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(FY21 Q4 PROGRESS REPORT)
(AND FY21 ANNUAL PERFORMANCE REPORT)

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USAID KENYA
USAID BORESHA JAMII
FY 2021 Q4/ANNUAL PROGRESS REPORT

QUARTERLY REPORT FOR 01 JULY 2021 – 30 SEPTEMBER 2021

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Prepared for Dr. Immaculate Kathure, AOR
United States Agency for International Development/Kenya
C/O American Embassy
United Nations Avenue, Gigiri
P.O. Box 629, Village Market 00621
Nairobi, Kenya

Prepared by
Jaramogi Oginga Odinga University of Science & Technology (JOOUST)
P.O Box 210 – 40601 Bondo,
Kenya

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ACRONYMS AND ABBREVIATIONS

AGYW adolescent girls and young women

AIDS acquired immune deficiency syndrome

AMPATHplus Academic Model Providing Access to Healthcare Plus

ANC antenatal care

ART antiretroviral therapy

ARV antiretroviral drug

C&T care and treatment

CALHIV children and adolescents living with HIV

CME continuing medical education

COP country operational plan

COVID-19 coronavirus disease 2019

DATIM Data for Accountability, Transparency and Impact Monitoring

DHIS2 District Health Information Software 2

DQA data-quality assessment

DREAMS Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe

DWAPI Data Warehouse Application Programming Interface

EBI evidence-based intervention

EID early infant diagnosis

EMR electronic medical record

FF fisherfolk

FY fiscal year

GBV gender-based violence

GoK Government of Kenya

HCW health care worker

HEI HIV-exposed infant

HF health facility

HIV human immunodeficiency virus

HIVST HIV self-testing

HTS HIV testing services

HTS_POS HTS that showed positive result

HTS_TST individuals who received HIV testing services

HTS_TST_POS individuals who received HIV testing services and received positive test results

IPT isoniazid preventive therapy

KHIS Kenya Health Information System

KP key population

LIP local implementing partner

LIVES Listen, Inquire, Validate, Enhance safety and Support

LPV/r lopinavir/ritonavir

MCH maternal and child health

MM mentor mother

MMD multimonth dispensing

MOH Ministry of Health

MSM men who have sex with men

NASCOP National AIDS & STIs Control Programme

OVC orphans and vulnerable children

PCR polymerase chain reaction

PE peer educator

PEPFAR US President's Emergency Plan for AIDS Relief

PLHIV people living with HIV

PMTCT prevention of mother-to-child transmission of HIV

PMTCT_ART HIV-positive pregnant women on ART

PMTCT_POS newly and known positive at ANC

PMTCT_STAT pregnant women with known HIV status at the first antenatal care visit

PNS partner notification services

PrEP pre-exposure prophylaxis

PrEP_CURR individuals currently active on pre-exposure prophylaxis treatment

PrEP_NEW individuals newly enrolled in pre-exposure prophylaxis treatment

PRISM Program Reporting Information System Management

PSSG psychosocial support group

Q quarter

SAPR semiannual progress report

TB tuberculosis

TB_ART TB/HIV coinfected patients on ART

TB_STAT TB patients tested for HIV

TLD tenofovir/lamivudine/dolutegravir

TX_CURR individuals currently enrolled in treatment

TX_NEW individuals newly enrolled in treatment

USAID US Agency for International Development

VL viral load

VLS viral load suppression

VMMC voluntary medical male circumcision

I. EXECUTIVE SUMMARY

In the quarter, the project was able to undertake co-creation of the FY22 work plans in all the four counties covering all the five (5) sub purpose areas of the project. The HIV service delivery mechanisms transitioned their activities to the project. There was a transition of the human resources for health from the outgoing mechanisms to the Boresha Jamii project. The service delivery partner, PATH Kenya, was approved by USAID for implementation of the HIV sub purposes 1.2, 1.3, and 2. All the service areas were engaged in trainings to build the capacity of the MOH and the DCS.

Key populations

USAID Boresha Jamii (UBJ) project supported the provision of KP services in Kakamega and Kisumu counties through three local implementing partners, each of which runs a drop-in center where KPs receive a range of prevention and treatment services. Performance against respective annual targets across all indicators is either on track or has been surpassed with KP_PREC at 102%; tested at 129%. The identification performance was at a low of 22%.

Fisherfolk

Working through 12 government-registered beach management units, UBJ reached FF with a comprehensive package of HIV prevention, care, and treatment services within the Lake Victoria landing sites in Kisumu's sub counties. By the end of FY21 Q4, the project had achieved 133% (15,736) reach among fisher-folks against COP target. A total of 15,736 fisher folk reached with comprehensive package of HIV services including HTS.

Voluntary medical male circumcision

UBJ supported six HFs to provide VMMC services in the Muhoroni subcounty of Kisumu County. All 1,249 clients were reached in Q1 (representing 156% of the project's annual target); no circumcisions were conducted in Q3 to Q4 during the project's implementation. In alignment with PEPFAR's 2020 country operational plan guidance, all the clients circumcised and reported under this indicator were 15 years old or older.

Pre-exposure prophylaxis

The project supported HFs to provide PrEP services to both new and continuing clients. As of the end of FY21 Q4, the number of clients who were both newly enrolled in (PrEP_NEW) at 67% of UBJs annual target; the project and its PrEP_CURR target performance was at 79%.

HIV testing services

The project supported provision of HIV testing services at 327 HFs with PEPFAR-assigned targets. The project achieved a 92% for the testing target and 83% for the identification. The project's HIV testing yield in Q4 was 3.5%, resulting in a yield of 3.2% in the twelve-month period—an achievement of 83% against the PEPFAR-assigned target yield of 3.6%. In FY21 Q4, under the index-testing entry point, a total of 2,414 index clients were screened to assess their eligibility for partner notification services. Among them, 2,366 (98%) were offered and accepted partner notification services; 5,995 contacts (average of 2 per index client) were elicited; 4,100 (82%) contacts accepted testing and were tested for HIV; and 730 (18%) were newly diagnosed HIV positive. Using the proxy numerator of TX_NEW (individuals newly enrolled in treatment), 93% of newly identified HIV-positive individuals in FY21 Q4 were linked to HIV care and treatment services.

Prevention of mother-to-child transmission of HIV

UBJ supported 324 HFs to provide a full package of services for the prevention of mother-to-child transmission of HIV. Overall as of Q4, 94% (79,804/84,773) of women who attended their first ANC visit knew their HIV status (PMTCT_STAT), achieving 101% of the annual set target of 78,766. Nearly all (98%) of the 3,286 HIV-positive clients were initiated on ART. The project was not able to identify as

many HIV-positive pregnant women as targeted, reaching 82% achievement, with a similar performance for those receiving ART.

