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USAID KENYA AFYA HALISI

QUARTERLY PROGRESS REPORT

PY4 Q1 (1 OCTOBER – 31 DECEMBER 2020)

Afya Halisi Chief of Party, Dr. Solomon Orero (Right) hands over Afya Halisi procured medical equipment to Kakamega County CEC-M Health Dr. Collins Matemba (second left) in Kakamega County.

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USAID KENYA AFYA HALISI PROJECT

FY 2021 Q1 PROGRESS REPORT

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ACRONYMS AND ABBREVIATIONS

ADSE	Anglican Development Services Eastern
ANC	Antenatal Care
AWP	Annual Work Plan
AYP	Adolescent and Young People
AYSRH	Adolescent and Youth Sexual and Reproductive Health
BEmONC	Basic Emergency Obstetric and Newborn Care
BFCI	Baby Friendly Community Initiative
BFHI	Baby-friendly Hospital Initiative
BTL	Bilateral Tubal Ligation
CBD	Community based distribution
CBHIS	Community Based Health Information System
CBO	Community Based Organization
CEC	County Executive Committee
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CH	Child Health
CHA	Community Health Assistant
CHC	Community Health Committee
CHEW	Community Health Extension Worker
CHMT	County Health Management Team
CHU	Community Health Unit
CHV	Community Health Volunteer
CLTS	Community led total sanitation
CME	Continuous medical education
COC	Combined Oral Contraceptive
CQI	Continuous Quality Improvement
CSA	Center for the Study of Adolescence
CSO	Civil Society Organization
CYP	Couple years of protection
DFH	Department of Family Health
DQAs	Data Quality Audits/Assessments
EBF	Exclusive Breastfeeding
EMMP	Environmental Mitigation and Monitoring Plan
EmONC	Emergency Obstetric and Newborn Care
EPI	Expanded Program on Immunization
ETAT	Emergency Triage Assessment and Treatment
FGM	Female Genital Mutilation
FIC	Fully Immunized Child
FP	Family Planning
G-ANC	Group Antenatal Care
GBV	Gender Based Violence
GMP	Growth Monitoring Promotion
GoK	Government of Kenya
HCP	Health Care Provider
HCW	Health Care Worker
HFs	Health facilities
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
iCCM	Integrated Community Case Management
IEC	Information Education and Communication
IFAS	Iron and folic acid supplementation
IGA	Income Generating Activity
iHRIS	Integrated Human Resource Information System
IMAM	Integrated Management of Acute Malnutrition
IMCI	Integrated Management of Childhood Illness
IPC	Infection prevention and control
IPV	Intimate partner violence Inactivated poliovirus vaccine
IUCD	Intrauterine contraceptive device
IYCF	Infant and young child feeding
J2SR	Journey to Self-Reliance
JOOTRH	Jaramogi Oginga Odinga Teaching and Referral Hospital
KCGTRH	Kakamega County Government Teaching and Referral Hospital
KDHS	Kenya Demographic and Health Survey
KHIS	Kenya Health Information System
KEMSA	Kenya Medical Supplies Authority
KMC	Kangaroo mother care
KMET	Kisumu Medical and Education Trust
KPA	Kenya Pediatric Association
KQMH	Kenya Quality Model for Health

LAPM	Long-acting and permanent method
LARC	Long-acting and reversible contraceptive
LCA	Lwala Community Alliance
LDHF	Low-dose high frequency
LIPs	Local implementing partners
LOA	Letter of agreement
M2MSG	Mother-to-Mother Support Group
MCA	Member of County Assembly
MCH	Maternal and child health
mCPR	Modern contraceptive prevalence rate
MEL	Monitoring, evaluation and learning
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
NHIF	National Hospital Insurance Fund
ODF	Open-defecation Free
OJT	On job training
OPV	Oral poliovirus vaccine
ORS	Oral rehydration salt
ORT	Oral rehydration therapy
OVC	Orphans and vulnerable children
PAFP	Postabortion family planning
PBCC	Provider based behavior change
PHO	Public Health Officer
PIFP	Provider-initiated family planning
PLGHA	Protecting Life in Global Health Assistance
PMP	Performance monitoring plan
PNC	Postnatal care
POP	Progesterone-only pill
PPFP	Postpartum family planning
PPH	Postpartum hemorrhage
PPIUCD	Postpartum intrauterine contraceptive device
PSK	Population Services Kenya
PWD	Persons living with disability
PY	Planning Year
QIT	Quality Improvement Team
REC	Reaching every child
RED	Reaching every district
RH	Reproductive Health
RMC	Respectful maternity care
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
RRI	Rapid response initiative
SBA	Skilled birth attendant or attendance
SBC	Social and behavior change
SCHMT	Sub-County Health Management Team
SDP	Service delivery point
SGBV	Sexual and gender based violence
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TA	Technical assistance
TBA	Traditional birth attendant
ToR	Terms of reference
TOT	Training of trainers
TWG	Technical working group
UHC	Universal health coverage
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
USG	United States Government
VAS	Vitamin A supplementation
VSC	Voluntary surgical contraception
VSLA	Village savings and loaning activities
WASH	Water, sanitation and hygiene
WHO	World Health Organization
WIT	Work Improvement Team
WRA	Women of reproductive age

I. AFYA HALISI EXECUTIVE SUMMARY

Qualitative Impact

The US Agency for International Development's (USAID) Afya County and National Support Program (Afya Halisi) is a project that is being implemented by Jhpiego as the lead partner from 2017. The local implementing partners include Anglican Development Services Eastern (ADSE), the Center for the Study of Adolescence (CSA), Kisumu Medical and Education Trust (KMET), Lwala Community Alliance (LCA) as well as PS Kenya. 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 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 PY4 Q1 (October 1 – December 31, 2020) period. The report also documents progress in implementation of the Health, Population and Nutrition (HPN) integrated work plan being implemented in Kakamega County.

During the reporting period, Afya Halisi provided support to 664 health facilities in 26 sub-counties across the four counties. More specifically, the Project provided support to 6 out of the 12 sub counties in Kakamega, 6 out of 7 sub-counties in Kisumu, 6 out of 8 sub-counties in Kitui and all the 8 sub-counties in Migori.

Progress on J2SR pillars

The Project continued to align its programmatic approaches, operations, and activity implementation to USAID's Policy Framework of Journey to Self-Reliance (J2SR) that Afya Halisi arranged into 5 pillars, with the goal of increasing national and county government's capacity and commitment towards self-reliance. During the reporting quarter, to enhance meaningful engagement with LIPs, the Project supported the LIPs in the close out process. The partners were provided with close out notices to transition from Afya Halisi by 5th December 2020. The LIPs were closely guided to develop realistic close out budgets and plans, which were monitored to ensure compliance. The partners completed agreed upon activities and disengaged with CBOs, vendors and other stakeholders amicably. Besides, the staff were provided with adequate notice before leaving the project. The partners appreciated the open process used during the close out process.

Afya Halisi had started engagement with the focus county governments on the process of development of the joint work plans for PY4 at the beginning of the reporting quarter. However, the Project had to disengage when it became apparent that it will not continue for the full award period. The Project continued to advocate for joint funding of activities with the focus on county governments in line with the spirit of J2SR. As at end of PY3 period, the counties had co-financed joint activities amounting to US$359,226.

To enhance institutionalization of social accountability across all levels, including at national level, the Project hosted national Ministry of Health officers from the Division of Community Health to learn from the project's implementation of the community scorecard. The experience from the visit is expected to inform development of national guidelines for implementation of the community scorecard. In addition, the Project also continued to engage 80 community facilitators drawn from 18 Community Based Organizations (CBOs) in Kakamega and Migori to roll out community scorecard in selected peripheral facilities. Out of

the 22 community scorecards completed during the Project's life, 18 were implemented in collaboration with the CBOs. Furthermore, community health committees in Kakamega and Migori counties were trained on social accountability and the budgeting process. In addition, the Project supported the training of Sub County MOH officers in Kitui County on community scorecard for effective oversight.

To address gaps in the health system building blocks, Afya Halisi continued to engage the county leaderships of Kisumu, Kitui and Migori to transition the HRH staff to the counties. However, due to various compounding factors, this has not been very successful. During the reporting quarter, the USAID Mission communicated to the county governments where HRH staff are being supported that the support would end by February 28, 2021. In addition, during the reporting quarter, Afya Halisi supported the County Government of Migori to plan for operationalization of the County Health Services Act to include creation of a platform and system within the county for smooth implementation of the Migori County Health Fund. The Project also worked with the County Government of Kitui to plan for the finalization and enactment of the Kitui County Health Services Bill which will be completed in the subsequent quarter. The Project also co-supported the County Government of Kisumu to finalize development of the county's Domestic Resource Mobilization Strategy and Roadmap. In the subsequent quarter, the Project will co-support the county resource mobilization team on writing of proposals for resource mobilization.

Program management activities

COVID-19 response

In PY4Q1, the Project focused on completion of the COVID-19 response activities at the national level and in the focus counties of Migori, Kisumu, Kitui as well as in Busia and Kajiado. In PY3Q3, USAID provided incremental funding of US$ 400,000 to Afya Halisi to support the Ministry of Health in implementing responsive actions to the COVID-19 pandemic at national level and in Migori, Busia and Kajiado counties. The Project further received an approval for the redirection of US$ 120,000 for COVID-19 activities for Kisumu and Kitui and a further US$ 12,511 for procurement of PPEs for Community Health Volunteers and Afya Halisi staff. In the subsequent quarter, the Project will focus on co-support for the costing of the Public Health Emergency Operations Center (PHEOC) national strategic plan as well as the printing and launch of the PHEOC national strategic plan and handbook.

In addition, Afya Halisi received funding of US$ 500,000 from USAID KEA to support in procurement and distribution of 200 ventilator stands, 200 uninterruptible power supply (UPS), consumables items, artificial lungs and testing equipment as part of response to the COVID-19 pandemic. During the quarter under review, the Afya Halisi supported in the distribution of the ventilators and stands, UPS as well as consumable items. The distribution of the ventilators commenced on November 1, 2020 during which the Deputy Governor of the County Government of Mombasa received the ventilators at the Governor's office. His Excellency Governor Hassan Joho joined the function virtually. The ventilators were subsequently delivered to Mombasa County Referral Hospital. In addition, Afya Halisi coordinated the delivery and hand over of the ventilators and consumables to health facilities in various counties in the country as shown in **Table 1** below.

Table 1. Distribution of USAID procured ventilators and consumables

	County	Health facility	Date of hand over
1	Narok	Narok County Referral Hospital	December 16, 2020
2	Bomet	Tenwek Mission Hospital	December 16, 2020
3	Nakuru	Nakuru Level 5 Hospital	December 17, 2020
4	Busia	Busia County Referral Hospital	December 17, 2020
5	Uasin Gishu	Moi Teaching and Referral Hospital (MTRH)	December 18, 2020
6	Kakamega	Kakamega County Government Teaching and Referral Hospital	December 18, 2020
7	Nairobi	Kenyatta National Hospital	December 21, 2020
8	Makueni	Makueni County Referral Hospital	December 21, 2020
9	Garissa	Garissa County Referral Hospital	December 21, 2020
10	Kisumu	Jaramogi Oginga Odinga Teaching and Referral Hospital	December 22, 2020
11	Kajiado	Kajiado County Referral Hospital	December 23, 2020

The ventilators were handed over to the county health leaderships by USAID and will be used in the fight against COVID-19 service in the respective counties. Two ventilators meant for Kenyatta National Hospital were found to be faulty and were returned to the vendor for replacement. In addition, all consumables that were being procured by Jhpiego through Afya Halisi had been procured except for Disposable Ventilator Circuit for adults and Disposable Ventilator Circuit for infants which were expected to be delivered in January 2021. In the subsequent quarter, the Project will focus on follow up visits to the beneficiary health facilities to ensure continued use of the ventilators and consumables.

Weekly AMT meetings with USAID

The Project continued to hold weekly virtual meetings with USAID Activity Management Team (AMT) to review management updates; program achievements; progress on HPN integrated work plan and COVID-19 activities; finance updates; and receive updates and guidance. Afya Halisi also used the AMT meetings to update USAID on the project's close out process, co-implementation of COVID-19 activities and installation of operating theatre lamps which were provided by USAID to high volume health facilities in the focus counties.

Close out activities

During the reporting quarter, USAID formally communicated to Afya Halisi as well as the leaderships of national Ministry of Health and focus county governments on the Project's transition effective end of April 2021. USAID expressed gratitude for working together with the health leaderships at county and national levels and looked forward to continue its partnership and collaboration with the national and county governments through upcoming projects and avenues to support the well-being of the people of Kenya.

As part of the transition process, the Project issued termination letters to the four implementing partners which were effective December 5, 2020. The LIPs included Anglican Development Services Eastern (ADSE), Centre for the Study of Adolescence (CSA), Kisumu Medical Education Trust (KMET) and Lwala Community Alliance (LCA). The LIPs along with the staff transitioned effective this date.

In addition, the Project issued redundancy notification letters to all Project staff, that included Jhpiego staff. Out of the 72 Project staff, 45 transitioned at the end of December 2020. Out of the 27 Project staff that remained, seven (7) will transition at the end of January 2021, 13 in February 2021, two (2) in March 2021 and five (5) at the end of April 2021. These remaining staff will support in implementation of the close out activities in January to April 2021.

Afya Halisi also issued notices for vacation of office leases in Kisumu and Kitui effective January 5 2021, which was extended to January 15, 2021. The Project's offices in Kakamega and Migori are co-located in MOH offices and, therefore, there was no need for issuance of notices. In addition, Afya Halisi made arrangements for the remaining Project staff in Kisumu to co-locate at Jaramogi Oginga Odinga Teaching

and Referral Hospital and the remaining Project staff in Kitui to co-locate at the Kitui CHMT offices. The Kakamega staff will continue to co-locate at the MOH offices in Kakamega while the Migori staff will co-locate at Migori County Referral Hospital.

In the subsequent quarter, the Project will develop a close out plan and disposition plan that will be submitted to USAID by January 29, 2021. In addition, the Project will develop an End of Project draft report that will be submitted to USAID by end of March, 2021 and the final report will be submitted by end of June 2021.

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

During the quarter under review, 95,442 CYPs were achieved in the four focus counties. This performance was below a quarterly average of 121,000 CYPs attained in the preceding four quarters. The under-achievement was due to health service disruption by the countrywide healthcare workers' strike during the reporting period. During the reporting quarter, 97% of the 664 project sites provided FP counseling and services. The 23 health facilities not providing FP services are mostly affiliates of the Catholic-sponsored health programs. However, they remain strategic facilities based on the continued provision of other essential maternal child health services.

The Project supported 2,998 community health workers (CHWs) to provide FP information, counseling and services at the community level, achieving 136% against the annual target of 2,200. The Project's expansion to 55 additional community units in Lurambi and Butere sub-counties in Kakamega County and Kitui County's increase in CHVs per CU to 10 contributed to the over-achievement. CHVs provided information on healthy timing and spacing of pregnancies during household visits, community forums and one-on-one engagements. They referred community members for FP services in the nearest health facility. There was no increase in the number of CUs involved in community-based distribution (CBD), and CHVs in the 54 CUs continued distributing FP commodities at the community level. The engagement of local implementing partners since the beginning of PY3 increased prominence in community-level activities in the four focus counties.

Stock out of contraceptive commodities remains a challenge stemming from national supply chain systems. At the time of reporting, more than three-quarters of the facilities had experienced some stock out of the main contraceptive methods. County-level delays in purchasing and distribution of essential commodities remain the main reason for the continued high levels of commodity stock-out. At the national level, there has been a lag in the bulk orders for essential supplies. While the country has enough stocks of short term methods to last the country more than two years, a national stock-out of long-term contraceptive methods has been a constant feature.

During the reporting quarter, the Project supported 139 health facilities to provide appropriate emergency obstetric and neonatal care (EmONC) services in the four counties. This reflects an achievement of 84% against the annual target of 165. Out of these, 114 health facilities had capacity to provide seven signal functions for BEmONC and 25 health facilities had capacity to provide nine signal functions for CEmONC. During the quarter, there was a change in the number of comprehensive CEmONC facilities in Kitui when the county upgraded Tseikuru Sub County Hospital to a CEmONC facility. The Project continued to advocate with county governments to establish CEmONC functions in three other EmONC facilities, one in Mwingi West in Kitui and two in Migori County. As part of enhancing service provider skills, the Project supported the national MOH to develop an EmONC mentorship package during the reporting period. As a way of mitigating against the constant disruptions in public healthcare service delivery by healthcare workers' industrial actions, the Project has worked closely with private health facilities, supporting them with staffing, equipment, EmONC demonstration kits and on-site mentorship.

During reporting period, 15,193 pregnant women had their fourth ANC visits in the four focus counties. In Kakamega, 3,731 women had their 4th ANC visits; Migori had 5,561 4th ANC visits; Kisumu with 4,074, while Kitui had 1,827. At the Project level, coverage for 4 ANC visits was at 51%, with Kisumu, Migori and Kakamega reporting above 50% coverage. In Kitui, 4 ANC coverage was 31%. This performance was below the previous quarter, mostly affected by the nationwide healthcare workers' strike. A total of 21,814 births were attended to by skilled healthcare attendants in project supported health facilities in the four focus counties. Migori had the highest number, with 8,467 births, while Kitui had 2,887 births. Kisumu and Kakamega reported 5,893 and 4,567 births respectively. Coverage for skilled birth attendance at the project level was 74 percent, with Kisumu having the highest percentage of skilled birth attendance coverage at 87%. Migori had a skilled birth attendance coverage of 80%, and Kitui reported 55% coverage. This overachievement shows a consistent continuation of sustained efforts by the Project in contributing to the skilled birth care in the four counties. Even with 55% skilled birth attendance coverage, Kitui has had marked improvement since the Project's inception.

During the reporting quarter, 18,206 newborns received immediate postnatal care services in the project supported health facilities. In the same period, there were 20,791 live births in the Project's supported sites. When measured against live births, 87% of live births were attended to in the first 48 hours. The difference is mainly attributed to misunderstanding of the indicator in the reporting tools, which has been addressed through the revised MOH reporting tools. In the reporting period, the Project worked with the county health departments to support the new patient registers' distribution following revision of the MOH reporting tools. All the focus counties, except Kakamega, had enough stocks of chlorhexidine gel in the reporting period, used for cord care. Past advocacy efforts have resulted in a consistent supply of this essential commodity.

During the reporting period, the Project reached 6,400 pregnant adolescents and linked them to ANC services. This represented an achievement of 21% against the annual target of 30,181. The shortfall in meeting the quarterly target in achievement of 25% is attributed to a slow-down in service delivery during the month of December occasioned by staff taking a holiday break and an industrial action by nurses beginning mid December 2020 which resulted in reduced accessibility to ANC services for adolescents. The Project's performance was also affected by the transition of local implementing partners in early December 2020 due to the Project's close out process.

During the period under review, 21,596 children under one year were fully immunized by 12 months of age in Afya Halisi supported counties representing an achievement of 22% against the FY21 target of 99,688. The total number of fully immunized children on a month by month basis during the quarter was 8,774, 8,787 and 4,035 in the months of October, November and December 2020 respectively. The drop in number of fully immunized children in December represents the unique challenges of an industrial action and holiday break witnessed in that particular month. In PY4 Q1, county level full immunization coverages were as follows; Kakamega County 72%, Kisumu County 80%, Kitui County 64% and Migori County 74%. As compared to FY20, there was a general decline in full immunization coverages in PY4 Q1.

The Project's focus on nutrition is in the counties of Migori and Kakamega. Afya Halisi reached 229,919 children under five years of age with nutrition specific interventions, an achievement of 102% against the PPR target of 225,361. The Project leveraged on the sustainability meetings for Vitamin A supplementation with CHAs and CHVs co-create and co-plan for implementation of Vitamin A supplementation at household level. The over-achievement was due to the Project's co-support in strengthening the provision and access to Vitamin A supplementation through integration of the supplementation into the CHVs' routine home visits and review of the CHVs' performance during the monthly CU review/performance meetings.
In addition, the Project reached 14,899 pregnant women with nutrition specific interventions at the health facility reflecting an achievement of 27% against the project's PPR target of 55,374. The over-achievement of the quarterly target of 25% was due to the Project's previous co-support with the MOH teams that also

included development of a database of pregnant women which was used to conduct follow ups to ensure ANC attendance as scheduled. This resulted into increased CHV referrals from the community to the health facility for ANC services. Once the mothers attended ANC, they were reached with messages on maternal nutrition and breastfeeding. Some of the mothers were also reached at community level during mother to mother support group (M2MSG) meetings and household visits with messages on iron and folic acid (IFA), maternal nutrition and breastfeeding. The Project strengthened the capacity of 153 health facilities to implement IMAM. This reflects an achievement of 123% against the annual target of 124. The Project worked with the two county governments to leverage on the capacity already established through IMAM mentors to co-support the IMAM capacity assessments and provide targeted mentorships on IMAM which are integrated in HINI.

The Project's WASH focus remains in Kakamega, Migori and Kitui counties. In PY4Q1, the Project worked with MOH in Migori County to verify 36 villages as open defecation free (ODF). This reflects an achievement of 49% against the PPR target of 74. This resulted to a total of 127 people gaining access to basic sanitation services, representing an achievement of 1% of the annual target of 13,284. The under-achievement was because these villages had taken long to be verified as ODF after lengthy follow ups resulting to few people gaining access to a basic sanitation service. During the reporting quarter, the Project co-supported a total of 10,134 people to gain access to basic drinking water services. This reflects an achievement of 90% against the annual target of 11,300. The over-achievement was due to the Project's co-support together with the county's Departments of Water and Health and local communities to rehabilitate seven (7) water springs in Kakamega thus enabling 7,234 people to gain access to basic water services in the county. In Kitui, the Project co-supported rehabilitation of one borehole while in Migori, the Project co-supported rehabilitation of two water springs, thus enabling 1,900 people to gain access to basic water services in the county. In addition, in PY4Q1, the Project worked with MOH to support minor renovation of nine (9) doors latrines (squat holes) in Migori County. This reflects an achievement of 90% against the annual target of 10.

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

Following the transitioning of PS Kenya from the Project, Afya Halisi put in place mechanisms to ensure continued implementation and integration of social and behavior change activities. In Kitui, the Project supported a menstrual hygiene forum to review the menstrual hygiene policy and in particular, review the social and behavior change message on menstrual hygiene management. The Project also supported the youth talent show in Kitui South sub county to promote youth talent as well as access and utilization of sexual and reproductive health services. During 16 Days of Gender Activism against Gender Based Violence, the Project supported awareness creation on sexual and gender based violence (SGBV) prevention through the media and discussions through the radio stations in the focus counties of Kakamega, Kisumu, Kitui and Migori. The Project also continued to co-support coordination of health promotion activities through leadership of the County Health Promotion Officers and Health Promotion Advisory Committee (HPAC).

During the reporting period, the Project focused on strengthening capacity of the county and sub county health management teams and key stakeholders to enhance ownership and sustainability of gender integration and SGBV prevention and response. The Project supported training of HCWs and GBV service providers on forensic management and GBV Quality Assurance. These included police, prosecutors, legal officers and judicial officers as well as Government Chemists. The Project also provided technical support to the Intergovernmental Gender Sector Working Groups in the focus counties on action planning and policy advocacy.

In addition, the Project supported the quarterly GBV chaperones forum to fast-track clinical and post clinical interventions for GBV survivors as well as targeted sensitization of CHVs and GBV actors during the 16 Days of Activism against Gender Based Violence. The Project also supported the dissemination and distribution of GBV data tools, guidelines, COVID-19 algorithm and IEC materials to health facilities in the focus counties. In appreciation of the key role men play in decision making in uptake and utilization of FP/RMNCAH, nutrition and WASH services, the Project supported community dialogue sessions with men on gender norms and cultural practices that hinder uptake and utilization of these services. During the reporting period, the Project in partnership with other GBV stakeholders provided technical support in review of GBV prevention and response SOPs for National Police Service.

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

During the quarter under review, the Project co-supported the Division of Reproductive and Maternal Health (DRMH) to finalize the national annual Maternal and Perinatal Death Surveillance and Response (MPDSR) report for the country. Afya Halisi also co-financed and provided technical support during harmonization of the national emergency obstetric and newborn care (EmONC) functionality assessment tool. The key outputs of the process included a draft harmonized EmONC functionality assessment tool and development of a road map to actualize incorporation of the tool into Ministry of Health's national reporting system. The Project is also working with DRMH and other partners to develop the Family Planning service delivery standards. This follows a similar initiative completed in 2019 on maternal and newborn health quality of care standards. During the reporting quarter, Afya Halisi played a central role in co-financing and providing technical support in the development of the national EmONC mentorship package and the DRMH with support from Afya Halisi planned for nationwide sensitization in the coming quarter. Afya Halisi also provided technical support in the final preparations to disseminate the National Newborn and Child Health Strategy to the 47 counties. In addition, Afya Halisi co-supported the Division of Adolescent and School Health (DASH) to develop a road map and terms of reference for the national Adolescent Health Strategic Plan. In the coming quarter, the Project has prioritized completion of the Adolescent Health Strategy. Afya Halisi in a collaborative effort with other Gender based violence (GBV) actors in the country provided technical support during the national level validation of National Police Service Standard Operating Procedures (SOPs) for Prevention and Response to Gender Based Violence in Kenya.

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 95,442 couple-years of protection (CYP). This achievement translated to 27,487 unintended pregnancies averted per CYP as shown in **Figure 1** below. Migori had the highest unintended pregnancies averted at 12,682 while Kakamega, Kisumu and Kitui had a combined unintended pregnancies averted of 14,805 during the PY4 Q1 period.

Unintended pregnancies averted		
CYP		Pregnancies Averted
18,739	Kakamega	5,397
17,093	Kisumu	4,923
15,574	Kitui	4,485
44,036	Migori	12,682
95,442	**Total**	27,487

Figure 1. Unintended pregnancies averted in project supported health facilities in PY4Q1

In PY4 Q1, the Project focus counties achieved 1st ANC visit coverage of 89 percent out of the estimated deliveries and 4th ANC visit coverage was 51 percent with Kisumu, Migori and Kakamega reporting above 50% coverage. In Kitui, 4 ANC coverage was 31%. This performance was below the previous quarter, mostly affected by the nationwide healthcare workers' strike. The skilled birth attendance coverage was 74 percent, with Kisumu having the highest percentage of SBA coverage at 87%. Migori had an SBA coverage of 80%, and Kitui reported 55% coverage. This overachievement shows a consistent continuation of sustained efforts by the Project in contributing to the skilled birth care in the four counties. The coverage for post-natal care for infants was 57 percent, lower than the national target of 90 percent, as shown in **Table 2** below.

Table 2. MNH coverage in project focus counties, PY4Q1

Indicator	County/coverage	Kakamega	Kisumu	Kitui	Migori	Project
Estimated deliveries		15,310	9,395	8,177	11,461	44,343
1st ANC	Y4Q1 achievement	12,592	8,719	8,407	9,904	39,622
	Y4Q1 coverage	82%	93%	103%	86%	89%
4th ANC	Y4Q1 achievement	8,556	5,466	2,564	5,907	22,493
	Y4Q1 coverage	56%	58%	31%	52%	51%
Skilled birth attendance	Y4Q1 achievement	11,023	8,152	4,507	9,163	32,845
	Y4Q1 coverage	72%	87%	55%	80%	74%
PNC - infants	Y4Q1 achievement	8,204	6,562	2,923	7,572	25,261
	Y4Q1 coverage	54%	70%	36%	66%	57%

In 2018/21, the average institutional maternal mortality rate (iMMR) in project supported health facilities was 136/100,000 deliveries as at end of the reporting quarter as shown in **Figure 2** below. The iMMR increased from 112/100,000 deliveries in PY3 Q4 to 119/100,000 deliveries in PY4 Q1 period. At county level, Kitui County had the lowest institutional iMMR at 35/100,000 deliveries and Kisumu and Kakamega had 170/100,000 and 131/100,000 deliveries respectively in project supported delivery facilities. In Kisumu, the iMMR was mainly contributed by Jaramogi Oginga Odinga Teaching and Referral Hospital,

and in Kakamega by Kakamega County Government Teaching and Referral Hospital. The two facilities receive referrals from all the neighboring counties and sub counties.

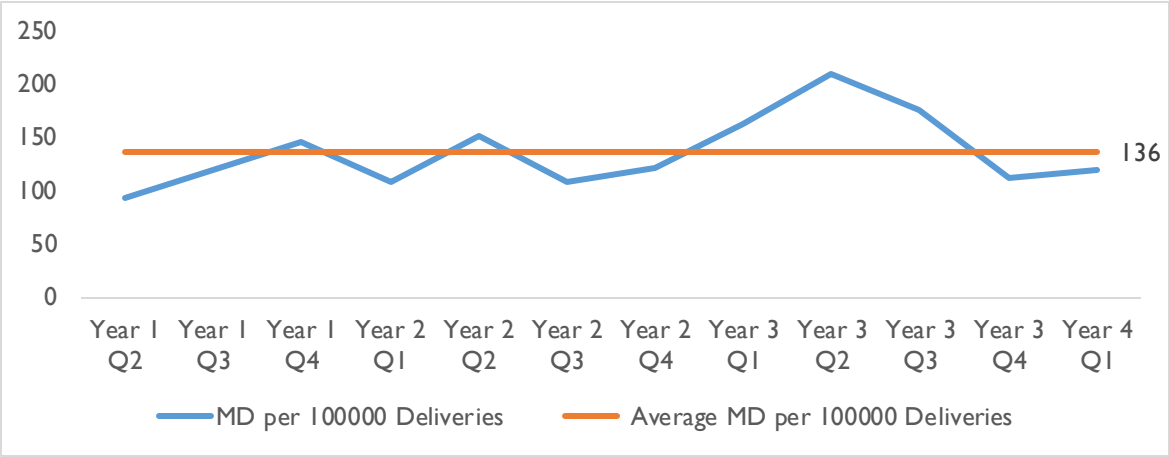


Figure 2. Institutional maternal mortality rate in project supported health facilities, 2018/21

In PY4 Q1, the Project focus counties achieved DPT 3 coverage of 78 percent as shown in **Table 3** below. The county level coverages for DPT3 were as follows; Kakamega at 77%, Kisumu 84%, Kitui 72% and Migori 79%. The low coverages during the reporting period is attributed to a slow-down in service delivery during the month of December 2020 occasioned by staff taking a holiday break and an industrial action by nurses that began in mid-December 2020 which resulted in inaccessibility of immunization services by children.

