supervision in Kitui South Athi ward to strengthen immunization services.
KIWASH	Support for WASH stakeholders' meeting.
KMTC	Worked with Mwingi MTC to orient the college's staff and student leaders on sexual and reproductive health as well supported the college's students to form a Take Action Group with a slogan, "My Health, My Priority".
UNICEF	Revision of child health registers and reporting tools at national level

IX. PROGRESS ON LINKS WITH GOK AGENCIES

The project continued to engage the Ministries of Health and Water at the county and sub-county levels to carry out joint project implementation and leverage resources in activity implementation. The key achievements in the quarter under review included:

- **MoH:** Collaboration with the county and sub county MOH teams in implementation of health services in the focus counties.
- **Ministry of Water:** Collaboration with county government in areas dealing with spring water development, especially assessments and planned supervision of works.
- **Ministry of Education:** Mobilization of EYE centers for Vitamin A supplementation as well as supervision of the Malezi bora campaign as well as dissemination of AYSRH policy to Ministry of Education staff in Migori and Kitui counties.
- **KEMSA and MEDS**: KEMSA continued to avail essential MNH commodities to the counties based on the pull system as well as followed up on the national level stock out of DMPA and implants 1-rod, through the Department of Reproductive Health.
- **Ministry of Gender and Youth services:** collaborated during orientation on gender service delivery standards.
- **NHIF:** Strengthening NHIF, KCHIC and Linda mama enrollments.
- **Ministry of Youth (National Council):** Supported in mobilizing youth for dialogue sessions.
- **KMTC:** Worked with Mwingi MTC to orient the college's staff and student leaders on sexual and reproductive health as well as supported the college's students to form a Take Action Group with a slogan, "My Health, My Priority".

X. PROGRESS ON USAID FORWARD

During the reporting period, the Project conducted an assessment of four local implementing partners (LIPs) that are earmarked to work with the Project in year 3 in the focus counties to strengthen delivery of community level interventions.

Table 16 below shows the summary scope of work for the LIPs.

Table 16. Sub granted LIPs and summary scopes of work

	LIP	Scope of work
1	Anglican Development Services Eastern (ADSE)	Undertake community FP/RMNCAH and WASH work in 6 sub-counties in Kitui County. The LIP will implement community mobilization aimed at increasing positive health seeking behaviors.
2	Center for the Study of Adolescence (CSA)	Undertake AYSRH activities in the counties of Kisumu, Kakamega and Kitui.
3	Kisumu Medical Education Trust (KMET)	Undertake activities in Migori (Suna West, Kuria East, Kuria West, Nyatike) and Kakamega counties focused on increasing care seeking and health promoting behavior for FP/RMNCAH, nutrition, and WASH.
4	Lwala Community Alliance (LCA)	Undertake community FP/RMNCAH, nutrition, WASH work in 4 sub-counties in Migori County (Rongo, Uriri, Awendo and Suna East). Activities will be focused on increasing care seeking and health promoting behavior for FP/RMNCAH, nutrition, and WASH

XI. SUSTAINABILITY AND EXIT STRATEGY

In line with the Project's J2SR roadmap, Afya Halisi will increase community voices in the focus counties and empower them to demand for accountability and transparency by the government and other duty bearers in delivery of quality health services. The Project will strengthen stewardship at the county and national governments to deliver health services in a manner that fulfils the constitutional provisions related to health and operationalizes the Health Act, Number 21 of 2017. The guiding principle of engagement with both levels of government will be to co-create, co-plan, co-finance and co-implement health activities with the aim of propelling the country towards self-reliance by building capacity and commitment. The project will build the capacity of local implementing partners to amplify the voices of the communities to improve social accountability. The revitalized local implementing partners will work with communities to empower them to demand for quality services, pay attention to the role of gender as a cause of inequity, and identify modalities of reaching all vulnerable populations, including the youth, thereby improving equity. Afya Halisi will build the capacity of county governments to engage more meaningfully with the private sector for increased domestic resource mobilization. This inclusive approach will catalyze the process of expanding the available funding mechanisms to finance key health inputs, demanding transparency for the use of resources and improving social accountability to deepen the collective commitment of the county governments to deliver tangible progress for health.

XII. GLOBAL DEVELOPMENT ALLIANCE

Not Applicable

XIII. SUBSEQUENT QUARTER'S WORK PLAN

Table 17 below shows the project's subsequent quarter's work plan.

Table 17. Subsequent Quarter's Work plan

Planned Actions from Previous Quarter	Action Status this Quarter	Explanations for Deviation
Management activities		
On boarding of 4 LIPs to support community level activities	Development of sub award agreements for the LIPs to be done in Y3Q1	
Conduct a gender analysis and develop gender strategy	Complete	Findings used in Y3 work plan process
Quarterly Review Meetings with USAID	On course	Nil deviation
Staff changes to align to J2SR	On course	Nil deviation
Meetings with CHMTs to sensitize on J2SR	On course	Nil deviation
Sub-purpose 1: Increased availability and quality delivery of FP/RMNCAH, nutrition and WASH services		
Output 1.1.: Strengthened FP/RMNCAH, nutrition and WASH service delivery at health facilities, including referral from lower level facilities and communities.		
Family Planning		

Establishment of master trainers and mentors on LARCs	Complete	Nil deviation
Standardization training of mentors on LARCs	Complete	Nil deviation
Training of frontline HCWs on LARCs	Complete	Nil deviation
Whole site orientation of service providers on LARCs/PPFP/BCs/PIFP	Complete	Nil deviation
Conduct CMEs/Orientation of HCWs on LARCs in high volume sites	Done, a continuation from Q2 and Q3	Nil deviation
Mentorship of HCWs on LARCs	Completed in Q3, ongoing mentorship in each county	Nil deviation
Print and disseminate job aids and guidelines	Completed, job aids distributed to facilities.	Nil deviation
Strengthen inter-facility referral networks for FP in mission facilities	Done, a continuation from Q3	Nil deviation
Training of HCWs on PPFP	Done, a continuation from Q2 and Q3	Nil deviation
Conduct mentorship on PPFP	Done, continuation from Q2 and Q3	Nil deviation
Conduct whole site orientation on PPFP	Done, a continuation from Q2 and Q3	Nil deviation
Establish VSC teams at Sub-county level	Teams established in all counties, more strengthening in Kitui due to staff movement	Nil deviation
Training of 4 VSC providers per sub-county	VSC teams established at the county level	Nil deviation
Conduct mentorship of VSC providers	Done, during VSC camps in the four counties	Nil deviation
Conduct BTL/VSC In reaches in Level 3 and 2 facilities	Done, a continuation from Q2 and Q3	Nil deviation
Conduct training of HCWs on implant removal	Done, a continuation from Q3	Nil deviation
Conduct mentorship of HCWs implant removal	Done, a continuation from Q3	Nil deviation
Strengthen referrals and linkage for difficult implant removals	Done, a continuation from Q3	Nil deviation
Capacity building of HCWs on C4C and BCS+	Completed for all counties	Nil deviation
Sensitize HCP on FP compliance	All counties sensitized on FP compliance.	Nil deviation
Orient HCWs at the PIFP	Completed	Nil deviation
Strengthen integration at MCH and CCC/PSC with a focus on HIV, immunization and Child health	Completed, continuous support and follow-up needed	Nil deviation
Support FP stakeholder meetings and RH TWGs	2 TWG meetings supported, one each in Kakamega and Migori	Nil deviation – No TWG in Kisumu and Kitui due to prolonged HCWs strike
Conduct FP sub-committee TWG meetings	2 TWG meetings supported, one each in Kakamega and Migori	Nil deviation – No TWG in Kisumu and Kitui due to prolonged HCWs strike
Support supervision for FP&AYSRH	Supported one in each county as integrated support supervision	Nil deviation
Conduct client exit interviews and mystery client interview	Done – results disseminated in Migori and Kitui as part of learning agenda	Nil deviation
Procure and distribute non consumables for LARCs	Done for the RH camps and LARC/VSC outreaches	Nil deviation