Early infant diagnosis

The project supported HFs to provide early infant diagnosis (EID) services for HIV-exposed infants, with an emphasis on ensuring HIV testing of HIV-exposed infants by 8 weeks of age. The project's achievement against the annual target for EID testing by 12 months of age was 56% as of the end of Q4.

Antiretroviral therapy

The project supported 327 HFs to provide HIV care and treatment services, including ART. In summary: UBJ reached 81% of the project's annual target for TX_NEW and achieved 95% of its annual target for TX_CURR (individuals currently enrolled in treatment), with the project supporting 83,224 adults and children on ART.

Viral load services

The project supported the 327 HFs with PEPFAR-assigned ART targets to provide viral load (VL) testing services. The project's VL coverage and suppression rates were 68% and 93% respectively.

Orphan and Vulnerable Children

By end of APR 21, UBJ served a total of 7,378 (4,237M; 3,141F) (123%) OVC against an OVC_SERV COP target of 5,986 OVC representing 123% achievement. As at APR the project recorded a total of 5,549 (100%) OVC <18 years old) with HIV status with 1,986 being CALHIV with 99.1% VL access and a 92% VS. A total of 5,385 (2,316 Nyamira, 3,069 Vihiga) OVC are attending school at different levels and a total of 3,490 (54.1%)) OVC were confirmed to have birth certificates to date.

RMNCAH/N/WASH

During the quarter under review, 87,402 CYPs were achieved against the target of 112,921, in the two focus counties of Kakamega and Kisumu. As well, 23,550 (90.7%) pregnant women attended 1st ANC visit while 16,975 (65.4%) pregnant women attended four ANC visits in the two focus counties. In child health, 6,095 pneumonia cases were reported against a target of 9902. The cumulative achievement for PY1 was 18,585 (47%). There is a notable decrease in the pneumonia cases reported across the year.

Under constraints, the management of consortia has been a challenge especially for a new entrant like the university. As well, the start up of such projects in a public institution is challenging with teething problems arising from the relationship management between the university and the project. There were key personnel changes; one entry (COP) and one exit (FAM).

In the coming quarter, the project is expected to continue with the co-implementation of the approved work plan. No deviation is anticipated.

II. KEY ACHIEVEMENTS (QUALITATIVE IMPACT)

1. Increased Access and Demand to Quality HIV Prevention Services

1.1. Targeted HIV Prevention Services among Key Populations

In FY21Q4, USAID Boresha Jamii Project (UBJ) continued implementation by providing Direct Service Delivery (DSD) and Technical Assistance (TA) support to three Local Implementing Partners (LIPs)-one in Kakamega and two in Kisumu Counties-to reach KP with NASCOP standard package of HIV services. To this end, project implemented targeted interventions using combination prevention approaches among Female Sex Workers (FSWs), Men who have Sex with Men (MSM) and Transgender (TG).

In the review period, the project supported: evidence-based interventions (EBI) peer education, targeted virtual outreaches, delivery of HIV self-test kits (HIVST), HIV testing services (HTS), service delivery at Drop-In Centers (DICES) and link referral facilities in line with COVID-19 protocols. Additionally, the project used escorted referrals, enhanced peer outreach approach (EPOA), voluntary partner referral (VPR), social network referral (SNR) and risk network referral (RNR) strategies virtually to mobilize. UBJ project also virtually participated in co-creation, commodity provision and forecasting, co-monitoring through data reviews and leveraging on key population investment fund (KPIF) through EPIC project. Project supported Rapid Results Initiative (RRI) to accelerate KP target achievement in case finding, enrolment into care, linkage to treatment and viral load tracking was done. By end of FY21Q4, the following are summarized key results based on COP targets:

Key Results

- Reached 10,944 out of 10,679 COP 20 target representing 102% APR achievement. Of those reached 6,200 FSW, 4,744 MSM & 79 TG, 138%, 79% and 36% respective achievements;
- Tested a total of 10,137 out of 7,856 HTS_TST indicator target, 129% APR achievement with 164% testing and 99% among FSWs and MSM respectively. Identified 80 (45 FSWs; 35 MSM) increasing APR caseload to 202-a 22% achievement.
- A total of 202 KP newly diagnosed with HIV out of whom 189 representing 94% enrolled into care achieving 94% linkage. A total of 13,962 cases screened for STIs with 315 diagnosed and 300 treated. A total of 6,933,569 male and 53,630 female condoms and 62,580 lubricants distributed.
- A total of 10,137 KP screened for PrEP out of which 9,935 were eligible with 495 being newly enrolled under PrEP_New.

Key Population Prevention (KP_Prev.) Performance by County by Typology

By the end of FY21, the project had cumulatively reached 10,757 (101%) out of 10,679 COP 20 KP_Prevention target (101% achievement) with Kakamega County at 93% and Kisumu at 78%. COVID-19 mitigation measures impacted negatively on moonlight targeted outreaches at hotspots. The curfew too affected KP_Prev. target achievement. Table 1 provides a summary of the performance.

Table 1. Key Population_Prev. (KP_Prev.) Performance by County by Typology

KP Typology	KP Prev	Kakamega	Kisumu	Combined
FSW	Target	1,663	2,608	4,271
	Results	3,054	3,146	6,200
	% Achievement	184%	120%	145%
MSM	Target	4,775	1,436	6,191
	Results	2,704	2,040	4,744
	% Achievement	59%	142%	77%
TG	Target		217	217

	Results		79	79
	% Achievement		36%	36%
Combined	Target	6,418	4,261	10,679
	Results	5,758	5,186	10,757
	% Achievement	90%	122%	101%

In the review period, the project cumulatively reached 6,200 (111%) FSWs with HIV prevention services out of 4,271 COP target representing 145% achievement as shown in the table above. Specifically, Boresha reached 3,054 FSWs out of 1,663 representing 184% COP 20 target achievement in Kakamega County compared to 3,146 (120%) in Kisumu County. The achievement is attributed to allocation of weekly targets to LIPs, DICEs, regular support supervision, weekly virtual data reviews, commodity provision and timely forecasting also helped to ramp up quarterly and annual performance.

In the same period, the project reached 4,744 (77%) and 79 (36%) of MSM and the Trans respectively. Among factors for not achieving MSM COP 20 targets were most MSM are still in 'a closet hence COVID-19 restrictions limited effective reach. Further, transition and delayed funds disbursement to LIPs also affected MSM target achievement. COVID-19 led to scale down of outreaches, working hours at DICEs and closure of some hotspots. Moving forward, RRI lessons will be replicated for timely target achievement.