Table 3. Immunization coverage in project focus counties, PY4Q1

Indicator		Kakamega	Kisumu	Kitui	Migori	Project
Estimated under 1 children		14,855	9,113	7,932	11,117	43,017
DPT 1	Y4Q1 achievement	12,642	7,930	6,337	9,616	36,525
	Y4Q1 coverage	85%	87%	80%	86%	85%
DPT 3	Y4Q1 achievement	11,436	7,624	5,723	8,764	33,547
	Y4Q1 coverage	77%	84%	72%	79%	78%
Measles	Y4Q1 achievement	10,880	7,355	5,325	8,338	31,898
	Y4Q1 coverage	73%	81%	67%	75%	74%
FIC	Y4Q1 achievement	10,667	7,330	5,103	8,179	31,279
	Y4Q1 coverage	72%	80%	64%	74%	73%

Attribution of PY4 Q1 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 support and contributions during the reporting period. During this period, the Project continued to work closely with MOH to co-plan, co-implement and co-review FP/RMNCAHN and WASH activities through provision of technical assistance to strengthen health systems at sub-county, county and national levels and through targeted support to project supported health facilities, community units and communities in the focus counties.

During the quarter under review, Afya Halisi co-financed and provided technical support during commemoration of the 16 Days of Activism against Gender Based Violence in the focus counties from November 25 to December 10, 2020, under the 2020 global theme: "Orange the World: Fund, Respond, Prevent, Collect!". The Project also co-supported commemoration of the Work Prematurity Day in the focus counties. In Kitui, during the event, Afya Halisi in conjunction with the county health department, conducted a 'Thank You' ceremony for all the HCWs working in new born units. In addition, the Project successfully hosted the national Division of Community Health team to learn firsthand the process for Community scorecard in Kakamega and Kisumu counties for purposes of developing a national implementation guideline for community score card. Furthermore, Afya Halisi also handed over a set of Family planning and Maternal and newborn health equipment to the senior health leaderships of Kakamega, Kisumu and Kitui county governments. These included Multi-parameter patient monitors, Digital portal Blood Pressure machines, Haemocue machines, Doppler fetal heart monitors, Infrared thermometers, Weighing scales and Penguin Suction Devices. Afya Halisi also co-financed and provided technical support during the training of SCHMTs, HCWs, CHAs and CHVs in the focus counties on the revised MOH reporting tools. The Project also co-supported the training of HCWs and government officials in the focus counties on Forensic Module Management in SGBV Care and GBV Quality Assurance. The training was conducted by Training of Trainers at national Ministry of Health. Afya Halisi also co-supported monthly CHV meetings for supported CUs in the focus counties. Afya Halisi supported implementation of the Adolescent Sexual and Reproductive Health (ASRH) end-line survey in Kakamega and Kisumu counties.

In **Kakamega,** Afya Halisi provided technical support during finalization of the Kakamega County Family Planning costed implementation plan (CIP); Afya Halisi co-financed and provided technical support during the launch of the Kakamega County Nutrition Action Plan (CNAP), 2018-2022; and Afya Halisi provided technical support during review of the Kakamega County Gender and Youth Policies. In addition, Afya Halisi co-created and collaborated with the Kakamega Department of Water and local communities to co-support protection of seven (7) water springs in Matungu and Navakholo sub counties in Kakamega county. Afya Halisi also provided technical support during the national MOH external assessment of Matungu Sub County Hospital as a Baby Friendly Hospital Initiative (BFHI). Following the assessment, the hospital was certified as baby friendly. In addition, five Afya Halisi supported CUs were assessed by the national MOH team and attained the Baby Friendly Community Initiative (BFCI) certification status. There are now ten (10) baby friendly CUs in Kenya, five of them are Afya Halisi supported. Afya Halisi also co-financed and co-supported the HPN Integrated program draft baseline report review meeting as well as co-financed and provided technical support during the sensitization of Kakamega County Neonatal and Child Health technical working group (TWG) and sub county Child Health Focal Persons on TWG's terms of reference.

In **Kisumu,** Afya Halisi supported the development of Kisumu county FP/RMNCAH joint work plan for FY2021 with the county government and implementing partners; Afya Halisi co-financed and provided technical support during the development of Kisumu County bi-annual maternal and perinatal death surveillance and response (MPDSR) report for January to June 2020; and Afya Halisi provided technical support during development of the Child Protection, Survival and Participation Policy for Kisumu County. Afya Halisi also provided technical support during the Kisumu County Blood Security technical working group meeting aimed at developing a road map for addressing the challenges on blood and blood products that have been affecting the county. In addition, Afya Halisi co-financed and provided technical support during a meeting of the Kisumu County core resource mobilization team to finalize the county's road map for domestic resource mobilization from the private sector; and Afya Halisi provided technical support to Kisumu County GBV subcommittee of the Inter-Governmental Gender Sector Working Group (IGSWG) in development of the terms of reference to guide its operations. The Project also co-supported the newborn care skill drills in high volume health facilities offering essential newborn care services as well as co-supported mentorship of HCWs in high volume health facilities on EmONC. The mentorships were based on gaps that were identified by the mentors.

In **Kitui,** the Kitui County Governor, Her Excellency Charity Ngilu officially commissioned the renovated operating theatre at Tseikuru Sub County Hospital in Kitui County, with funding from USAID. Afya Halisi worked jointly with the county government to renovate the operating theatre as well as repair and service the anesthetic machine with the aim of improving maternal and newborn health outcomes in Mwingi North Sub County and its environs. Afya Halisi also co-supported continuous mentorship of HCWs in Emergency Triage Assessment and Treatment (ETAT+); Emergency Obstetric and Newborn Care (EmONC) and Integrated Management of Neonatal and Childhood Illness (IMNCI) in the focus sub counties. In addition, Afya Halisi co-supported and provided technical support during the Kitui County RMNCAH quarterly TWG meeting; Afya Halisi co-supported the quarterly MPDSR meeting for Kitui County; and Afya Halisi co-supported an induction meeting for the recently appointed Sub County Neonatal and Child Health Coordinators in Kitui County. Afya Halisi also provided technical support during the media engagement meeting in Kitui County, which reviewed RMNCAH messages aimed at creating awareness among communities on importance of seeking RMNCAH services including antenatal care, skilled birth attendance, postnatal care, family planning and immunization. In addition, Afya Halisi provided technical support during the community health stakeholders meeting in Kitui South Sub County in Kitui County that aimed at developing consensus between the sub county health management team (SCHMT) and partners implementing community health interventions regarding the role and terms of reference (TOR) of lead community health volunteers (CHVs). Afya Halisi also provided technical support during discussions with Kitui county MOH team on the county's structures in implementing the universal health coverage (UHC) program, based on lessons learnt from the four pilot counties in the country.

In **Migori,** Afya Halisi co-supported the second review meeting for the Migori County Family Planning costed implementation plan (CIP) for 2017 – 2022. The first review meeting was done in 2018. In addition, Afya Halisi co-supported the development of Migori County Nutrition Fact Sheet as well as provided technical support during the validation meeting for the Migori County Family Planning Social and Behaviour Change strategy. Afya Halisi also co-financed and provided technical support during the Migori County taskforce forum for technical review of the draft Gender and Child Protection Policy. The Project also supported the orientation of Facility in charges on registration of pregnant of women for Linda mama program and reimbursement in Kuria West and Awendo sub counties; and co-supported assessment of 10 BFCI and BFHI health facilities in the county. Afya Halisi also co-supported CHAs and CHEWs to supervise Vitamin A supplementation in all the 8 sub counties at the household level by CHVs as well as co-supported follow-up of basic obstetrics ultrasonography mentees and supportive supervision. These were conducted by the Trainer Sonographers and Sub County Reproductive Health Coordinators and all the health facilities that received USAID procured ultrasound machines will be visited.

Constraints and Opportunities

Effect of COVID-19 on planned activities: During the reporting quarter, the Project continued to implement the reprogrammed interventions to align to the national and county governments' regulations on prevention and management of the COVID-19 pandemic. In consultation with the national MOH and focus county health leaderships, the Project continued with co-implementation of activities that do not require large gatherings of people, while ensuring adherence to the COVID-19 prevention and management measures.

HCWs industrial action: The national industrial action by healthcare workers that began in mid-December 2020 resulted in reduced accessibility to healthcare services in the four focus counties. In addition, the go slow by HCWs in Kitui County during the reporting quarter affected health service provision in the county. The go slow was due to delay in payment of monthly salaries for the HCWs and other county government workers from August 2020. They resumed work in October 2020 after all their pending salaries were paid by the county government. The industrial actions caused disruptions that eroded gains made in different aspects of improving health service delivery in the focus counties.

Stock out of commodities: The stock out of FP commodities remains a critical system-level gap in the focus counties. In PY4Q1, there was no recognizable improvement in the reported stock-out levels, with 77% of the Project's supported sites reported missing supply of either one of the five essential FP commodities (either of COCs or POPs, IUDs, DMPA, Male condoms, and Implants). There was also stock out of Vitamin A in Migori County. The Project continued with its collaboration with Afya Ugavi to strengthen commodity security and supply chain component of the health system and advocate for the accountability of commodity management with the respective CHMTs.

Subsequent Quarter's Work Plan

In the subsequent quarter, the Project will co-create, co-plan, and co-implement key pending activities as part of the Project's close out process. The activities which will be co-implemented with strict observance of the COVID-19 prevention and containment measures, will include the following;

- Finalization of the Kisumu county resource mobilization strategy and road map
- Development of the National newborn assessment and mentorship plan
- Procurement of CHVs' kit
- Dissemination of the EmONC mentorship package to Afya Halisi focus counties
- Develop documentation products for Afya Halisi close out
- Support dissemination of the Migori County Health Act
- Finalization of the Kitui County Health Service Bill
- Extension of HRH contract to end of March 2021
- Finalization and dissemination of the learning agenda
- Development and printing of the National Adolescent Health Strategy
- Conduct close out meeting at county and national level
- Renovation of select and priority health facilities

II. KEY ACHIEVEMENTS (QUALITATIVE IMPACT)

Progress on Journey to Self-Reliance Pillars

Meaningful engagement with LIPs

During the reporting quarter, the Project supported the LIPs in the close out process. The partners were provided close out notices to transition from Afya Halisi by December 5, 2020. The LIPs were closely guided to develop realistic close out budgets and plans, which were monitored to ensure compliance. The partners completed agreed upon activities, disengaged with CBOs, vendors and other stakeholders amicably. Besides, the staff were provided with adequate notice before leaving the project. The partners appreciated the open process used during the close out process.

Capacity building of the LIPs

During the reporting quarter, the project gave the LIPs notice on the intention to terminate their sub-partner agreements. The LIPs were part of the project for a year and had grown substantially in their capacity to implement project activities. The engagement of the partners had increased the Project's prominence in community-level activities in the four focus counties. It was incumbent of the Project to support the LIPs to effectively close out. The LIPs were guided to develop realistic close-out budgets and close-out plans which were submitted in a timely manner, and adherence to the same was continuously monitored to ensure compliance. Part of closeout activities that were monitored included timely submission of deliverables (final invoice, final narrative reports and data reports), close out disposition plans, a refund of unspent

funds, termination of staff, disengagement with CBOs and vendors, and conducting close out meetings among others.

Strengthening LIPs systems by engaging in monthly review of financial reports, and providing recommendations on areas needing improvement

During the quarter, 100% of financial reviews were done for the four LIPs (PS Kenya, ADSE, CSA, and KMET) which culminated in the semiannual audit report that was shared with management of these LIPs. These reports indicated areas of weaknesses identified and modalities of addressing the anomalies. Attempts to conduct the same exercise to Lwala Community Alliance was unfruitful owing to movement restrictions put in place by the organization to contain COVID-19, since several of their staff had contracted the infection. **Table 4** below provides a summary of the progress on meaningful engagement with LIPs.

Table 4. Progress on meaningful engagement with LIPs

J2SR Metrics	Progress
Ability to write and submit proposals	Virtual training on proposal development conducted
Ability to attract funding from multiple sources	Partners provided tailored TA during proposal development
Capacity to provide quality health services as per the scope of work	LIPs completed the implementation of activities at the community level
	LIPs were sensitized on Afya Halisi processes and procedures
	Joint performance review meetings held quarterly
	Training conducted on technical thematic areas
	Staff trained on report writing
	Organizational capacity assessment completed
	Action plans for improvement agreed upon and signed
	Follow up visits on the action plans were completed
	2nd organizational capacity assessment completed
Linking partners with HENNET	LIPs were supported for membership in HENNET

Strengthen coordination and stewardship of county governments to deliver services

Afya Halisi's J2SR roadmap envisions strengthening the ability of counties to effectively coordinate and manage health programs. As per the approved J2SR roadmap, Afya Halisi identified three key deliverables for this objective.

1. Development and operationalization of annual joint work plans (JWPs)

In PY3, Afya Halisi engaged the health leadership in Migori, Kisumu, Kakamega and Kitui counties to co-plan priority activities and design joint work plans detailing roles and responsibilities by the counties and all RMNACH stakeholders. Four joint work plans were developed, one in each of the counties. The joint work plans highlight the county priorities in line with their annual work plans, and indicates funding by the government and all stakeholders. Key highlights of the joint work plans include; commitment by the counties to provide resources for training and mentorship, supportive supervision, performance review meetings, data quality assessments, and immunization logistics including vaccine distribution. The project in collaboration with the CHMTs through the office of the County Director of Health has tracked implementation of the joint work plans by conducting quarterly reviews of the status of activities and resource allocation. A key challenge in implementation of PY3 JWPs was reallocation of resources previously intended for FP/RMNCAH activities towards COVID-19 response interventions. In addition, some of the planned activities as per the joint work plans were reorganized or deferred to comply with measures aimed at mitigating the spread of COVID-19.

In PY4 Q1, Afya Halisi planned to jointly develop joint work plans with the four supported counties factoring in lessons learnt from implementation in PY3. However, due to challenges related to uncertainty

in PY4 funding, the Project opted to delay the process in order not to commit support without the commensurate resources. The Project continued to advocate for joint funding of activities in line with the spirit of J2SR.

2. Co-financing of prioritized activities with county governments

In PY4 Q1, in the background of a slowdown of activities due to uncertainty in PY4 funding, the Project purposed to ensure finalization of co-financed projects initiated in PY3 across the project supported counties.

- *Operationalization of operating theaters in Kitui County:*
  In FY20, Afya Halisi held consultative meetings with health leadership of Kitui county on co-financing of high priority projects in the county. Co-funding for the renovation of the Tseikuru and Migwani operating theaters was identified as a high priority activity. The Project funded the renovation and provided equipment that included operating theater lights, while the county provided staff and additional equipment and supplies required to facilitate operationalization of the two theatres. The Project finalized the renovation and equipping of the two theaters, and handed the sites to the department of health for operationalization. Despite initial setbacks to the launch occasioned by the COVID pandemic, the County Governor, Her Excellency Charity Ngilu officially commissioned the Tseikuru operating theatre during the reporting quarter.

- *Operationalization of operating theaters in Migori County:*
  In PY3, Afya Halisi supported the renovation of Awendo and Rongo sub county hospital operating theaters which were completed and handed over to the county. The county committed to operationalize the operating theatres through deployment of staff and provision of operating equipment. Initial plans to finalize the operationalization were put on hold due to COVID-19. Afya Halisi will work with the CHMT in the subsequent quarter to ensure the theaters are operational prior to the Project's close out.

3. Direct funding of county governments for implementation of activities

In PY3, Afya Halisi set aside USD 170,000 for direct funding to the County Government of Kakamega to be implemented under a sub-granting agreement. Having identified interventions to be sub-granted to the county, the Project was in the preliminary process of planning for a pre-award assessment, including supporting the county to set up SAMs number, before a sub-award agreement was done. Based on advice from USAID, the Project was expected to work with USAID's Acquisition and Assistance office during the pre-award assessment process. Following consultations with USAID KEA, Afya Halisi was advised to discontinue the process of direct funding to the County Government of Kakamega. Instead, AMPATHPlus was expected to engage in an agreement with the County Government of Kakamega on direct funding arrangement. As a USAID implementing partner, Afya Halisi has continued to support implementation of the annexes on Health and WASH in the county under the integrated Health, Population and Nutrition (HPN) integrated pilot program work plan. **Table 5** below summarizes progress made on the J2SR metrics.

Table 5. Progress on strengthening coordination and stewardship of county governments

J2SR Metrics	Progress
Number of co-designed work-plans with county government	In PY4 Q1, Afya Halisi opted to delay the development of PY4 joint work plans with the supported CHMTs. This was occasioned by the uncertainty around PY4 resources due to the Project close out. However, the Project continued to advocate for joint funding across all the activities implemented.
Visibility of funds allocated to health by county governments and other implementing partners	In PY3, Kisumu County committed US$ 1,155,514 for FP/RMNCAHN services, while Afya Halisi committed US$ 361,007; Migori County committed US$ 1,162,556 with US$ 380,000 from Afya Halisi; Kakamega County committed US$ 1,362,666 with Afya Halisi committing US$ 405,192; and Kitui County committed US$ 9,707,830 (amount inclusive of recurrent costs) with the Afya Halisi committing US$ 562,301. In PY4, due to uncertainty on the PY4 budget, Afya Halisi did not commit to fund activities in the supported counties.
Evidence of co-financing by the county governments	As a result of the slowdown of activities in PY4 Q1, there was a scale down in activity implementation, a situation which resulted in very minimal co-financing by the counties.

Engagement of private sector to leverage financial and technical resources for health

Technical coordination, collaborative learning and adaptation

1. Twinning of public and private health facilities for exchange of technical resources

In PY3, Afya Halisi worked towards signing of a Memorandum of Understanding (MoU) and subsequent implementation of cross-learning forums between Aga Khan Hospital Kisumu and Kisumu County Referral Hospital on technically appropriate and contextual management and clinical aspects of health service delivery. The Project working with Kisumu County developed a draft MoU and facilitated several meetings between the leadership of the two health facilities with the objective of establishing an agreement on all clauses of the MoU in readiness for the official signing. It was envisaged that the two health facilities would sign the MoU towards the end of PY3. The delay in signing the MoU between Aga Khan Hospital Kisumu and Kisumu County Referral Hospital was attributed to changes in office holders of Kisumu County Health Management Team, postponement of the meetings to allow the County to respond to COVID-19 pandemic, and the healthcare workers industrial strike. Based on year 3 experience, in PY4 Q1, the Project opted to prioritize activities related to domestic resource mobilization due to the potential benefits and the goodwill it has received from the county government. Twinning of public and private health facilities remains a potential area of collaboration to improve RMNCAH outcomes in Kisumu County due to the significant role played by private health facilities.

2. Harnessing technical resources from health professional associations

In PY3, the Project facilitated two consultative meetings where the professional associations engaged internally among themselves on ways they can contribute more meaningfully to the improvement of RMNCAH outcomes in Kisumu County. As a result, Afya Halisi identified four (4) needy health facilities to be supported based on the number of maternal complications, maternal deaths and perinatal deaths. Working in collaboration with the County Reproductive Health Coordinator and Kenya Obstetrical and Gynecological Society (KOGS), a mentorship scheme was piloted in these four health facilities in PY3. In PY4 Q1, the Project collected data from these facilities for analysis and dissemination to the County Government of Kisumu for adoption and scale up. This data will be part of the close out recommendations for Kisumu County.

3. Domestic Resource Mobilization from the Private Sector

In PY3, in line with the J2SR priorities Afya Halisi embarked on a process to support Kisumu County to develop a resource mobilization strategy and a road map. The Project supported training of the resource mobilization team drawn from the CHMT on proposal development and supported several workshops and a consultant to come up with a resource mobilization strategy and road map. In PY4 Q1, the resource

mobilization strategy was finalized and signed by the County Executive for Health. In the subsequent quarter, the Project will work with the resource mobilization team through a consultant to develop two concepts for potential funding by corporate organizations.

A summary of the progress of the J2SR metrics is presented in **Table 6** below.

Table 6. Progress on Engagement of private sector to leverage resources for health

J2SR Metrics	**Progress**
Pairing of Aga Khan Hospital Kisumu and Kisumu CRH for cross-learning	
Memorandum of understanding between Aga Khan Hospital Kisumu and Kisumu County Referral Hospital	Aga Khan Hospital Kisumu and Kisumu County Referral Hospital leadership engaged with Afya Halisi independently for buy-in and support the twinning
	Engagement of the county health leadership for buy in
	Draft MoU developed, reviewed and refined into a Kisumu County format
	AGHK and KCRH leadership meeting to deliberate on MoU contents - Agreement on most elements of the MoU except on specific areas of partnership in specified departments.
	MoU signing meeting deferred due to the need for Aga Khan Hospital to consult their governance structures, and due to HCWs industrial action affecting identification of specific areas of partnership in KCRH
	Due to constraints on project time and the willingness by the county to pursue other strategies for technical and financial resource mobilization, in PY4 Q1, Afya Halisi opted to finalize engagements with professional associations and development of a domestic resource mobilization strategy and a road map.
Harnessing technical resources from the professional associations	
County roadmap of engagement with professional associations	Leadership of KOGS and KPA engaged for buy-in
	Meetings between KOGS and KPA and Afya Halisi conducted and county health leadership updated. KOGS agreed to pilot the mentorship and coaching program for HCWs in health facilities that have been jointly identified based on need.
	KOGS identified four (4) consultants to lead the first phase of mentorship and coaching and the modalities of facilitation agreed upon with Afya Halisi and the county health leadership.
	Mentorship and coaching tools developed, mentorship started
	In PY4 Q1, Afya Halisi collected data to be analyzed as part of the close out recommendations to Kisumu County.
Resource Mobilization	
County roadmap for domestic resource mobilization	Buy-in from the County Department for Health leadership sought and obtained
	Focal person for resource mobilization engaged for input into the process
	A resource mobilization team identified from existing CHMT
	5-day workshop planned to deliver a resource mobilization roadmap but was canceled on day 2 due to COVID-19 pandemic.
	Zoom meetings and small group (less than 10) face-to-face meetings utilized to work on the roadmap focusing on chapter by chapter approach
	First draft of the Kisumu County Resource Mobilization Roadmap developed
	Kisumu County Resource Mobilization Strategy finalized and signed by the County Executive for Health.
	Afya Halisi is working with a consultant to support the Kisumu County Resource Mobilization Team to develop two concepts for potential funding by corporates.
Number of concept notes submitted to private sector players	Zoom training on "Responding to calls for proposals" done.
	Training on concept development currently being undertaken through consultant engaged by Afya Halisi Project.
County forums convened by the Kisumu County Governor to engage private sector players	Plan to launch the resource mobilization strategy and roadmap was shelved due to COVID-19 restrictions.

Enhance social accountability across all levels

During the reporting quarter, the Project hosted national MOH officers from the Division of Community Health to learn from the project's implementation of the community scorecard. The experience from the visit is expected to inform development of national guidelines for implementation of the community scorecard. Furthermore, community health committees in Kakamega and Migori counties were trained on social accountability and the budgeting process. In addition, the Project supported the training of Sub County MOH officers in Kitui County on community scorecard for effective oversight.

Creating a critical mass of local organizations in health that will have a collective voice in advocating and demanding better service delivery and accountability

Mapping and capacity assessment of Health CBOs
The Project continued to engage 80 community facilitators drawn from 18 Community Based Organizations (CBOs) (Kakamega- 10, Migori-8) to roll out community scorecard in selected peripheral facilities. Out of the 22 community scorecards completed during the Project's life, 18 were implemented in collaboration with the CBOs. In addition, they implemented six community sessions which were handed over to the MOH to complete after the project's close out.

Community scorecard
During the quarter under review, the Project supported seven (Kakamega - 3, Kisumu – 1, Migori-3) scorecard sessions bringing the total number of sessions implemented by Afya Halisi to 33 (22 completed, 11 on-going). In **Kakamega**, 183 community members (69 male, 114 female) participated in the sessions while in **Migori** 294 (134 male and 160 female) community members participated. The main issues highlighted in the sessions included; poor staff attitude that lead to poor handling of patients; lack of essential drugs; poor time management with facilities opening late but closing early; the infrastructure not favoring people with disabilities; and inadequate clinic cards (mother child booklet) for pregnant women.

The complete session in Kisumu County was attended by officers from the Department of Community Health at Orongo Dispensary. The community session was attended by 58 community members (27 male, 31 female). The areas of concern highlighted by community members were the bad state of the facility latrines, the absence of a gateman which compromised security and gave entrance for cows to graze in the compound, bad staff attitude, lack of comprehensive HIV care clinic (CCC), lack of confidentiality especially on HIV counseling and staff roles not clear among others. The issues raised by community members were presented to 15 health facility staff (4 male, 11 female) by two community enumerators. On most of the issues, there was consensus but sharp differences on the staff attitude, presence of gateman, confidentiality, staff roles and presence of treatment care clinic. The interface session was initially heated with some level of animosity. However, there was agreement at the end and the prioritized areas included; renovating the latrines and approaching the political leaders for supporting some of the plans.

Interphase meeting at Giribe Dispensary in Migori County.

In **Kakamega,** the Project supported a meeting that aimed at handing over monitoring and follow up of action points to the SCHMT. The activity was necessitated by the need to have proper follow up of scorecard activities beyond the project for sustainability. The sessions provided an opportunity to give updates and schedule follow-up sessions for the various facilities that conducted the scorecard. A total of

12 sub-county team members (7 male, 5 female) participated in the handover sessions. The facility representatives had a chance to highlight key follow up actions per facility. These included the short term and long term plans that had been developed. Notable issues that would be followed up included; employment of additional health care providers to targeted facilities; operationalization of 24-hour service in the health centers; improvement of infrastructure at the various health facilities including the construction of latrines for people with disabilities and provision of delivery coaches for people with disabilities.

In **Kitui**, the Project supported the sensitization of MOH staff on the community scorecard process. A total of 51 participants (20 male, 31 Female) took part in the training. The training was to provide the officers with the requisite skills and knowledge in providing oversight for community scorecard activities in their sub counties. The participants underscored that the community sessions should bring on board all relevant community members to be effective. In addition, it was noted that there was a need to choose community facilitators who are non-partisan. Besides, it would be important to involve politicians in the process for they influence the allocation of budgets and make decisions on the behalf of the people.

A participant presenting group work during training of MOH staff on community scorecard in Kitui County.

Strengthening oversight and accountability of facilities and hospitals

In **Migori,** the Project in collaboration with the CHMT, provided technical support and assessment to six health facility management committees (HFMCs) reaching a total of 55 participants (23 male, 32 female). Using interviews and observation of the meeting proceedings with the health workers and other staff, the assessment explored the level of engagement of HFMCs in the facility and contribution to social accountability. Generally, the HFMCs were functioning well and engaged in facility operations. The increased involvement of the HFMCs was attributed to HFMC trainings supported by the Project. Additionally, the introduction of direct funding to the facilities allowed HFMCs to manage their budgets. However, it was noted that although relations with facility staff were generally good, some mistrust still existed between HFMC members, healthcare workers and community members. During an interview with facility staff, most of them indicated that they do not clearly understand the roles of the HFMC and some of them felt that HFMCs wanted to know a lot that is happening within the health facility. This has created discomfort with some facility in-charges.

Sensitization of Community Health Committees on social accountability and budget making process

The Project supported the sensitization of Community Health Committees (CHC) with an aim of assisting them to acquire the requisite knowledge and expertise to effectively engage in the budget process, effectively engage the county governments through advocacy, to improve prioritization of budgetary allocations and hold the county governments and health service providers to account. The CHCs were taken through the county budget making process and social accountability. In **Migori**, the Project supported sensitization of 42 CHC members (19 male, 23 female) while in **Kakamega**, a total of 35 CHC members (17 male, 18 female) were sensitized. **Table 7** below provides a summary of progress on enhancement of social accountability across all levels.

Table 7. Progress on enhancement of social accountability across all levels

J2SR metrics	Progress
Number of functional health facility management committees or hospital boards as defined by government statutes	29 Health facility committees trained and 14 supported to hold regular meetings
Number of facilities with grievance and redress mechanisms	3 HFMCs supported to place suggestion boxes at strategic points
Number of facilities with health facility management committees that develop and utilize community participation tools	22 scorecard processes completed, 11 in progress 18 CBOs engaged
Number of communities actively participating in the budgetary process	Co-facilitated participation of key community champions in Kisumu, Kakamega, and Migori in public participation forums for county fiscal budgets for FY2020/21

Health systems strengthening by addressing the WHO building blocks

1. Human resources for health (HRH)

Transitioning of the contracted HRH to county government employment as per the letters of agreement

In PY3, Afya Halisi advocated to the county governments at the highest levels of leadership, for absorption of 30% of the HRH staff into their payroll as per the Letters of Agreement. In Kisumu, Kitui and Migori counties, the Project successfully conducted joint advocacy sessions with senior county government leadership including the County Director of Health, Chief Officer of Health, Health CEC Member, Governor and the Chairman of the Health Committee at the County Assembly resulting in the commitment by each to absorb 30% of the HRH by July 2020. In June 2020, the Project provided contracts to only 70% of the HRH staff that were included in the Project's payroll. The other 30% were considered for transitioning by the county governments of Kisumu, Kitui and Migori. The emerging have been as follows,

- Kitui County: Efforts to have Kitui county meet its obligation to absorb the Project's supported healthcare workers (60) have been unsuccessful. This has been occasioned by lack of a County Public Service Board. The county hasn't had a public service board since the dissolution of one in 2018. There have been three unsuccessful attempts to set up a board due to disagreement between the executive and county assembly members. The county last employed HCWs in 2018, when the defunct county PSB employed 320 healthcare workers.
- Migori County: Delays in absorption attributed to delayed installation of the Migori PSB and lack of political will to transition HRH staff to the County government payroll.
- Kisumu County: Despite multiple engagements at all levels of county health leadership, there has been lack of commitment by the county to absorb the HRH hires as per the letter of agreement. .However, 5 HCWs have since transitioned to the county government through a competitive recruitment process by the County Public Service Board.

During the reporting quarter, the USAID Mission communicated to the county governments where HRH staff are being supported that the support would end by 28th February 2021. The HRH staff played a key role in ensuring continuity of healthcare services in the assigned health facilities during the HCWs industrial action.