Support FP camps and integrated outreaches in hard to reach areas	41 outreaches supported in Kitui in hard to reach areas and 18 in-reaches in Kakamega	Nil deviation
Train CHVs and CHAs on DMPA-SC	Not done, scale-up being coordinated at national level	Subject to national scale-up plan
Conduct advocacy meetings at the county on the scale-up of CBD DMPA-SC	Done for Kitui, county ready for national scale-up and mapped the focus areas.	Nil deviation
Provide CBD kits	Done	Nil deviation
Conduct support supervision for community-based distributors	Done in Kisumu, Kakamega, and Migori	Kitui CHS structures not established
AYSRH		
Primary Prevention Interventions		
Capacity building of health workers in AYSRH service delivery (SV Mgt, PBC, Life planning, male engagement)	Completed across all the Counties	Nil deviation
Hold targeted forums for Adolescents and Youth	Completed across all counties.	Nil deviation
Sensitize parents and guardians of adolescents on AYSRH	Completed across all counties.	Nil deviation
Conduct orientation sessions with community influencers (teachers, religious leaders, chiefs & custodian of culture	Completed across all counties.	Nil deviation
Conduct sensitization during PTA meetings	Completed across all counties.	Nil deviation
Hold community dialogue with key behavior influencers e.g. boda boda, cane cutters, gold miners, fisher fork practice of ong'ora migrant	Completed across all counties.	Nil deviation
Support teachers to provide health education talks for students focusing on AYSRH information and life skills/life planning	Completed, through the support of MOH School Health coordinators	Nil deviation
Form and facilitate clubs for out of school young adolescents and youth	Completed across all counties.	Nil deviation
Secondary Prevention Interventions		
Whole site sensitization on AYSRH, provider initiated PPFP ,VCAT and gender norms ,respectful care	Completed across all counties.	Nil deviation
Support youth focused outreaches and in-reaches addressing barriers to access	Completed across all counties.	Nil deviation
Support static mobile services	Completed across all counties.	Nil deviation
Sensitize influencers e.g. mothers-in-law(grandparents) as support networks for married adolescent' involvement in FP/AYSRH	Completed across all counties. (Integrated with Parental and caregiver forums)	Nil deviation
Establish young mothers clubs at facility level and community level	Ongoing Completed across all counties.	Nil deviation
Establish adolescent G-ANC (Cohort Booking)	Completed across all counties	Nil deviation
Linkage for Adolescent and Youth initiatives (AYI) to economic empowerment program	Completed across all counties	Nil deviation
Integrate AYSRH services in Youth spaces /institutions/facilities /CCCs	Completed across all counties	Nil deviation
System Level Interventions		
Establish and support formation of interagency coordinating committees at the county level	Completed	
Establish/ revitalize adolescent and youth TWGs at county level.(Committees	Completed- All the 4 Counties have activity AYSRH TWG.	Nil deviation

Support AYSRH stakeholder meetings. At the county and sub-county levels	Completed- All Counties held Stakeholders forums bring together all stakeholders.	Nil deviation
Train the Adolescents in Smart Advocacy	NOT DONE	This was to be supported by AFP project, but will be implemented in Yr. 3
Involve bloggers in passing AYSRH/FP messages to the Adolescents	Completed	Nil deviation
Create a network of Adolescents through county hotline groups a forum to ask questions on AYSRH/FP	NOT DONE	The Cost of hosting a toll free line, was beyond reach.
FP Compliance	Ongoing	Routine monitoring
Maternal and Newborn Health		
Kangaroo Mother Care Training	Done as a point of care orientation	Nil deviation
Respectful Maternity Care	Done as a point of care orientation	Nil deviation
Focus Antenatal Care	Done as a point of care orientation	Nil deviation
Essential Newborn Care	Done as a point of care orientation	Nil deviation
Infection Prevention and Control	Done as a point of care orientation	Nil deviation
Hemorrhage Ante/Post -Partum Hemorrhage	Done as a point of care orientation	Nil deviation
CME on Pregnancy care, Intrapartum Care, PNC, ENC, PPFP, FANC	Done as a point of care orientation	Nil deviation
MPDSR Quarterly County Meetings	Supported in the four counties	Nil deviation
Support Monthly Sub-County MPDSR Meetings	Supported in Migori and Kakamega. Kisumu and sub-counties	Not held in Kisumu and Kitui due to a prolonged HCWs strike
Support QI mentorship forums	Supported in the four counties	Nil deviation
Establish a collaborative of facilities in each sub-county	Collaboration established in Q2, continuous monitoring and learning	Nil deviation
Support cross-learning forums	Done in Q3 – supported county teams to present performance in national stock-taking forums	Nil deviation
Support external assessment on the quality of care at facilities	Done in Q2, results disseminated and actions being implemented	Nil deviation
Establish learning corners on newborn care: bi-monthly sessions on newborn resuscitation (HBB)	Ongoing	Nil deviation
Design a minimum package of support for the CoL	The standard package of care established for each level of support	Nil deviation
Support referral meetings at County level	Done in all counties	Nil deviation
Increase the number of EmONC ready facilities through routine monthly assessments.	The number increased to 157 from 135 in Q3	Nil deviation
Support county EmONC wave assessment	Done in all counties and results disseminated	Nil deviation
Establishment of EmONC Mentors	Complete, quarterly learning sessions held in each county	Nil deviation
Collaboration with other existing stakeholders	Ongoing collaborations in MPDSR, M&E with Tupime Kaunti and UNFPA	Nil deviation
Maternity Open Day incorporate RMC	Open days held in each county, based on community feedback on service provision	Nil deviation
Child health and Nutrition		
Support County Level Child Health TWG	Done	Nil of deviation

Support quarterly Integrated community case management (iCCM) for program monitoring and performance review	Done	Nil of deviation
Support IMNCI quality of care feedback meetings and a sensitization meeting for IMNCI mentors on provider behavior change.	Done	Nil of deviation
Low dose high frequency mentorships by MOH mentors (EPI and IMNCI) and Feedback meeting	Done	Nil of deviation
Conduct targeted data driven defaulter tracing and outreaches	Done	Nil of deviation
Conduct monthly BFCI review meetings	Done	Nil of deviation
BFCI mentorship	Done	Nil of deviation
BFCI self-assessment and supervision	Done	Nil of deviation
BFHI certification	Done	Nil of deviation
WASH		
Orientation of Health care (HC) managers as mentors on WASH in health care facilities and use of relevant WASH assessment tools	Done	Nil of deviation
Capacity building of local leaders, lead CHVs, opinion leaders and PHOs on WASH/ODF social norms	Done	Nil of deviation
Improved access to basic water services (Water source improvement) in Kakamega, Migori and Kitui	Done	Nil of deviation
Sanitation improvement in Health Care facilities	Done	Nil of deviation
Follow up on triggered villages	Done	Nil of deviation
Support WASH coordination forums/ TWG & Quarterly Review meeting	Done	Nil of deviation
Community health systems		
Training CHVs on Basic Module	Done	Nil of deviation
Orientation of CHC & lead CHVs on governance, coordination and resource mobilization	Done	Nil of deviation
Sensitization of CHAs & lead CHVs on facilitation of small group dialogues	Done	Nil of deviation
Monthly Review and Linkage meetings for CHVs and 3 CHC leaders (Chairman, Vice chair, Treasures)	Done	Nil of deviation
Quarterly support supervision for CHVs by CHAs	Done	Nil of deviation
Support County Community Health Systems TWG	Done	Nil of deviation
HSS		
Strengthen existing county and sub-county level TWGs to provide technical guidance	Not complete	Done in Kakamega and Migori, the UHC agenda dissemination in Kisumu made it to be postponed
Support monthly meetings for follow up on QIT activities in each county	Not done	Not QIT teams established at the facilities specifically for supply chain. They are integrated
Hold 1-day quarterly meeting with KEMSA and other IP on family planning	Not complete	Although this was done in Kakamega during the quarterly county commodity committee TWG.
Monthly monitoring of orders and deliveries	Done	