Table 2. FY21 Q 4 HIV Testing Services by County by Typology

Typology	HTS_TST	Kakamega	Kisumu	Combined
FSW	COP Target	972	2,608	**3,580**
	Results Q4	297	416	**713**
	APR Results	2,655	3,234	**5,889**
	%Achievement	273%	124%	**164%**
MSM	COP Target	2,840	1,436	**4,276**
	Results Q4	197	270	**467**
	APR Results	2,445	1,803	**4,248**
	%Achievement	86%	126%	**99%**
Total	COP Target	3,812	4,044	**7,856**
	Results Q4	494	686	**1,180**
	APR Results	5,100	5,037	**10,137**
	%Achievement	134%	125%	**129%**

Quarterly KP HIV testing is critical to epidemic control. In quarter 4, UBJ tested 1,180 bringing the cumulative total to 10,137 out of a COP target of 7,856 under HTS_TST indicator representing 129% APR achievement. The project also achieved 164% testing and 99% among FSWs and MSM respectively. The project used the following robust mobilization and testing strategies to achieve targets: Social Network Strategy (SNS), index testing, voluntary partner strategy (VPR), aPNS and targeting virgin hotspots. RRI further improved performance.

KP Case Identification Performance

Case identification is an entry into care. In FY21 Q4, the project conducted RRI to increase case identification. In Q4 alone, the project identified 63 cases in Kakamega County compared to 59 three previous quarters. In FY21Q4, the project identified 80 (45 FSWs; 35 MSM) HIV positive KP increasing APR caseload to 202 (104 FSWs & 98MSM) against COP target as illustrated in the table below:

Table 3. FY21Q4 KP HTS_POS Performance

Typology	HTS POS	Kakamega	Kisumu	Combined
FSW	COP Target	252	40	**292**
	Results Q4	41	4	**45**
	APR Results	75	29	**104**
	%Achievement	30%	73%	**36%**
MSM	COP Target	563	52	**615**
	Results Q4	22	13	**35**
	APR Results	47	51	**98**
	%Achievement	8%	98%	**16%**
Total	COP Target	815	92	**907**
	Results Q4	63	17	**80**
	APR Results	122	80	**202**
	%Achievement	15%	87%	**22%**

In FY21, the project identified 202 HIV positive KP (104fws; 98msm)-a 22% achievement. The achievement was characterized by varied performance by typology and county. To this end, the project achieved 36% FSWs and 16% MSM COP targets respectively in HTS pos. indicator while it also identified 122 (15%) and 80 (87%) cases in Kakamega and Kisumu Counties.

To sustain improved case identification and newly diagnosed target reported in quarter 4, the project will continue using Social Network Strategy (SNS), aPNS, Risk Network Strategy (RNS), Index testing, EPOA, targeted testing and screening using HIV self-testing kits and targeting virgin hotspots to improve number of newly diagnosed cases.

Table 4 below shows County HTS performance and positivity rates.

Table 4. FY21Q4 County HTS Performance by FSWs and MSM

County	KP -Type	HTS TST	HTS POS	Positivity
Kakamega	FSW	2,655	75	2.8%
	MSM	2,445	47	1.9%
Kisumu	FSW	3,234	29	0.9%
	MSM	1,803	51	2.8%
Combined	FSW	5,889	104	1.8%
	MSM	4,248	98	2.3%
	Total	10,137	202	2.0%

The project achieved 2% KP case detection rate with 1.8% positivity in FSWs and 2.3% in MSM during the period under review. Anecdotally, these rates are below that of the general population, indicating that robust project intervention strategies are on epidemic control trajectory.

Table 5. FY21 Q4 HTS Performance and Linkage to Care

County	KP -Type	HTS POS	TX New	Linkage
Kakamega	FSW	75	68	91%
	MSM	47	43	91%
Kisumu	FSW	29	27	93%
	MSM	51	51	100%
Combined	FSW	104	95	91%
	MSM	98	94	96%

In Q4, the project achieved 94% overall KP linkage (91% FSWs; 96% MSM). Kakamega County had 91% (91% FSWs; 91% MSM) with Kisumu at 98% (93 FSWs; 100% MSM) linkage rates.

KP Enrolment by Typology into Care and Treatment

In the review period, the project continued tracking KP enrolment into care and treatment with results shown in the table below.

Table 6. KP linkage and retention cascade by typology

Typology	Newly Diagnosed	Known HIV +	Tx_CURR	Linkage to ART	Linkage Rate
FSW	104	279	383	95	91%
MSM/MSW	98	132	230	94	96%
Total	202	411	613	189	94%

In Q4, a total of 202 KPs were newly diagnosed with HIV out of whom 189 representing 94% enrolments into care and treatment. Out of those enrolled, 95 (91%) and 94(96%) are FSWs and MSM respectively. A total of 411(279 FSWs; 132 MSM) were known positives with 613 Tx_Curr.

Key Population Cascades

During the period under review, the project continued tracking prevention and treatment cascades among KP (FSWs & MSM) focusing on KP-Prev. cohort to HIV testing, case identification through to linkage and enrolment into care. KP prevention and treatment cascades are illustrated below:

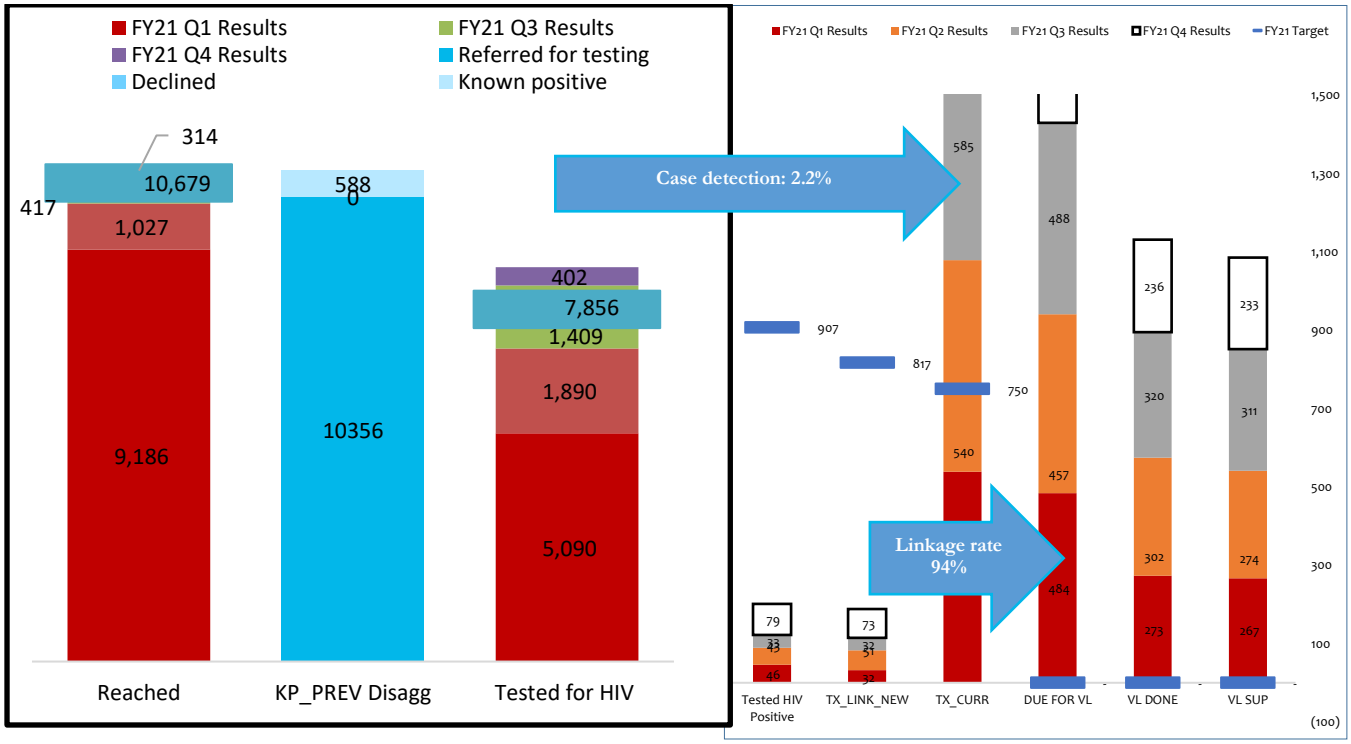


Figure 1. Cumulative FY 21 Cascade for all typologies

In quarter 4, the project reached 7,783 KP (4,899 FSWs; 2,884 MSM) with prevention package including HTS bringing APR total to 26,883 KP representing 109% cumulative KP COP19 target achievement. By end of quarter 4, the project had tested 21,615 KP over and above the set COP 19 target of 10,045 under HTS_TST indicator representing over 200% achievement. Out of KP tested, 425 KP (324 FSWs and 101 MSM) tested HIV positive representing 2% positivity in case finding. Out of 425 KP newly diagnosed with HIV, 311 representing 74% were linked and enrolled into care and treatment. With 247(76%) and 64(63%) being FSWs and MSM/MSWs respectively. A total 1,127 KP (1,070 FSWs; 57 MSM) were known positives while 9 declined.

The project also tracked VL uptake. Out of 1,196 KP due for VL, 905 had VL done representing 77% uptake with the project reporting 748 (83%) viral suppression as shown above.

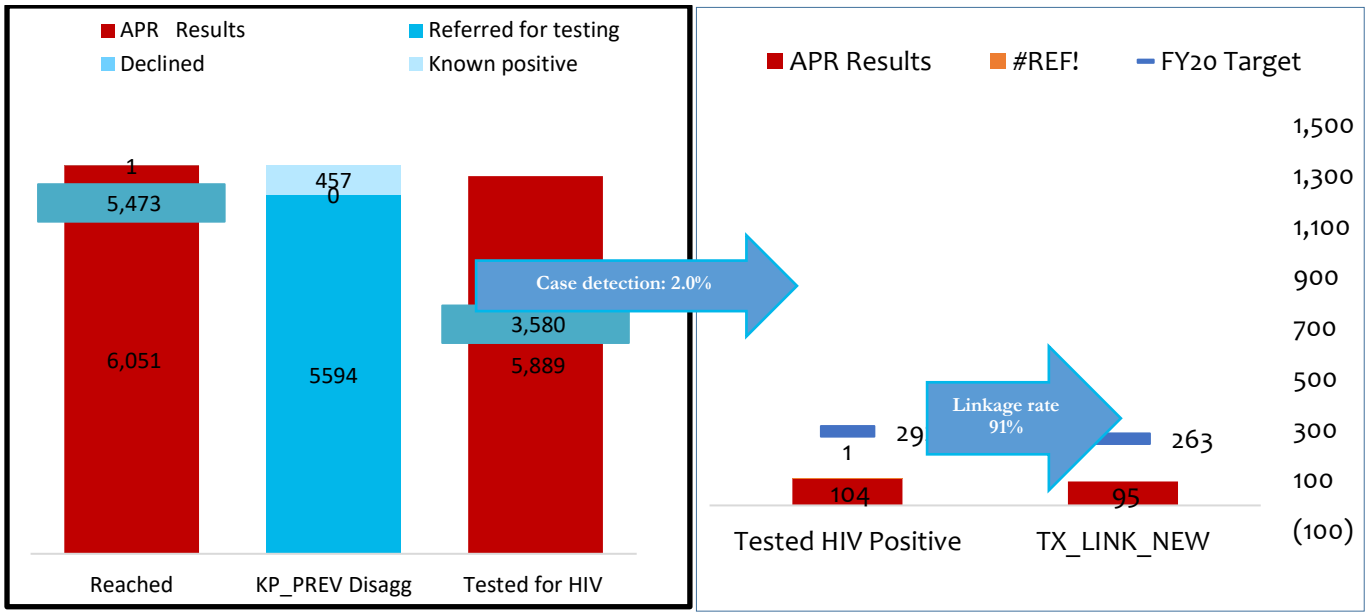


Figure 2. Cascade 1: FSWs October 2020-September 2021 Prevention Treatment Cascade

By end of FY21 Q4, the project had reached 6,051 FSWs out of 5,473 COP target with prevention package including HTS representing 111% achievement. Out of FSWs cohort reached, 5,594 were referred for HIV testing with 5,889 taking the test. Out of FSWs tested, 104 tested HIV positive representing 2% positivity rate with 457 known positives. Out of 104 FSWs testing HIV positive, 95 (91%) were linked and enrolled into care. Out of FSWs due for VL, 109 had VL done with 109 (100%) viral suppression.