Increasing efficiencies of existing HRH

In PY3, Afya Halisi worked with the CHMTs of Kakamega, Kisumu and Migori counties to ensure full implementation of the findings from the workload indicator for staffing needs (WISN) assessment. While there has been a general commitment and evidence of implementation across the three counties, there is need for an updated assessment that reflects the current staffing trends after a long period of the COVID-19 pandemic and several HCWs strikes in the supported counties. Kitui County will need to conduct its assessment to determine staff rationalization measures.

A summary of the progress of the J2SR metrics is indicated **Table 8** below.

Table 8: Progress on Human resources for health

J2SR Metrics	Progress
Evidence of absorption of 30% of the supported HRH staff	Migori County - 4 HRH hires were absorbed by Migori county, 1 HRH hire transitioned to another organization while 3 hires were terminated based on performance appraisal. Kitui County - The Project released 30% (12 HCWs) of the hires in July 2020, but only 3 were absorbed back through the national UHC recruitment. Three have since resigned. The Project now supports 36 HCWs from the original 60 that were hired in 2018. Kisumu County - 6 HRH hires have been transitioned, with 5 hires being absorbed by the county through competitive process under the UHC platform and 1 HCW transitioning to Kakamega County.
Counties utilizing the WHO workload indicators of staffing needs (WISN) tool to rationalize deployment of staff	Kakamega County - The county has expressed interest in scaling up use of the WISN tool to additional sub-counties beyond the geographic scope of Afya Halisi. Migori County - The newly hired HCWs under UHC done in PY3Q3 (during the COVID-19 response) did not follow the WISN findings. Kitui County - The county still has HRH deficits with most facility sub-optimally staffed. Non-compliance of recommended 5% annual staff replacement since 2018 has worsened staff shortages

2. Healthcare financing

During the reporting quarter, Afya Halisi co-supported the County Government of Migori to plan for operationalization of the County Health Services Act to include creation of a platform and system within the county for smooth implementation of the Migori County Health Fund. This will be completed in the subsequent quarter before the Project's close out. The Project also worked with the County Government of Kitui to plan for the finalization and enactment the Kitui County Health Bill which will be completed in the subsequent quarter.

In Kisumu, in PY4 Q1, Afya Halisi co-supported the county to finalize a resource mobilization strategy and road map. The strategy was finalized and signed by the CEC Member for Health. . In the subsequent quarter, the Project will co-support the training of the county resource mobilization team on its implementation as well as writing of proposals for resource mobilization.

In Kakamega, the Project co-supported a process to operationalize the Facility Improvement Fund (FIF) Act by supporting a workshop to develop guidelines for its implementation. The FIF Act will ring-fence health resources and prevent their utilization on non-health related expenses. This fund will be administered by a board under the Chief Officer of Health. In PY4 Q1, the guidelines were gazzetted and are currently under review by the cabinet committee on legislation chaired by the Deputy Governor.

3. Leadership and Governance Capacity of C/SCHMTs

In Y3, Afya Halisi continued to build on earlier advocacy initiatives directed at the MOH leadership in the four focus counties to strengthen planning and coordination for effective delivery of quality services. Afya Halisi identified flagship agendas based on the county context and priorities. The progress of the various advocacy agenda as of PY4 Q1 is shown in **Table 9** below.

Table 9. Progress on Advocacy agenda

County	Advocacy Agenda	Progress
Kitui	Reinstatement of the community program as per national policies and guidelines for implementation of the Community Health Strategy and having it anchored in an appropriate county law.	In PY3, the Project co-facilitated and co-financed a workshop bringing the County Assembly Health Committee, the County MOH leadership and a team of lawyers (The County Assembly legal advisor, the Kitui County Legal Officer and a consultant lawyer) to harmonize the various clauses in the Kitui County Health Services bill. The project supported the county to integrate community health services into the consolidated bill. Once enacted into county law, it will protect the community health strategy against the cyclical changes in political leadership. The bill also has provisions on the health services fund and the Health products and technologies unit. The draft bill is now with the county executive for approval and submission to the County Assembly. In PY4Q1, the Project also worked with the County Government of Kitui to plan for the finalization and enactment the Kitui County Health Bill which will be completed in the subsequent quarter.
Migori	Operationalization of Migori County Health Services Act	The Project co-financed and co-facilitated development of regulations to operationalize the County Health Services Act that had been enacted in November 2019. The regulations were approved by the county assembly and printed by the Government printer. In PY4Q1, Afya Halisi co-supported the County Government of Migori to plan for operationalization of the County Health Services Act to include creation of a platform and system within the county for smooth implementation of the Migori County Health Fund. This will be completed in the subsequent quarter before the Project's close out.
Kisumu	Domestic resource mobilization from the private sector for health care financing.	Kisumu County Resource Mobilization Strategy and road map was finalized in PY4 Q1.Currently, the resource mobilization team are being coached on its implementation by being guided on a concept development process. The objective of this process is to develop concepts for funding by corporates.
Kakamega	Finalization of the development of the Health Bill	In PY4 Q1, Afya Halisi supported the development of regulations to operationalize the Health Bill. The bill is currently under review by the cabinet committee on legislation chaired by the Deputy Governor for Kakamega County.

4. Health Management Information System for Effective Use of Data

To strengthen data quality and scale up use of Quantum Geographic Information System (QGIS) and dashboards, and use of DHIS2, the Afya Halisi co-financed and co-supported the development of 44 mentors from Kisumu (32) and Kitui (12) counties on use of QGIS. The mentors were mainly sub county HRIOs, and HRIOs in high volume facilities. The training enhanced the skills of the HRIOs on geo-spatial mapping and visualization of data and use of data for decision making and adaptive programming at sub county level and in the high volume facilities. This is in addition of to the 93 HMIS mentors developed in year 2 including; 25 in Kakamega, 30 in Kisumu, 14 in Kitui and 24 in Migori. The mentors were provided with the requisite knowledge and skills on indicator definition, data analytics, and use of data and RMNCAH scorecard for action.

During the reporting period, the national MOH team conducted a virtual training for county and sub county HRIOs in all the 47 counties on the revised MOH reporting tools. At county level, Afya Halisi co-supported the training of 1,467 HCWs and 2,171 CHVs in the four focus counties on the revised national MOH reporting and data collection tools for FP/RMNCAH services. The revised registers include; Outpatient registers, Antenatal Register, Maternity Register, Postnatal Register, Family Planning Register, Child Welfare Clinic Register and community tools. The MOH summary tools include MOH 705 A and B, MOH 711, MOH 717 Workload report, MOH 706 Lab Summary, Weekly IDSR, MOH 515 and MOH 710.

5. Increased Access to Essential Medicines and Products

The Project has collaborated with counties, the national government, and other non-state partners in ensuring commodity security. The four supported counties now have health products and technologies units, have annual quantification and forecasting plans and established sub-county commodity management systems. However, staffing changes and disruptions at both supply chain and service delivery have impeded an assured commodity. The progress of the engagements with the county governments is shown in **Table 10** below.

Table 10. Progress on Increased Access to Essential Medicines and Products

J2SR Metrics	Progress
Number of facilities reporting zero stock-out of essential commodities	The Project continued to work with the counties on improving the supply chain system that has been catalyzed by the introduction of the integrated supply chain management approach, towards improvement of security of essential lifesaving commodities and supplies including those for family planning, maternal and newborn health and vaccines. In Migori County, this was done through the Commodities TWG meetings where the commodities dashboard is shared with recommendations done on commodity management, redistributions and reporting consistently being done every quarter.

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

During the reporting quarter, health services were disrupted by countrywide healthcare workers strike. As the country continued to manage the effects of COVID-19 on FP service delivery, the Project has highlighted the need to focus on opportunities to provide immediate post-partum FP services and improve private facilities' capacity in filling the gaps that arise during healthcare workers' industrial actions. Despite this situation, there was continuity in FP services in private health facilities and public health facilities with non-government supported staff. In the reporting period, 95,442 CYPs were achieved in the four counties as shown in **Figure 3**. This performance is below a quarterly average of 121,000 CYPs attained in the preceding four quarters. At county level, Migori had the highest CYP performance at the county level at 44,036; Kakamega with 18,739; Kisumu at 17,093, while Kitui achieved 15,574. In Migori, there was the completion of mentorship on PPFP to 156 healthcare workers. The mentorship had been finalized in the preceding quarter for the Kitui and Kisumu. As part of events to commemorate 16 Days of Activism against

Gender Based Violence, the Project supported youth-themed events in the four counties, focused on advocacy on safe contraception use and service provision. For sustainability, the Project has built teams of sub-county FP mentors over the past three years. During the quarter under review, the Project provided equipment and demonstration kits in the four counties as resources to continue need-based site-level mentorship. At the national level, the Project participated in an on-going process to review FP quality of care standards under stewardship of the Division of Reproductive and Maternal Health (DRMH).

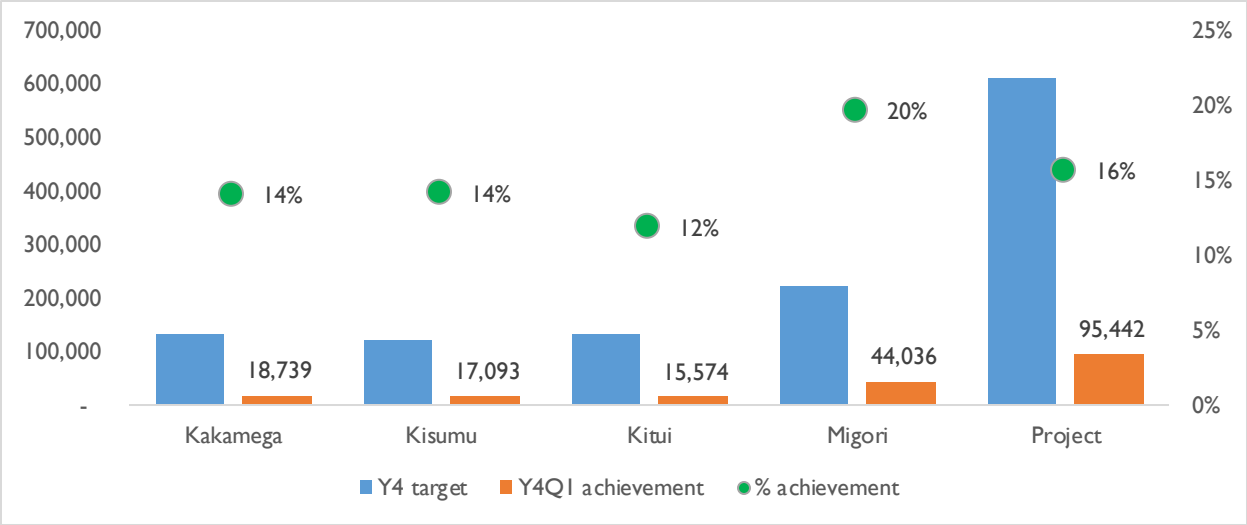


Figure 3. CYP achievement by County, PY4Q1

In PY4 Q1, the Project worked with 133 private health facilities, representing a fifth of all the supported health facilities. During the quarter, the private facilities achieved a CYP of 24,353, an increase of 42% compared to the private facilities' CYP achievement of 17,139 in PY3 Q4 period. The facilities contributed to 26% of the Project's CYP achievement in the reporting period as shown in **Figure 4** below due to the HCWs industrial action experienced during the reporting . Migori and Kitui had the highest contribution at 32% and 31% respectively, private facilities in Kisumu contributed 22% and while those in Kakamega contributed 8% to the county's CYP performance.

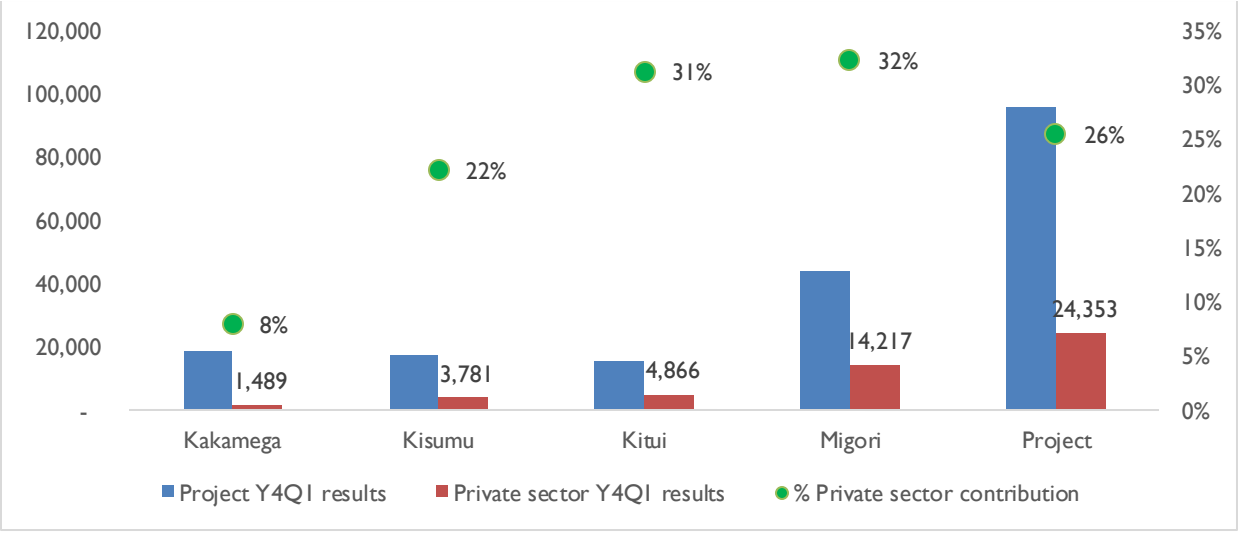


Figure 4. Private sector contribution in CYP achievement by County, PY4Q1

Specific activities in the counties are outlined in the following sub-sections.

Expanding access to high quality FP services

In the reporting period, 97% of the 664 project sites provided FP counseling and services, although with many missing working-hours because of the healthcare workers' industrial action. The 23 health facilities not providing FP services are mostly affiliates of the Catholic-sponsored health programs. However, they remain strategic facilities based on the continued provision of other essential maternal and child health services.

FP commodity management

In PY4Q1, Afya Halisi did not conduct training on FP commodity management in the four counties, as the Project had trained 234 HCWs in the preceding quarter. In the subsequent quarter, the Project will work with Afya Ugavi to update the counties' database for all the four counties' training and capacity needs as part of the transition plan. In the three years of implementation, the Project trained 1,081 HCWs on FP commodity management while establishing sub-county teams of trainers and mentors.

Stock out of contraceptive commodities remains a challenge stemming from national supply chain systems. More than three-quarters of the project supported health facilities had experienced stock out of the main contraceptive methods at the time of reporting. County-level delays in purchasing and distributing essential commodities remain the main reason for the continued high commodity stock-out levels. At the national level, there has been a lag in the bulk orders for essential supplies. While the country has enough stocks of short term methods to last the country more than two years, a national stock-out of long-term contraceptive methods has been a constant feature. At county level, Kitui and Kakamega had relatively higher stock out levels at 86% and 85% respectively; Kisumu at 74% and Migori with a better situation at 61%.

More facilities reported lack of essential FP commodities in the reporting period, increasing by ten percentage points. The continued disruptions in the healthcare service delivery due to industrial strikes have affected FP services' continuity. Less than half (48%) of the 608 facilities across the Project had adequate stocks of intra-uterine contraceptive devices. Performance at the county level was varied, with Migori having the lowest stock out rate for IUD at 22%, while Kisumu county reported the highest stock-out of IUDs at 61%. In Kitui, stock out for IUD was at 58%, which put in perspective is a marked improvement from a high of 75% in the first year of implementation. In the same period, 56% of the 91 healthcare facilities in Kakamega reported stock out of IUDs. Female condoms are the most stocked out commodities in 81% of the 459 reporting facilities. The Project has collaborated with counties, the national government and other non-state partners in ensuring commodity security. The four supported counties now have health products and technologies units, have annual quantification and forecasting plans and established sub-county commodity management systems. However, staffing changes and disruptions at both supply chain and service delivery have impeded an assured commodity.

Immediate Post-Pregnancy Family Planning

Throughout the Project's implementation, the Project ensured consistent PPFP in all the 139 EmONC facilities. These facilities have the right capacity to offer PPFP after the Project's support in training and equipment.

Family Planning Advocacy

In the previous quarters, the Project supported the four focus counties in planning and budgeting for FP activities through the county FP costed implementation plans. However, given the disruption of the fiscal plans across the health sector due to COVID-pandemic, the Project used different forums to advocate for continued county support for FP activities. The forums included direct audiences with the leadership of the executive and county legislative organs and stakeholder meetings held in the four counties to review healthcare service delivery status.

Family Planning Quality of Care
In the reporting period, 156 HCWs were trained on RH and FP modules, from Kakamega and Migori counties. This represents an achievement of 16% of the training target for PY4. The training was conducted through on-site mentorship on PPFP in select health facilities in the two counties. The Project did not conduct any training in the other two counties due to past investments in FP/RH training. In the preceding year, the Project had supported on-site mentorship on FP, reaching 673 HCWs. The Project has established skilled training and mentorship teams in all the 26 sub-counties. This capacity will ensure that the counties continue to provide technical support at the sub-county level through their mechanisms or other external assistance.

FP Compliance to USG Requirements
In the reporting period, Afya Halisi continued to monitor compliance to FP and other USG requirements. Sensitization on FP compliance was done during the accelerated Post-partum family planning mentorship and assessment of LARC mentees, where 409 healthcare workers were sensitized on FP compliance. Sixty healthcare facilities were assessed on compliance with family planning regulations. Generally, the facilities are compliant with the FP requirements. During the reporting quarter, Afya Halisi informed USAID, through the AOR, of a potential vulnerability to the Tiahrt amendment, that arose from the preliminary findings of the learning activity on Evaluation of Dynamics of Contraceptive Use, Discontinuation and Method Switching in a bid to address quality of family planning services in Migori and Kitui counties.

Maternal and Newborn Health

The country continued to manage the effects of the COVID-19 on maternal and newborn activities in the reporting period. There was a relative return to normalcy in maternal and newborn health service delivery across the country, although the healthcare workers' strikes further compounded the situation. In the reporting period, the Project continued to support the orientation of HCWs on the revised guidelines on provision of essential services under COVID-19 public health regulations. Further support was extended towards the review of infection prevention and control protocols in service delivery areas.

The specific activities in the reporting period are outlined in the following sub-sections.

Access to Essential MNH Care
During the reporting quarter, the Project's support included provision of human resources to address HRH gaps in the focus counties Migori, Kisumu and Kitui. These healthcare workers have been critical in sustaining services even during the healthcare workers' strike. In addition, other co-support provided by the Project during the reporting period included continuous on-site mentorship on essential and emergency maternal and newborn care and conducting orientation sessions for newly deployed healthcare workers. The Project has provided adequate equipment for essential maternal and newborn care in all the 139 EmONC facilities. Through the Project's support, all the sub-counties have mentorship teams that have been trained to offer on-going mentorship across different aspects of maternal and newborn care. Community-level activities conducted in the reporting period included roadshows and radio campaigns to encourage women to access childbirth services at healthcare facilities following the COVID-19 disruptions in 2020. In the reporting quarter, the Project conducted infection prevention and control (IPC) audits to assess compliance to COVID-19 regulations in both private and public health facilities in Kisumu and Kitui counties. Some of the gaps identified included sub-optimal observance of IPC protocols. The Project subsequently worked with county IPC teams to co-support on-site technical assistance.

In the reporting period, 28,663 pregnant women in Project supported health facilities accessed first ANC services. The coverage for the first ANC was 89% average for the four counties based on 2019 adjusted population estimates. Migori had the highest output with 9,225 women with a county coverage of 86% coverage. Kitui had universal coverage for the first ANC, with 6,554 women accessing ANC first ANC services, while the first ANC coverage for Kisumu and Kakamega was 93% and 82%, respectively.

In the reporting period, 15,193 pregnant women received had their fourth ANC visits in the four counties, an achievement of 21% against the annual target, as shown in **Figure 5** below. In Kakamega, 3,731 women had their 4th ANC visit; Migori had 5,561 4th ANC visits; Kisumu with 4,074, while Kitui had 1,827.

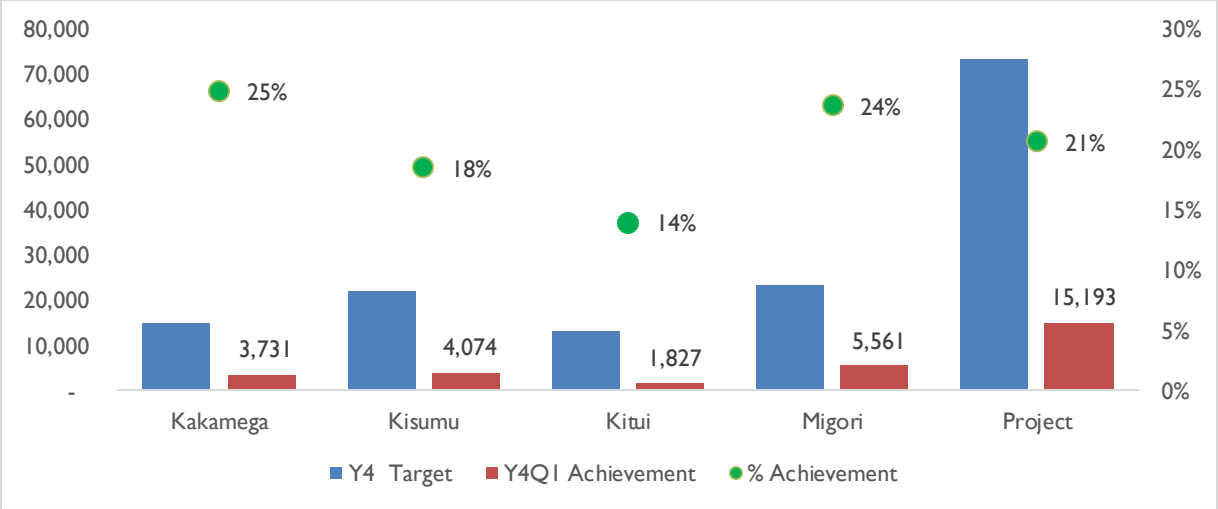


Figure 5. 4th ANC visit achievement by County, PY4Q1

At the Project level, coverage for 4 ANC was at 51%, with Kisumu, Migori and Kakamega reporting above 50% coverage. In Kitui, 4 ANC coverage was 31%. This performance was below the previous quarter, mostly affected by the nationwide healthcare workers' strike. In the reporting period, the Project continued to support counties in expanding access to obstetric ultrasound, whole site mentorship, infection prevention and control, and quality assurance of women's registration to Linda Mama health insurance. In Migori, the county sonographer conducted a follow-up on the ultra-sound training done in the past quarter. To support privacy during provider-client interactions, the Project identified 22 facilities that require minor refurbishment to encourage women to attend their antenatal clinics in assured privacy. The Project will work with the counties to finish the renovations in the first quarter of 2021. The Project supported support supervision activities in 20 of the 25 sub-counties before the strike disrupted the healthcare services. As part of building more robust systems, Kisumu county acquired two ultrasound machines to add to USAID's ones.

In the reporting quarter, 21,814 births were attended to by skilled healthcare attendants in the four counties as shown in **Figure 6** below. Migori had the highest number, with 8,467 births, while Kitui had 2,887 births. Kisumu and Kakamega reported 5,893 and 4,567 births, respectively.

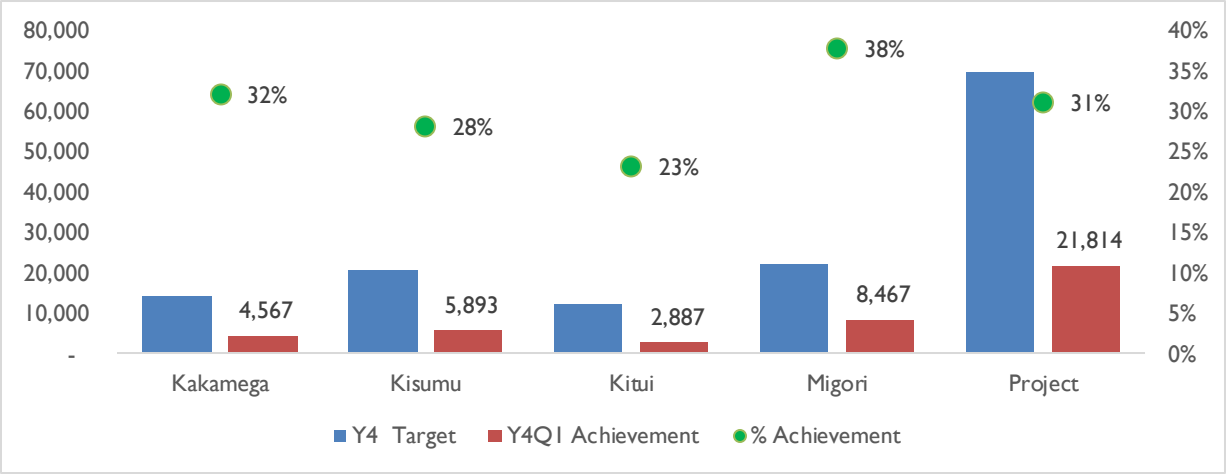


Figure 6. Skilled birth attendance performance by County, PY4Q1

The coverage for skilled birth attendance at the project level was 74 percent, with Kisumu having the highest percentage of SBA coverage at 87%. Migori had an SBA coverage of 80%, and Kitui reported 55% coverage as shown in **Figure 7** below. This performance shows a consistent continuation of sustained efforts by the Project in contributing to the skilled birth care in the four counties. Even with 55% skilled birth attendance coverage, Kitui has had marked improvement since the Project's inception.

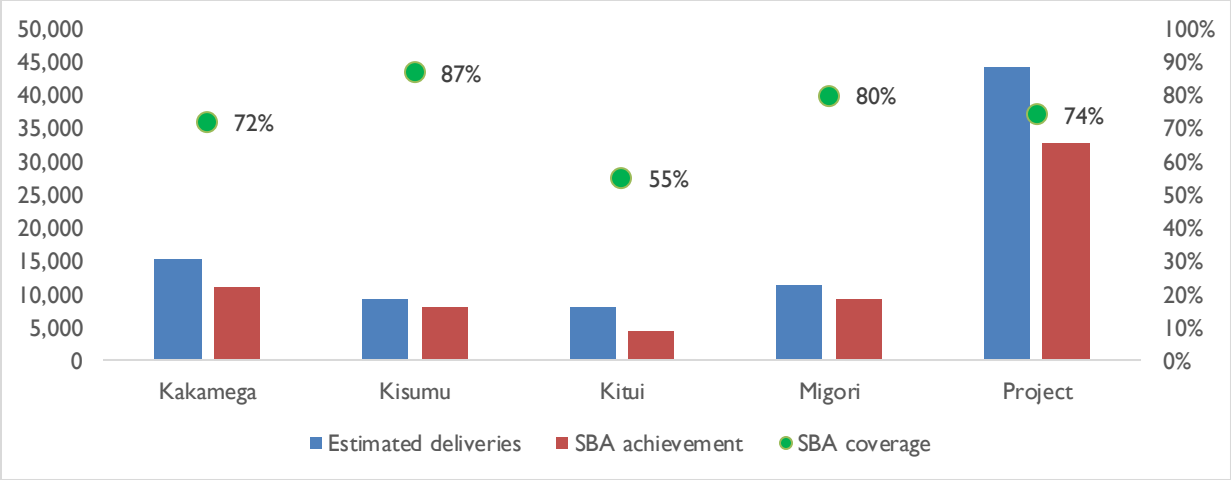


Figure 7. Skilled birth attendance coverage by County, PY4Q1

During the reporting quarter, the Project supported 87 healthcare workers (Kakamega -5, Kitui – 46 and Migori - 36) on different maternal and newborn care modules. In Migori, the Project also supported county pediatrician and EmONC TOTs to improve midwives' knowledge and skills on neonatal resuscitation at Awendo and Rongo sub-county hospitals. In Kitui, on-site mentorship on managing hypertensive disorders in pregnancy was supported by the Project to reach 46 healthcare workers. Most capacity strengthening efforts are concentrated in the second and third quarters, usually to align with the first quarter's needs assessment. As outlined in PY4 work plan, the Project's capacity strengthening support shifted to building sub-county and facility-level capacity to continue with technical assistance. In PY3, the Project reached 1,418 HCWs with different MNH technical updates.

The private health facilities provided continued access to essential health services during the national healthcare workers' industrial action. During the reporting quarter, the Project supported private facilities contributed to 51% of all the deliveries in Kitui county compared to 50% in PY3 Q4 and a 39% overall contribution at project level in PY4 Q1 compared to 30% in PY3 Q4 period as shown in **Figure 8** below. The COVID-19 pandemic also contributed to an increase in the contribution of the private health facilities as some expectant mothers still shied away from seeking skilled delivery services from public health facilities given that some of the public health facilities had been earmarked as isolation centers for positive and suspected COVID-19 cases.

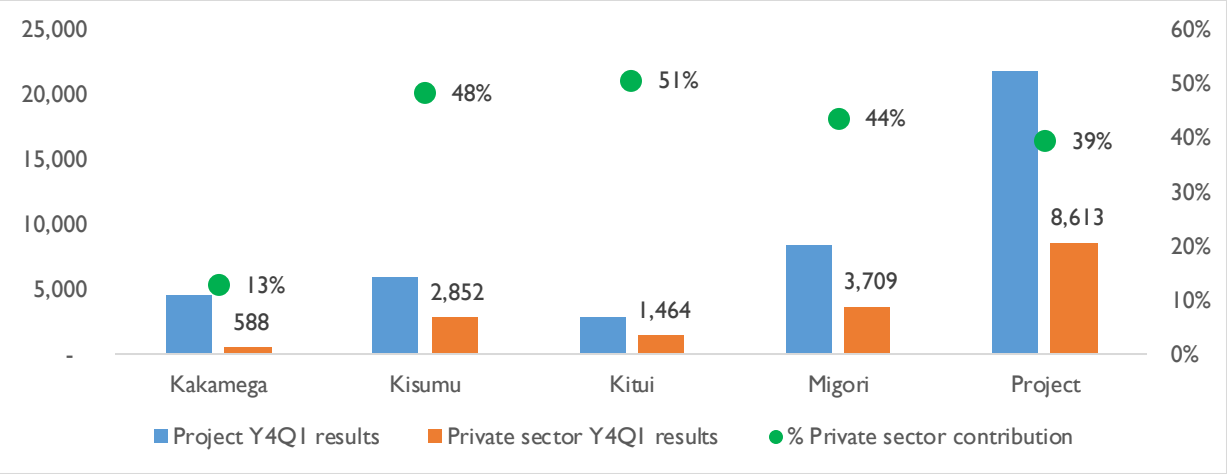


Figure 8. Private sector contribution in skilled birth attendance achievement by County, PY4Q1

Scale-up EmONC services

During the reporting quarter, there was no change in the number of facilities offering emergency maternal and newborn care, with 139 EmONC facilities in the four counties; 25 of these facilities comprehensive emergency care functions. However, there was a change in the number of comprehensive CEmONC in Kitui when the county upgraded the Tseikuru EmONC facility to a CEmONC facility. In Kisumu, 11 of the 31 EmONC facilities offer comprehensive services; In Migori, 5 of the 36 EmONC offer CEmONC services and Kakamega has three of the 23 healthcare facilities offering CEmONC in Afya Halisi focus sub counties. The Project continued to advocate with county governments to establish CEmONC functions in three other EmONC facilities, one in Mwingi West in Kitui and two in Migori county. As part of enhancing service provider skills, the Project supported the national MOH to develop an EmONC mentorship package during the reporting period. As a way of mitigating against the constant disruptions in public healthcare service delivery, the Project worked closely with private facilities, supporting them with staffing equipment, EmONC demonstration kits and on-site mentorship.