Holding meetings to review reports before submission to LMIS and DHIS2	Done	Supported by the iSCM in Kakamega and Kisumu through different partners
Form a county data quality improvement teams for all family planning LMIS elements	Not done	
Hold monthly meetings to check on quality of data and reports generated	Done	
Hold bi-annual data feedback to stakeholders on data quality of family planning commodities	Done	Except in Kitui due to logistical issues
Provide monthly airtime for data bundles to SC Pharmacists for uploading FCDRR for FP commodities	Not done	Not supported in Q4
Provide monthly information from NASCOP FP dashboard on commodity status to guide redistribution	Done	On monthly-basis
Provision of fuel for utility vehicle to redistribute family planning, vaccines, nutrition and MNH commodities on need basis	Not done	Redistribution was done on-need-basis
Quarterly support supervision and mentorship	Not complete	Carried out an integrated supportive supervision in Migori, for Kakamega and Kisumu, this was taken over by iSCM
Routine targeted TA to facility staff handling family planning commodities	Done	During targeted supportive supervision
Train CHVs on forecasting and quantification to implement community based distribution	Not done	The technical module was prioritized for them
Support quarterly CMTC meetings	Not complete	Supported only in Kakamega
Hold 1-day sub county trainings on medicines use and safety	Done	In Kisumu and Kakamega through a joint-support with AMPATH and Afya Ugavi
Mentorship on medicines use and safety	Not done	Champions identified and trained to do OJTs
Monthly tracking of orders and distribution pipeline	Done	
Bi-monthly dissemination of LMIS/KEMSA data for facilities	Not done	KEMSA LMIS not functional for FP/RMNH commodities since the integration of this into DHIS
Trainings / Support supervision / CMEs/ OJT	Done	
3-day trainings on pharmacovigilance	Not done	Supported by Afya Ugavi only
Integrated commodity supportive supervision	Done	
Advocacy for commodities	Not done	Trainings done later by AFP
Gender		
Develop and Print Gender Strategy & County Briefs	Gender integration action plans	Nil deviation
Instructional Design Workshop for Adaptation of Gender Curriculum	Workshops held to develop male engagement and PWD messages developed	Meeting not held in Migori due to competing county priorities
Pilot Gender Transformative Support Supervision Module	In Q4 QIT from 4 counties trained	Piloting of standards affected due to health workers strike in Kitui and Kisumu

Conduct Client Feedback Exit interviews & Checkpoint meetings	Community scorecard finalized for Masogo SCH and Eshinutsa	CSC was not rolled out in Kitui
Conduct training for one CBO	Nothing planned.	Not carried out due to a shift to J2SR
Conduct Mentorship & Supervision for CBOs	Not done	Nil deviation
Develop & Print teaching Aids for the CBO	Not done	Nil deviation
Capacity Building of County-Level Mentors in Gender Responsive & Quality Care	SCHMT for Muhoroni and Khwisero sensitized on CSC process	Nil
Sensitization of Male & Female Champions on Gender Norms	Not planned for in Q4 as a standalone gender activity	Nil
Capacity Building of SC/CHMT Leadership on Gender Equity	County QI teams trained on inclusion of gender service delivery standards in QA	Standards not piloted in Kisumu and Kitui due to the HCWs strike during the reporting period
Facilitate County Gender Department involvement in RH TWGs	Contributed to the domestication of the national SGBV policy in Kisumu.	On going
MEL		
Train SCHMT and CHMT on RMNCAH data management	Completed	Nil deviation
Support workshops for generation of County information products (Bulletins, Factsheets, scorecards)	To be done in Y3Q1	Not carried out due to a shift to J2SR
Train SCHMT and CHMT on QGIS and data for decision making (D4D)	Collaborated with Tupime Kaunti	Nil
Identify and develop HMIS mentors to mentor HCWs on registers and reporting tools	Ongoing	Nil deviation
Conduct quarterly county and sub county prioritization meeting (Score card, QGIS and dash board)	Ongoing	Nil deviation
Conduct quarterly data review meetings at sub-county levels.	Ongoing	Nil deviation
Strengthen use of KHIS and CBHIS	Ongoing	Nil deviation
Conduct quarterly CHV data review meetings	Ongoing	Nil deviation
Conduct biannual county data review meetings with stakeholders	To be done in Y3Q1	Not carried out due to a shift to J2SR
Conduct quarterly data quality assessments.	Ongoing	Nil deviation
Data corrections with SCHRIOs	Ongoing	Nil deviation
Strengthen capacity of MoH systems, structures and personnel on data collection and use	Ongoing	Nil deviation
Implementation of learning activities	Ongoing	Nil deviation
Provide airtime support to SC/HRIOs in project supported sub-counties for use in uploading data in DHIS2.	Ongoing	Nil deviation

XIV. FINANCIAL INFORMATION

Cash Flow Report and Financial Projections (Pipeline Expenditure Rate)

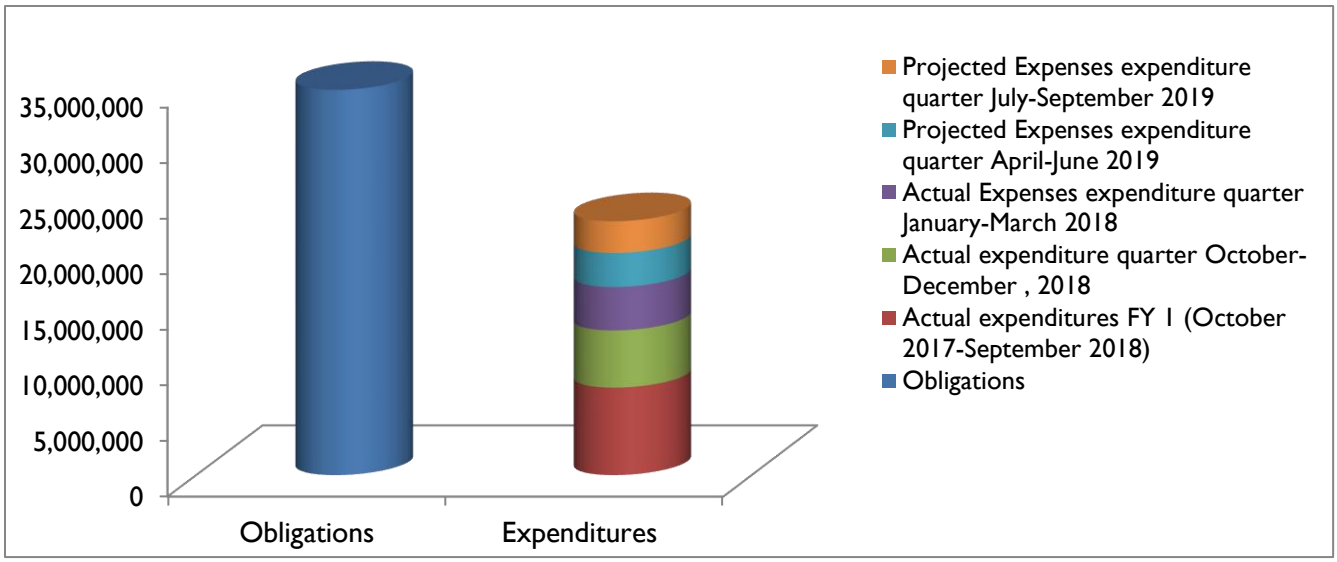


Figure 19. ***Obligations vs. Current and Projected Expenditures - $Millions***

Table 18. Budget Details

T.E.C:	**$66,336,770**		
Cumulative Obligations:	**$34,672,942**		
Cumulative Actual Expenditures:	**$22,895,440**		