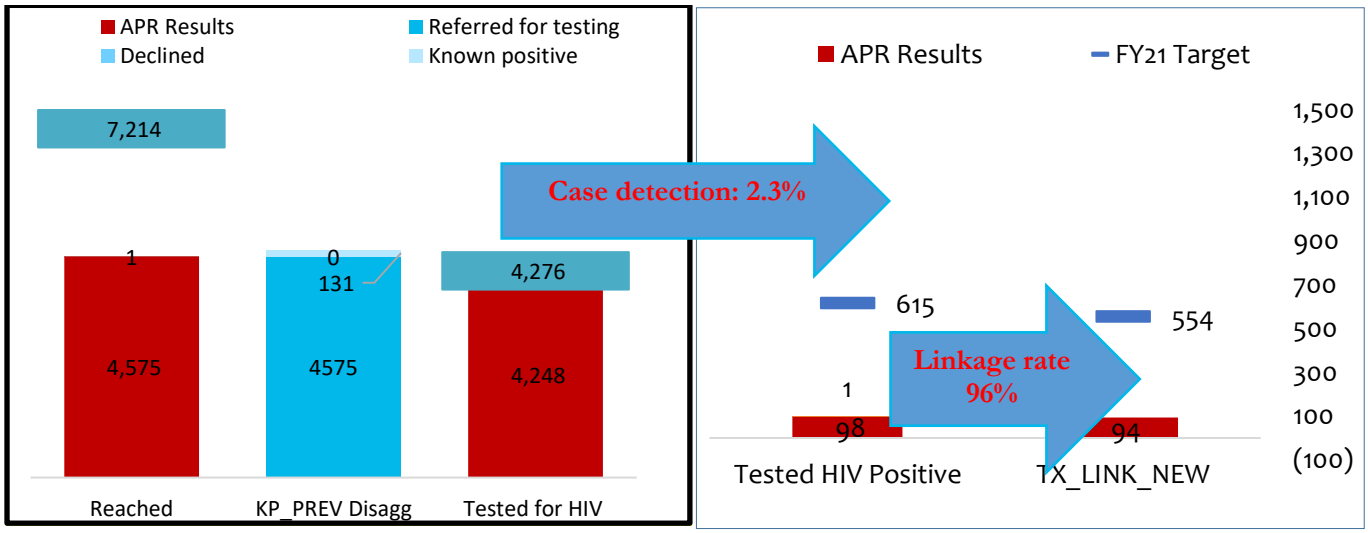


Figure 3. Cascade 2: MSM October 2020 –September 2021 Prevention Treatment Cascade

By end of FY21Q4, the project had reached 4, 575 MSM out of 7,214 (63% KP_Prev achievement). Out of MSM reached, all were referred for HTS with 4,248 being tested. A total of 98 tested HIV positive (2.3% positivity rate) with 96% linkage and enrolment into care. In the same period under review, 142 MSM had VL done with 142 (100%) being virally suppressed.

Table 7. FY21 PrEP service Uptake by County in FY 21

PrEP Uptake	Kakamega	Kisumu	Combined
Number screened for PrEP eligibility	5,100	5,037	**10,137**
Number of KPs eligible for PrEP	4,978	4,957	**9,935**
Number of KPs returning for PrEP refill one Month after initiation	82	190	**272**
NEWLY enrolled on PrEP during the reporting period **(PrEP_NEW)**	128	367	**495**
Number of KPs current on PrEP during the reporting period **(PrEP_CURR)** Include Newly initiated and return clients)	128	512	**640**

By end of quarter 4, a total of 10,137 KP had been screened for PrEP out of which 9,935 were eligible with 495 being newly enrolled under PrEP_New. Additionally, 272 KPs returned for refill bringing cumulative total of PrEP Current to 640.

STIs Screening and Management

Screening and management of STIs is an essential service for Sex Workers Program in Kenya. In the review period, the project continued tracking STIs management as shown below.

Table 8. STI Cascade for screened, diagnosed and treated (FY21 Q4)

County		Kakamega	Kisumu	Combined
FSW	STI Screened	2,655	4,127	**6,782**
	STI Diagnosed	74	97	**171**
	STI Treated	74	95	**169**
MSM	STI Screened	2,445	4,735	**7,180**
	STI Diagnosed	50	94	**144**
	STI Treated	50	81	**131**
Total	STI Screened	5,100	8,862	**13,962**
	STI Diagnosed	124	191	**315**
	STI Treated	124	176	**300**

In the period under review, a total of 13,962 cases were screened for STIs with 315 diagnosed and 300 treated at project supported DICEs.

Promotion and Distribution of Condom and water-based lubricants

Condom promotion, demonstration of proper use, distribution and correct disposal are integral to KP programming delivered through multiple outlets.

Table 9. Condom and water-based lubricants Promotion and Distribution (FY21, Q4)

	FSW	MSM	Total
Male condoms distributed through PE (direct distribution)	**5,351,020**	**1,094,185**	**6,445,205**
Male condoms distributed through DIC (direct distribution)	**247,980**	**46,690**	**294,670**
Male condoms distributed through OTHER strategies	**146,468**	**47,226**	**193,694**
Water-based lubricant distributed to KPs	**21,917**	**40,663**	**62,580**
Female condoms distributed	**53,630**		**53,630**

In the review period, 6,933569 male and 53,630 female condoms were distributed using multiple platforms. Further, 62,580 tubes of water-based lubricants were also distributed. Throughout the year, the project distributed 15,827,567 male condoms to KPs through multiple outlets with PEs being the most preferred followed by the DICEs. A total of 115,794 female condoms and 186,148 tubes of lubricants were distributed. During the period under review, the project distributed 1,564 and 644 HIVST kits to FSWs and MSM respectively. Frequent HIVST kit outages were experienced.

1.2. Targeted Prevention Services among Fisherfolk and Truckers

The project supports 12 Beach Management Units in the six wards namely Central Kisumu, Kabonyo Kanyagwal, Kobura, Market Milimani, Nyalenda B and South West. During the reporting period, the project supported fisher-folks enrolled at 12 Beach Management Units (BMUs) in Kisumu County. These included fishermen, fish mongers, net repairers, boat operators, fish processors and transporters. The support was delivered through training, mentorship, support supervision, provision of reporting tools, data validation and verification, tracking of commodity consumption and forecasting.

The project used combination prevention approach that incorporates behavioral, biomedical, and structural interventions using NASCOP approved Evidence-Based multi-media behavioral change communication Intervention that included SHUGA and Splash Inside Out (SIO) and (PHDP). Fisher-folk also received condoms, HTS and STI screening and management. By the end of FY21 Q4, the project had achieved 133% (15,736) reach among fisher-folks against COP target. A total of 15,736 fisher folk reached with comprehensive package of HIV services including HTS. The fisher-folks also benefitted from effective referrals to various services including VMMC PrEP, STI Screening, and Post GBV Care, family planning services and Alcohol and Drug Abuse Counseling at link referral facilities. This achievement is attributed to use of robust strategies that included: effective population segmentation and targeting, implementing tailored comprehensive quality services and information packages, use of tried and tested recruitment techniques.