In PY4 Q1, 20,689 women giving birth received uterotonics as appropriate, representing 95% of the total women who had births attended by a healthcare provider. There was no reported stock out of uterotonics in the reporting period.

Essential Newborn Care

In PY4 Q1, 18,206 newborns received immediate postnatal care services in the Project supported health facilities. In the same period, there were 20,791 live births in the Project's supported sites. When measured against live births, 87% of live births were assessed in 48 hours. The difference is attributed to the lack of the correct reporting tools. In the reporting period, the Project worked with the county health departments to support the new patient registers' distribution following changes. The Project targeted PNC at the community in Kitui, where there is still a comparatively higher number of home deliveries. Community scorecard meetings were held in Mwingi North and Kitui East sub-counties to provide dialogue platforms on the need for essential newborn services. Except for Kakamega, all counties had enough chlorhexidine

gel stocks in the reporting period. Past advocacy efforts have resulted in a consistent supply of this essential commodity.

Table 11 below shows a comparison of PNC coverage and institutional neonatal mortality ratio in the four focus counties, for the two periods of October to December 2019 and October to December 2020.

Table 11. Comparison of PNC coverage and institutional neonatal mortality ratio in Project focus counties in October to December 2019 and October to December 2020

County	Oct 2018 to Sept 2019		Oct 2019 to Sept 2020	
	PNC Coverage	Institutional neonatal mortality ratio	PNC Coverage	Institutional neonatal mortality ratio
Kakamega	34%	13	54%	12
Kisumu	59%	6	70%	16
Kitui	38%	14	38%	12
Migori	74%	5	66%	6

Respectful Care

There was no direct activity supporting respectful care as the Project has worked with the counties to integrate patient-centered care in all its implementation structures. These included the Project's support in minor renovation and service area improvements to assure privacy, the orientation of HCWs on respectful care as part of induction to newly employed staff and community feedback sessions to involve community in the planning and delivery of healthcare services.

Maternal and Perinatal Death Surveillance and Response (MPDSR)

As indicated in the previous sections of this report, there has been considerable improvement in the access to essential and emergency maternal and newborn care services in the four counties through concerted efforts with the counties and other stakeholders. However, access to care can only be of benefit when there are better patient outcomes. In the reporting period, the four counties conducted their quarterly MPDSR review meetings. The counties are now able to conduct these meetings with limited support from external partners. In the period under review, there was a reduction in reported maternal and perinatal deaths. This reduction also coincides with the disruptions in service delivery caused by the healthcare workers' strike. There were 26 maternal deaths with 81% being audited and 554 perinatal deaths reported during the reporting quarter.

Kisumu recorded ten maternal deaths and the highest institutional maternal mortality ratio (iMMR) of 170/100,000, a slight improvement from 195/100,000 reported in the previous quarter. Migori county recorded a reduction in the iMMR with 106/100,000 from 109/100,000 in the previous quarter. The iMMR in Kakamega was 131/100,000, with 6 maternal deaths reported in the quarter compared to iMMR of 54/100,000 in PY3 Q4. Kitui county had the lowest ever recorded iMMR in a quarter with one maternal death and an iMMR of 35/100,000. There were 554 perinatal deaths in the same period, indicating 17 perinatal deaths for every 1,000 births.

In the three years of implementation, the Project's support with human resources has been a critical factor in mitigating poor maternal and perinatal outcomes. Some of the facilities in Kitui rely on the Project supported staff for the delivery of essential and emergency maternal and newborn care services. With lessons learnt on the minimal effect of classroom training, the Project instituted site-level mentorship initiatives in PY3, which continued in the reporting period. The national MOH has developed a standardized facility EmONC mentorship package through the Project's support. This package will lead to better maternal and newborn outcomes, as it augments past capacity strengthening efforts. The additional CEmONC facility in Kitui will increase emergency care access in one of the most hard-to-reach areas.

Quality of Care

In **Kisumu,** Afya Halisi continues to advocate for timely scanning below 24 weeks and tracking the uptake and utilization of the ultrasonography services. During the reporting quarter, radiologists supported quality of care assessment in 11 facilities, reaching 32 HCWs (11 male, 21 female). About 90% of the mentees had concordance results with the radiologist report. In **Migori**, the Project supported two KQMH sensitization forums, reaching 45 HCWs (19 male 26 female). The participants comprised of Quality Improvement (QI) coaches and selected facilities QIT/WIT representatives. The forum resolved to revive QI projects which had stalled during COVID-19 pandemic and initiate additional FP/RMNCAH QI projects. In **Kitui,** the Project supported blood donor drives and MNH services during the annual business conference. The Project conducted an assessment of improvement following EmONC mentorship that started in PY3. In **Kitui**, most HCWs from the sampled three health facilities demonstrated confidence in managing maternal and perinatal emergencies.

Immunization

In the co-created PY4 work plan, Afya Halisi proposed to support interventions targeted at strengthening capacity of HCWs and health systems to provide county led quality immunization services that utilizes the REC approach and ensures equity in a sustainable way. Under this partnership, counties are supposed to take up greater roles in planning, financing implementing and monitoring of immunization services. Specific areas targeted for strengthening include; leadership and governance for immunization through capacity building of sub-county immunization coordinators to effectively manage immunization programs through training on the WHO mid-level management (MLM) package and strengthening vaccines quality and availability through dissemination and institutionalization of the e-chanjo platform. The Project also planned to support dissemination of the immunization strategy, 2021-2024 to county and sub-county health teams to update them on new strategies to reach zero dose children and the under vaccinated.

Summary of PY4 Q1 achievements under immunization

In PY4 Q1, 21,596 children under one year of age were fully immunized with support from Afya Halisi. This represents an achievement of 22% against the FY21 target of 99,688. The shortfall in meeting the quarterly target in achievement of 25% was attributed to a slowdown in service delivery during the month of December 2020 occasioned by staff taking a holiday break and an industrial action by nurses beginning mid December 2020 which resulted in reduced accessibility to immunization services by children. The total number of fully immunized children on a month by month basis during the quarter was 8,774, 8,787 and 4,035 in the months of October, November and December 2020 respectively. The drop in number of fully immunized children in December 2020 represents the unique challenges of an industrial action and holiday break witnessed in that particular month.

Performance against target for Project supported counties in PY4 Q1 period are shown in **Figure 9** below.

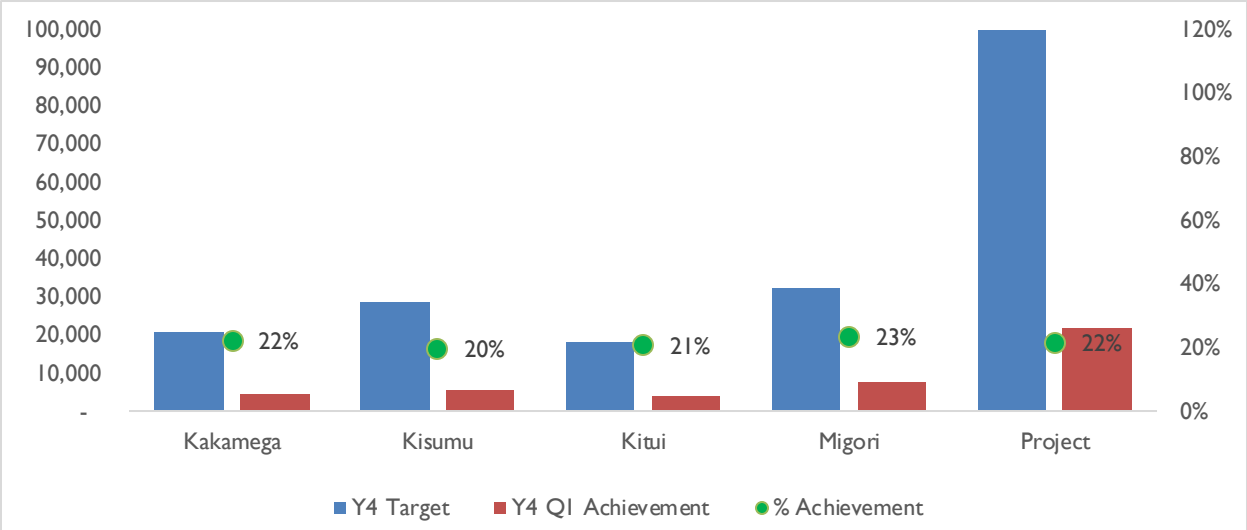


Figure 9. FIC performance against target in PY4Q1

In PY4 Q1, county level full immunization coverages were as follows; Kakamega County 72%, Kisumu County 80%, Kitui County 64% and Migori County 74%. As compared to FY20, there was a general decline in full immunization coverages in PY4 Q1.

Unvaccinated and under vaccinated Children

During PY4 Q1, 6,492 children within the estimated target population in the project supported sub counties did not receive immunization services. Kakamega County had the highest number of unvaccinated children at 2,213, followed by Kitui County with 1,595, Migori County with 1,501 and Kisumu County with 1,183. The number of under vaccinated children in Kakamega county was 1,206, corresponding to a dropout rate of 10% while in Kisumu County, there were 306 under vaccinated children, corresponding to a dropout rate of 4%. Migori county had 852 under vaccinated children which represents a dropout rate of 9% while Kitui County had 614 under vaccinated children which corresponds to a dropout rate of 10%. During PY3, Kakamega county had a dropout rate of 2%, Migori county had a dropout rate of 1%, Kitui County and Kisumu Counties had a dropout rate of 3%. The rise in the dropout rate is attributed to disruption of services as a result of industrial action by nurses and a slowdown of services due to most service providers going on their annual leave. There is need for urgent mop up activities in January 2020 to ensure immunization drop outs are reached with vaccination.

Private sector contribution to immunization service delivery

In PY4 Q1, private sector contribution to immunization performance was as follows: in Kisumu County, private sector contribution for children under one year receiving DPT1, DPT3 and FIC was 35%, 35% and 30% respectively; in Kakamega County, DP1, DPT3 and FIC contribution by private sector was 8%, 7% and 5% respectively; in Migori County private sector contribution to DPT1, DPT3 and FIC was 24%, 25% and 23% while in Kitui County DPT1, DPT3 and FIC contribution by private sector amounted to 26%, 28% and 18% respectively as shown in **Figure 10**. The increase in proportion contribution by private service providers to immunization was key in mitigating the effects of COVID-19 and closure of public health facilities due to healthcare workers' industrial action and holidays.

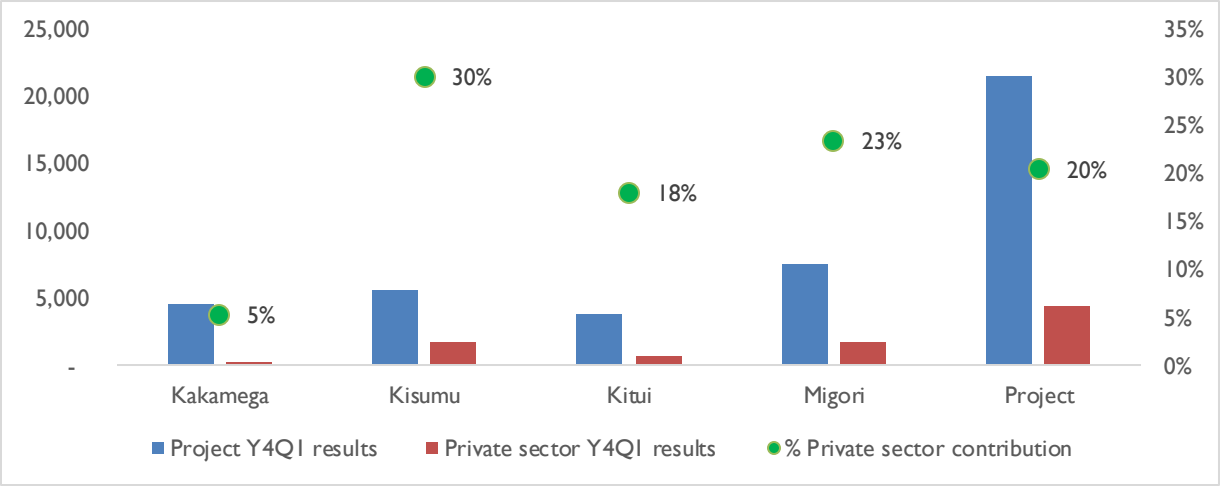


Figure 10. Private sector contribution in FIC achievement by County in PY4Q1

The county specific immunization activities are detailed below.

Kisumu County

Reducing Missed Opportunities for Vaccination
Leveraging project support previously provided for defaulter tracing via airtime reimbursement for 121 health facilities in Kisumu County, a total of 1,326 immunization defaulters were traced and immunized during PY4 Q1. This resulted in an increase in FIC coverage from 89% in October 2020 to 95% by end of November 2020.

Sensitization of EPI Coordinators on e-Chanjo Platform
During the reporting quarter, the Project supported a total of 20 health care workers to be sensitized on E-Chanjo platform to manage antigens through an online system. With the Project's support, Kisumu County has transitioned to the use of logistics management information system (LMIS) for EPI which has gradually resulted in improved vaccine forecasting and ordering thus reducing stock outs of antigens. The county has committed to strengthen the utilization of e-chanjo further in the next quarter through supporting routine review meetings to address any bottlenecks.

EPI Targeted Supervision
In PY4 Q1, Afya Halisi supported the CHMTs and SCHMTs in the focus counties to carry out targeted EPI supervision to 113 immunizing facilities. The highest facility scored 98% while the lowest scored 45%. Most facilities were adhering to both the cold chain management and to FIFO/FEFO principle, all health facilities supervised had updated micro plans with adequate stocks of vaccines. Areas of improvement included improved documentation on monitor charts, ledger books and tally sheets and defaulter tracking logs. The most notable challenge in the private health facilities was inadequate staffing and lack of appropriate EPI fridges.

Kakamega County

EPI Logisticians LMIS Review Meeting
Building on efforts initiated in PY3, Afya Halisi continued to support strengthening of commodity security amidst stock outs occasioned by a disrupted supply chain due to COVID-19. In PY4 Q1, Afya Halisi conducted a two-day meeting with EPI logisticians and Sub-county Public health nurses to review the EPI logistics within the county. The meeting's objective was to review vaccine flow from the depot to the sub-

counties, utilization of the e-chanjo platform by the sub-counties and strengthening vaccine ordering and quantification system. A total of 31 HCWs across all sub-counties in Kakamega were sensitized. Despite the process having started in PY3, utilization of the e-chanjo logistics management information system was poor, a situation that contributed to vaccine stock outs in some sub-counties due to lack of real-time data on vaccines stocks availability. Subsequent reviews of the e-chanjo platform will be carried out in the subsequent quarter to ensure proper utilization.

Kitui County

Immunization outreaches

In PY4 Q1, the Project in collaboration with the SCHMTs supported 13 project health facilities with underserved populations and hard to reach areas to hold immunization outreaches in Mwingi West - 5 facilities, Kitui South - 4 facilities and Kitui East -4 facilities. The support was provided on a monthly basis. A total of 108 children who would have possibly remained unimmunized were reached with immunization services at outreach sites.

Cold chain maintenance

During PY4 Q1, the Project supported medical engineers to provide preventive maintenance and conduct repairs on EPI fridges in 14 health facilities from Kitui South (9 health facilities), Mwingi West (3 health facilities) and Kitui Central (sub-county). These facilities had their fridges repaired to full functionality and were able to provide routine immunization services.

EPI support supervision and onsite mentorship

Building on previous capacity building efforts in Kitui County and based on identified need, in PY4 Q1, Afya Halisi supported onsite mentorship in 58 health facilities during supportive supervision visits. The facilities were drawn from Mwingi West, Kitui Central and Kitui East sub-counties. A total of 86 HCWs received mentorship support in; correct charting of the immunization monitor chart, operating and interpreting fridge tag-2 device for temperature monitoring, vaccines safety and arrangement in compartments, multi-dose vaccine vial policy implementation, documentation in vaccine ledger books, contingency actions during freeze and heat excursions and proper documentation in the immunization permanent register.

Migori County

Cold chain maintenance

During the reporting quarter, the Project supported routine quarterly maintenance of cold chain equipment in 35 health facilities across Migori County. During the maintenance visits, Biomed technicians mentored staff in MCHs on routine preventive maintenance to avert the breakdowns. The Project also engaged both the maintenance department and the County EPI logistician on availing resources to support quarterly maintenance of cold chain equipment, collection of spares from Kitengela go-down, and obtaining external support for advanced repairs. The activity was particularly helpful in resumption of daily immunization services in three facilities that had resorted to scheduled weekly immunization owing to faulty EPI fridges.

Child Health

In PY4, Afya Halisi's work plan was adapted to intensify support in areas with a higher burden of diarrhea and pneumonia. Data from PY3 showed that Kitui County had the highest burden of diarrhea at 21% followed by Kakamega at 15%, Kisumu at 12% and Migori at 11%. The highest burden for pneumonia was observed in Migori at 8%, followed by Kisumu at 6%, Kitui at 4 % and Kakamega county at 3%. In its PY4 work plan, Afya Halisi purposed to intensify support in high burden counties by focusing on strengthening

the capacity of health management teams at county and sub-county levels to plan, implement and monitor child health services through establishment of child health technical working groups. Specifically, the Project purposed to strengthen systems level capacity on Integrated Management of Newborn and Childhood Illnesses (IMNCI) through strengthening Child health TWGs, scale up capacity on IMNCI and Emergency Triage Assessment And Treatment (ETAT+) and strengthen integration of child health interventions in Prevention of mother-to-child transmission (PMTCT) in Kakamega County.

Summary of PY4 Q1 Child health achievements

In PY4 Q1, the number of cases of child diarrhea treated in USG-assisted programs across the project supported health facilities was 14,774, an achievement of 16% against the PY4 target of 94,492. The under-achievement in the number of diarrhea cases treated in PY4 Q1 is attributed to a slowdown in service delivery during the month of December 2020 occasioned by staff taking a holiday break and an industrial action by nurses beginning in mid-December 2020 which resulted in reduced accessibility to IMNCI services by children. This situation was compounded further by the ongoing COVID-19 pandemic which has resulted in a slowdown in healthcare seeking due to the fear occasioned by the spread of the disease. During the reporting quarter, a total of 4,552 pneumonia cases were treated in USG assisted programs. This represents an achievement of 13% against the PY4 target of 34,559. Performance against targets for child diarrhea and pneumonia cases treated is as shown in **Table 12** below.

Table 12. Achievement of Diarrhea and Pneumonia cases treated against target, PY4 Q1

County	Diarrhea cases			Pneumonia cases		
	PY4 target	PY4 Q1	%	PY4 target	PY4 Q1	%
Kakamega	23,938	3,991	17%	5,180	582	11%
Kisumu	20,473	3,752	18%	8,562	1,335	16%
Kitui	25,586	2,466	10%	5,761	445	8%
Migori	24,495	4,565	19%	15,056	2,190	15%
Project	94,492	14,774	16%	34,559	4,552	13%

Table 13 below shows the relationship between FIC coverage, PCV 3 coverage and pneumonia burden, for the two periods between October to December 2019 and October to December 2020. Pneumonia burden is comparatively high in Migori. In Kisumu County, pneumonia burden is high in Muhoroni sub-county which is attributed to indoor air pollution from charcoal and firewood.

Table 13. Comparison of FIC coverage, PCV 3 coverage and Pneumonia incidence in Project focus counties in October to December 2019 and October to December 2020

County	Oct to Dec 2019			Oct to Dec 2020		
	FIC Coverage	PCV 3 Coverage	Pneumonia burden	FIC Coverage	PCV 3 Coverage	Pneumonia burden
Kakamega	64%	75%	1%	72%	77%	1%
Kisumu	78%	77%	3%	81%	84%	3%
Kitui	76%	76%	1%	65%	73%	1%
Migori	73%	82%	4%	74%	79%	4%

The county level interventions supported in PY4 Q1 included the following:

Kakamega County

Orientation of County Neonatal and Child Health TWG on TOR

In PY3, Afya Halisi supported Kakamega County to establish a County Child Health Technical Working Group to harmonize the implementation of child health related activities and services across the county. However, the team had no clear terms of reference (TOR). In PY4 Q1, the Project supported the County Child Health Services Coordinator to sensitize members of the TWG, the sub county Child Health Focal Persons, and selected IMNCI champions across the county on the County TWG TOR which were adapted from the National Child Health TWG. This was to help in improvement of quality of child health services at health facilities and the coordination at county and sub county levels. A total of 25 HCWs were sensitized on the Neonatal and Child Health TORs. It is anticipated that the TWG will provide leadership for child health activities and enhance coordination to ensure improved child health outcomes in the county.

Kakamega County Child health TWG during the sensitization meeting on the Terms of Reference.

ETAT+ training

Building on efforts from the previous implementation period, whereby the Division Neonatal and Child Health had trained 10 ETAT+ ToTs in March 2020, Afya Halisi supported cascading of the training for 10 more health providers in ETAT+. The participants were drawn from selected high volume health facilities in the six project supported sub counties in Kakamega County. The objective of the training was to improve access to ETAT+ services at selected health facilities in the county at sub county level. In addition to the knowledge and skills gained on ETAT+, the participants were also sensitized on prevention of child sexual abuse and management of violence in children up to 12 years.

Participants practicing neonatal resuscitation using Ambu bag as one of the trainers looks on during the ETAT+ training.

Commemoration of World Prematurity Day

In PY4 Q1, the Project co-funded an event to commemorate the World Prematurity Day, a function that was held at Kakamega County Government Teaching and Referral Hospital (KCGTRH).

Kitui County

ETAT+ drills in high volume health facilities

In PY4 Q1, Afya Halisi supported the county to carry out drills on ETAT+ in eleven (11) high volume health facilities in Kitui County. The aim of the activity was to test the level of emergency preparedness and improve on areas of weakness. A total of 128 HCWs participated in the drills and were mentored on ETAT+. Facility action plans were developed to outline areas that required strengthening including, availability of equipment and essential commodities and drugs.

IMNCI Mentorship
To strengthen IMNCI service delivery, the Project supported onsite IMNCI mentorships steered by the 16 sub-county level mentors. A total of 107 HCWs from 35 health facilities were reached through the mentorship sessions. Although there is improvement on classification and treatment attributed to this activity, documentation and operationalizing of ORT corners remains a challenge in most health facilities. The Project provided ORT registers to 11 health facilities that did not have.

Induction meeting for the newly appointed Sub County neonatal and Child health coordinators
With support from the Division of Neonatal and Child Health, Afya Halisi supported an induction workshop for 31 newly appointed sub-county child health coordinators in Kitui County. The induction course is designed to orient the coordinators on the TORs for coordinating child health activities in order to ensure effective leadership and coordination of child health activities.

Migori County

Commemorating world pneumonia and world prematurity days
In PY4 Q1, Afya Halisi co-supported activities to commemorate both World Pneumonia and World Prematurity Days in Migori County. The Project supported events included CMEs and whole site orientations on management of community acquired pneumonia in the context of COVID-19, use of pulse oximetry and Kangaroo mother care. There was particular attention in Kuria East and Kuria West sub-counties since they bear the greatest pneumonia in under-fives burden in the county. The IMNCI mentors used the IMNCI chart booklets to enhance capacity of HCWs in assessing, classifying and administering correct treatment for children. Gaps in documentation and reporting of child health data were also addressed.

Nutrition

During the quarter under review, the Project reached 229,919 children under five with Vitamin A supplementation, an achievement of 102 percent against the PPR target of 225,361 as shown in **Table 14**. Through the community platform, the Project reached 12,104 children aged 0-23 months with community level nutrition interventions through implementation of Baby Friendly Community Initiative (BFCI), Baby Friendly Hospital Initiative (BFHI) and Project supported CUs, an achievement of 15 percent against the annual target of 80,424. Within the same period, the Project reached 8,556 under five children that had diarrhea with zinc supplementation, an achievement of 17 percent against the PPR target of 50,355. The Project achieved these results, through co-planning, co-implementing and co-monitoring with the Ministry of Health at national, county and sub county levels to strengthen and accredit BFCI and BFHI implementation for sustainability.

Table 14. Achievements against targets in Nutrition indicators, PY4Q1

Indicator	County/Achievement	Kakamega	Migori	Project
Vitamin A supplementation	Y4 Target	88,878	136,483	225,361
	Y4Q1 Achievement	66,402	163,517	229,919
	% Achievement	75%	120%	102%
Children under 2 reached with community-level nutrition interventions	Y4 Target	31,374	49,050	80,424
	Y4Q1Achievement	4,491	7,613	12,104
	% Achievement	14%	16%	15%
Pregnant women reached by nutrition-specific interventions	Y4 Target	21,523	33,851	55,374
	Y4Q1 Achievement	5,674	9,225	14,899
	% Achievement	26%	27%	27%
Health facilities with established capacity to manage acute under-nutrition	Y4 Target	45	79	124
	Y4Q1 Achievement	73	80	153
	% Achievement	162%	101%	123%

During the reporting period, Vitamin A coverage for Kakamega and Migori counties were at 72% and 106% respectively as shown in **Table 15**. The Project contributed to the Vitamin A supplementation through strengthening support for integration of the supplementation into the CHVs' routine home visits. The household level supplementation led to achievement of the Vitamin A coverage as CHVs were able to reach more eligible children.

Table 15. Nutrition coverage in project focus counties, PY4Q1

		Indicator	Kakamega	Migori
Breastfeeding coverage	IBF	Estimated live births	15,310	11,461
		Babies IBF within an hour of birth	9,521	8,267
		% initiated on IBF	62%	72%
	EBF	Children < 6 months weighed	53,803	41,854
		Exclusive breastfeeding 0-<6 months	41,542	37,113
		% EBF	77%	89%
Micronutrient supplementation coverage	Children supplemented with Vitamin A	Children < five who received VAS	150,210	168,139
		Population 6 - 59 months	209,702	159,004
		% supplemented with Vitamin A	72%	106%
	ANC supplemented with IFAS	Women receiving IFAS	39,850	28,836
		Total ANC attendance	46,811	32,268
		% combined IFAS	85%	89%
Growth monitoring	Underweight children	Children < five underweight	2,434	757
		Total children < five weighed	129,596	86,143
		% children < five underweight	2%	1%

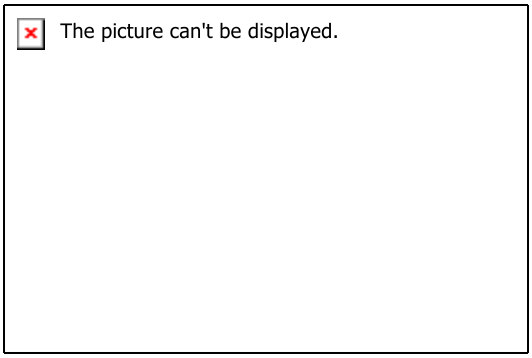
The county level activities are detailed below.

Improving Breastfeeding Knowledge and Practices of Health Workers and Mothers

Kakamega County

Baby Friendly Hospital Initiative

During the quarter under review, in Kakamega, Matungu Sub County Hospital became the first hospital in a number of years in Kenya, to be certified as a baby friendly hospital. From PY3Q4's performance of 84% and 62% for Matungu and Navakholo sub county hospitals, the Project focused its co-support on strengthening BFHI through mentorships to address the gaps. Subsequently during the reporting quarter, the Project supported the national MOH team to conduct external assessment for BFHI for certification. Of all the thirteen steps that were assessed, Matungu Sub-County Hospital passed twelve of these steps. The only step not met was in relation to infant feeding and HIV. The Project also supported the award of certificate for Matungu Sub County Hospital that was presided over by Dr. Pacifica Onyancha, the Acting Director Medical Services, Preventive and Promotive Health. However, when Navakholo Sub County Hospital met the criteria during the reporting quarter after internal assessment, due to an increase in the number of COVID-19 cases among the staff, the number of mothers accessing the hospital for services decreased due to fear of COVID-19. As a result, the facility was not externally assessed as the required sample size of pregnant and lactating women could not be reached. The Project recommended to the Kakamega county MOH to follow up on the certification.



Dr. Pacifica Onyancha awarding baby friendly certificate to the County Executive Committee member on behalf of Matungu hospital

Maternal nutrition

During the quarter under review, the Project reached 5,674 pregnant women with messages on maternal nutrition during ANC visits in Kakamega, an achievement of 26% against the county's annual target. Out of this, 6% (321) of the pregnant women were reached in the project supported private health facilities.

Migori County

Baby Friendly Hospital Initiative

During the quarter under review, Rongo Sub-County Hospital was assessed and qualified for a certificate of commitment towards being a baby friendly hospital. In PY3Q4, of the eight hospitals that the Project had co-supported in strengthening BFHI implementation, the Project in consultation with the county MOH team proposed four hospitals for external assessment by the national MOH team. The hospitals included Migori County Referral Hospital (MCRH) and Karungu, Rongo, and Kegonga sub county hospitals. The hospitals had scored 76%, 62%, 54% and 76% respectively during the county assessment that was done in PY3Q4. During the quarter under review, the Project co-supported mentorship and self-assessment in the health facilities after which they were assessed and scored as follows; Karungu - 69%, MCRH - 69%, Rongo - 75% and Kegonga - 54%. Kegonga and Kehancha sub county hospitals were not proposed for external assessment by the national MOH team as their performance was still low. However, though MCRH had worked on the gaps and were preparing for the external assessment, they could not be assessed due to ongoing doctors strike at the time of assessment that led to reduced deliveries at the facility. BFHI is primarily a maternity based initiative. The Project recommended to the county MOH team to follow up with the remaining seven hospitals and use Rongo sub county team as mentors to provide targeted mentorships based on few existing gaps. In addition, the county team to follow up with national MOH team to ensure that Rongo Sub -County Hospital is re- assessed and certified within the first quarter of 2021.