	PY1	PY2			
Obligations	**Quarter 1-4 Actual Expenditures**	**1st Quarter Actual Expenditures**	**2nd Quarter Actual Expenditures**	**3rd Quarter Actual Expenditures**	**4th Quarter Actual Expenditures**
34,672,942	**7,932,124**	**5,166,744**	**3,898,332**	**3,052,755**	**2,845,484**
Personnel	*1,559,437.45*	604,098	796,107	516,043	426,145
Fringe Benefits	*568,319.30*	234,972	311,726	202,307	143,120
Travel	*1,448,259.55*	1,082,301	437,199	361,429	284,429
Equipment	*151,872.75*		271,788	-20,589	-5,942
Supplies	*418,254.9*	208,437	52,455	71,354	43,072
Contractual	*1,852,917.77*	2,072,125	1,280,365	1,407,980	1,321,883
Construction					
Other Direct Costs	*1,042,018.68*	484,348	354,144	209,993	356,605
Total Direct Costs	7,041,080	4,686,280	3,503,784	2,748,517	2,569,313
Total Indirect Costs	*891,043.38*	480,464	394,548	304,238	276,172
Total Estimated Costs	**7,932,124**	**5,166,744**	**3,898,332**	**3,052,755**	**2,845,484**

Table 19. Budget Notes

Salary and wages	Salaries and wages are in line with Jhpiego's Human Resource policies.
Fringe Benefits	Calculated as per Awards conditions and prevailing Jhpiego approved NICRA rates.
Travel	Travel costs are in relation to Project staff. Participant travel is generally charged to Programmatic Costs.
Equipment	Equipment costs relate to procurement of project vehicles, copiers and a generator, this will be procured fully by end of the third quarter
Contractual	The contractual are consistent with agreements signed with PSKenya and Save the Children
Other Direct Costs	Other direct costs include programmatic activities aligned to the detailed implementation plan and general office operating costs.
Total Indirect Costs	Calculated as per award conditions.
Total Estimated Cost	Total of all costs

XV. ACTIVITY ADMINISTRATION

The procurement of an additional five utility vehicles was completed and the vehicles arrived and two are stationed in Kitui county, 2 in Migori and 1 is serving the Kakamega and Kisumu counties. This has drastically cut the Project's expenditure on taxi hires.

During the reporting quarter, the Project started a process of engaging four local implementing partners that are earmarked to strengthen delivery of community level interventions in the focus counties in year 3 to 5. The LIPs include Anglican Development Services Eastern (ADSE), Center for the Study of Adolescence (CSA), Kisumu Medical Education Trust (KMET), and Lwala Community Alliance (LCA). The sub award agreements for the LIPs are expected to be approved in the next reporting quarter. The Project has planned to hold an inception meeting with the LIPs and also orient them on their scope of work, expected results and key deliverables before commencement of activity implementation in respective counties.

Personnel

The Afya Halisi COP, Ms Ruth Odhiambo, transitioned from the Project during the reporting quarter. Dr Gathari Ndirangu is the Acting COP for the Project. The Project's Finance and Administration Director also transitioned as part of the Project's restructuring efforts to align to its J2SR implementation framework. The position is now being managed by Jhpiego's Senior Finance and Administration Manager, Mr Duncan Kago.

Contract, Award or Cooperative Agreement Modifications and Amendments:

Modification number 2 of US$8,881,892.63 was done during the quarter under review.

XVI. INFORMATION FOR ANNUAL REPORTS ONLY

A. Budget Disaggregated by County

OBLIGATION	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER
Total: $	3,493,017	3,493,017	3,493,017	3,493,017
County #1: Kitui	1,000,115.96	1,000,115.96	1,000,115.96	1,000,115.96
County #2: _Kisumu	682,797.97	682,797.97	682,797.97	682,797.97
County #3: Kakamega	733,668.78	733,668.78	733,668.78	733,668.78
County #4: Migori	967,520.03	967,520.03	967,520.03	967,520.03
County #: _ National	108,913.97	108,913.97	108,913.97	108,913.97

Budget Disaggregated by Earmarks

OBLIGATION	Q1	Q2	Q3	Q4
Rule of Law and Human Rights				
Good Governance				
Political Competition and Consensus-Building				
Civil Society				
HIV/AIDS (USAID)				
Tuberculosis				
Malaria				
MCH Water	$225,383.11	$225,383.11	$225,383.11	$225,383.11
MCH Polio				
Other MCH	$1,045,421.94	$1,045,421.94	$1,045,421.94	$1,045,421.94
Family Planning and Reproductive Health	$2,032,004.54	$2,032,004.54	$2,032,004.54	$2,032,004.54
Water Supply and Sanitation				
Nutrition	$190,207.47	$190,207.47	$190,207.47	$190,207.47
Basic Education				
Agriculture				
Inclusive Financial Markets				
Policy Environment for Micro and Small Enterprises				
Strengthen Microenterprise Productivity				
GCC- Adaptation				

GCC- Clean Energy				
GCC- Sustainable Landscapes				
Biodiversity				

C. Sub-Awards

Partner	Sub-Awardee Name	Sub-Awardee Start Date	Sub-Awardee End Date	Sub-Awardee Amount	Date Last Audit Conducted	Names of Counties of Implementation
	PSK	1 January 2018	24 June 2022	$6,229,013		Kitui, Kisumu, Kakamega and Migori
	Save the Children	1 January 2018	30 Sept 2019	$4,855,931		Kitui, Kakamega and Migori

D. List of Deliverables

N/A

E. Summary of Non-USG Funding

Table 20 below identifies funding that is leveraged from non-USG sources during the reporting period.

Table 20. Summary of non-USG Funding Afya Halisi leveraged on

Project/Donor	Grant #	Technical Focus	County	Expenditures (USD) (1 Oct 2017 – 30 Sep 2019
Group ANC Bill & Melinda Gates Foundation	#121999	Study looking at a new model of antenatal care which will increase health of pregnant and recently delivered mothers and increase rates of SBA uptake of PPFP	Kisumu	673,699
The Challenge Initiative Gates Institute	#123709	Providing technical and financial support to selected counties to increase overall use of family planning	Migori	2,709,123
Advanced Family Planning Gates Institute	#113800	Working with county leaders and key stakeholders to conduct advocacy for increased support for family planning	Kakamega and Migori	1,790,671
Safe Surgery Medtronic	#124042	Development of a policy implementation framework for safe surgery, including C-sections at the county level.	Kisumu	143,859
Save The Children			Kakamega and Migori	96,856
Total				**5,414,207**

F. Type of Accounting System Used During Reporting Period

Jhpiego uses QuickBooks accounting software for capturing financial transactions and SAP for financial reporting.

XVII. GPS INFORMATION

Refer to attachment

XVIII. SUCCESS STORIES

Success story 1

Working 24/7 to scale up skilled delivery services and 4th ANC visits at Rabondo Dispensary: the Story of Mike Ondari, a Nurse at Rabondo Dispensary in Uriri Sub county in Migori County[2]

"Maternal health is a very sensitive indicator. All you need to look at is the county's maternal mortality rate. It is surrogate to whether the health system is functioning or not. If it works for women, it will work for men". This is a story that Mike Ondari knows too well. Mike is a registered Nurse/Midwife who was posted to Rabondo Dispensary in Uriri Sub county in Migori County in 2017. As a young nurse, he wanted to make a difference, create impact and most importantly save the lives of women and children. *"In September 2017, when I was posted to the dispensary, 4th ANC attendance was at 15% and skilled birth attendance was at 26%. The facility was struggling with non-functional community units, there was poor facility and community linkage and no team work at the health facility"* said Mike.

Mike knew very well the risks of women not completing 4 antenatal visits and delivery at home. He had first-hand experience of the complications that women who delivered at home encountered and even maternal deaths and the situation was not different in Rabondo village. He had an opportunity to change the course mid-stream and provide hope and joy to pregnant women in the village. However he could not do this alone. *"I saw an opportunity to touch the lives of pregnant women. Pregnant women want the best outcome of their pregnancies if given the right instructions. But I needed support from Uriri Sub county Health Management Team and even the community"*, he added.