1.3. Targeted HIV Prevention Services among Men through VMMC

In the review period, the project supported 6-VMMC sites in Muhoroni Sub County of Kisumu County. The support included consumables, equipment, reporting tools, supportive supervision, and mentorship/capacity building on VMMC provision. A total of 1,249 clients accessed and utilized VMMC services against 800 COP 20 target representing 156% COP target achievement. A total of 929 (74%) of the clients were tested for HIV as part of VMMC minimum package. The 26% not tested included KPs and others not eligible as per the national algorithm. All (100%) of circumcised clients were aged 15 years and above, in keeping with the recommended age pivoting of 15+ in the COP20. All the circumcisions were done using the dorsal slit method.

Additionally, 79% (988/1,249) comprised clients coming back for follow up within 14 days of circumcision. This project performance was the highest ever achieved against 80% expected minimum clients follow up threshold in COP 20. The project continues to put measures in place to ensure more than 80% of clients circumcised come back for post-operative follow up within 14 days after circumcision. Making follow-up phone calls was a notable best practice. During the period under review, no adverse event was reported. The project and MOH service provision teams co-implemented to ensure all clients receive the service using the recommended dorsal slit technique and ensure compliance to WHO guidelines on tetanus immunisation prior to circumcision using male circumcision devices.

The project leveraged on existing structures and used robust strategies to mobilize males aged 15 to 29 years in the community, workplaces and in institutions of higher learning. One on one community mobilization by the CHW/Vs sustained a steady flow of clients at facilities. The project also supported sensitization of women on VMMC benefits yielding partner-support and escorted referrals for uptake and in healing. The project also strengthened intra-facility referrals for VMMC uptake including eligible men who tested HIV negative from multiple facility testing points. The project supported and participated in national, county, and sub-county VMMC technical working groups to sustain improved coordination and ensure quality VMMC services in Kisumu County.

During this period, the project provided internal quality assurance through the project's own VMMC focal person, SCHMT and external quality assurance by NASCOP team. In addition, the project also conducted joint RDQA with SCHMT that mainly focused on 5 main data dimensions of accuracy, validity, completeness, consistency and timeliness between the source documents, the reporting tools as well as DATIM. The project and MOH service provision teams continued to ensure that all clients receive services.

1.4. Targeted Prevention through Pre-exposure prophylaxis (PrEP)

Kenyan PrEP guidelines target individuals older than 15 years for PrEP UBJ focuses PrEP services on high-priority adolescent girls and young women (AGYW), key populations (i.e., FSW, MSM, TG), and serodiscordant couples in the general population. According to NASCOP data, HIV treatment centers, maternal and child health clinics, main AGYW safe spaces, and key population drop-in centers are the primary service delivery points for PrEP. UBJ's mandate is to provide technical support for service delivery and reporting, supply service delivery points with PrEP reporting tools, and build capacity for county and HF-based activities. UBJ reports on the two indicators of PrEP_NEW (individuals newly enrolled in pre-exposure prophylaxis treatment) and PrEP_CURR (individuals currently active on pre-exposure prophylaxis treatment), which are now reported quarterly.

In FY21 Q4 PrEP was offered to serodiscordant couples in the general population through 319 sites across Kisumu, Kakamega, Vihiga and Nyamira counties. The project also worked with the AGYW/DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe) partner to ensure that the AGYW who receive PrEP at the safe spaces are captured and reported via the link facility assigned to each safe space for provision of biomedical services, including PrEP. Safe spaces use link HFs' health care workers (HCWs) to provide high-quality services; tools to record services in the Kenya Health Information System (KHIS), as safe spaces do not have a master facility linkage code; and commodities, with the link facility forecasting and procuring stocks from the Kenya Medical Supplies Authority.

Key results

Tables 10 and 11 below provide breakdowns of the number of individuals newly enrolled in and currently receiving PrEP, respectively, in project-supported counties, as at APR 2021.

Table 10. Number of individuals newly enrolled in PrEP treatment, by county (FY21).

County	Q1	Q2	SAPR 1	Q3	Q4	Total	Annual Target	Achievement
Kakamega	238	241	479	289	212	980	2,621	37%
Kisumu	640	889	1,529	727	621	2,877	2,939	98%
Nyamira	35	75	110	160	149	419	703	60%
Vihiga	45	82	127	110	107	344	650	53%
Total	**958**	**1,287**	**2,245**	**1,286**	**1,089**	**4,620**	**6,913**	**67%**

Abbreviations: FY, fiscal year; PrEP, pre-exposure prophylaxis; Q, quarter

Table 11. Total Number of individuals supported currently active in PrEP treatment, by county (FY21).

PrEP_CURR	SAPR 1	SAPR 2	Total
All Clients	6,516	7,605	7,605

Abbreviations: PrEP_CURR, currently on PrEP treatment; FY, fiscal year

Discussion

New PrEP enrollment

PrEP services were supported to eligible individuals presenting in 319 project supported sites. The HCWs providing PrEP were provided with the necessary client level tools, reporting tools, and capacity building/mentorship. The program ensured previously untrained staff were trained and mentored

In FY21 Q4, 1,089 individuals were newly enrolled on PrEP, resulting in a total of 4,620 new PrEP enrollees in FY21 (67% achievement against the annual target of 6,913). Most of the individuals were initiated on PrEP in Q2 and Q3, 1,287 and 1,286 respectively, with lower achievement in Q1 &Q4 due to country-wide commodity stockout. The marked improvement in SAPR2 is also attributed to the project harnessing all the data on PrEP initiations and reporting these through the project's disaggregated data tool. As well, all AGYW that were initiated on PrEP in the safe spaces had their data reported in their link facilities.

At county level, Kisumu County performed well at 98% (2,877/2,939), this being attributed to SCHMTs supervision of HFs focusing on PrEP, among other low-performing indicators; project-led assignment of individual PrEP targets to HTS providers; and capacity-building of HCWs on PrEP through continuing medical education (CME). The performance in the other three counties that performed slightly lower than the targets and this is partly attributed to stigma related to PrEP and client factors, coupled with Nationwide PrEP stockout. PrEP was only offered to the clients that were eligible for it, upon being screened by use of RAST to those considered at risk, outpatient clients and on client request. Line listing of discordant couple was also done and PrEP offered to them.