Maternal Nutrition

During the quarter under review, the Project reached 9,225 pregnant women with messages on maternal nutrition during ANC visits, an achievement of 27 percent against the county's annual target. Out of this, 23 percent (2,082) of the pregnant women were reached in private health facilities. This shows the importance of supporting private facilities given that almost one quarter of the pregnant women attend the facilities.

Improve Capacity of Facilities to Implement High Impact Nutrition Interventions (HINI)

Kakamega County

During the quarter under review, the Project supported Kakamega county to develop its first ever county nutrition fact sheet. The fact sheet will be updated every six months and shows the milestones for nutrition, current status and county priorities. The county will use the fact sheet as an advocacy tool.

Migori County

In PY3, Accelerated Value Chain Development (AVCD) had supported an inception meeting for development of the county fact sheet. In the quarter under review, the Project had planned to co-support the process. However, due to competing priorities at county level, the Project was unable to support the activity. The county will utilize the support from AVCD to finalize the nutrition fact sheet.

Improved Coverage of Micronutrient Supplementation

Kakamega County

Vitamin A supplementation

During the quarter under review, the Project co-supported in supplementation of 66,402 children under five with Vitamin A, reflecting an achievement of 75 percent in the six project supported sub counties against the annual target of 88,878. The county coverage for Vitamin A supplementation for the quarter was at 72%. The project leveraged on the good will, mobilization and sensitization done in the previous quarter on sustainability of Vitamin A supplementation. The CHVs thus conducted the supplementation routinely during household visits with no additional support. The Project only supported one day supervision for the CHAs and sub county teams. The county and sub county MOH teams conducted follow ups to ensure that the data was submitted and reported at the health facility level.

Iron and folic acid supplementation

In the quarter under review, among the pregnant women who came for ANC visits, those who were supplemented with combined iron and folic acid were 18,891 in Project supported health facilities in the county, translating to a coverage achievement of 85 percent. Of the pregnant women who were supplemented with IFA, 4 percent (712) were in private health facilities.

Migori County

Vitamin A supplementation

During the quarter under review, the Project reached 163,517 children with Vitamin A supplementation, an achievement of 102 percent of the county's target. The private health facilities' contributed 11 percent (18,181) to the achievement. The county coverage for Vitamin A supplementation was 106%. To achieve this, the Project co-supported one day supervision and follow up with CHAs and sub county teams. The CHVs integrated Vitamin A supplementation into their household visits and conducted supplementation with no additional support based on the sustainability planning meetings that were supported by the project in the previous quarter.

Iron and folic acid supplementation
In the quarter under review, 27,226 pregnant women were supplemented with combined IFA in Project supported health facilities in the county. This resulted in a coverage achievement of 89% during the reporting period. The private health facilities' contribution to the performance was 2,082 (8%) during the quarter under review.

Integrated Management of Acute Malnutrition
Of the 153 project supported health facilities with capacity to implement Integrated Management of Acute Malnutrition (IMAM), 80 were in Migori while 73 were in Kakamega. The Project worked with the two county governments to leverage on the capacity already established through IMAM mentors to co-support the IMAM capacity assessments and provide targeted mentorships on IMAM which are integrated in HINI.

Collaboration with Feed the Future partners and other multi-sectoral players
The Project worked with Hellen Keller international (HKI) and Anglican Development Services Western to support development of the county fact sheet on nutrition and HKI to develop Vitamin A supplementation suitability guidance for Kakamega county. Due to competing priorities at the county level for Migori, the Project was unable to support a similar process. Given that the county had been assured of support for fact sheet development by AVCD, the county pushed forward the process to January to March 2021 period.

WASH

Afya Halisi's goal for WASH is to reduce maternal and childhood infections that are transmitted through water and due to poor hygiene and to improve cleanliness in health care facilities to encourage attendance. In addition, the Project aims to build the capacity of HCWs through SCHMTs to plan, coordinate and oversee facility-level WASH interventions; enforce good hygiene practices such as handwashing with soap and running clean water and enable facilities to provide outreach for improved WASH in the community. Afya Halisi promotes proven low-cost, high-impact WASH interventions that prevent diarrhea and under-nutrition. The Project's community WASH strategy emphasizes essential hygiene actions (EHAs) and community led total sanitation (CLTS) in identified households and communities that contribute to the national Open Defecation Free (ODF) Rural Kenya Campaign. The Project worked with CHVs as change agents to promote handwashing, latrine use, and water treatment and storage at household level.

The Project's WASH performance by county as at end of PY4Q1 period is shown in **Table 16** below.

Table 16. WASH Performance in PY4Q1

Indicator	County/ Target/Achievement	Kakamega	Kitui	Migori	Project
Villages verified as ODF	Y4 Target	42		32	74
	Y4Q1 Achievement	0		36	36
	% Achievement	**0%**		**113%**	**49%**
Number of people gaining access to safely managed sanitation service	Y4 Target	5,573		7,711	13,284
	Y4Q1 Achievement	0		127	127
	% Achievement	**0%**		**2%**	**1%**
People gaining access to safely managed drinking water services	Y4 Target	4,300	3,200	3,800	11,300
	Y4Q1 Achievement	7,234	1,000	1,900	10,134
	% Achievement	**168%**	**31%**	**50%**	**90%**
Individuals trained to implement improved sanitation methods	Y4 Target	315	263	210	788
	Y4Q1 Achievement	47	0	0	47
	% Achievement	**15%**	**0%**	**0%**	**6%**
Number of basic sanitation facilities provided in institutional settings as a result of USG assistance	Y4 Target	3	3	4	10
	Y4Q1 Achievement	0	0	9	9
	% Achievement	**0%**	**0%**	**225%**	**90%**

WASH at Healthcare facilities

Rehabilitation of Sanitation Facilities

In **Migor**i, during the reporting quarter, the Project worked with the Ministry of Health to identify and prioritize health facilities whose latrines were in a bad state and required rehabilitation. The Project co-supported rehabilitation of nine door latrines in the county. These included 6 door latrine at Suna Rabuor Dispensary and three door latrine at Rae Kondiala Dispensary.

Development of Medical Waste Management Plan

One of the barriers to improved health outcomes during the perinatal period is the quality of WASH/IPC services in health facilities and more so at maternity units. During the reporting quarter, Afya Halisi supported **Kakamega** county government to develop its Medical Waste Management Plan that also included other WASH/IPC components in its health facilities. The plan developed will not only be an advocacy tool for the health department to better allocate resources for WASH but also act as a guide for the county and sub county WASH/IPC Coordinators to comprehensively supervise and monitor quality of WASH/IPC services at health care facilities.

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

CU Sustainability and CHV Retention

During the reporting quarter, the Project supported supervision of VSLA activities in 7 CUs (Kakamega-4, Migori -3) to assess VSLA members' sustainability plans and provide mentorship on how to mobilize resources.

In **Kakamega**, supervision was provided to three CUs reaching 40 CHVs (18 male, 22 female). In **Migori**, three CUs were reached and a total of 36 CHVs (9 male, 27 female) were supervised. During the supervision, it was noted that there was good understanding of the basic procedures and practices of VSLA.

The groups had a good loan tracking system that has ensured timely loan repayments and the group leaders showed high level of accountability and transparency. There was great improvement in saving, documentation and ownership among the CU members. The three CUs in Migori had saved a total of Ksh. 23,423, 21,740, and 18,940 respectively. This was a great improvement compared to the previous quarter when they had saved Kshs. 7,235, 11,735 and 2,811 respectively. In **Kakamega**, the groups were linked to the Ministry of Agriculture for training on safe preservation and storage of cereals for they had ventured into farming as a source of income but the crops were being damaged by pests.

In **Kitui,** the Project continued to support county-wide retrofitting of Sato products to improve household-level sanitation. Most supported CUs sold their Sato products as a sustainability measure and began income generating activities from the proceeds including soap making, small livestock rearing, and small businesses at local markets, tree planting in addition to their table banking, One CU had saved over Ksh 150,000 and another had savings amounting to Ksh 48,000. **Table 17** below shows the sub county performance on sale of Sato products in Kitui County.

Table 17. Sub County performance on Sato products selling

Sub county	Profits made through Pans, Flex and stool sold per sub county month of October (in KES)	Profits made through Pans, Flex and stool sold per sub county month of November (in KES)	Cumulative capital gained (in KES)
Mwingi West	183,000	59,000	242,000
Kitui Central	47,000	106,000	153,000
Kitui South	70,000	85,000	155,000
Total	**300,000**	**250,000**	**550,000**

Household Visits Covering All Thematic Areas

During the reporting quarter, the Project provided CHVs with five face masks each to enable them to continue to visit households in strict adherence to public health guidelines for COVID-19. With increased community transmission of COVID-19, the physical visits to households were reduced in line with the guidelines for implementing community health services in the context of COVID-19. Alternative follow-ups such as via telephone conversations or short text messages were utilized in such cases. During physical visits, the CHVs were expected to wear masks, ensure social distancing, wash their hands regularly as well as use sanitizers, and communicate with the members of the household outside the houses while having as much minimum touch as possible.

During the quarter under review, the number of households visited was 156,340 compared to 156,497 (69%) in PY3Q4, 151,225 (63%) in PY3Q3, 182,110 (69%) in PY3Q2 and 110,976 (63%) in PY3Q1. In **Kakamega,** the Project supported the CHVs to visit 53,085 (59%) households, **Kisumu** 45,430 (45%), **Kitui** 28,556 (62%), and **Migori** 29,269 (55%). The CHVs prioritized households with pregnant women, newborns, lactating mothers, adolescents, and sick community members for close monitoring. To mitigate against increased COVID-19 infections, close monitoring was also provided for community members most vulnerable to COVID-19 including those above 60 years and those with underlying conditions. To empower pregnant women for skilled birth attendance, messaging on health insurance was incorporated in the routine household visits.

In addition, the CHVs identified and referred 22,761 (Kakamega- 5,453, Kisumu 7,373, Kitui- 1,903, Migori -8,032) community members for various services compared to 12,446 in PY3Q4. Furthermore, the CHVs mapped and tracked a total of 3,075 pregnant mothers (Kakamega – 1,194, Kisumu - 0, Kitui – 1,509, and Migori- 372) compared to 14,154 in PY3Q4, 11,234 in PY3Q3, 11,897 in PY3Q2 and 2,497 in PY3 Q1. Besides, the CHVs assisted 3,201 pregnant women to develop birth plans (Kakamega- 1284; Kitui-1576; Migori-341) in preparation for skilled birth attendance compared to 12,743 in PY3Q4. The CHVs

also assisted 1,818 (Kakamega- 1,196; Kitui-602; Migori-20), pregnant women to be registered on Linda Mama, for affordable access to skilled delivery compared to 7,022 in PY3Q4.

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Face mask distribution to CHVs in Kakamega County

During the quarter under review, the CHVs role in gender-transformative approaches and SGBV prevention and response mechanism was strengthened. The Project supported the empowerment of the CHVs to report on GBV cases at the community level as well as link the survivors to the health facility and from the facility to the ward level multi-sectoral boards that were established to support the survivors in linking them back to society. The CHVs also ensure that the survivors adhere to their scheduled revisits by tracking and reminding them.

In **Kakamega**, the Project supported CHVs to conduct targeted visits to households with pregnant women and under 5 year old children with focus in areas with high number of defaulters. The aim was to strengthen messaging on maternal and newborn health, child health, and make referrals to the link facilities. A total of 48 CHVs (15 male, 23 female) drawn from five (5) CUs were engaged in reaching out to households with health messages and tracing of defaulters. A total of 132 households were visited, that included 50 households for pregnant mothers, 52 households for under-fives, and 30 households with newborn children. The findings during the visits included; 5 out of the 50 visited expectant mothers had not started ANC visits and were linked to two facilities for ANC initiation; all the 52 children were on track with immunization schedule except two (2) children from Kisembe who had missed MR2 due to stock out at the facility; the 30 newborns visited were on track with immunization schedule and CHVs gave information on danger signs to the mothers to enable them to seek healthcare when they recognize such signs. They were also encouraged to carry out exclusive breastfeeding for 6 months.

In **Kisumu**, the CHV household visits focused on strengthening individual birth plan messaging and selection of pre-organized means of transport for mothers, distribution, and clarity on the use of curfew forms. CHVs were encouraged to take up some tasks such as home-based antenatal and post-natal care, distribution of IFAS, pills, and condoms, and referral of pregnant women with danger signs. They also continued to give health education on infection prevention messages and ensuring hand washing facilities in every homestead.

Community Dialogue Sessions for all Thematic Areas

During the quarter under review, the Project continued to support dialogue sessions to cultivate behavior change among community members. The Project supported twelve dialogue sessions in **Kitui** reaching 236 community members (82 male, 154 female). The sessions were held in wards with low performing indicators and focused on immunization, skilled birth attendance, male engagement, harmful cultural

practices, teenage pregnancy, and intergenerational dialogues with parents. Dialogue sessions revealed that children missed immunization due to fear of contracting COVID-19 at the health facilities; the county-wide health care workers strike; long distance to the health facilities especially in hard to reach areas and household workload for mothers. The time-consuming household chores and parenting responsibilities tied them up thus lacking sufficient time to seek the services; and lack of support from male spouses. It is perceived as a woman's responsibility to take care of all her children health needs and therefore, the Project supported male engagement dialogues to mitigate this. On skill birth assistance and pregnancies, it was noted that cases of deliveries by traditional birth attendants including home-based ANC and deliveries had increased when the health workers were on strike and they could not access services at the facilities. Fear of discrimination and judgment made teenage girls and young women default to ANC. Home deliveries were also attributed to poor counseling and the absence of individual birth plans. It was also revealed that most men are not supportive of their wives during pregnancies, all the way from ANC visits to delivery hence low ANC uptake.

Mothers at Nduumoni Dispensary during a dialogue session on immunization

Male engagement sessions

The male engagement sessions became necessary as a result of complaints from female community members on the lack of support from their male partners. In Kitui, the participants noted that they fear engaging in maternal services because of cultural myths like a man should not be too close to an infant of below six months especially when they have more than one partner. It is believed that if they do so, the baby may die prematurely according to culture. This instills fear in men and they restrain from participating in ANC visits and co-parenting. Other reasons included gender norms that act as a barrier towards men helping women in chores like cooking, cleaning, and nurturing the baby; myths and misconceptions around family planning and the side effects of family planning on women. For example, the IUCD is said to reduce pleasure during intercourse. Further reasons included negative attitudes by community members at the health facilities when they see a man carrying a baby; inadequate role models from men who are already transformed and are taking up gender roles known to have been for women; and lack of civilization especially in the remote areas that men and women still believe in traditional medicine, wife-beating and strict adherence to gender roles. The male partners were taken through danger signs in pregnancy and what they can do to assist their partners in case they notice any of the signs. They further agreed to participate in birth planning, accompany their spouses for ANC and seek to understand the changes that pregnancy brings.

As a way forward, the CHVs were empowered to facilitate male engagement and gender issues in the community. There were also discussions with boda boda riders to act as referral champions and change agents. The Ministry of Health agreed to continue supporting the formation and regular meetings of young mothers' and fathers' clubs to strengthen ANC visits and child health services. The Ministry of Health also agreed to organize for mobile clinics/

Male involvement dialogue session held in Kivyuni CU in Kitui East Sub County

immunization outreaches in hard to reach areas. There was also emphasis on continued adherence at the household level to COVID-19 rules while ensuring all under 2 year old children do not miss any antigens.

Activity 1.2.2. Support Community Health Service Delivery

Community maternal and perinatal death surveillance and response

During the reporting quarter, the Project supported a verbal autopsy for maternal death in **Kisumu** County where a mother died of a post-partum hemorrhage following a retained placenta. There was the first delay due to poor planning on the individual birth plan. Key areas identified for improvement included ensuring women actualize the individual birth plans, use of locally available means of transport to the facilities and women to recognize labor signs for prompt referral to the facilities. One perinatal death was reported in **Kitui** County and the Project supported a verbal autopsy to ascertain the course of the death.

Scale-up Community Based Distribution (CBD)

Integrated Community Case Management (iCCM) rollout

During the reporting quarter, the Project supported a 2-day orientation session for CHAs and Child Health Coordinators on iCCM to enable them to supervise and mentor CHVs during iCCM implementation. A total of 5 coordinators (100% male) and 10 CHAs (4 male, 6 female) participated in the orientation. Topics that were covered included assessment of a sick child, classification and treatment of common childhood illnesses. iCCM commodity management and how to strengthen referral systems were also discussed. The Child Health Coordinators developed an action plan to incorporate iCCM supervision during routine child health activities. The CHAs will work together with the Child Health Coordinators to ensure the availability of iCCM commodities to the CHVs. Besides, iCCM guidelines were also disseminated during the training.

Community-based distribution (CBD) of FP commodities

During the quarter, the Project supported a total of 2,998 CHVs (Kakamega- 865, Kisumu- 832, Kitui- 912, Migori- 389) to continue providing family planning information and services at the community level. The CHVs reached 30,698 community members with family planning counseling and key messages at the community level as shown in **Table 18** below. Besides, 54 CUs continued to provide community-based distribution (CBD) of family planning commodities. They were provided with reporting tools and will be reviewing performance monthly. This is expected to increase access to family planning services to community members in hard to reach areas.

Table 18. Family planning services provided by CHVs

County	CHVs providing FP messages	# received FP counseling and messages	CUs involved in CBD
Kakamega	865	19,865	13
Kisumu	832	0	24
Kitui	912	8,919	0
Migori	389	1,914	17
Total	**2,998**	**30,698**	**54**

Strengthen Community-Facility Linkages, Referral Mechanisms, and Accountability

During the quarter under review, the Project continued to support the use of CHV desks for coordination of defaulter tracing and referrals as well as task sharing at the link facility. The CHV desks serve to enhance collaboration between the community and the CHVs supported the registration of ANC mothers to Linda Mama program. In addition, the Project supported the convening of CU monthly reporting and feedback meetings at the health facilities for compilation of community data. The meetings provided an opportunity to interrogate and triangulate data from the community with that of the link facility. Through these meetings,

the CHVs reported improved efforts in defaulter tracing especially for ANC, PNC, and immunization. Continuous mentoring on the revised CBHIS reporting tools was provided during the meetings to address the quality of data and address knowledge gaps among the CHVs. The CHVs developed work plans for the coming month to address concerns in the catchment area. During the reporting period, a total of 2,998 (802 male, 2,196 female) CHVs attended the monthly meetings, compared to 3,031 in PY3Q4, 3,045 in PY3Q3, 2,249 in PY3Q2, and 2,074 in the PY3Q1 period.

In **Kakamega**, the Project supported 89 CUs to hold monthly review meetings that were attended by a total of 865 CHVs (196 male, 669 female). In **Kisumu**, the Project supported all the 60 CUs to review monthly data with a total of 832 CHVs (208 male, 624 female) in attendance. In **Kitui** , 94 CUs held review meetings attended by 912 CHVs (270 male, 642 female) who discussed their progress and challenges in their various day to day community activities. In **Migori**, the Project supported 32 CUs to convene monthly review meetings that were attended by a total of 389 CHVs (128 male, 261 female) CHVs.

Strengthen Use of Community Based Health Information System for Decision Making

During the reporting quarter, the Project supported the orientation of CHAs and CHVs on revised MOH community tools. The orientation was to assist the participants to understand the changes in the new tools and the definition of the indicators for continued quality reporting. The focus was on the indicators that had been added, those that had been removed, as well as those that had been reworded. There were concerns that some data elements from MOH 514 did not match with MOH 515; indicators in MOH 513 were not summarized in MOH 515; and there is a need to improve spacing for indicators in MOH 513. The tools were not available during the orientation and photocopies were utilized instead. The counties requested for support in the printing of the revised CBHIS reporting tools, which Afya Halisi will co-support in the subsequent quarter. In **Kakamega,** the Project supported the training of a total of 67 CHAs (29 male, 38 female) and 865 CHVs (186 male, 679 female) on the revised CBHIS reporting tools. In **Kisumu**, the Project supported the training of 122 CHAs (49 male, 73 female). Those reached in **Kitui** were 143 CHEWs and SCHMT (74 male, 69 female) and 902 CHVs (253 male, 649 female). In **Migori**, a total of 57 CHAs (24 male, 33 female) and 404 (157 male, 247 female) CHVs were trained on the revised tools.

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Orientation for CHEWs and Ward PHOs on revised CBHIS reporting tools in Kitui East Sub County.

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Mentorship of CHVs on revised MOH 514 during CHVs monthly data feedback meeting in Kitui Central Sub County.

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

Activity 1.3.1. Improve Leadership and Governance Capacity of CHMTs and SCHMTs

Development and operationalization of joint work plans (JWPs)

Afya Halisi had started engagement with the focus county governments on the process of development of the joint work plans for PY4 at the beginning of the reporting quarter. However, the Project had to disengage when it became apparent that the Project will not continue for the full award period.

Activity 1.3.2. Strengthen Health Workforce

Transitioning of the contracted HRH to county governments

Afya Halisi continued to engage the county leaderships of Kisumu, Kitui and Migori to transition the HRH staff to the counties. However, due to various compounding factors, this has not been very successful. During the reporting quarter, the USAID Mission communicated to the county governments where HRH staff are being supported that the support would end by 28th February 2021. During the reporting quarter, the counties continued to have the national HCWs' industrial action over a variety of issues affecting the health care workers. The HRH staff played a key role in ensuring continuity of healthcare services in the assigned health facilities.

Activity 1.3.3. Health Management Information Systems (HMIS) for Effective Use of Data

Details for this section are included in the Performance Monitoring section of the report.

Activity 1.3.4. Access to Essential Medicines and Other Health Commodities

Percent of SDPs that report a stock out of any FP commodity

Stock out of contraceptive commodities remains a challenge stemming from national supply chain systems. At the time of reporting, more than three-quarters of the facilities had experienced some stock out of the main contraceptive methods as shown in **Table 19** below. County-level delays in purchasing and distribution of essential commodities remain the main reason for the continued high levels of commodity stock-out. At the national level, there has been a lag in the bulk orders for essential supplies. While the country has enough stocks of short term methods to last the country more than two years, a national stock-out of long-term contraceptive methods has been a constant feature. At county level, Kitui and Kakamega had relatively higher stock out levels at 86% and 85% respectively; Kisumu at 74% and Migori with a better situation at 61%. During the reporting quarter, the Project continued to work with Afya Ugavi to address the forecasting and quantification and the counties to streamline their procurements of essential medicines and other lifesaving commodities. The process was however interrupted with the national HCWs industrial action.

In Migori, in addition to orienting healthcare providers on Essential Medicines and Medical supplies (EMMS) that included RMNCAH and laboratory commodities and supporting the county to critically analyze its FP CDRR reporting rates, Afya Halisi supported the county to review its family planning costed implementation plan (FP CIP). The revised FP CIP will provide a platform for the county to better plan its RMNCAH activities in the consequent financial year. The activity will come in handy as the county government goes into the next financial year budget preparation phase.

Table 19. FP commodity stock out rates in project supported health facilities, PY3Q1 – PY4Q1

Indicator/County		Kakamega	Kisumu	Kitui	Migori	Project
Percent of SDPs that report a stock out	Y3Q1	81%	83%	90%	81%	85%
	Y3Q2	59%	53%	70%	67%	64%
	Y3Q3	87%	79%	82%	42%	71%
	Y3Q4	80%	65%	87%	53%	72%
	Y4Q1	85%	74%	86%	61%	77%
Average stock out rate (Injectables as proxy)	Y3Q1	49%	63%	32%	53%	46%
	Y3Q2	48%	40%	21%	36%	32%
	Y3Q3	29%	44%	13%	11%	21%
	Y3Q4	38%	41%	24%	29%	31%
	Y4Q1	64%	53%	46%	28%	45%

Average FP commodity stock out rate

During the reporting quarter, more facilities reported a lack of essential FP commodities in the reporting period, increasing by ten percentage points as shown in **Table 19** above. The continued disruptions in the healthcare service delivery due to industrial strikes have affected FP services' continuity. Less than half (48%) of the 608 facilities across the Project had adequate stocks of intra-uterine contraceptive devices. Performance at the county level was varied, with Migori having the lowest stock out rate for IUD at 22%, while Kisumu county reported the highest stock-out of IUDs at 61%. In Kitui, stock out for IUD was at 58%, which put in perspective is a marked improvement from a high of 75% in the first year of implementation. In the same period, 56% of the 91 healthcare facilities in Kakamega reported stock out of IUDs. Female condoms are the most stocked out commodities in 81% of the 459 reporting facilities. The Project has collaborated with counties, the national government, and other non-state partners in ensuring commodity security. The four supported counties now have health products and technologies units, have annual quantification and forecasting plans and established sub-county commodity management systems. However, staffing changes and disruptions at both supply chain and service delivery have impeded an assured commodity.

Activity 1.3.5. Health Care Financing

During the reporting quarter, Afya Halisi supported the County Government of Migori to plan for operationalization of the County Health Services Act to include creation of a platform and system within the county for smooth implementation of the Migori County Health Fund. This will be completed in the subsequent quarter before the Project's close out. In addition, as part of Migori County's preparedness to roll out universal health coverage (UHC), Afya Halisi supported the orientation of sub county UHC coordinators on assessments of facilities for UHC implementation. The assessments findings will help the sub county and county UHC coordinators to prioritize interventions in readiness for national rollout of UHC.

The Project also worked with the County Government of Kitui to plan for the finalization and enactment of the Kitui County Health Bill which will be completed in the subsequent quarter. The Project also co-supported the County Government of Kisumu to finalize development of the county's Domestic Resource Mobilization Strategy and Roadmap. In the subsequent quarter, the Project will co-support the county resource mobilization team on writing of proposals for resource mobilization.

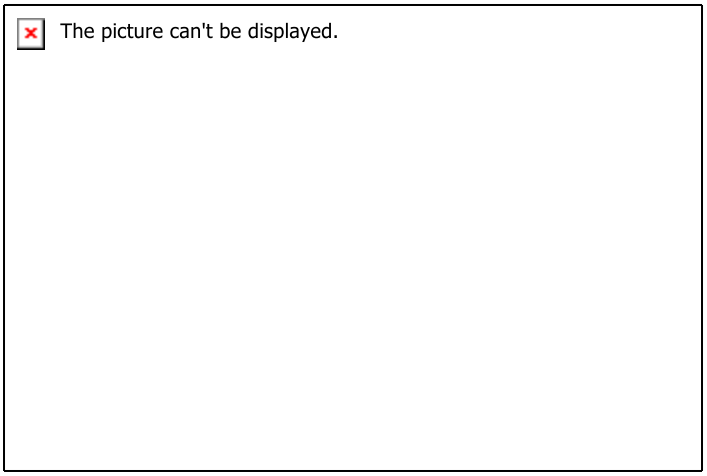
Sub-purpose 2: Increased care seeking and health promoting behavior for FP/RMNCAH, nutrition and WASH

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

Following the transitioning of PS Kenya from the Project, Afya Halisi put in place mechanisms to ensure continued implementation and integration of social and behavior change activities. In Kitui, the Project supported a menstrual hygiene forum to review the menstrual hygiene policy and in particular, review the social and behavior change message on menstrual hygiene management. The Project also supported the youth talent show in Kitui South sub county to promote youth talent as well as access and utilization of sexual and reproductive health services. During 16 days of gender activism against Gender Based Violence, the Project supported awareness creation on sexual and gender based violence (SGBV) prevention through the media and discussions through the radio stations in the focus counties of Kakamega, Kisumu, Kitui and Migori. The Project also continued to co-support coordination of health promotion activities through leadership of the County Health Promotion Officers and Health Promotion Advisory Committee (HPAC).

Activity 2.1.1 Identify and Support Context-Specific Strategies for Healthy Behaviors

During the reporting period, the Project co-supported youth talent show in Kitui South sub county in Kitui County aimed at promoting youth talent growth as well as access and utilization of sexual reproductive services. During the talent show, family planning and sexual and reproductive health services as well as awareness creation was integrated and provided to the youth.



Youth talent show in Kitui South sub county in Kitui.

Adaptation of Available/National Materials to Context

During the quarter under review, there was continued utilization of IEC materials that had been developed and disseminated in year two and three respectively. The materials act as source of information and reference for clients and service providers during provision of FP, RMNCAH, nutrition and WASH services.

IEC materials on Family planning

Activity 2.1.2 Create Demand for Services

SBC Advocacy Agenda

During the reporting period, the Project co-supported the integration of social and behavior change messaging during the 16 days of gender activism against Gender Based Violence. The awareness creation focused on Gender Based Violence prevention and response at health facility and community levels as well as provision of post GBV care services. During the radio sessions in Dala FM, the discussions focused on role of men in Ending Gender Based Violence amidst COVID-19.

Radio session discussion on male involvement in Ending GBV during 16 days of gender activism.

Community Engagement and Social Mobilization Activities

During the reporting period, there was continued use of toll free lines by the adolescents and youth in all the four counties aimed at promoting access and utilization of FP/RMNCAH, Nutrition and WASH services. Through free toll lines, the clients are able to access counselling services, referral and linkages for services.

Strengthen Community Referrals, Linkages and Defaulter Tracing

During the quarter under review, the Project supported the CHVs to trace and refer 506 immunization defaulters for missed antigens. This is in comparison to 1,736 defaulters traced in PY3Q4, 2,350 in PY3Q3 and 2,200 in PY3Q2 and 612 in PY3Q1. The CHVs followed up to ensure referred defaulters received the missed services. In **Kakamega,** 141 immunization defaulters were traced and referred for services while in **Kisumu**, 92 were traced and referred for services. In **Kitui**, 101 defaulters were traced and referred for services, and in **Migori**, 148 defaulters were traced and referred for services. The Project also supported HRIOs to follow up and ensure that HCWs updated registers once the defaulters were identified.

Activity 2.1.3 Optimize all Contacts with the Health Care System

Coordination

During the reporting period, the County Health Promotion Officers working closely with the Health Promotion Advisory Committees continued to offer coordination of SBC activities at county levels. The

objective of the coordination is to ensure harmonized approach towards creating demand and promote access for FP, RMNCAH, nutrition and WASH services at health facility and community levels.