Working with community leaders, and with the support of the Sub-county, Mike mobilized the community and held a chief's baraza to sensitize the community members on the availability of maternal health services. He regularly met with the health care workers and Community Health Volunteers (CHVs) to review performance of the health facility and develop quality improvement plan. Through Afya Halisi's support, Mike and two other staff at the facility underwent a training on Kenya Quality Model for Health (KQMH) *"When we started engaging the community, our maternal indicators started improving. The CHVs were referring women for ANC and skilled delivery services. I was happy because I had started seeing the results".*

However, that was not all. The health facility could not sustain the improved performance and this was a concern to Mike. At that point, Mike though of a new idea. *"From the Quality Improvement (QI) training, we were told the only way to improve and sustain performance was through the formation of a quality improvement team".* The facility QI team was tasked to come up with

[2] Acknowledging Mike Ondari for accepting to tell his story, Heryne Dok, Afya Halisi Sub County Coordinator in Migori, who compiled the story and Maxwell Muganda, Afya Halisi Senior Service Delivery Officer, Migori County, for reviewing the success story

changes ideas, one of which was to ensure 24 hours maternity coverage since the facility was missing out on pregnant women who went into labour at night. However, the facility's staff quarters were dilapidated and not habitable. Through close collaboration and advocacy with the local Member of County Assembly (MCA), the health facility was allocated funds for renovation of staff houses through the Ward Development Fund. Alongside other resources from the World Bank funded Results Based Financing (RBF) program, the health facility was able to complete the staff houses. Availability of 24 hours maternity services was good news, not just to Mike alone, but also to the community members as well. Afya Halisi supported the health facility to hold a maternity open day to inform the community members about availability of 24 hours maternity services. However, there was one challenge! Not all the staff were ready and willing to stay at the health facility. Mike's personal wish was to serve the community members to the full extent of his abilities. He opted to stay at the health facility to ensure non interruption of the 24 hours maternity services.

Passion, persistence and commitment has seen Mike improve maternal and newborn health indicators at Rabondo Dispensary. The 4th ANC visits have improved from 16% in January 2018 to over 120% in September 2019. He says that women in the community are satisfied and the facility even serves women outside its catchment area. Additionally, skilled delivery at Rabondo Dispensary has improved from 52% to in January 2018 to almost 100% in September 2019. "*How do you ensure that women come back to the health facility for services?",* Mike was asked in order to find out the secret of his success. Mike categorically responded without a second thought, "*Respectful care, both during ANC and maternity service provision".* Mike is one among many other industrious nurses scaling up maternal and newborn health service provision in Migori County to greater heights. In the recent reshuffles that were conducted by the county government, Mike Ondari was transferred from Rabondo Dispensary to Kegonga Sub-county Hospital.

Success story 2

Signs of Change for MPDSR, a case of Kisumu County Referral Hospital

Kisumu County is among the ten counties with the highest burden of maternal and perinatal mortalities. The county loses an average of 55 mothers and 647 babies in the first month of delivery every year due to pregnancy and birth related complications (KHIS, 2018/19). The county has committed to improve maternal and newborn health outcomes, and now aims to accelerate efforts in order to achieve the national target for ending preventable maternal and newborn deaths. A key focus health facility for the county in this acceleration process is the Kisumu County Referral Hospital.

Before implementation of MPDSR guidelines and institutionalization of MPDSR review meetings at the referral hospital, there was no systematic way of reviewing maternal and perinatal deaths in the health facility. However, this changed from 2016 when the HCWs at the referral hospital led by Dr Mitei, the Resident Gynecologist, put in place various interventions with support from Maternal Child Survival Program (MCSP) and later reinforced and institutionalized with support from Afya Halisi in 2018/19.

During the County MPDSR review meeting where Afya Halisi is a co-opted member, it was exciting to listen to Dr. Mitei strongly articulate the experience and gains made at the facility on MPDSR. *"The facility has a functional MPDSR committee constituted as per the guidelines and*

staff have been oriented on the guidelines, the committee makes recommendations based on MPDSR reviews, the MPDSR committee synthesizes the finding and recommendations, and gives feedback to the facility, sub-county and county teams, an action plan is developed and followed up to avert future occurrence, and QI teams focus on closing performance gaps at the referral hospital", Dr Mitei elaborately explained.

As a result of these interventions, the institutional maternal mortality ratio for Kisumu County Referral Hospital declined from 500/100,000 in 2016 to less than 10/100,000 in 2019. There were zero maternal deaths at the referral hospital in the last six months. The institutional neonatal mortality rate at the referral hospital also decreased, from 29/1,000 in 2016 to 12/1,000 in 2019.

Speaking to members of the County MPDSR committee, Dr Mitei noted with a broad smile, *"MPDSR reviews and follow up actions have brought positive change in attitude among healthcare workers at the hospital, with staff increasingly engaged and taking actions to prevent future deaths*. He added, "*When everyone is engaged with no bureaucracies, it's easier to make change happen*." Key to this change has been the creation of a "*no name, no blame approach, a corner stone of MPDSR process and critical for staff taking ownership of the process and sharing their insights and findings*".

Dr. Dickens Onyango, the Kisumu County Director of Health, remarked, "*Maternal mortality is often described as the "litmus" test of the health system and Kisumu County Referral Hospital is an example of successful implementation and institutionalization of MPDSR, thanks to continuous efforts by the facility's staff in sharing relevant information and ensuring regular audits and feedback are done"*.

''It's not about making someone responsible for something that happened, it is about understanding the reasons why that happened and why that can contribute to improving the hospital's performance for better health of mothers and babies", concluded Dr. Mitei.

Success story 3

Where there is a will…there is always a way: the case of Ikutha Sub county Hospital[3]

In Kenya, maternal mortality ratio remains high at 362 per 100,000 live births (KDHS, 2014). The maternal mortality ratio is higher in rural Kenya where only 32% of pregnant women deliver with a skilled birth attendant. According to KDHS 2014, Kitui County had a skilled birth attendance of 46%, which is below the national coverage at 62%.

Most pregnant women cite long distances to health facilities and financial constraints as the main contributors to low coverage of skilled birth attendance in the county. This is further complicated by lack of 24-hours maternity services, inadequate staff houses, lighting and staff. With the exception of areas where there are qualified private providers, it is difficult to have a skilled birth attendance in the county with the necessary equipment and supplies. To address these challenges, Afya Halisi collaborated with county MOH team to establish maternity shelters in targeted health facilities, including Ikutha Sub county Hospital.

[3] Success story was written and reviewed by Mary Muthengi, Zipporah Mureithi and Duncan Okubasu, Afya Halisi staff in Kitui County.

During a gaps analysis conducted at the hospital, the facility staff noted that the hospital is disadvantaged as most ANC clients came from far distances, up to 50 kilometers away. Thus, when labor occurred, it was a big challenge for mothers and their relatives to get means of transport, during the day and more difficult at night. This was further exacerbated by impassable roads during the rainy season. The clientele at Ikutha Sub Hospital are largely rural and only one *matatu* plies the route. Therefore, mothers end up delivering with assistance of traditional birth attendance (TBAs). In addition, most of the women leave below poverty line and private transport is not readily available, and even if it was readily available, the hiring cost are far beyond the women's reach. Additionally, most of the dispensaries in the rural areas are manned by one staff, making it a challenge to offer 24 hours' services.

Having understood the challenges facing the surrounding community, the hospital came up with strategies to expand skilled birth attendance in the county that included; introduction of maternity shelters for mothers who were coming from far distances, and adequate preparation for mothers during labour and delivery through maternity open days.

According to the hospital management, the hospital had capacity to admit more clients since most beds in maternity were idle. Additionally, the hospital had some food rations for inpatient clients that could be shared with maternity shelter mothers.