Active PrEP cohort

A total of 7,605 individuals are currently on PrEP,79% of 9,660 set targets. Nyamira achieved 713 of their 984 targets with Kisumu achieving 4,200 of their 4,095 target, Vihiga County achieved 576 of their 911 target while Kakamega County achieved 2,116 of their 3,670 targets. All the clients currently on PrEP tested HIV negative. No client sero-converted while on PrEP

PrEP education is offered to the general population and AGYW, out of all the general population offered PrEP education and screened, 80% start PrEP immediately and 60% among the AGYW. On PrEP continuation, 90% of those clients initiated on PrEP will come back at month one follow-up and 50% at month 3.

Available data shows that only 12% of the clients initiating on PrEP return for the one- and three- month follow up visits. This improves to 79% when any subsequent follow-up visit is considered.

2. HIV Testing and Linkage to Treatment

2.1. HIV Testing Services (HTS) and Linkage to Care and Treatment

In FY21, UBJ project targeted 304,413 individuals with HIV testing in **327** HFs, with 10,853 (3.6%) expected to be HIV positive. Optimal use of screening tools was employed with an aim of improving testing efficiency. The project provided HFs with direct service delivery support, including deployment of 286 nonclinical HTS providers (including volunteers) at 228 sites. This resulted in 70% coverage for project sites, with a higher coverage in Kisumu at 100% compared to Nyamira at 67%, Kakamega at 65%, and Vihiga at 67%.

In FY21 Q4, the project continued to enhance the working strategies including the optimization of eligibility screening tool for all clients in the outpatient department, along with testing of those who meet the eligibility criteria. HTS at the HF level were restructured, including shifting staff to meet the need and address technical challenges.

Key results

Table 12 presents the results and achievements of the HTS at the FY21 Q4 period against the annual target. For overall HTS, the project reached 279,600 individuals of the targeted 304,413 with HTS. Kisumu and Nyamira surpassed the testing targets, at 133% (Kisumu) and 164% (Nyamira) while Kakamega (67%) and Vihiga (78%) were both below the expected 100 % by APR21.

Table 12. Project-supported HTS results, by county (FY21).

County	SAPR	Q3	Q4	Total	Annual Target	Achievement
Kakamega	53,648	26,755	18,690	99,093	148,679	67%
Kisumu	33,481	14,258	11,471	59,210	44,560	133%
Nyamira	37,235	15,810	12,810	65,855	40,223	164%
Vihiga	29,068	13,826	12,548	55,422	70,951	78%
Combined	153,432	70,649	55,519	279,600	304,413	92%

Abbreviations: FY, fiscal year; HTS, HIV testing services; Q, quarter; SAPR, semiannual progress report.

Pediatric clients

A total of 2,1110 pediatric clients (15 years old or younger) were counseled and tested in the Q4 period, for an annual total of 12,971 and representing 4.6% of the total tested (12,971/279,600). The project achieved 67% of the COP20 testing target of 19,308 (see Table 13). Nyamira surpassed the pediatric testing target with achievement at 135 %, Vihiga 86% Kisumu achieved 57%, and Kakamega 50%

Table 13. Pediatric HTS results, by county (FY21).

County	SAPR	Q3	Q4	Total	Annual Target	Achievement
Kakamega	2,620	1,357	642	4,619	9,192	50%
Kisumu	1,077	602	504	2,183	3,863	57%
Nyamira	1,213	519	390	2,122	1,571	135%
Vihiga	2,339	1,134	574	4,047	4,682	86%
Combined	**7,249**	**3,612**	**2,110**	**12,971**	**19,308**	67%

Abbreviations: FY, fiscal year; HTS, HIV testing services; Q, quarter; SAPR, semiannual progress report.

People living with HIV identified and linked to care and treatment

As Table 14 presents, 1,918 clients among those who received HTS were found to be HIV positive in FY21 Q4, compared to 2,328 clients in Q3, 2,365 in Q2 and 2,434 in Q1. By Q4, the project achieved 83% against target, with Nyamira surpassing its annual target at 154% and Kisumu at 98%, Kakamega 70% and Vihiga 63%. All the Counties recorded a drop in absolute number of positives identified in Q4.

Table 14. Number of HTS_TST_POS results, by county (FY21).

County	SAPR	Q3	Q4	Total	Annual Target	Achievement
Kakamega	1,697	947	752	3,666	5,205	70%
Kisumu	878	498	419	1,795	1,830	98%
Nyamira	1,092	475	407	1,974	1,283	154%
Vihiga	862	408	340	1,610	2,535	64%
Combined	**4,799**	**2,328**	**1,918**	**9,045**	**10,853**	83%

Abbreviations: FY, fiscal year; HTS_TST_POS, individuals who received HIV testing services and received positive test results; Q, quarter; SAPR, semiannual progress report.

As shown in Table 15 below, the project had a yield of 3.5% in Q4, resulting in a 3.2% yield in COP 20 of project implementation, which translates to 83% achievement of the annual target of 3.6%. The achievement was highest in Nyamira (154%).

Table 15. HTS_TST_POS yield, by county (FY21 Q4).

County	SAPR	Q3	Q4	Total	Annual Target	Achievement
Kisumu	2.6%	3.5%	3.7%	3.0%	4.1%	98%
Nyamira	2.9%	3.0%	3.2%	3.0%	3.2%	154%
Kakamega	3.7%	3.5%	4.0%	4.0%	3.5%	70%
Vihiga	3.0%	3.0%	2.7%	3.0%	3.6%	64%
Combined	**2.7%**	**3.3%**	**3.5%**	**3.2%**	**3.6%**	**83%**

Abbreviations: FY, fiscal year; HTS_TST_POS, individuals who received HIV testing services and received positive test results; Q, quarter; SAPR, semiannual progress report.

Table 16 presents progress in performance by APR21 for people living with HIV (PLHIV) linked to care and treatment, by county, using the proxy indicator of those newly initiated on ART. The overall linkage rate by APR was 93%, with the lowest rate in Kisumu at 90%, Kakamega 92%, Vihiga 94% and Nyamira at 98%.

Table 16. HTS linkage results against proxy indicator HTS_TST_POS (FY21).

County	FY21 SAPR			FY21 Q3/Q4			APR		
	HTS_POS	TX_NEW	% Linked	HTS_POS	TX_NEW	% Linked	HTS_POS	TX_NEW	% Linked
Kisumu	878	789	88%	917	822	90%	1,795	1,611	90%
Nyamira	1,092	1,063	97%	882	864	98%	1,974	1,927	98%
Kakamega	1,967	1,838	93%	1,699	1,524	90%	3,666	3,362	92%
Vihiga	862	788	91%	748	730	98%	1,610	1,518	94%
Combined	**4,799**	**4,478**	**93%**	**4,246**	**3,940**	**93%**	**9,045**	**8,418**	**93%**

Abbreviations: FY, fiscal year; HTS, HIV testing services; HTS_TST_POS, individuals who received HIV testing services and received positive test results; Q, quarter; SAPR, semiannual progress report; TX_NEW, individuals newly enrolled in treatment.