Output 2.2: Improved gender norms and sociocultural practices

During the reporting period, the Project focused on strengthening capacity of the county and sub county health management teams and key stakeholders to enhance ownership and sustainability of gender integration and SGBV prevention and response. The Project supported training of HCWs and GBV service providers on forensic management and GBV Quality Assurance. These included police, prosecutors, legal officers and judicial officers as well as Government Chemists. The Project also provided technical support to the Intergovernmental Gender Sector Working Groups in the focus counties on action planning and policy advocacy.

In addition, the Project supported the quarterly GBV chaperones forum to fast-track clinical and post clinical interventions for GBV survivors as well as targeted sensitization of CHVs and GBV actors during the 16 days of Activism against Gender Based Violence. The Project also supported the dissemination and distribution of GBV data tools, guidelines, GBV management in COVID-19 algorithm and IEC materials to health facilities in the focus counties. In appreciation of the key role men play in decision making in uptake and utilization of FP/RMNCAH, nutrition and WASH services, the Project supported community dialogue sessions with men on gender norms and cultural practices that hinder uptake and utilization of these services. During the reporting period, the Project in partnership with other GBV stakeholders provided technical support in review of GBV prevention and response SOPs for National Police Service.

Activity 2.2.1. Implement County Specific Gender Integration Strategies

Strengthening Gender TWGs

In **Kisumu,** the Project supported the Intergovernmental Gender Sector Working Group (IGSWG) meetings in order to strengthen partnership and coordination of gender integration and SGBV prevention and response under the leadership of the County Gender Directors.

In **Migori,** the Project supported review of the Child Protection policy in thematic areas of GBV, nutrition, WASH and child health. In attendance during the taskforce review and stakeholders meeting were 40 participants drawn from health, security, social services, community, judiciary, county and national government.

In **Kitui,** the Project supported the County Department of Health in establishment of sub county Gender Multi-sectoral Technical Working Groups. These sub county level Gender TWGs aim at strengthening SGBV prevention and response, social inclusion and gender integration. It's expected that the sub counties will cascade the multi-sectoral fora at the ward level.

The Project also provided technical support in review of GBV prevention and response SOPs for the National Police Service. The SOPs provide a standardized approach to GBV prevention and response among the police service officers.

Project Gender Steering Committee

During the quarter under review, the Project's Gender Steering Team continued to support gender integration and SGBV prevention and response across the Project's thematic areas. The team supported the development and review of GBV Terms of Reference for the Kisumu County GBV sub cluster.

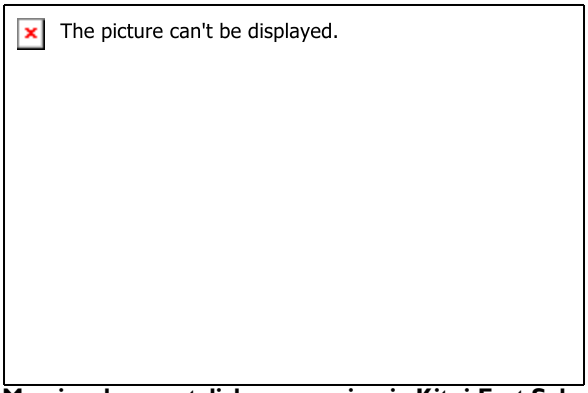
Activity 2.2.2. Utilize community platforms to promote positive gender and sociocultural norms and practices, including equitable decision-making

Strengthen Community Gender Multi-Sectoral Advisory Boards

During the reporting quarter, the Project supported the Gender focal persons and Reproductive Health Coordinators to strengthen capacity of 27 Community Gender Multi-Sectoral Advisory Boards. The support was aimed at promoting ownership and sustainability of the advisory boards in various thematic areas such as family planning, RMNCAH and nutrition services as well strengthen GBV prevention and response especially in identification, referral and linkage of SGBV survivors for post GBV care.

Targeted male involvement in FP, RMNCAH, nutrition and WASH, and GBV prevention and response

During the quarter under review, the Project supported a dialogue session in Kitui East to discuss gender norms and cultural practices that hinder men in uptake and utilization of FP/RMNCAH services. The dialogue session was attended by 15 men. During the dialogues session, the men indicated that they have fear in participating in maternal health services because of various reasons such as; men should not take care of the baby when they are in multiple sexual relationships until the baby is 6 months old for reasons that the baby and mother will have a misfortune. The myths and misconceptions were demystified during the session and men were encouraged to support their partners in access and utilization of FP/RMNCAH services.



Men involvement dialogue session in Kitui East Sub County

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

Build the Capacity of County and Sub-county Mentors on GBV First-line Response

During the quarter under review, the Project supported training of 43 HCWs and GBV service providers (19 male, 24 female) as Training of Trainers (TOTs) on forensic management and GBV Quality Assurance in the four focus counties. The TOTs included police, prosecutors, legal officers and judicial officers as well as Government Chemists. The training aimed at equipping participants with knowledge, skills and attitudes on forensic management and GBV quality assurance. The team was trained as TOTs and they are expected to cascade the information to other HCWs and GBV service providers in the sub counties and health facilities.

Reprinting, Dissemination and distribution of GBV IEC, Service Delivery Algorithms and Data Tools

The Project supported the distribution of GBV reporting tools that included SGBV registers, SGBV monthly summary tool, and PRC forms), 48 guidelines, 130 COVID-19 algorithms and 10,000 copies of Male Engagement IEC materials in the **Kakamega, Kisumu, Kitui and Migori.** The job aids act as a reference point for HCWs during management of SGBV survivors while IEC materials titled ***Fathers Contribute to a Health Family*** aim to create awareness on GBV prevention and response at facility, community and household levels.

Activity 2.2.5. Strengthen GBV response and prevention mechanisms in schools, health facilities and community

During the reporting period, a total of 608 survivors were attended to and offered post GBV care services in 18 Afya Halisi supported health facilities in Kakamega and Kisumu counties as shown in **Figure 11**. The GBV service providers including CHV chaperones and paralegals who were sensitized by the Project on post GBV care services continued to work closely with community and GBV prevention and response actors to identify, refer and link survivors of SGBV to health facilities.

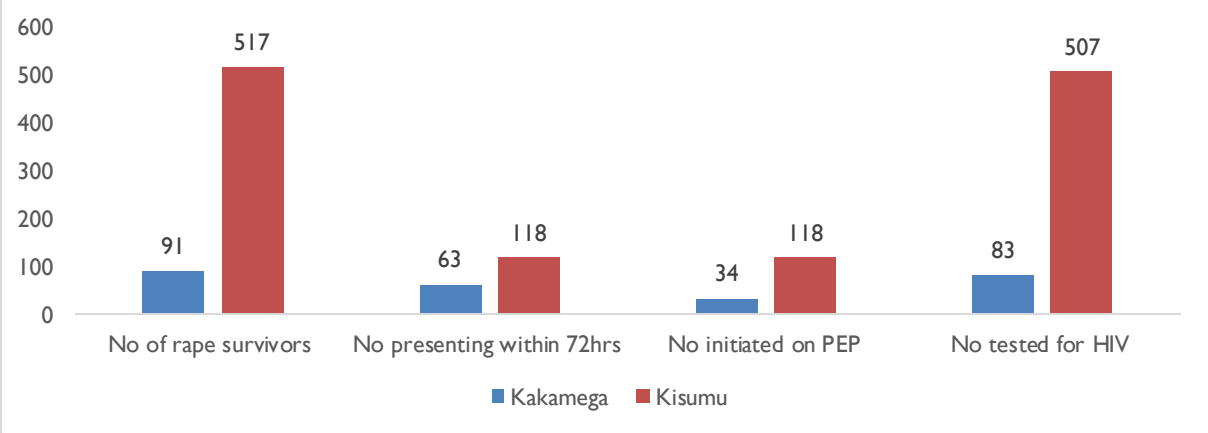


Figure 11. Post GBV care services in targeted health facilities in Kakamega and Kisumu, PY4Q1

At county level, in **Kisumu**, a total a total of 517 survivors were attended to during the reporting period. However, 23% of the survivors presented within 72 hours. In **Kakamega**, 69% of the survivors reported within 72 hours.

Clinical and Post Clinical Intervention tracking

In **Kakamega** and **Kisumu** counties, the Project supported quarterly gender chaperones meeting that was attended by 109 chaperones (49 male, 60 female for fast tracking GBV outcomes for the survivors. The interventions included clinical management; documentation of PRC forms, clinical notes and P3 forms; referral for police services, child protection services, and legal and justice services. The forum brings together the HCWs, Community Health Volunteers, police officers, Gender/GBV focal persons, Facility in charges and contact persons to the police who review the identification, referral and linkage outcomes of

the survivors. The teams also makes references to the CHV reports and referral tools as well as clinical GBV tools and reports from the police station and child protection units. **Table 20** below shows the clinical and post clinical interventions in targeted health facilities during the reporting period.

Table 20. Clinical and Post clinical interventions in targeted facilities[1]

County	No of survivors	No. accessed medical care	No. PRC form filled in	No. P3 form filled in	No.refered to the police	No issued with P3 form	No. Investigations	No of cases presented to	No. of cases presented in	No. of cases on going	No. of cases concluded	No. of cases with drawn	No.refered for child protection	No. referred for psychosocial
Kakamega	48	48	30	36	48	36	36	16	0	0	0	32	14	46
Kisumu	16	16	16	16	16	16	16	6	0	0	0	13	0	1
Migori	12	12	12	12	12	12	10	9	0	10	0	12	8	12
Total	76	76	58	64	76	64	62	31	0	10	0	57	22	59

Identify and Train CHVs as Case Chaperone's for Survivors

During the period, the project carried out targeted sensitization of CHVs, police, children's officers and paralegals as key stakeholders to GBV prevention and response in **Kakamega**. This was part of the 16 days of gender activism aimed at creating awareness on GBV.

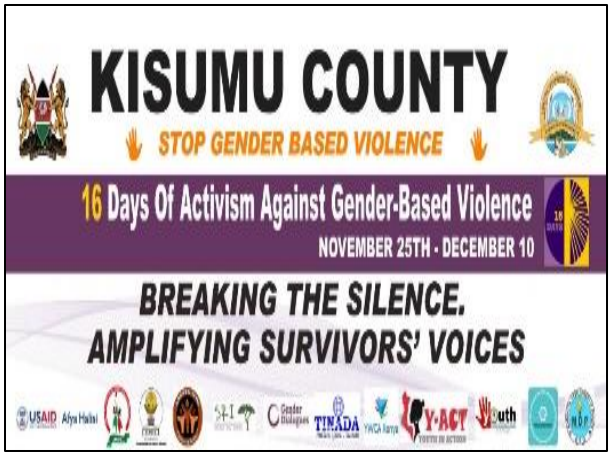
Support to Gita Sub County Hospital GBV unit

During the quarter under review, the Project supported Gita Sub County Hospital with clinician's chairs, examination coach, and examination lamp to strengthen management of survivors of SGBV. In addition, the Project supported the health facility with lockable cabinet to ensure survivors reports are safely kept and are secure as well as curtains to ensure privacy during examination of the survivors. The support was aimed strengthening GBV first line response and improve the quality of post GBV care services in the sub county.

16 Days of Activism Against Gender Based Violence

During the reporting period, the Project also supported the planning and commemoration of the 16 Days of Gender Activism against Gender Based Violence in **Kakamega, Kisumu, Kitui and Migori** counties. A total of 32 participants (20 male, 12 female) were present during the planning meeting with representation of Government and non-Governmental actors.

[1] These facilities include Gita Sub County Hospital, Navakholo Sub County Hospital, Kakamega County Referral Hospital, Macalder Sub County Hospital and Matungu Sub County Hospital.



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

Baby Friendly Community Initiative

Kakamega county

During the quarter under review, the Project reached 4,491 children aged 0- 23 months with community level nutrition interventions, an achievement of 14 percent of the county's annual target of 31,374. The children were reached through BFCI, BFHI and project supported CUs. The Project supported mentorship and BFCI assessments at both national and county level for certification.

From the self-facility and county level assessments conducted during the reporting quarter, two (2) health facilities with four (4) link CUs were proposed for external assessment. These include two (2) CUs in Matungu (Mungungu) and another two (2) CUs in Navakholo (Ematia). From the external assessment results, all the four (4) CUs proposed for external assessment met the baby friendly criteria for certification.

Migori County

During the quarter under review, the Project reached 7,613 children with community-level nutrition interventions, an achievement of 16% against a target of 49,050. These children were reached through BFCI, BFHI and project supported CUs. In PY3Q4, the Project had identified five facilities that all scored between 75% and 90% on self-assessment for external assessment by national MOH. However, after county level assessment, four of the facilities dropped in performance and scored as follows: Saro 50%, Nyangoge 50%, Namba Kodero 74%, Kangeso 75% and Kwoyo Kodalo 75%. The Project therefore co-supported mentorship for Kangeso and Kwoyo Kodalo which had scored the highest. After another round of assessment, Kwoyo Kodalo scored 87% while Kangeso dropped to 68%. Consequently, the Project supported the national MOH team to assess Kwoyo Kodalo for certification. As a result, Kadera Kwoyo CU attached to Kwoyo Kodalo Dispensary was the first CU to be certified in the county as a baby friendly community. The Project recommended to county MOH to follow up with the remaining CUs for certification with support from Kwoyo Kodalo and Awendo Sub County Hospital team as mentors.

CHVs standing next to the signage at the Chief's Office designating Kwoyo Kodalo CU as a baby friendly facility in Migori

Activity 2.3.2. Improve Water Sanitation and Hygiene Practices

Scale Community–Led Total Sanitation (CLTS) Approach

CLTS has been adopted as a core strategy to achieve ODF status for communities in Kenya. During the reporting quarter, Afya Halisi provided support towards precautionary follow up activities to enable communities sustain change in sanitation behavior.

In **Migori**, through Afya Halisi's co-support, the 36 villages in Nyatike Sub County which had been triggered and followed up were presented for verification by the sub county team. The verification exercise was led by the Sub County WASH Coordinator together with PHOs, CHVs and natural leaders. The team was keen to ascertain availability of all the non-negotiable CLTS parameters at household level. These included access to a pit latrine that offers privacy and has an aperture cover, a hand-washing facility, anal cleansing material and lack of an active Open Defecation (OD) site within the villages. As an outcome, all the 36 villages, met the threshold as per the CLTS protocol and were successfully verified.

Verification of CLTS in Nyatike SC, November 2020

Support Post ODF Activities for Sustainability

CHV/Artisan training on low cost sanitation facility options

During the reporting period, Afya Halisi trained 10 artisans and four (4) PHOs in Kakamega on construction of low cost sanitation technologies. The intensive four-days training involved practical demonstrations on circular pit lining, **MAKIGA** ordinary brick/block making machine and Sato installations. Other models explored included pour flash, sewer system, septic tank and composting toilet.

In collaboration with the PHOs and the CHVs, the artisans will market the different options and help community members to choose the most appropriate technology for themselves.

Afya Halisi also partnered with LIXIL Company who donated the sanitation products used during the artisans training where two existing latrines in two of the households where Afya Halisi is supporting CLTS activities were fitted with SATO pan to act as a demo site.

Sato installation by trained CHV artisan in Budonga in Navakholo sub county in Kakamega County.

Training on CLTS data management, and reporting

The Project supported the training of 33 PHOs and WASH Coordinators on CLTS data management and reporting with an aim of improving reporting. CLTS is the core strategy to achieving the WASH and scaling up sanitation in Kenya.

WASH in Kenya is based on real time monitoring and information system (RTMS). During the training, it was learnt that there are 78,130 villages in Kenya, of which 43% of the villagers had been triggered. In Kakamega County, there are 3,036 villages, of which 1,579 (52%) had been triggered, 1,224 (42%) verified, 40% claimed and 766 (25%) certified. In Navakholo sub county, there are 215 villages of which 160 have been trigged, 151 (70%) claimed, 150 (70%) verified and 55 (26%) claimed. It was also noted that most villages haven't been certified due to the reason that, the partners leave the project (s) before certifying or rather completion.

On zone ranking, that is green, yellow, red (etc) zones, Navakholo,and Matungu sub counties were found to be on the green zone just a minute skip to the red zone which is a danger zone. In addition, it was ascertained that Ingotse Matiha ward was the best performing ward in the sub county at certification, whereby it has 29 villages, 21 triggered (76%), 20 villages claimed (91%), 20 verified (91%), and 2 villages were awaiting to be claimed. A reminder was posed to the participants that there must be well filled reports by CHVs with ODF claimed dates, and that all the leaflets be signed.

Increase Access to Safe Water through Spring Protection

During the reporting quarter, Afya Halisi collaborated with the County Departments of Water and local communities in the focus counties to co-support the rehabilitation of various water points aimed at increasing access to basic water services. In **Kakamega**, the Project worked with the County Department of Water and local communities to rehabilitate seven (7) springs thus enabling 7,234 people to gain access to basic water services. The rehabilitation works involved installation of new wing walls, steps, drainage, block lining and replacement of pipes. The county government contribution included provision of personnel (masons) and supervision of the works. In Kitui, the Project co-supported rehabilitation of one borehole while in Migori, the Project worked with the county government and local communities to co-support rehabilitation of two water springs, thus enabling 1,900 people to gain access to basic water services in the county.

Kirobi spring in Shinoyi ward in Navakholo Sub County before (left) and after (right) rehabilitation.

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

Strengthen coordination of WASH partners

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

Output 3.1: Strengthened coordination, M&E capacity

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

Finalization of annual national MPDSR report

Afya Halisi co-supported the workshop for finalization of the national annual Maternal and Perinatal Death Surveillance and Response (MPDSR) report for the country. In order to monitor progress on implementation of MPDSR guidelines in the counties, the Ministry of Health receives bi-annual reports from all counties for compilation into a national report. It is for this reason that Afya Halisi co-supported with Clinton Health Access Initiative (CHAI) a three day workshop to compile the annual national MPDSR report. A draft report was finalized and shared with the partners and stakeholders for review.

National Quality Improvement week

Afya Halisi moderated and made a presentation during the national quality improvement (QI) week that was hosted by the Kenyatta National Hospital research and healthcare quality departments. Afya Halisi's presentation was on the opportunities and pitfalls in advancing the science of healthcare improvement in the devolved government structures. The presentations and discussions were mainly on leadership in patient safety, QI in the COVID-19 context, healthcare laws, regulation and certification.

Development of national Community Score Card guidelines

Afya Halisi provided technical support during the workshop on development of the national Community Score Card (CSC) guidelines. Afya Halisi was co-opted to join the task force appointed to develop the national Community Score Card guidelines based on the Project's experience in implementing social accountability interventions as part of its Journey to Self-Reliance road map. The Community Score Card process is a powerful tool to monitor health services, empower citizens, and improve the accountability of healthcare providers. Based on the experience shared, the National team visited Afya Halisi's implementation sites to learn how the community score card has been implemented. This visit that happened in December 2020 led to some changes being proposed on the guidelines based on the interaction the national team had with the county community strategy focal points.

Harmonization of national EmONC functionality assessment (EFA) tool

Afya Halisi co-financed and provided technical support during a partners' meeting to harmonize the national emergency obstetric and newborn care (EmONC) functionality assessment tool. The aim of the meeting was to develop a harmonized EFA tool that can be incorporated into Ministry of Health's national maternal and newborn health data collection tool and be used by counties and health facilities countrywide to assess and monitor signal functions of emergency obstetric and newborn care. The harmonization process was co-financed by Options Consultancy Services, Afya Halisi, Liverpool School of Tropical Medicine and Jacaranda Health. The key outputs of the meeting included a draft harmonized EFA tool and development of a road map to actualize incorporation of the EFA tool into Ministry of Health's national reporting tool.

Division of Adolescent and School Health TWG meeting

Afya Halisi provided technical support during the national Division of Adolescent and School Health (DASH) technical working group meeting. Highlights of the meeting included finalization of the Adolescent Health Assessment Report, finalization and launch of the School Health Policy, and planning for development of the Adolescent Health Strategy.

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

Development of national Adolescent Health Strategic Plan

The Ministry of Health has over time, developed several guidelines in reference to provision of adolescent health services which include guidelines on provision of adolescent and Youth Friendly Services, the School Health Policy and Guidelines, Mental Health Policy, the Kenya's Fast Track Plan to end HIV and AIDS among Adolescents and Young People, guidelines on HPV vaccine for girls, among others. However, there has not been an adolescent Health Specific strategy to guide the implementation of adolescent health and development programmes. As a result, the Ministry of Health through the Division of Adolescents and School Health initiated the process of development of an Adolescent Health Strategy to operationalize the Neonatal Child and Adolescent Health Policy that was launched in 2018 which covers aspects of adolescent health. Afya Halisi co-supported the Division of Adolescent and School Health (DASH) to develop a road map and terms of reference for the national Adolescent Health Strategic Plan. The consultancy for this

process that will be co-supported by Afya Halisi was advertised and applications reviewed. In the coming quarter, the Project has prioritized completion of the Adolescent Health Strategy,

Consultative meetings on national Neonatal and Child Health Strategy

Afya Halisi continued to provide technical support in the planning meetings to support the national Division of Neonatal and Child Health (DNCH) to organize county consultative forums for the Neonatal and Child Health Strategy. In this quarter, Afya Halisi provided technical support in the final preparations to disseminate the National Newborn and Child Health Strategy to the 47 counties. In addition, the Project supported the Eastern cluster to hold the county consultative meeting. Based on the feedback received from the county, the Project participated in a consolidation workshop to review and incorporate county feedback into the draft strategy. All these activities were co-supported by other implementing partners such as UNICEF, PATH and Save the Children.

Family Planning service delivery standards

Afya Halisi is working with the Division of Reproductive and Maternal Health (DRMH) and other partners to develop the Family Planning service delivery standards. A consultant was identified through support of PS Kenya's DESIP Project, while Afya Halisi was enlisted into the technical group working on revision of the national FP standards. This follows a similar initiative completed in 2019 on MNH quality of care standards. The work is co-supported by other Jhpiego projects and Options Consultancy Services.

Development of national EmONC mentorship package

In this quarter, the national emergency obstetric and newborn care (EmONC) mentorship package was finalized and the DRMH with support from Afya Halisi planned for nationwide sensitization in the coming quarter. Afya Halisi had played a central role in co-financing and providing technical support in the development process in collaboration with other partners, including Liverpool School of Tropical Medicine (LSTM), Options Consultancy and Jacaranda Health.

National Quality Improvement week

Afya Halisi moderated and made a presentation during the national quality improvement (QI) week that was hosted by the Kenyatta National Hospital research and healthcare quality departments. Afya Halisi's presentation was on the opportunities and pitfalls in advancing the science of healthcare improvement in the devolved government structures. The presentations and discussions were mainly on leadership in patient safety, QI in the COVID-19 context, healthcare laws, regulation and certification.

Development of national Public Health Emergency Operation Center (PHEOC) handbook and strategic plan

At national level, Afya Halisi co-supported the Public Health Emergency Operation Center (PHEOC) in development of the national handbook and PHEOC Strategic Plan. Afya Halisi provided technical support as well as co-financed the workshop with PATH. The participants were drawn from the national Ministry of Health including the national PHEOC, implementing partners and other government agencies, that included the Kenya Airports Authority, Ministry of Interior, National Drought Management Unit, National Multi-Agency Command Centre (NMACC) and Council of Governors. Several writing workshops were convened including a validation workshop. The handbook was finalized in this quarter and shared for formatting. The strategic plan was also concluded, but MOH indicated that they wanted to have another workshop to cost the strategy before launching. This has been planned for the coming quarter.

National level validation of National Police Service SOPs for Prevention and Response to Gender Based Violence

Afya Halisi in a collaborative effort with other Gender-based violence (GBV) actors in the country provided technical support during the national level validation of National Police Service Standard Operating Procedures (SOPs) for Prevention and Response to Gender Based Violence in Kenya. A total of 22

Government and Non-Governmental actors participated in the validation process. The participants also reviewed and validated the GBV online training module for police officers.

National level orientation on Forensic Module Management in SGBV Care and GBV Quality Assurance
Afya Halisi provided technical support during the national level orientation of 12 ToTs on Forensic Module Management in SGBV Care and GBV Quality Assurance that was conducted by the Department of Family Health. During the orientation, Afya Halisi worked with the Department of Health to plan for cascading of the training to Afya Halisi's focus counties that includes Kitui, Kisumu, Kakamega and Migori.

Sensitization on Maternal and Perinatal Death Surveillance and Response (MPDSR) in Arid and Semi-Arid Land (ASAL) counties
Afya Halisi was part of the team that prepared learning materials for sensitization of HCWs on MPDSR. The Division of Reproductive and Maternal Health used the materials to conduct sensitization of HCWs on MPDSR in the ASAL counties.

Lessons Learned

Key lessons learned during the reporting quarter included;

- New ventures such as setting up of tents, chairs and catering services for hire enabled CUs with VSLAs to diversify their business models. These will provide opportunities for the CUs to give back to the communities as they also gain financial benefits for sustenance of their groups.
- Local community involvement in co-creation and co-supporting renovation of water springs led to cost reduction and participation of water management committees enhanced ownership of the water points. Most community members were able to follow up closely the renovation works and provided useful ideas on how the springs and the environment around were to be protected and sustained.
- The Health Facility Management Committees are embracing the Journey to Self-Reliance approach through improvement of social accountability by promptly holding their meetings on a quarterly basis to address prioritized issues that affect facility operations and which are identified during community score card and budgeting processes.
- Use of client exit interviews after performing the community score card session is very useful in providing feedback on any outcome and/or impact created as a result of implementing the action plans developed from the interface sessions.
- Ownership of key interventions by MOH guarantees sustainability and smooth running of activities with minimum support, for instance, some young mothers clubs (YMCs) were ongoing during the quarter under review without Afya Halisi's support.
- Practical sessions on improved sanitation options like pit lining and Sato products installation motivated both participants and villagers thus creating demand and urge for improved sanitation.

III. ACTIVITY PROGRESS (Quantitative Impact)

This section has been included as an attachment.

IV. CONSTRAINTS AND OPPORTUNITIES

During the reporting quarter, the constraints and opportunities noted included the following;

Effect of COVID-19 on planned activities: During the reporting quarter, the Project continued to implement the reprogrammed interventions to align to the national and county governments' regulations on prevention and management of the COVID-19 pandemic. In consultation with the national MOH and focus county health leaderships, the Project continued with co-implementation of activities that do not require

large gatherings of people, while ensuring adherence to the COVID-19 prevention and management measures.

HCWs industrial action: The national industrial action by healthcare workers that began in mid-December 2020 resulted in reduced accessibility to healthcare services in the four focus counties. In addition, the go slow by HCWs in Kitui County during the reporting quarter affected health service provision in the county. The go slow was due to delay in payment of monthly salaries for the HCWs and other county government workers from August 2020. They resumed work in October 2020 after all their pending salaries were paid by the county government. The industrial actions caused disruptions that eroded gains made in different aspects of improving health service delivery in the focus counties.

Stock out of commodities: The stock out of FP commodities remains a critical system-level gap in the focus counties. In PY4Q1, there was no recognizable improvement in the reported stock-out levels, with 77% of the Project's supported sites reported missing supply of either one of the five essential FP commodities (either of COCs or POPs, IUDs, DMPA, Male condoms, and Implants). There was also stock out of Vitamin A in Migori County. The Project continued with its collaboration with Afya Ugavi to strengthen commodity security and supply chain component of the health system and advocate for the accountability of commodity management with the respective CHMTs.

V. PERFORMANCE MONITORING

Strengthen HMIS and MEL systems for MOH and local implementing partners

Strengthen capacity of C/SCHMTs and HCWs on revised MOH reporting tools

During the reporting period, the national MOH team conducted a virtual training for county and sub county HRIOs in all the 47 counties on the revised MOH reporting tools. At county level, Afya Halisi co-supported the training of C/SCHMTs, HCWs and CHVs in the four focus counties on the revised national MOH reporting and data collection tools for FP/RMNCAH services. The revised registers include; Outpatient registers, Antenatal Register, Maternity Register, Postnatal Register, Family Planning Register, Child Welfare Clinic Register and community tools. The MOH summary tools include MOH 705 A and B, MOH 711, MOH 717 Workload report, MOH 706 Lab Summary, Weekly IDSR, MOH 515 and MOH 710.

In **Kakamega**, the Project co-supported the training of 206 HCWs (76 male, 130 female) on the revised MOH reporting tools. The HCWs were from the six sub counties supported by Afya Halisi.

Training of HCWs on the revised MOH reporting tools in Lurambi Sub County in Kakamega County.

In **Kisumu**, the Project co-supported the training of 288 HCWs (73 male, 155 female) on the revised MOH reporting tools. The HCWs were from the seven sub counties in the county. The training participants included county and sub county HMT members, facility in-charges and HRIOs. To ensure sustained capacity of the HCWs on use of the revised tools, the CHRIOs and data mentors working together with the county and sub county HMTs will continue to provide targeted onsite mentorships to the HCWs and supportive supervision visits to assess progress on use of the tools in the health facilities.

In **Kitui**, the Project supported the training of eight (8) CHMT members (5 male, 3 female) on the revised MOH reporting tools. The training was facilitated by the Kitui CHRIO. The Project also supported the training of 336 HCWs (138 male, 198 female) on the revised MOH reporting tools. The trainings were facilitated by the sub county HRIOs and Public Health Nurses in all the eight sub counties in the county. In addition, Afya Halisi supported the sub county HMIS mentors led by the SCHRIOs to conduct follow ups in five sub counties to assess use of the revised MOH reporting tools. The sub counties included Mwingi Central, Mwingi West, Mwingi North, Kitui Central and Kitui East sub counties. During the follow up visits, a total of 46 HCWs (17 male, 29 female) from 28 health facilities were mentored on use of the revised reporting tools. The HMIS mentors will continue to follow up to ensure all the health facilities in the county transition have improved understanding on use of the revised tools.

Follow up on use of the revised reporting tools at Katse HC in Mwingi North Sub County in Kitui County.