The hospital management and Afya Halisi worked together to develop a joint work plan with clear responsibilities to make the maternity shelters to work. The MOH team offered quality maternity services by listening to the mothers and applying their BEmONC skills. The MOH, Afya Halisi and CMMB collaborated to train Community Health Volunteers on the MNH technical module. Afya Halisi sensitized the CHVs on importance of facility delivery, respectful maternity care and their roles in mapping and referring mothers for hospital deliveries. Afya Halisi also provided technical assistance, talking walls, job aids, and equipment like delivery kits, emergency kits for PPH, PET and sepsis and standard operating procedures. Afya Halisi trained the facility staff on respectful maternal care in order to improve their skills and knowledge. In addition, the Project trained clinical staff at the health facility on BEmONC functions. The project also advocated for renovations of the available space. Afya Halisi also stepped in to provide curtains for privacy, chairs, and equipment and USAID provided equipment like resuscitaires, infant warmers, incubators, ambu bags, and ultrasound machines that have boosted variety of care.

As a result of the collaborative efforts between Afya Halisi, Ministry of Health and CMMB in implementation of the maternity shelters, skilled birth attendance at Ikutha Sub county Hospital increased from 261 in 2018 to 465 in 2019, a 78% increase. Out of these, 62 deliveries were direct results of the maternal shelters approach. The HCWs could therefore manage mothers with confidence and refer complicated labor cases on time hence avoiding the preventable maternal and neonatal deaths. Findings of a baseline assessment conducted by Afya Halisi in Kitui in 2018 showed that the skilled birth attendance coverage had increased to 78 percent. The increase was partly attributed to the strategic shifts implemented in targeted health facilities that included the maternity shelters. Overall, maternity shelters have proven to be a great strategy in increasing skilled birth attendance, and reducing maternal and neonatal deaths.

ANNEXES & ATTACHMENTS

Annex 1: Afya Halisi - From Commitment to Action: Framework for Action by Migori, Kisumu and Kakamega on Adolescents and Youth Sensitive Services

Activity 1.1.2. Strengthen adolescent and youth-friendly services at health facility

Afya Halisi recognizes that adolescent and youth issues extend beyond health to socio economic issues. Thus the Project deploys a multi sectoral approach that addresses quality SRH services, knowledge sharing and peer based learning, demand creation, social behavior change and linkages to socio economic opportunities. In year 2, through the Project's support, there has been an increase in the number of adolescents accessing modern contraceptive services, as well as increase in the number of pregnant adolescents identified and linked to ANC services as shown in Table 21 and 22 below. During the period under review, 5,995 adolescents (10-19yrs) presented with pregnancy and received ANC services in project supported health facilities. This brought the total 28,742 adolescents reached in year 2, an achievement of 76% against the annual target of 37,723. This number accounts for 26% of the total first ANC visits in year 2. A total of 5,746 adolescents accessed FP services during the reporting quarter, bringing the total reached in year 2 to 28,217, an achievement of 117% against the target of 24,189.

The results are attributed to the Project's support in strengthening adolescent responsive services, increased demand creation activities through leveraging on community health strategy and peer based approaches and learning, working with youth champions, targeted dialogue sessions and outreaches as well as enhanced referrals and linkages to SRH services for the target population.

Table 21. Adolescents (10-19 years) presenting with pregnancy – Y2Q1 – Y2Q4

County	PPR Target	Y2Q1	Y2Q2	Y2Q3	Y2Q4	Y2Q1-Y2Q4 achievement	% achievement
Kakamega	5,054	992	1,147	1,074	918	4,131	82%
Kisumu	10,622	2,080	1,588	1,824	1,407	6,899	65%
Kitui	9,382	1,844	1,931	1,893	1,206	6,874	73%
Migori	12,665	2,735	2,703	2,936	2,464	10,838	86%
Project	37,723	7,651	7,369	7,727	5,995	28,742	76%

Table 22. Adolescent 10-19 years receiving FP services – Y2Q1 – Y2Q4

County	PPR Target	Y2Q1	Y2Q2	Y2Q3	Y2Q4	Y2Q1-Y2Q4 achievement	% achievement
Kakamega	1,568	874	638	621	628	2,761	176%
Kisumu	5,855	3,048	1,350	1,440	932	6,770	116%
Kitui	3,365	1,280	812	839	590	3,521	105%
Migori	13,401	4,544	3,558	3,467	3,596	15,165	113%
Project	24,189	9,746	6,358	6,367	5,746	28,217	117%

The county specific primary and secondary preventions, and systems level activities were as detailed below.

Primary prevention interventions

The interventions undertaken aimed at preventing teen pregnancy and other negative health consequences, by building the social assets of the target population knowledge and skills in sexual reproductive health. The intervention undertaken during the reporting period included:

School Health Interventions

Kakamega County

Sexual and reproductive health outreaches in colleges: During the reporting quarter, the Project supported the Ministry of Health and local youth led organization, Kachwood productions, to conduct outreaches and sensitization forums focusing on the sexual and reproductive health challenges faced by college students. The sessions were held in Kakamega Medical Training College, Kakamega County Polytechnic and Matungu Vocational Training College. A total of 134 students received HTS services, 33 received FP services, while 7,200 male condoms were distributed to the students.

Sensitization of TVET tutors on sexual and reproductive health: During the reporting quarter, the Project supported sensitization of 25 tutors (13 female, 12 male) from 25 institutions of higher learning on adolescents and youth sexual health services. The training was aimed at strengthening institution based health services for the student population.

***Life skills and prevention information sessions*:** During the reporting period, the Project supported the Ministry of Health, led by Navakholo Sub County Reproductive Health Coordinator, to provide sexual and reproductive health prevention information to primary schools in Navakholo sub county. A total of 718 students (351 females, 367 male) were reached. The topics covered included risky behavior and the consequences of teenage pregnancy.

Kisumu County

Sensitization of TVET tutors on AYSRH and life skills: During the reporting quarter, the Project supported sensitization of 26 tutors (10 female, 16 male) from 26 institutions of higher learning on AYSRH and life skills. The training was aimed at strengthening institution based health services for the student population.

Sexual and reproductive health outreaches: During the implementation year, the Project supported sexual and reproductive health outreaches in Maseno University, Jaramogi Oginga Odinga University, Kenya Polytechnic, and Ramogi Institute of Advanced Technology. The following were reached with various services: 1,056 were tested for HIV, 131 were screened for sexually transmitted infections, 62,639 male condoms were distributed, 149 received contraceptive information and education, 319 female students were screened for cervical and breast cancer, and 163 were provided with contraceptive services.

Kitui County

Sensitization of teachers*:* The project supported sensitization of 55 teachers (34 female, 21 male) on age appropriate sexuality education and guidance and counselling of students. The teachers were selected from schools that had reported high teen pregnancy cases in Kitui county.

Sexual and reproductive health in institutions of higher learning*:* The Project supported orientation of 35 staff and student leaders (25 female, 10 male) from Mwingi Medical Training College on sexual and reproductive health. As a result of the training, the staff and student leaders reached 400 students (168 female, 232 male) at the college with information on sexual and reproductive health services.

Mwingi Medical Training College TAG (Take Action Group): Through the Project's support, Mwingi Medical Training College formed a group of students called TAG, made up of 28 students (21 female, 7 male) with a slogan of "*My Health, My Priority*" whose activities include reaching out to fellow students with comprehensive sexual information and distribution of male condoms.

Migori County

Consultative meeting between Ministry of Education and Ministry of Health: During the reporting quarter, the Project supported MOH school health focal persons in Migori County to reach 228 adolescents (120 female, 108 male) with adolescent health information. The Project also supported a consultative meeting between the Ministry of Education and Ministry of Health. The meeting discussed barriers to access of SRH services and drivers of teen pregnancy in the schools. The meeting identified lack of comprehensive sexuality information and education and inadequate understanding of policies guiding AYSRH service provision as challenges within the school set ups. The interventions implemented during the reporting quarter were aimed at addressing these challenges.

Dissemination of AYSRH policy to Ministry of Education staff: The Project supported a dissemination of the national guideline and policies on AYSRH to the county's Ministry of Education. The policies disseminated included Adolescent Policy 2015, AYSRH Guidelines of Service Provision 2016, AYSRH Policy Implementation Framework 2017-2021. The Project reached a total of 290 Ministry of Education staff (160 female, 130 male) in the eight sub-counties during the dissemination meetings.

Teen pregnancy baseline assessment in Uriri Sub county: The project supported the Ministry of Health and Ministry of Education to conduct a baseline assessment on prevalence of teen pregnancy in schools in Uriri sub County. A total of 67 schools were visited during the baseline assessment. of which 97 pupils aged 10-19 years were reported to be pregnant or had delivered. Among these, 42.3% were aged 10-14 years and 57.7% were aged 15-19 years.

Orientation of Guidance and Counselling teachers: During the reporting quarter, the Project supported orientation of 30 guidance and counselling teachers (M-13, F-17) in Uriri sub county. The sub county was targeted given that it had the highest teen pregnancy cases in Migori County. The training was aimed at strengthening the school health interventions and linkage to sexual and reproductive health services in the sub county.

Institutions of higher learning: The Project collaborated with Migori Teachers Training College to provide sexual and reproductive health services to the student population during the institution's health week. A total of 238 students (196 female, 42 male) were reached with information, out of which 74 students received various FP services.

Out of School Youths Interventions

Kakamega County

Targeted adolescent dialogue sessions: The Project supported the Ministry of Health to reach adolescents and youth in Kakamega county through targeted dialogue and in-reach sessions. The Project supported a total of 14 sessions were held in the following sub-counties, 5 in Matungu, 4 in Khwisero, and 5 in Navakholo. A total of 854 adolescents and youths (501 female, 353 male) were reached through the dialogue sessions during the reporting quarter, bringing the total reached in year 2 to 1,618 adolescents (889 female, 729 male) through structured dialogue sessions targeted at reducing risky behaviors among adolescents and increasing access to comprehensive sexual and reproductive health information and services,

Targeted Adolescents in-reaches: During the reporting quarter, the Project supported a total of 14 in-reaches in the county: 5 in Matungu, 4 in Khwisero and 5 in Navakholo. The in-reaches were held in health facilities that had low contraceptive uptake for adolescents and youth. A total of 224 adolescents received various contraception methods that included; implants - 121, DPMA - 61, Pills - 42 and 4,320 male condoms were distributed. In year 2, the Project reached a total of 411 adolescents in the county through in-reach sessions. Out of these, 221 received implants, DMPA – 107, 76 – pills and 7 received IUCD.

Mensural hygiene session for adolescent girls and young mothers: Building from the gender analysis that was conducted by the Project in year 1 and 2, menstruation period was identified as one of the challenges encountered by adolescent girls, the myths and misconceptions around the menstruation period, how adolescents handle themselves as well as access to sanitary towels. The Project collaborated with the Office of the First Lady Kakamega County and Miss Tourism Investment to conduct "My Body Rules" session on menstruation for adolescent girls in Matungu Sub county. The support reached 32 adolescent girls and young mothers who were also provided with a month's supply of the sanitary towels.

Young mothers club in Matungu Sub county Hospital

Kisumu County

Targeted adolescent dialogue session: During the reporting period, the Project supported the Ministry of Health to conduct four dialogue sessions in four major slums of Kisumu that included, Nyalenda, Obunga, Manyatta and Nyawita. The Project reached 328 adolescents and youths (180 female, 148 male) and 7,200 male condoms were distributed to the adolescents. The Project also collaborated with Jesus Celebration Center Redeemed Church to hold a dialogue session with church youth dubbed "Unveil Talk show". The session was attended by 72 youths (37 female, 35 male) and discussed sexual and gender based violence among the youth. In year 2, a total 2,568 adolescents and youths (1,588 female, 980 male) were reached and 43,200 male condoms distributed during the targeted dialogue sessions.

Targeted dialogue session at Nyalenda slum in Kisumu County

Targeted adolescent in-reach sessions: During the reporting quarter, the Project supported in-reaches in health facilities that reported high teen pregnancy cases. A total of seven in-reaches were held, reaching 161 adolescents (Implants - 99, Depo – 41, 21 – pills and 2,160 male condoms) with contraceptive methods. In year 2, a total of 421 adolescents were reached through the in-reached, out of which 261 received implants, COC – 51 and 8 received IUCD.

Targeted adolescent and youth FP session in urban and peri-urban slums: During the reporting period, the Project supported 8 outreach sessions reaching 283 adolescents and youth (Implants - 171, Depo- 70, pills - 42) and 7,200 male condoms were distributed. In year 2, a total of 1,050 adolescents and youth received family services during the outreaches. Out of these, 742 received implants, DPMA - 229, pills – 67 and 12 received IUCD.

Kitui County

Targeted adolescent sessions: The Project supported MOH to reach out to adolescents with comprehensive sexuality education, that was targeted towards enabling adolescents and young people to protect their health, well-being and dignity.

Youth camp: The Project in collaboration with the National Youth Council conducted a health camp, where 700 adolescents (306 female, 394 male) were reached with comprehensive sexuality education.

Youth focused dialogue sessions: In order to increase access to comprehensive SRH information and services among adolescents and youth, the Project worked with Ministry of Health and In Power, a local organization in Kitui, to reach adolescents and youth through targeted dialogue sessions. A total of 1,131 adolescents and youth (717 female, 414 male) were reached and linked to sexual and reproductive health services.

Migori County

Targeted adolescent dialogue sessions: The Project supported MOH to reach adolescents and youth in the county with comprehensive sexuality education, that was targeted towards enabling adolescents and young people to protect their health, well-being and dignity. A total of 332 adolescents and youths (179 female, 153 male) were reached through a symposium. In year 2, the Project reached a total of 5,218 adolescents (3,275 female and 1,943 male) through the targeted dialogue sessions.

Targeted service provision/outreaches for adolescents: During the reporting quarter, the Project supported outreach services in the county to address gaps identified in AYSRH immersion process. The gaps included long distance to the facility and fear of seeking services alongside adult patients. In year 2, a total of 1,058 adolescents were reached with services during the outreaches, out of which 634 received FP services, ANC-18, and 406 received HIV testing services.

Training of youth champions: One effective way of dealing with sexual and reproductive health challenges facing adolescents and youth is dialogue between equals. During the quarter under review, the Project supported a training of 20 youth champions (10 female, 10 male) on AYSRH and life planning.

Capacity strengthening of Community Health Volunteers on AYSRH and life planning

In **Kakamega,** the Project supported training of 74 CHVs on (47 female, 27 male) in AYSRH and life skills in year 2. In **Kisumu,** 50 CHVs (30 female, 20 male) were trained in AYSRH and life skills, and 30 CHVs (22 female, 8 male) were trained in **Kitui**. The trainings were aimed at equipping the CHVs' skills in provision of services to adolescents through demand creation activities and linkage to services.

Capacity strengthening of youth champions on AYSRH and life skills

In **Kakamega County**, the Project supported training of 57 youth champions (30 female, 27 male) to provide linkage and mobilization for sexual reproductive health services as well as community based distributors of condoms. In **Kisumu County,** a total of 80 youth champions (45 female, 35 male) were trained, and in **Kitui County**, the Project supported the training of 39 youth champions (22 female, 27 male).

Secondary Prevention Interventions

Adolescent and young mothers Clubs

Afya Halisi implements the young mothers' clubs to address the health needs of pregnant adolescents, adolescent mothers and their children. The clubs provide a platform for enhanced access to ANC, contraceptive and immunization services, and increase their birth preparedness.

In **Kakamega County,** during the quarter under review, the Project supported the Ministry of Health to conduct young mother's dialogue sessions, during which 15 young mothers' clubs consisting of 507 teen mothers were reached. This brought the total to 1,805 adolescent mothers, 889 pregnant and 916 lactating mothers, that were reached in year 2 in 15 young mothers' clubs in Matungu and Navakholo sub counties.

In **Kisumu County,** during the quarter under review, the Project supported the Ministry of Health to conduct young mother's dialogue sessions, during which 18 young mother's clubs consisting of

681 teen mothers were reached. This brought the total to 2,557 adolescent mothers, 1,149 pregnant and 1,408 lactating mothers, that were reached in year 2 in 21 young mothers' clubs.