In **Migori,** the Project co-supported the training of 240 HCWs (105 male, 135 female) on the revised MOH reporting tools. The training targeted facility in-charges, CHAs and HRIOs from four (4) sub counties in the county. During a co-creation meeting with the county government to plan for training of HCWs and CHVs in the county on the revised MOH reporting tools, Afya Halisi was assigned the four counties, Lwala Community Alliance was assigned one sub county and DESIP was assigned three (3) sub counties. In addition, the Project supported the county and sub county HMTs to conduct follow up mentorships sessions in targeted health facilities to facilitate better understanding of the reporting and indicators and reach more HCWs. The Project supported mentorship sessions in 68 health facilities reaching to 157 HCWs (66 male, 91 female) in Suna West, Suna East, Uriri, Nyatike and Rongo sub counties. The mentorship sessions were conducted by the sub county HRIOs, Facility HRIOs and sub county Reproductive Health Coordinators. The mentorships focused on the new or revised data elements in the reporting tools in order to improve data capture at health facility level and foster data use for decision-making.

Strengthen capacity of CHAs and CHVs on revised MOH reporting tools

During the reporting period, the Project co-supported the training of CHEWs and CHVs on the revised CBHIS reporting tools, that included MOH 100 (Community Referral Form), MOH 513 (Household Register), MOH 514 (Service Delivery Logbook), MOH 515 (CHEW Summary) and MOH 521 (Treatment and Tracking Register). In **Kakamega**, the Project co-supported the training of 69 CHEWs (26 male, 43 female) on the revised MOH reporting tools, reaching 32 CUs in the cou nty. The CHEWs were from four sub counties of Butere, Lurambi, Khwisero and Lurambi in the county.

Sensitization of CHEWs on revised CBHIS reporting tools at Chulaimbo Sub County Hospital in Kisumu County.

In **Kisumu**, the Project co-supported the training of 122 CHEWs (49 male, 73 female) on the revised MOH reporting tools, reaching 60 CUs in the county. The CHEWs who were from the seven sub counties in the county were sensitized on the revised data elements in the CBHIS reporting tools. The county and sub county HRIOs and community strategy focal persons will continue to provide targeted onsite mentorships to the CHEWs and CHVs to improve continually improve their capacity on use of the reporting tools. In

Migori, to ensure better reporting of community health data, Afya Halisi co-supported the training of 15 CHAs (3 male, 12 female) in Suna East Sub County on the revised CBHIS reporting tools.

Learning agenda

In this reporting quarter, Afya Halisi undertook an end-line assessment evaluating on the learning on the ***Effectiveness Of A Combined Approach Toward Improving Utilization Of ASRH Services***. The overall goal of the project was to explore the barriers and facilitators of provision and utilization of ASRH services in the counties of Kisumu and Kakamega in Kenya. The selection of the two counties was due to the fact that they are also among those with the highest burden of teen pregnancy in Kenya. The study adopted a quasi-experimental study design approach to evaluate the ASRH program intervention rollout, on the effectiveness of a combined model towards improving utilization of ASRH services. In both counties, program intervention and comparison groups were selected while taking measures to ensure that the comparison group matched the program intervention group in general composition, such as possession of similar socio-demographic characteristics. The aim of the endline survey was to establish the status of adolescents' knowledge, attitude and utilization of ASRH services. Implementation of the program intervention was population-based, targeting adolescent boys and girls aged 15-19 years in the intervention areas.

For the household survey, study analyzed data from 1936 adolescent girls (948 at baseline and 988 at endline) collected at the household level with a focus on utilization of ASRH services and knowledge and attitude of ASRH services. Findings showed that adolescents were less likely to use implants and go for counseling on HIV but more likely to seek counseling on SRH and use male condoms after the intervention was applied. There was also an increase in adolescents with knowledge on sex, pregnancy and contraceptive use.

Analysis of client exit interview data indicated that the intervention resulted in a significant decrease in the proportion of adolescents who received good quality of ASRH services by 36%. There was a 67% increase in adolescents who received ANC services and 26% increase in those who were asked the reason for visiting a health facility. It also brought about a 76% decrease among those who received curative services and a 44% decrease among those who received HTS. After the intervention, adolescents who asked about their reproductive needs decreased by 45%), and those given information about contraceptive methods decreased by 83%. There was also a 58% decrease in the proportion of adolescents who were helped to select another method, a 51% decrease among those who received an explanation on how the method works and 46% decline in those who were told about side effects.
In terms of client satisfaction, the intervention resulted in a significant decrease of 49% in client satisfaction. A significant decrease of 17% was also observed on those who felt comfortable asking questions and 36 % decrease among adolescents who believed that information shared with provider will be confidential. Findings also show an increase of 367% in adolescents who reported that during visit other clients could hear discussion with provider.

The Project has also been implementing the learning agenda on ***Evaluating the Dynamics of Contraceptive Discontinuation and Method Switching in Kitui and Migori Counties.*** In this reporting period, the 12 month follow up of women enrolled into the cohort study begun. This will be finalized in February 2021. The Principal Investigator developed the annual progress report and submitted to John Hopkins IRB requesting for an annual renewal of the study. This request was approved for an extension of one year.

In the subsequent quarter, the Project will finalize the data analysis and prepare for dissemination of the findings of both learning agenda at county and national level.

VI. PROGRESS ON GENDER STRATEGY

During the reporting period, the Project focused on strengthening capacity and deepening commitment of the focus county health management teams, Directorates of Gender and key stakeholders for ownership and sustainability of gender integration and SGBV prevention and response. The Project supported the training of HCWs and GBV service providers (Police, Government Chemist, Prosecutors, legal officers, judicial officers) on forensic management and GBV Quality Assurance. The Project supported review of the child protection policy in Migori county. The Project also provided technical support to the Intergovernmental Gender Sector Working Groups in the focus counties on action planning and policy advocacy. In addition, the Project supported the quarterly GBV chaperones forum to fast-track clinical and post clinical interventions for GBV survivors as well as targeted sensitization of CHVs and GBV actors during the 16 days of Activism against Gender Based Violence. The Project also supported the dissemination and distribution of GBV data tools, guidelines, COVID-19 algorithm and IEC materials to health facilities in the focus counties. In appreciation of the key role men play in decision making in uptake and utilization of FP/RMNCAH, nutrition and WASH services, the Project supported community dialogue sessions with men on gender norms and cultural practices that hinder uptake and utilization of these services. During the reporting period, the Project in partnership with other GBV stakeholders provided technical support in review of GBV prevention and response SOPs for National Police Service. To strengthen first line response to GBV prevention and response as well as comprehensive post GBV care, the Project co-created with and supported Gita Sub County Hospital GBV unit with examination coach, examination lamp, lockable cabinets, clinicians' chairs, curtains, data tools and IEC materials.

VII. PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING

In PY3, the Project expanded its support to minor physical repairs and renovation to enhance patient privacy and dignity. The Project met all the regulatory requirements in these activities. In line with the Journey to Self-Reliance policy, the government and community made contributions to the public works and related environmental mitigation and monitoring activities. In PY4, the Project purposed to continue to work with local implementing partners, county and national governments to mitigate the adverse effects of COVID-19 on the environment. Technical training of health care workers had enhanced infection prevention and control modules. The Project will also continue to support service delivery through minor renovations of service delivery areas in 22 healthcare facilities in the subsequent quarter. In addition, the Project will work with county governments to hand over rehabilitated water sources, including water springs and boreholes. The Project will adhere to national public health, environmental regulations and the Bureau's directives in all the processes.

VIII. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

Table 21. Linkage with other mechanisms

Implementing partner	Area of collaboration
Accelerated Value Chain Development (AVCD)	Finalization of the Nutrition fact sheet for Migori County
Anglican Development Services Western (ADSW)	Development of the Kakamega county fact sheet on nutrition
Hellen Keller international (HKI)	Development of Vitamin A supplementation suitability guidance for Kakamega county
Liverpool School of Tropical Medicine (LSTM)	Dissemination of draft harmonized national EmONC functionality assessment tool (EFAT)
Options Consultancy Services	Dissemination of draft harmonized national EmONC functionality assessment tool (EFAT)
PS Kenya DESIP project	Review national quality of Family Planning standards
Afya Ugavi	Implementation of the integrated supply chain model which is a subset of the larger HPN integrated work plan
Tupime Kaunti	Implementation of the HPN integrated work plan for Kakamega
Impact Malaria	Implementation of integrated HPN work plan in Kakamega County.
MWENDO	Implementation of integrated HPN work plan in Kakamega; Collaborated in implementation of Savings and Internal Lending Communities (SILC) intervention, and combination social economic approaches for AYSRH
AMPATHPlus	Implementation of Integrated work plan implementation.
USAID HRH Kenya Mechanism	Co-support training on iHRIS for HCWs and implementing partners

IX. PROGRESS ON LINKS WITH GOK AGENCIES

The Project continued to engage the state and semi-autonomous government agencies in the implementation of activities. These included;

- **Ministry of Health:** Collaboration with the county and sub-county MOH teams in the implementation of health services in the focus counties.
- **County Executive for Health**: Collaborated with County Executive Committee Members for Health and Chief Officers for Health during the hand-over of a set of family planning and maternal and newborn health equipment procured by the Project.
- **Ministry of Interior**: Collaboration with Chiefs during implementation of community scorecard sessions; and co-supported distribution of immunization vaccines.
- **County Assembly:** On-going discussions on the enactment of the Kitui Health Services Bill.
- **Ministry of Water:** Collaboration with the county governments of Kakamega, Kitui and Migori in rehabilitation of water points that included borehole repair and spring water development.
- **National Hospital Insurance Fund:** Strengthening NHIF, KCHIC and Linda mama enrollments.
- **Ministry of Youth (National Council):** Supported in mobilizing youth for dialogue sessions.
- **National government:** Hosted national Ministry of Health officers from the Division of Community Health to learn from the project's implementation of the community scorecard in Kakamega and Kisumu counties; Official launch of Matungu Sub County Hospital as Baby Friendly Hospital Initiative facility; and training on Forensic Module Management in SGBV Care and GBV Quality Assurance.

X. PROGRESS ON USAID FORWARD

During the reporting quarter, the Afya Halisi supported the LIPs to effectively close out as part of the Project's transition. During the quarter, all the financial reviews were done for the four LIPs that include PS Kenya, ADSE, CSA and KMET. This culminated in the semiannual audit report that was shared with leaderships of these LIPs. The reports included areas of weaknesses that were identified and modalities of addressing anomalies. The Project's plan to conduct the semi-annual audit to LCA was unfruitful owing to movement restrictions put in place to contain COVID-19, since several of their staff had been infected by the disease. The LIPs were closely guided to develop realistic close out budgets and close out plans which were submitted in a timely manner. Some of the close out activities that were being monitored included timely submission of deliverables such as final invoice and final narrative reports and data reports, close out disposition plans, refund of unspent funds and conducting close out meetings. The status of engagements with the LIPs is summarized in **Table 22** below.

Table 22. Status of engagements with the LIPs

Milestone	Meaningful engagement with LIPs			
	ADSE	**CSA**	**KMET**	**LCA**
Current work- strengths	Food security, WASH, environmental conservation and climate change	AYSRH including HIV/AIDS	RMNCAHN interventions	Community health interventions
Geographical scope	Eastern Kenya	Counties across Kenya	Kakamega, Kisumu, Migori and other counties across Kenya	Rongo Sub-County in Migori County
Signing sub-agreement	Completed	Completed	Completed	Completed
Work plan submission	Submitted	Submitted	Submitted	Submitted
Recruitment process	Completed	Completed	Completed	Completed
Initial organizational capacity assessment	Completed	Completed	Completed	Completed
Orientation on Afya Halisi processes and procedures	Completed	Completed	Completed	Completed
Orientation on Afya Halisi Technical Areas	Completed	Completed	Completed	Completed
Follow-up visit	Completed	Completed	Completed	Completed
2nd organizational capacity assessment	Completed	Completed	Completed	Completed
Quarter 3 performance review	Completed	Completed	Completed	Completed

XI. SUSTAINABILITY AND EXIT STRATEGY

The Project instituted system-level mechanisms to ensure sustainability. Key among these was the engagement of local implementing partners to implement community level activities in the four focus counties. The Project worked with the focus county governments and local communities to contribute in rehabilitation of water springs. This fostered ownership which is critical in the sustainability of the protected water springs. A key outcome of the county level joint work plans was increased county funding of FP/RMNCAH activities. Some of the activities funded by county governments through the World Bank grant on Transforming Health Systems included training and mentorship on various topics on

FP/RMNCAH, supportive supervision, performance review meetings, and facility in-charges meetings. As at end of PY3 period, the four counties had allocated US$359,226 for direct activity implementation. Migori and Kitui county governments committed to operationalize the four renovated operating theatres through deployment of staff, purchase of essential supplies and improved referral services. During the reporting period, the Kitui County Governor officially launched Tseikuru Sub County Hospital operating theatre to enhance access to maternal and newborn health services in the county.

The Project's approach of training and following up with on job coaching and mentorship helped to further instill a sense of ownership and sustainability, which is essential in ensuring continuity beyond the project period. The Project has been working closely with GOK in capacity building CHVs, artisans and water management committee members who are in direct contact with the community members on SanMark. The artisans already trained on construction of affordable and durable sanitation facilities will play a key role in ensuring the communities maintain open defecation free status.

XII. GLOBAL DEVELOPMENT ALLIANCE

Not Applicable

XIII. SUBSEQUENT QUARTER'S WORK PLAN

Table 23. Subsequent Quarter's Work plan

Planned Actions from Previous Quarter	Action Status this Quarter	Explanations for Deviation
Management/J2SR activities		
Quarterly performance review meetings	Done	Nil deviation
Monthly collaborative learning sessions	On-going	Overtaken by closeout process
Linking LIPs to HENNET	In progress	Partners at different levels
Community scorecard sessions	In progress	Continuous and based on need
Support health facility committees to hold quarterly review meetings	On-going	Done according to need
Support HFMCs to establish redress mechanisms	On-going	HFMCs supported installation of suggestion boxes
Engagement of CBOs in social accountability activities	Partially done	18 CBOs already engaged
Client exit surveys – data analysis	Done	Nil deviation
Development and roll out of Kakamega integrated work plan	Completed; Endline analysis to be carried out and report compiled.	Nil deviation
Support engagement between CHMT and local professional associations (KPA/KOGS) to strengthen RMNCAH services	Pilot mentorship program completed in December	Nil deviation
CHMT training on resource mobilization strategies	Completed	Nil deviation
Train CHMT to write concept notes and proposals	Completed	Nil deviation
Family Planning		
Establish and Support onsite mentorship for VSC	Completed	Nil deviation
Dissemination of RMNH COVID-19 Guidelines	Completed, done virtually	Nil deviation
Roll out of CBD - Community DMPA	Rolled out in Kakamega	Rolled out in Kakamega
Roll out of SC - DMPA in health facilities	Rolled out in Kakamega	Rolled out in Kakamega

Post training follow ups of C4C ToTs	Not done, but replaced by MOH's approved BCS+	Approach not validated by MOH
Mentorship on LARC and PPFP	Completed	Nil deviation
Develop/Review of FP CIPs	Process completed in Kisumu, Migori and Kakamega	Deprioritized in Kitui due to stalemate between executive and county assembly
Support TWGs	Completed in all counties	Nil deviation
Quarterly support supervision	Completed in all counties	Nil deviation
AYSRH		
Primary Prevention Interventions		
Support AYSRH Dialogue with adolescents, parents, and key behavioral influencers	Completed	Nil Deviation
Support Targeted In-reach and Outreach Services	Completed	Nil deviation
Support Toll Free Line service and follow ups	Completed	Nil Deviation
Support use of Virtual Platform for SRH engagement of AYP	Completed	Nil Deviation
Orientation of Select Community Health Volunteers on AYSRH (Kakamega County)	Not Done	Delays of communication from the respective CHMT
Secondary Prevention Interventions		
Improve Access to Quality Services to Pregnant and Postnatal Adolescents	Completed	Nil Deviation
Support Linkage to Safety Nets, Economic Strengthening Opportunities and Return to School	Completed	Linkage to KYEOP, TVET, DREAMS Project
Linkage and Training on Economic Strengthening and IGAs	Completed	Nil Deviation
System Level Interventions		
Supporting County and Sub County AYSRH Coordination Forums (AYP TWGs)	Completed	Nil Deviation
Orientation on AYSRH package for New MOH staffs (Kitui County)	Not Done	Delays of communication from the respective CHMT
Support quarterly Ward Level multi sectoral advocacy forums (TPAC)	Competed	Nil Deviation
Support Multi Sectoral Stakeholders forums	Completed	Nil Deviation
MNH		
Update 3 mentors per sub county on current MNH recommendations	Completed	Nil deviation
Dissemination of RMNH COVID-19 Guidelines	Completed	Nil deviation
Conduct skill drills in select CEmONC sites	Completed	Nil deviation, with an additional CEmONC site in Kitui
Institutionalize BeMONC assessment	Completed	Nil deviations
EmONC Mentorship	Completed	Nil deviation
Support provision of KMC beds	Not done	Counties took it up – KMC beds bought in Kakamega and Kitui counties
Support privacy and improve service delivery points (RMC)	Completed	Nil deviation
Support roving lab technician to provide ANC profiling in select facilities	Completed in Kitui	Nil deviation
Support establishment of additional maternal shelters	Support diverted for existing shelters	Nil deviation
Facilitate County and sub county level MPDSR committee meetings	Completed in all the counties	Nil deviation

Support Biannual Inter-county Technical learning forums	Completed	Nil deviation
Sensitization of HCWs on KQMH e-tool	Done in 3 counties – Kitui, Kisumu and Migori	Not done in Kitui due to HCWs strike
County QI learning forums	Activity not done due to movement restrictions	Activity deprioritized due to COVID-19 restrictions and HCWs strikes
Support county referral strategy meeting	Done in Kisumu and Migori	Nil deviation
Follow-on training/mentorship on ultra-sound	Done in all the counties	Nil deviation
Strengthen provision of RMNCH services for private sector	Completed, private facilities supported to provide essential MNCH services during HCWs strike	Nil deviation
Service orientation on Group ANC in select facilities	Started in Migori and Kitui, re-strategized due to COVID-19.	Orientation sessions held with counties
Procure relevant equipment for 5 CEmONC health facilities in Kitui	Equipment distributed directly to facilities	Nil deviation
Child Health and Immunization		
Immunization defaulter tracing	Completed	Nil deviation
Support targeted outreaches and in reaches	Completed	Nil deviation
Support EPI micro planning	Completed	Nil deviation
Facilitate EPI mentors to conduct EPI mentorships	Completed	Nil deviation
Support Biomedical engineers to mentor Lab Techs on cold chain maintenance	Completed	Nil deviation
Facilitate IMNCI mentors to provide IMNCI mentorship to targeted health facilities	Completed. Done in all focus counties	Nil deviation
Facilitate ETAT+ mentors/Tots to cascade ETAT+ training to targeted health facilities	Completed. Done in Kitui and Kakamega Counties	Nil deviation
Scale up iCCM in additional CUs by training additional CHVs on ICCM	Completed in Migori County. Recommendations to be made in the close out report.	Activity implemented through LIPs at community level
Nutrition		
Develop county fact sheet	On course	Migori to be supported by AVCD
BFHI external assessment and certification	On course	Two hospitals done.
Develop VAS guidance for Kakamega	On course	Nil deviation
WASH		
Handing over of the Migori and Kakamega rehabilitated springs and Kitui repaired boreholes	On Course	Nil deviation
WASH Stakeholder meetings in Kitui, Kakamega and Migori	On course	Nil deviation
Handover of the repaired latrines in Kitui and Migori	On course	Nil deviation
Support supervision for sanitary repairs at MCH in 4 counties	On course	Nil deviation
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		
Continue process of engaging on the reorganizing CHS in Kitui County	On-going	Expected to be completed during the closeout period
VSLA activities CHVs	Done	Continuous activity
Supportive supervision for CU and household level supervision	Done	Continuous activity
Support community dialogue sessions	Done	Continuous activity

Men only dialogue sessions	Done	Continuous activity
Strengthen community verbal autopsies and establishment of committees where they do not exist	Done	Continuous activity
Outreaches in hard to reach areas	Done	Done according to need
Targeted onsite mentorships to CUs and CHAs on use of CBHIS	Done	Continuous activity
Monthly facility/community data review meetings	Done	No deviation
Support CHVs carry out defaulter tracing for ANC and immunization	Done	No deviation
Output 2.1: Increased knowledge of and demand for FP/RMNCAH, nutrition and WASH services		
2.1.1 Identify & Support context-specific strategies for healthy behaviors		
Coordination – Support quarterly HPAC meetings	Completed	No deviation
Conduct Materials Review/Adaptation Workshop	Completed	No deviation
Standardize Quality Assurance parameters for SBC interventions	Done, tools developed	Nil deviation
2.1.2 Create demand for services		
Training LIPs/MOH in relevant SBC modules	Completed	Nil deviation
Provide TA during implementation of demand creation activities	On-going	Nil deviation
Output 2.2: Improved gender norms and sociocultural practices		
Forensic management and GBV QA Training	Done	Nil deviation
Targeted C/SHMT and LIP gender transformative leadership and social accountability Technical Support/Mentorship	Not done	Rescheduling of the activity
GTWG engagement gender/SGBV policy advocacy and Formulation (Technical Support)	Done	Nil deviation
16 days of gender activism commemoration	Done	Nil deviation
Quarterly GBV chaperones forum, support and mentorship	Done	
Targeted Capacity build/mentorships of county and SCHMT/ HRIOs on GBV reporting in KHIS	Not done	Integrated during orientation of revised MOH data tools
Output 2.3: Increased practice of key nutrition and WASH behaviors in target communities		
Nutrition		
BFCI external assessment and certification	On course	3 BFCI facilities assessed
VAS at household level	On course	Nil deviation
WASH		
Handing over of the Migori and Kakamega rehabilitated springs and Kitui repaired boreholes	On course	Nil deviation
Water quality tests at community water points for identified water springs and boreholes	On course	Nil deviation
Sub-purpose 3: Increased MOH stewardship of key health program service delivery		
Output 3.1: Strengthened coordination, M&E capacity		
Train SCHMT, CHMT and Staff on DHIS2, QGIS and dashboard for improved data use for decision making	Not done	Budget constraint
Train SCHMT, CHMT and Staff on revised HMIS data collection and reporting tools	Done	Nil Deviation
Support workshops for generation of County information products i.e. Bulletins, Factsheets, scorecards	Not done	Postponed

Conduct quarterly data review meetings at sub-county levels.	Not done	Budget constraint
Strengthen use of KHIS and CBHIS	Done	Nil Deviation
Conduct quarterly CHV data review meetings	Done	Nil Deviation
Conduct quarterly data quality assessments	Not done	Budget constraint
Data corrections with SCHRIOs	Done	Nil Deviation

XIV. FINANCIAL INFORMATION

Cash Flow Report and Financial Projections (Pipeline Expenditure Rate)

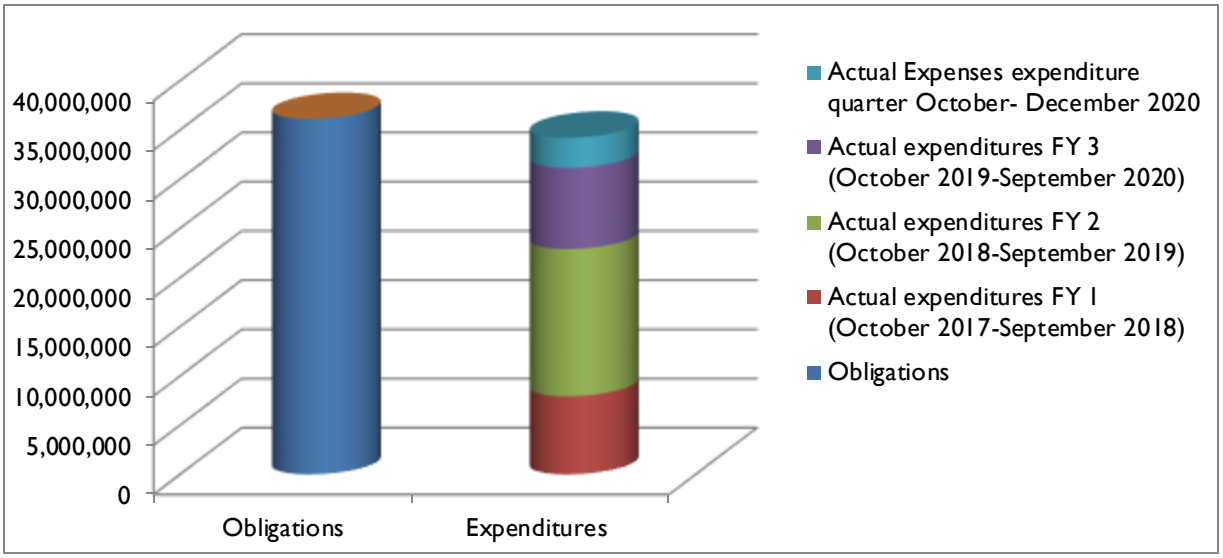


Figure 12. Obligations vs. Current and Projected Expenditures - $Millions

Table 24. Budget Details

T.E.C:	**$66,336,770**
Cumulative Obligations:	**$36,103,791.84**
Cumulative Actual Expenditures:	**$34,193,530.99**

Budget Line	Year 1-3 Actual Expenditures	PY4 Quarter 1 Actual Expenditures	Total Costs to date
Personnel	5,431,280.25	505,687.35	5,936,967.60
Fringe Benefits	2,026,494.51	171,696.67	2,198,191.18
Travel, Transportation & Per Diem and Misc	5,257,318.79	443,134.73	5,700,453.52
Equipment	397,129.43	-	397,129.43
Supplies	880,759.72	454,972.28	1,335,732.00
Contractual	10,542,383.75	718,388.47	11,260,772.22
Construction	-	-	-
Other Direct Costs	3,292,562.96	382,005.21	3,674,568.17
Total Direct Costs	27,827,929.41	2,675,884.71	30,503,814.12
Total Indirect Costs	3,311,533.76	378,183.11	3,689,716.87
Total Estimated Costs	**31,139,463.17**	**3,054,067.82**	**34,193,530.99**

Table 25. 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 the Partners
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

With the Project expected to close out by 30th April 2021, lease termination notices were issued for Kisumu and Kitui project offices which were effective 5th January 2021, and were later extended to January 15, 2021. The Project's offices in Kakamega and Migori are co-located in MOH offices and therefore, there was no need for issuance of notices.

In addition, Afya Halisi made arrangements for the remaining Project staff in Kisumu to co-locate at Jaramogi Oginga Odinga Teaching and Referral Hospital and the remaining Project staff in Kitui to co-locate at the Kitui CHMT offices. The Kakamega staff will continue to co-locate at the MOH offices in Kakamega while the Migori staff will co-locate at Migori County Referral Hospital.

Contract, Award or Cooperative Agreement Modifications and Amendments:

There was modification number 5 of US$ 530,850 to finance the Project's close out activities and related costs.

XVII. GPS INFORMATION

Refer to attachment.

XVIII. SUCCESS STORIES

Success story 1

Home Away from Home - How Maternity Shelters are preventing the death of pregnant women and increasing newborn survival in Kyuso Sub-county in Kitui County

Ndanu can only be likened to a glow stick, bent but never broken. It's a wonder that what she has been through cannot be traced back to her vibrant-self. She embodies a beautiful endearing persona, laughter easily spills out of her as she cracks up Mercy, who was at one time her midwife in endless peals of laughter. She could have been a thespian in another life. Her theatrics memorable as she narrates her painful journey of losing a child, just after battling secondary infertility for 10 years. History will trace her back as the pioneer of Kyuso Maternity Shelter, a maternity waiting home in Mwingi North sub-county in Kitui County.

"I can never be thankful enough for the kindness that Mercy showed me. She silenced my fear for losing another child. Dedicatedly, she attended to me when I came to the hospital for the clinics" says Ndanu. "When I was extremely stressed and overwhelmed by the pressure to make a living, she opened the doors to the hospital and took care of me, till I delivered", Ndanu adds.

Kitui County is not only known for its rich brown, distinctively bold tasty honey but also the vastness of its terrain. Its sparse population has become a bulwark for many women to seek antenatal and postnatal health care. Distance is a barrier to skilled birth attendance and a contributing factor leading to maternal deaths in rural areas due to inadequate access to life-saving services during pregnancy and delivery. The lack of reliable transport and the rocky terrain compounds the trouble to reach health care facilities, this either reduces the client's morale to seek skilled birth services making them opt for an easier route of consulting traditional birth attendants. This poses a big risk to the life of the mother and child in case complications arise which the Traditional Birth Attendants(TBAs) are not equipped to handle.

"We decided to host Ndanu here as she got closer to her due date to monitor her pregnancy, as she had a problematic pregnancy. Her blood pressure was too high every time she came in for her monthly antenatal clinics." says a jolly Mercy. "She ate, slept and received hospital care without being charged". After her 2 months stay at the hospital, she was successfully discharged home with her bundle of joy in her arms.

The USAID funded Afya Halisi project , which is focused on preventing deaths of pregnant women and newborns has been key in this endeavor. The project led Kyuso sub-county hospital in identifying a vacant room that would be conducive to accommodate pregnant women, awaiting delivery. Further, the project carried out renovations in the room by tiling the floor, installing new ceilings and providing curtains and waiting area seats for women as they come for Antenatal Clinics (ANC) visits. To ensure ownership and sustainability of the shelter, Kyuso sub-county hospital ensures that antenatal and postnatal care services are free for all women who visit the hospital and ensure the women are well-fed just like inpatient clients in the facility.

One of the key strategies in reducing the deaths of mothers and newborns is to ensure that women are able to deliver in the hospital under the care of skilled nurses, doctors or midwives. These maternal shelters increase equality in accessing skilled birth attendants. Maternal shelters are also designed to reduce birth complications after delivery especially for difficult pregnancies as well as increase better perinatal outcomes for newborns. In order to ensure quality of care in the maternity shelter and in the hospital, care of pregnant women in the waiting home include daily measurement of vital signs and blood pressure. Distance as a factor contributing to maternal mortality has shown that death may not only be as a result of delayed transfer to a hospital but also of inadequate response in emergencies. To date about 200 out of 2,000 women, who make up about 10% of women who deliver in Kyuso sub-county hospital, were hosted in the maternity shelter. The progress made so far has resulted in more women seeking services from skilled

birth attendant and has in return also increased the number of women receiving family planning and postpartum care services including post-partum family planning.

Success story 2

A final rest for the elderly and the differently abled in Kitui County, Mwingi-West sub-county, Nzawa area

How SATO products are transforming hygiene practices of communities in Kitui County

After the USAID funded Kenya Integrated Water, Sanitation and Hygiene Project (KIWASH) project exited Kitui County in early 2020, after hugely contributing in declaration of Kitui County as open defecation free, the slogan changed from "Just a toilet" to "a good toilet". In an endeavor to improve sanitation in the county, Afya Halisi project has worked with the County Government of Kitui to make enviable strides in improving sanitation among the communities they serve.