In **Kitui County,** during the reporting quarter, the Project reached 82 young mothers in health facilities with high teen pregnancy cases, bringing the total reached in year 2 to 442 young mothers. Out of these, nine returned back to secondary school and 80 formed village lending and saving associations.

In **Migori County,** the Project reached 62 adolescent mothers during the quarter under review, bringing the total reached in year 2 to 1,229 adolescent mothers. Out of these, 389 received family planning services, ANC - 140, back to school - 213, immunization -58, and 75 adolescent mothers were linked to income generating activities through collaboration with Afya Ziwani's DREAMS project.

Facility Extended Hours

The findings of the AYSRH immersion process carried out by the Project showed that facility operation hours were inconvenient and inhibiting adolescents from accessing services. To address this gap, the Project engaged county and sub county MOH teams and targeted health facilities to provide extended service hours for adolescents and youths.

In **Kisumu County,** the Project supported Rabuor Sub county Hospital in Nyando Sub County to carry out weekend clinic services for adolescents. During the reporting quarter, two weekend clinics were held in the health facility, reaching 46 youth (33 female, 13 male) with various services. Out of these, 11 adolescents were reached with new ANC services, 14 with contraceptives, 21 with HIV testing services, and 720 male condoms were distributed.

In **Migori County,** the Project supported nine health facilities in five sub counties to provide AYSRH services during weekends, reaching a total of 410 adolescents and youth (277 female, 133 male) with sexual and reproductive health information and services. Out of these, 163 received family planning services, ANC-16, immunization-8, and 50 adolescents and youth were screened for sexually transmitted infections.

Socio Economic empowerment

In **Kakamega County**, the Project collaborated with Equity Group Foundation and Miss Tourism Investment Kenya, to empower young mothers through financial literacy training and practical income generation skills. A total of 32 young mothers from Matungu Sub county were trained on soap making by Miss Tourism Investment.

Soap making training session at Matungu Sub County Hospital

An additional 37 adolescents and youth from Navakholo Sub county were trained on financial literacy, through collaboration with Equity Groups Foundation, in order to build their capacity in group savings and loan disbursement and management.

In **Kisumu County,** the Project linked 8 youths to the Kenya Youth employment and Opportunities Program in year 2.

Community dialogue with key behavioral influencers

Dialogue with parents and caregivers: During the Adolescent Sexual and Reproductive Health learning agenda, human centered design and gender analysis carried out by the Project, the role of parents and care givers was identified as central in supporting adolescents and youth to reduce risk and delay their sexual debut. It was noted that sexuality education should begin at home, which is the first and basic unit of socialization.

In **Kakamega County,** during the reporting quarter, the Project supported two parental dialogue forums in health facilities that had high teen pregnancy cases. A total of 81 parents (61 female, 20 male) were reached in Matungu and Navakholo sub counties with information on AYSRH. This brought the total reached in year 2 to 208 parents and guardians (127 female, 81 male).

In **Kisumu County,** the Project reached a total of 259 parents (139 female, 120 male) in Muhoroni and Nyakach sub counties with information on AYSRH. In **Migori County, Pro**ject reached 145 parents (85 female, 60 male) from Kuria West, Nyatike and Uriri sub counties; and in Kitui County, the Project reached 171 parents and caregivers (136 female, 35 male) with information on AYSRH.

Dialogue with Boda Boda riders: Having been identified as one of the key groups contributing to teen pregnancies, the Project supported dialogue sessions with *boda boda* riders on prevention of teen pregnancy.

In **Kakamega County,** a total of 62 *boda boda* leaders and riders were reached during the dialogue sessions, with 14,400 male condoms being distributed in year 2 period. In **Kisumu County,** the Project reached 35 *boda boda* leaders, and in **Kitui County,** the Project supported dialogue sessions with 29 *boda boda* leaders on prevention of teen pregnancy. The Project also supported an opinion leaders consultative meeting on ending teen pregnancy in Kitui County, reaching 76 opinion leaders (46 female, 40 male).

System Level Interventions

During the reporting quarter, the Project supported interventions aimed at strengthening GOK structures and line ministries in delivering and coordinating adolescents and youth responsive services.

Kakamega County

***AYSRH TWG meetings*:** During the reporting quarter, the Project supported a multi-Sectoral TWG meeting for AYSRH in Kakamega County. The meeting agreed on the following action points: Afya Halisi to lead in development of quarterly briefs and fact sheets on status of AYSRH in the county as a key advocacy document; enhance data review at health facility level to ensure correct data capture for adolescents presenting with pregnancy; working with the Court Users Committee and County Legal Officers to strengthen the legal processes around teen pregnancy; support for socio economic empowerment opportunities including Technical and Vocational Education and Training (TVET), income generating activities (IGAs), Youth Fund, Kenya Youth Employment and Opportunities Project (KYEOP) etc.

Support for International Youth Day: The Project worked with the County Government of Kakamega in launching the Kakamega Youth Empowerment Center. The Project will support

integration of sexual and reproductive health in the center as well as support linkage of youth to available national and county government opportunities.

Kisumu County

***AYSRH TWG meeting*:** The project supported a multi sectoral meeting to address the issues of adolescents and youth. The meeting identified the following priorities: Advocacy for increased budget allocation for AYSRH interventions, development of quarterly briefs and fact sheets on status of adolescents and youth sexual reproductive health, mapping of all AYSRH implementing partners and area of coverage for effective leverage and partnership, enhanced support for socio-economic empowerment opportunities.

Migori County

AYSRH stock taking meeting: The project co-supported a stock taking meeting that brought together 35 participants (20 female, 15 male) from key stakeholders, line ministries and implementing partners in adolescent and youth. The meeting was a follow up action in relation to implementation of the county's Multi-Sectoral Plan of Action that aims to reduce teen pregnancies in Migori County.

***Stakeholders forum*:** During the reporting quarter, the Project supported the county to conduct a stakeholders forum whose objective was to review progress in implementation of AYSRH activities, identify AYSRH implementation gaps, and share learning sessions and AYSRH Monitoring and Evaluation Framework. A total of 40 implementing partner and government representatives (19 female, 21 male) participated in the meeting.

***School Health Package*:** Following identification of existing gaps in implementation of the School Health Package, the Project supported a multi sectoral team to develop a draft document to be used in strengthening school health programming in Migori County.

Kitui County

AYSRH Stakeholders forum: The Project supported a stakeholders' forum that brought together both state and non-state actors that support adolescents and youth programming in Kitui County. The forum, which was attended by 24 representatives (7 female, 17 male), evaluated progress made in service provision for adolescents and youths, gaps and challenges and how the different state and non-state actors can work together and leverage on each other for better impact in AYSRH service provision.

County AYSRH TWG meeting: The Project supported the county to hold a TWG meeting, which was attended by 14 members (7 female, 7 male). The TWG meets on a quarterly basis to discuss and formulate solutions to collectively address priority AYSRH policy and programmatic issues. The meeting also offered an opportunity for implementing partners to share progress in their AYSRH work and learning activities.

Dissemination of AYSRH policy and guidelines: The Project supported a dissemination meeting to the county Ministry of Health and Ministry of Education staff on the Sexual Reproductive Health Policy 2015, Adolescent and Youth Guidelines for Service Provision 2016 and AYSRH Policy Implementation Framework 2017-2011.

Annex 2: Schedule of Future Events

The scheduled activities for Quarter 1 of FY 2020 are included in Table 23 below.

Table 23. Schedule of upcoming events in Y3Q1.

Date	Location	Activity
October 2019	Focus counties	Inception meetings for sub granted LIPs
October 2019	Focus counties	Roll out of HPV Vaccine among girls aged 10 years
November 2019	Migori and Kakamega	Malezi bora campaign
November 2019	Focus counties	Development of Joint work plans
November 2019	Focus counties	Project staff retreat
1st December 2019	Focus counties	World AIDS Day