Daniel, one of the Community Health Volunteers and differently abled, is one of the beneficiaries of the sanitation products distributed through support by Afya Halisi project. "Using the toilet has always been a nightmare for me. Every move I make in the toilet is intricate and well-calculated," says a nonchalant Daniel as he pounds on the concrete floor in preparation of the Sanitary Toilet (SATO) pan installation. "Life for me has changed. I'm now able to sit on the plastic stool without any struggle. It is clean and very safe for someone with physical challenges like myself".

SATO stools have lessened the burden that come with old age. William and his wife who are residents of Nzawa area and beneficiaries of SATO products, at their sunset years, through creased smiles and gaps from fallen teeth, cannot contain the joy emanating from their hearts. The SATO stools, now remind them of their younger days when they could bend their knees so effortlessly. The ingenious couple had built a make-shift stool with a hole at the middle some years back to help them as they go about the natural business. The stool would be difficult to clean and sometimes would break, arousing indignity feelings and posing a health-risk to the couple and their household. However, this is now in the past as they can now comfortably use the toilet thanks to the SATO stool.

Engaging Local Implementing Partners to strengthen community health services

As part of the efforts towards self-reliance, the USAID funded Afya Halisi project has integrated the Anglican Development Services Eastern (ADSE), a local organization, to implement community health activities in Kitui County. The project through ADSE has been able to train 140 artisans on sanitation products and marketing who then were tasked with the responsibility of apprenticeship to the CHVs. The CHVs not only sell and install the SATO products to members of the community, but also take the opportunity to educate their communities on the importance of having a clean and hygienic toilet. Afya Halisi, through ADSE, has been able to conduct intensive training for artisans who then trained CHVs on how to install the SATO pans. This strategy allowed ownership in the community as members of the community were able to participate in the intervention thereby ensuring co-operation and collaboration between the community and the Afya Halisi project.

While Afya-Halisi trained artisans, the county government of Kitui, through the Ministry of Health assisted in the distribution of the SATO products to CHVs and took a step further to link CHVs to suppliers who they could buy the products from, and achieve a good profit.

Enhancing gender inclusion and improving economic status of women

The SATO pans are not only improving sanitation and hygiene practices of the community in Migwani, but they are improving the economic status of female CHVs. Kananda, a widow, is one of the CHVs and a proud owner of a well-maintained, sparkling clean toilet that stands out in her compound and village.

Together with the other women in her community unit, they are breaking traditional barriers and doing work that would have been categorized as a "man's work". When asked what her motivation was for ensuring that SATO products reached her community, an elated Kananda said, "I have worked as a CHV for a long time, I am happy and satisfied when I see my community adopting good health practices. This has not been an easy journey for me, I did not have anyone to share family responsibilities with. I fully resonate with the economic challenges many women and widows are facing in my community. SATO pans has enabled me to earn a living for my family."

The SATO pans have been offered to CHVs as 'seed' by the Kitui County Department of Health and have been a great source of income. Apart from being affordable, the SATO products have become a lucrative business in the community because of its easy maintenance. Just 200 milliliters of water is used for flushing. They come in different designs to suit clients' needs and preference. For instance, there are stools and pans of different designs. Further and most importantly, they keep flies away from the toilet, thus protecting households against the transfer of germs and diseases.

Afya Halisi project has not only been keen on ensuring that pregnant women and children do not die from pregnancy related complications but has expanded its efforts in ensuring the water, sanitation and hygiene conditions of these vulnerable groups and the community that surround them are improved and protected. The project also co-supports CHVs like Kinanda in 94 community units in Kitui County to participate in CU review meetings. The CHVs have become a focal point in linking the community to the Ministry of Health and other stakeholders. As community health volunteers, they are driven by an unquenchable passion to improve the livelihoods of their communities through promoting good health practices. Engaging CHVs as community gate keepers is one of the project's core strategy in strengthening social accountability at the grass roots level for improved access and provision of quality health services.

Success story 3

Promoting Safe Breastfeeding for a Healthier Nation through Baby Friendly Hospital and Baby Friendly Community Initiatives

Kakamega County - Matungu Sub County Hospital sits pretty on the healthy red soil at the heart of Matungu Sub County in Kakamega County. The hospital is abuzz with activities as patients, accompanied by their relatives and caregivers are dropped by motorbike riders at the facility's entrance. The nurses inside the facility run up and about attending to patients, fully adorning blue surgical masks and stethoscopes dangling from their necks. A finger board stands out just a few meters into the facility with a painting of a mother breastfeeding a baby. The finger board reads, **'Matungu Sub-County Hospital is a Baby Friendly Hospital'.**

Breastfeeding is the gold standard of nutrition for newborn babies. However, inadequate knowledge among mothers, myths and misconceptions and inadequate support are some of the challenges faced by lactating mothers in practicing exclusive breastfeeding.

In order to assist hospitals and communities in providing the essentials to promote exclusive breastfeeding as the best start for babies, the United Nations Children's Fund (UNICEF) paired with the World Health Organization (WHO) to launch the Baby Friendly Hospital Initiative (BFHI). The initiative aims to improve the role of maternity services to enable mothers to breastfeed babies for the best start in their life. It additionally aims at improving the care of pregnant women, mothers and newborns at health facilities that provide maternity services by protecting, promoting and supporting breastfeeding in accordance with the International Code of Marketing Breastmilk Substitutes.

UNICEF, the WHO, and many national government health agencies recommend that babies are breastfed exclusively for the first 6 months of life. Studies have shown that breastfed babies are less likely to suffer from serious illnesses and respiratory and ear infections. The same studies show that adults who were breastfeed as babies are less likely to develop risk factors for diseases such as obesity and high blood

pressure. The Baby Friendly Hospital Initiative (BFHI) aims to increase the numbers of babies who are exclusively breastfed worldwide, a goal which the WHO estimates could contribute to avoiding over a million child deaths each year. Though Kenya has made great strides in improving exclusive breastfeeding, 38% of the babies are still not exclusively breastfed. However, in Kakamega and Migori counties, only about a third of the children are breastfed exclusively[2].

In 2016, The Ministry of Health Kenya extended Baby Friendly Hospital Initiatives to the community by developing guidelines for Baby Friendly Community Initiative. This extension aims to ensure continuum of care once the mother is discharged to the community and supports maternal nutrition, early initiation and exclusive breastfeeding and optimal complementary feeding.

For this reason, many Kenyan health facilities work towards fully adopting the Baby Friendly Hospital and Community Initiatives so as to improve infant feeding practices. Afya Halisi, a project funded by USAID, with the goal of reducing maternal, newborn and child deaths in Kakamega and Migori counties has also been working to improve infant feeding practices.

Afya Halisi supported the implementation of both the baby friendly hospital and community initiatives. The project supported implementation of Baby Friendly Hospital Initiative in two (2) hospitals in Kakamega and eight (8) hospitals in Migori. The support entailed, training, mentorship, continuous medical education (CME), printing, dissemination and distribution of Information, Education and Communication (IECs) materials and self, county and external assessments. Of the 10 hospitals, Matungu Sub County Hospital was declared baby friendly and is currently the only baby friendly hospital in the country post devolution. Matungu Sub County Hospital was declared a baby friendly hospital and awarded by Dr. Pacifica Onyancha the acting Director of the Ministry of Medical Services and Public Health. Rongo Sub County Hospital scored a whopping 74% and got a certificate of commitment and will be re-assessed for certification in early 2021. Migori County Referral Hospital and Navakholo could not be assessed due to an ongoing doctors' strike and COVID cases among staff respectively, that led to a reduction in the number of mothers delivering at the facility.

In addition, Afya Halisi has been supporting community units on Baby Friendly Community Initiative. In both Migori and Kakamega counties. The Project is supporting Baby Friendly Community Initiative implementation in 140 Community Units. Of these, Afya Halisi supported external assessment for five (5) Community Units, four (4) in Kakamega and one (1) in Migori. All the five Community Units met the threshold for certification as all scored over 80%.

These five (5) community units are awaiting award and certification by national Ministry of Health after meeting the criteria. The five Community Units are, Ematia A and Ematia B in Navakholo Sub County, Nanyeni A and Nanyeni B in Matungu Sub County and Kodera Kuoyo which scored an excellent 86% in Awendo Sub County in Migori County.

[2] Multiple Indicator Cluster Survey (MICS), 2014

ANNEXES & ATTACHMENTS

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

Strengthen adolescent and youth-friendly services at health facility

Afya Halisi remained cognizant that adolescent and youth issues extend beyond health to socio-economic, thus continued to focus on not only utilization of a multi-sectoral approach but also a combination prevention approach, including rights-based, evidence-informed, and community-owned interventions, prioritized to meet the current health needs of adolescents and youths and their surrounding communities. The interventions are aimed achieving sustained impact on reducing teen pregnancies, new HIV and STI infections and vulnerabilities among young people.

In PY4 Q1, the Project's efforts were targeted towards creating sustainable mechanisms and structures for continuity of adolescent and young people's interventions. The activities included strengthening the capacity of youth advocates in SMART advocacy for increased funding of AYSRH services. The Project also co-planned, co-financed, co-Implemented and co-monitored the AYSRH interventions with the County and Sub County Health Management Teams. In line with the Journey to Self-Reliance approach, the Project continued to provide technical support and guidance to the Project's local implementing partners in the implementation of Adolescents and Young People activities in October and November 2020, before their close out in early December 2020. These activities were targeted towards prevention of teen pregnancies, behavior change, increased service uptake, reduction and prevention of repeat pregnancies and strengthening systems for adolescent and youth service delivery. **Table 26** below shows the Project's performance in PY4Q1.

Table 26. Adolescents (10-19 years) FP uptake and presenting with pregnancy, PY4Q1

County	Adolescents (10-19 years) FP uptake			Adolescents (10-19 years) presenting with pregnancy		
	PPR Target	Y4Q1	% Achievement	PPR Target	Y4Q1	% Achievement
Kakamega	4,413	759	17%	7,549	1,901	25%
Kisumu	5,748	1,288	22%	6,244	1,284	21%
Kitui	3,450	440	13%	6,164	1,321	21%
Migori	17,429	2,739	16%	10,224	1,894	19%
Project	31,040	5,226	17%	30,181	6,400	21%

The performance during the reporting period was affected by a slow-down in service delivery during the month of December 2020 occasioned by staff taking a holiday break and an industrial action by nurses beginning mid December 2020 which resulted in reduced accessibility to facility AYSRH services. Service provision also continued to be affected by the effects of COVID-19 pandemic. In addition, the Project's performance was also affected by the transition of local implementing partners in early December 2020 due to the Project's close out process.

The county specific primary and secondary preventions, and systems level activities that were implemented in PY4 Q1 in the four focus counties, to address challenges facing adolescents, were as detailed below.

Primary Prevention Interventions

The primary prevention interventions were aimed at delaying sexual debut, preventing early and unwanted pregnancies and prevention of sexual abuse among adolescents and youth. The activities were implemented at facility and community level and sought to expand access to comprehensive sexual and reproductive health information and services to the adolescents and youth. The activities also targeted key behavioral influencers to the adolescents including the parents, guardians, *boda boda* riders and community leaders.

Access to Comprehensive Sexuality Education/Information

Comprehensive sexuality education (CSE) provides accurate information on a range of age-appropriate topics; and fosters knowledge, attitudes, values and skills to enable adolescents and young people develop positive views of their sexuality. During the reporting quarter, the Project enhanced access to comprehensive sexuality education through the following platforms:

- Dialogue sessions with parents and caregivers
- Dialogue sessions with adolescents and young people
- Digital health platforms – online CSE session on WhatsApp
- County Based toll free lines

Dialogue sessions with parents and caregivers

Different segments of the population yield power influence and decisions making ability on adolescents and young people due to their authority, knowledge, position, or relationship. They hence influence their sources of knowledge, beliefs, attitudes, and values. Some act as their role models and shape young people's perception of gender roles and the choices they make about their own sexual behavior.

During the reporting quarter, in **Kakamega,** the Project supported MOH to conduct six (6) dialogue sessions with parents, boda boda riders and community opinion leaders reaching 156 parents and community leaders (47 male, 109 female). In **Kisumu,** the Project co-supported MOH to conduct four (4) dialogue sessions with parents, boda boda riders and community opinion leaders reaching 124 parents and community leaders (54 male, 70 female). In **Migori,** the Project supported MOH to conduct six (6) dialogue sessions reaching 342 parents and community leaders (161 male, 181 female).

Dialogue sessions with adolescents and young people

These sessions are to build skills and knowledge of the adolescents and young people on risk perceptions and prevention efforts. The sessions also provide linkage to sexual and reproductive health services, and socio-economic empowerment opportunity.

During the reporting quarter, in **Kakamega,** the Project co-supported MOH to conduct four (4) dialogue sessions reaching 248 adolescents and young people (97 male, 151 female). In **Kisumu**, the Project co-supported MOH to conduct three (3) sessions reaching 123 adolescents and young people (54 male, 69 female).

Digital health platforms

During the reporting quarter, the Project supported youth champions to harness into the digital space, and use platforms such as WhatsApp-Dubbed '*Club Tubonge'* to provide a strong organic channel to address sexual and reproductive health issues, raise awareness and start real conversation on sexual and reproductive health, leading to linkages to services. The platforms provide information on points of service provision and key AYSRH service providers. During the reporting period, the Project co-supported the setting up of six (6) WhatsApp groups reaching 1,809 adolescents and young people. The sessions included discussions with the health service providers on a weekly basis.

Access to Sexual Reproductive Health Services

Adolescents have wide-ranging service needs. All adolescents and young people need access to basic health services, including access to condoms for pregnancy and disease prevention as well as access to sexual and reproductive health services.

Targeted in reaches and outreaches

During the reporting quarter, the Project co-supported MOH to conduct adolescent targeted sessions to enhance access to services by the adolescents as follows: In **Kisumu,** the Project supported four (4) in reaches in the Project supported sub-counties of Kisumu East, West, Central, Nyando, Muhoroni and Nyakach, reaching 61 adolescents with FP services, and a further 16 with ANC services and three (3) children were immunized.

In **Kakamega,** the Project co-supported five (5) in reaches in the project supported sub counties of Mumias East, Navakholo, Khwisero and Lurambi, reaching 64 adolescents with contraceptive services, and a further 26 received ANC services. In **Migori,** the Project co-supported six (6) in reaches reaching 26 adolescents with FP services, 18 adolescent with ANC services and 12 children received immunization services. In Kitui, the Project co-supported in reaches in various facilities reaching 15 adolescents with FP services and 6 adolescents with ANC services.

Community Condom Provision: Boda as Condom Outlet

The primary goal is to target the focus sub counties and administrative wards with high teen pregnancy burden by using boda boda leaders and boda boda shades as male condom outlets, where the riders are sensitized on correct use of condoms.

In **Migori,** the Project co-supported distribution of condoms in Awendo and Uriri sub counties, where a total of 14,400 male condoms were distributed to 20 boda boda riders. In **Kitui,** the Project supported condom distribution in Kitui East and South sub counties, reaching 48 boda boda riders, who distributed the 14,000 male condoms in their different operation areas.

County Based Toll Free Lines

The platform is aimed at ensuring that adolescents and young persons have access to expert comprehensive information regarding their sexual reproductive and health needs as well as linkage for those in need of services at health service provision points. The toll free lines provide advantages of addressing the barriers to service uptake that have slowed down access to services by adolescents. The toll free lines have no set time for calling, the service providers are available at point of need, thus address the inconvenience of service hours that the adolescents have faced in the past. Speaking to a service provider at the point of need is a step towards enabling the adolescent cope with any tough situation while the 'free' aspect encourages increased number of inquiries as well as reporting on various sexual and reproductive health challenges. The toll free lines also provide a point of contact and since the caller and the service provider are not physically meeting, it provides an opportunity for the adolescents to express themselves without fear of breakage of confidentiality. **Table 27** below provides a summary of the toll free line callers by age and areas of concern by county during the reporting quarter.

Table 27. Summary Toll free line callers by age and areas of concern in PY4Q1

Age	Number of callers				Areas of concern
	Kakamega	Kitui	Migori	Total	
10 to 14 years	44	21	73	138	Menstrual hygiene issues, changes taking place during adolescent stage and how to handle them, and how to avoid negative peer pressure
15 to 19 years	87	57	189	333	Contraceptive use-their accessibility, how they work and side effects, if they can access abortion services for unwanted pregnancies and post abortion care for adolescents who have attempted abortion, how a positive adolescent girl can protect their unbom children, masturbation, sexually transmitted infections, medical and legal support for adolescents who have undergone sexual violations
20 to 24 years	28	34	41	103	Contraceptive access and side effects, sexual violence, access to abortion services, sexually transmitted infections
Above 25 years	66	46	54	166	Health issues and aid for different things such as mosquito nets, Family planning, Delivery services, blood Transfusion
Total	**225**	**158**	**357**	**740**	

Secondary Prevention Interventions

The secondary prevention interventions aimed at improving access to quality SRH services for pregnant and post-natal adolescents and young people. The services included ANC, skilled birth attendance, post-natal care, post-partum family planning and nutrition.

Improve Access to Quality Services to Pregnant and Postnatal Adolescents

Transition to motherhood for teenage girls has been associated with many challenges. The Project supports young mothers clubs to address health needs of pregnant adolescents, adolescent mothers and their children. The model uses peer-based and mentorship approaches and is anchored on the social learning theory which posits that people learn from one another through observation, discussion, imitation and modeling.

The Project has so far supported the establishment of 144 young mothers' club (Kitui 13, Kisumu 63, Kakamega 37 and Migori 31). As the end of quarter PY4Q1, a total of 2,850 young mothers (pregnant 1,127, lactating 1,723) have been reached with different SRH services of ANC, skilled birth attendance, post-natal care, post-partum family planning, immunization for children and maternal and infant nutrition.

Support Linkage to Safety Nets (Linda Mama, UHC), Economic Strengthening Opportunities and Return to School

In reducing risk and transactional sex among out of school adolescents and youth, the Project supported linkages to socio economic empowerment opportunities for adolescents and young people. During the reporting quarter, the Project supported 47 young mothers to be linked to technical and vocational training opportunities (TVET) in **Kakamega.** The Project also supported training of 350 adolescents and youth on economic strengthening education forums through collaboration with partners such as MWENDO project in Kisumu, Kakamega and Migori. The Project also worked with Organization of African Youth in Kisumu and Paint a Smile CBO in Kakamega to co-support socio-economic empowerment for 166 adolescents and youth in Kisumu, 134 in Kakamega and 50 in Migori.

System Level Interventions

Structural interventions seek to address underlying factors that make adolescents and young people vulnerable to teen pregnancy and HIV infection. These can be social, economic, political or environmental. Multi-sectoral approach addresses adolescents and youth health by ensuring that interventions address health and social determinants (direct and indirect factors) of adolescent health. Such an approach emphasizes cross-cutting linkages and aims to create synergies between different development sectors. The system level interventions for AYSRH also aim at strengthening the GOK structures and line ministries in delivering and coordinating adolescents and youth responsive services.

During the reporting quarter, the Project to strengthen the County technical working groups and multi-sectoral and stakeholder forums. The Project also co-supported Migori County in the development of the County Multi Sectoral Action Plan to end teen pregnancy in the county.

Dissemination of Policies and Guidelines for Adolescents and Youth Services.

The Project supported dissemination of policy and guidelines for provision of services to adolescents and young people. This was necessitated by the transfer of service provider including employment of new staffs. The sessions were conducted for CHMT and SCHMTs and line ministries, and small group sessions for community leaders and administrators.

Supporting County and Sub County AYSRH Coordination Forums

The Project has supported county stakeholder forums and technical working groups aimed at enhanced coordination of services for adolescents and youth. These forums brought together all AYSRH partners, representation of vulnerable groups in the community, youth, line ministries, and county and national government.

Partnership with other USAID Implementing Partners

The Project built collaborative partnerships as a strategy for health improvement for adolescents and youths. The project worked with other USAID implementing partners to achieve a common purpose. The partnership enhanced economic strengthening as a way of reducing adolescents and youth vulnerability to risky behaviors. To address economic drivers of the risky behaviors among the adolescents and young people, Afya Halisi, DREAMS and MWENDO collaborated in implementation of Savings and Internal Lending Communities (SILC) intervention, and combination social economic approaches to enable the young women develop their own reliable financial services and to support community self-reliance and resilience.

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Annex II: Schedule of Future Events

The scheduled activities for Quarter 2 of FY2021 are included in **Table 28** below.

Table 28. Schedule of upcoming events in PY4Q2

Date	Location	Activity
29th January 2021	USAID	Submission of close out plan and disposition plan to USAID
30th January 2021	USAID	Submission of Y4Q1 report to USAID
February 2021	Focus counties	Close out meetings with MOH at national and county levels
30th March 2021	USAID	Submission of draft End of Project report to USAID

Annex III. List of Deliverable Products

The deliverable products during the reporting period included;

1. Draft harmonized national EmONC functionality assessment tool (EFAT). Afya Halisi co-financed and provided technical support in development of the tool with co-support from Options Consultancy Services, Afya Halisi, Liverpool School of Tropical Medicine and Jacaranda Health.
2. Public Health Emergency Operations Center national strategic plan and handbook
3. Draft report on End-term evaluation of the learning agenda on Effectiveness of a combined approach towards Improving Utilization of Adolescent Sexual Reproductive Health Services in Kisumu and Kakamega Counties, Kenya

Annex IV. Afya Halisi PY4Q1 summary performance

Table 29. Afya Halisi Year 4 Quarter 1 summary performance

Indicator	FY21 target	Y4Q1	Y4Q2	Y4Q3	Y4Q4	Total	% Achievement
FP/RH							
HL.CUST FP 14.0 Number of Health Workers trained in commodity management through USG supported programs	270	0				**0**	**0%**
CUST Number of men	101	0				**0**	**0%**
CUST Number of women	169	0				**0**	**0%**
HL.CUST FP 15.0 Total number of Health Workers trained in FP/RH through in-service training	1,000	156				**156**	**16%**
CUST Number of men	381	49				**49**	**13%**
CUST Number of women	619	107				**107**	**17%**
HL.CUST FP 16.0 Percent of USG-assisted service delivery points (SDPs) that experience a stock out at any time during the reporting period of a contraceptive method that the SDP is expected to provide	13%	77%				**77%**	**77%**
CUST Denominator	664	641				**641**	
CUST Numerator	86	492				**492**	
HL.7.1-3 Average stock out rate of contraceptive commodities at Family Planning (FP) service delivery points	15%	45%				**45%**	**45%**
CUST Denominator	664	630				**630**	
CUST Numerator	100	283				**283**	
HL.7.1-1 Couple Years protection in USG supported programs	609,815	95,442				**95,442**	**16%**
HL.7.1-1-a Urban							
HL.7.1-1-b Rural	609,815	95,442				**95,442**	**16%**
HL.7.1-2 Percent of USG-assisted service delivery sites providing family planning counseling and/or services	100%	97%				**97%**	**97%**
HL.7.1-2-a Numerator	664	641				**641**	
HL.7.1-2-b Denominator	664	664				**664**	
HL.7.2-2 Number of USG-assisted community health workers (CHWs) providing Family Planning (FP) information, referrals, and/or services during the year	2,200	2,998				**2,998**	**136%**
HL.7.2-2-a Number of men	835	802				**802**	**96%**
HL.7.2-2-b Number of women	1,365	2,196				**2,196**	**161%**
HL. CUST FP 18.0 Total adolescent clients (10-19) receiving FP services	31,040	5,226				**5,226**	**17%**
Maternal Health							
HL.CUST MCH 6.0 Number of USG-supported facilities that provide appropriate life-saving	165	139				**139**	**84%**

maternity care (this will be defined as seven signal functions for BEmONC and nine signal functions for CEmONC)							
BEmONC	143	114				**114**	**80%**
CEmONC	22	25				**25**	**114%**
Number of women who attended at least one ANC visit during the latest pregnancy		28,663				**28,663**	
HL.CUST MCH 7.0 Number of women who received at least 4 ANC visits during the latest pregnancy	73,686	15,193				**15,193**	**21%**
HL.CUST MCH 8.0 Total number of CHWs trained in maternal and/or newborn health through USG supported programs.	1,320	0				**0**	**0%**
CUST Number of Female	820	0				**0**	**0%**
CUST Number of Male	500	0				**0**	**0%**
HL.CUST MCH 9.0 Number of HCWs trained in maternal and/or newborn health care through USG supported programs	926	87				**87**	**9%**
CUST Number of Female	572	56				**56**	**10%**
CUST Number of Male	354	31				**31**	**9%**
HL.6.2-1 Number of women giving birth who received uterotonics in the third stage of labor (or immediately after birth) through USG-supported programs	70,002	20,689				**20,689**	**30%**
HL.CUST MCH 10.0 Number of births in a given year attended by a skilled birth attendant (SBA) such as doctor, nurse, or midwife	70,002	21,814				**21,814**	**31%**
HL. CUST MCH 17.0 Total adolescent clients (10-19) receiving ANC	30,181	6,400				**6,400**	**21%**
Child Health							
Number of children who received DPT1 by 12 months of age in USG-assisted programs		25,130				**25,130**	
HL.CUST MCH 4.0 Number of children who received DPT3 by 12 months of age in USG-assisted programs	99,688	23,119				**23,119**	**23%**
HL.CUST MCH 5.0 Children who received measles vaccine by the time they were 12 months of age	99,688	21,992				**21,992**	**22%**
HL.CUST MCH 11.0 Number of children under one fully immunized	99,688	21,596				**21,596**	**22%**
HL.6.3-2 Number of newborns who received postnatal care within two days of childbirth in USG-supported programs	66,501	18,206				**18,206**	**27%**

HL.6.6-2 Number of cases of childhood pneumonia treated in USG-assisted programs	34,559	4,552				**4,552**	**13%**
HL.6.6-1 Number of cases of child diarrhea treated in USG-assisted programs	94,492	14,746				**14,774**	**16%**
Nutrition							
HL.9-1 Number of children under five (0-59 months) reached by nutrition-specific interventions through USG-supported programs	225,361	229,919				**229,919**	**102%**
HL.9-1-a Number of children whose parents/caretakers received behavior change communication interventions that promote essential infant and young child feeding behaviors	55,374	14,899				**14,899**	**27%**
HL.9-1-b Number of children 6 - 59 months who received vitamin A supplementation in the past 6 months	225,361	229,919				**229,919**	**102%**
HL.9-1-c Number of children under five who received zinc supplementation during an episode of diarrhea	50,355	8,556				**8,556**	**17%**
HL.9-1-d Number of children under five who received Multiple Micronutrient Powder (MNP) supplementation							
HL.9-1-e Number of children under five who received treatment for severe acute malnutrition							
HL.9-1-f Number of children under five who were admitted for treatment of moderate acute malnutrition							
HL.9-1-g Number of children under five who received direct food assistance							
HL.9-1-h Number of male children under five reached by USG-supported nutrition programs	110,427	112,660				**112,660**	**102%**
HL.9-1-i Number of female children under five reached by USG-supported nutrition programs	114,934	117,259				**117,259**	**102%**
HL.9-2 Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs	80,424	12,104				**12,104**	**15%**
HL.9-2-a Number of male children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs	39,407	5,926				**5,926**	**15%**

HL.9-2-b Number of female children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs	41,017	6,178				**6,178**	**15%**
HL.9-3 Number of pregnant women reached by nutrition-specific interventions through USG-supported programs	55,374	14,899				**14,899**	**27%**
HL.9-3-a Number of women receiving iron and folic acid supplementation	55,374	14,899				**14,899**	**27%**
HL.9-3-b Number of women receiving counseling on maternal and/or child nutrition	55,374	14,899				**14,899**	**27%**
HL.9-3-c Number of women receiving calcium supplementation							
HL.9-3-d Number of women receiving multiple micronutrient supplementation							
HL.9-3-e Number of women receiving direct food assistance of fortified/specialized food product							
HL.9-3-f Number of women < 19 years of age	14,673	3,795				**3,795**	**26%**
HL.9-3-g Number of women > or = 19 years of age	40,701	11,104				**11,104**	**27%**
HL.9-4 Number of individuals receiving nutrition-related professional training through USG-supported programs	370	0				**0**	**0%**
HL.9-4-a Number of non-degree seeking trainees	370	0				**0**	**0%**
HL.9-4-b Number of degree seeking trainees							
HL.9-4-c Number of new degree seeking trainees							
HL.9-4-d Number of continuing degree seeking trainees							
HL.9-4-e Number of men	115	0				**0**	**0%**
HL.9-4-f Number of women	255	0				**0**	**0%**
HL. CUST N1.0 Number of health facilities with established capacity to manage acute under-nutrition	124	153				**153**	**123%**
HL. CUST N2.0 Number of Children under five who are underweight		1,744				**1,744**	
HL. CUST 2.0-a Male		660				**660**	
HL. CUST 2.0-b Female		1,084				**1,084**	
HL. CUST N3.0 Total Number of children under five years	281,692					**0**	**0%**
HL. CUST 3.0-a Male	138,031					**0**	**0%**
HL. CUST 3.0-b Female	143,661					**0**	**0%**

WASH							
Number of people gaining access to a basic sanitation service as a result of USG assistance	13,284	127				**127**	**1%**
Male	6,376	61				**61**	**1%**
Female	6,908	66				**66**	**1%**
Urban						**0**	
Rural	13,284	127				**127**	**1%**
Number of communities verified as "open defecation free" as a result of USG assistance	74	36				**36**	**49%**
Number of individuals trained to implement improved sanitation methods	788	47				**47**	**6%**
Male	378	29				**29**	**8%**
Female	410	18				**18**	**4%**
HL.81.1 Number of people gaining access to basic drinking water services as a result of USG assistance	11,300	10,134				**10,134**	**90%**
HL.8.1-1.a Number of Men	5,424	3,774				**3,774**	**70%**
HL.8.1-1.b Number of Women	5,876	6,360				**6,360**	**108%**
HL.8.1-1.c Urban							
HL.8.1-1.d Rural	11,300	10,134				**10,134**	**90%**
HL.8.2-4 Number of basic sanitation facilities provided in institutional settings as a result of USG assistance	10	9				**9**	**90%**
Institution Type (School/Health Facility)	10	9				**9**	**90%**
School							
Health Facility	10	9				**9**	**90%**