Discussion

In Q4, there was a 28% (21,102) reduction in the number of tests compared to Q1. The reduction was greater in Kisumu (37%; 6,699) and Nyamira (32%; 6,001) compared to Kakamega (24%; 5,796) and Vihiga (17%;2,606). It may seem that the project exceeded the annual counseling and testing targets for Nyamira and Kisumu Counties but from a day-to-day perspective, this translates to an average of four tests per site per day for the 128 sites. In sites with more than one counselor, this translates to two to three tests per provider per day. Indeed, the use of the HTS eligibility screening tool has led to an approximately 50% reduction in the tests offered to clients over time in the outpatient department and in community testing.

The overall testing efficiency as at APR was 111% (92%- achieved for HTS_TST/83% - achieved for HTS_TST_POS). The testing efficiency was satisfactory for Nyamira (106%) and optimal in Kakamega (96%) while Vihiga (121%) and Kisumu (135%) recorded a poorer-than-expected testing efficiency of 100%. The poor testing efficiency for Kisumu County is attributed to; counselling and testing services offered as a prevention intervention for the key population activities and EBI interventions among the fisherfolk as a component of PP_PREV both implemented in Kisumu County. By APR, MAAYGO Dice contributed 3,463 tests, KASH a total of 14,630 tests and the fisherfolk 15,086 tests resulting to a total of 33,179 tests a 56 % (33,179/59210) contribution to the total tests in Kisumu County

The project identified a total of 1,918 HIV-positive clients in Q4, for a total of 9,045 identified clients in the year to date. Kisumu achieved 98% (1,798/1,830), Nyamira 154% (1,974/1,283), Kakamega 70% (3,666 /5,205 and Vihiga 64% (1,610/2,535) against county specific COP20 targets. The project achieved an overall positivity of 3.2% %, with the Counties of Nyamira, Vihiga and Kisumu all at 3% and Kakamega at 4% which is above the project COP target of 3.6%. If concerted and targeted efforts on PNS cascade from elicitation and uptake are placed in Kakamega County, it will likely move the positivity to >4.5% in the coming year.

For paediatric testing, the project has achieved 67% having tested a total of 12,971 against a target of 19,308 clients by APR. Nyamira achieved 135% (2,122/1,571), Kisumu 57% (2,183/3,863) Kakamega 50% (4,619/9,192) and Vihiga 86% (4,047/4,682). All the Counties recorded a reduction in the average number of paediatric tests. Equally, the project achieved a 39% (301) of the annual positive target of 775 among children by APR with Q4 contributing the least at 60 compared to Q3 at (75), Q2 at (90) and Q1 at (76).

The proxy linkage rate for pediatric clients was 123% (370/301), which was attributable to some of the clients being linked from the early infant diagnosis (EID) positive tests.

2.2. Index client testing and partner notification services

In FY21 Q4, to increase the uptake of index client testing and partner notification services (PNS), UBJ project continued to expand the range of providers who can deliver these services by supporting on-site sensitization meetings of HCWs, including nurses, clinicians, adherence-support counselors, nonclinical and volunteer HTS providers, lab officers, and supervisors. The project also worked with HF-based and roving PNS champions to mentor these providers on PNS. All project-supported HTS sites had capacity to provide PNS either through the project-supported HTS providers or Ministry of Health (MOH) clinical teams and PNS mentors.

Key results

Tables 17 summarize the index client testing cascades for the FY21 Q4 period by county.

Table 17. PNS cascade of services, by county, among those ≥15 years old (FY21 Q4).

Indicator	Kisumu	Vihiga	Kakamega	Nyamira	Total
Total index clients offered PNS	763	325	657	672	2,417
Index clients screened/accepted PNS	760	301	633	672	2,366
PNS acceptance rate (%)	99%	93%	96%	100%	98%
Contacts identified	2,520	535	1,145	1,795	5,995
Ratio of contacts identified	1:3	1:2	1:2	1:3	1:2

Known positives	472	29	112	362	974
Known positives (%)	19%	5%	10%	20%	16%
Eligible	2,046	506	1,030	1,432	5,014
Tested	1,793	318	709	1,280	4,100
Uptake of testing (%)	88%	63%	69%	89%	82%
Newly tested positive	262	47	143	278	730
Newly tested positive (%)	15%	15%	20%	22%	18%
Linked	250	47	112	272	681
Linked (%)	95%	100%	78%	98%	93%

Abbreviations: FY, fiscal year; PNS, partner notification services; Q, quarter.

Discussion

During FY21 Q4, 2,417 index clients were offered testing services for their contacts; 2,366 (98%) index clients accepted, and 4,995 contacts were elicited. Of the elicited contacts, 16% (974) were known positives. Of the eligible 5,014 contacts, 82% (4,100) were tested, yielding 730 (18%) HIV positives, of whom 681 (93%) were immediately linked to treatment.

By APR, the number of individuals who tested newly HIV positive using the index testing modality against the target was 125% of the target (4,053/3,250) and the contribution of index testing to the overall positives was 45% (4,053/9,045). At County level, Nyamira reported a significant contribution of positives from PNS at 77%, Kisumu reported 63% from PNS while Kakamega and Vihiga both contributed only 26% of the overall positives from the PNS modality. The lower-than-expected contribution of 26% for Vihiga and Kakamega counties provide an opportunity for continuous elicitation through the multi-level engagement from the pool of existing CCC clients that will ultimately improve the average project elicitation ratio as well as the contribution of PNS to the total positive clients identified.

The project used the active PNS approach and closely worked with the index clients to notify and reach out to the elicited contacts with testing services. Over 70% of the contacts were tested at the community setting using the provider referral approach.

2.3 HIV self-testing

In FY21 Q4, project-supported sites reported that 4,210 HIV self-testing (HIVST) kits had been distributed in the quarter. This brought the total to 45,496 kits distributed against a COP20 target of 79,557 (see Table 18), representing a performance of 57% in the fiscal year period to date. The project experienced shortages of the HIVST kits during the quarter. It continued to use the two-pronged strategy for HIVST—the HF- and community-based models—with optimization of the assisted approach for the clients.

For the HF-based strategy, the key focus of self-testing was to improve uptake among men by reducing missed opportunities—especially among partners of mothers attending antenatal care (ANC) services and partners of HIV-positive clients who are unwilling to be tested by the HCW. This was done by providing them the option of self-testing at the HF or at home.

The purpose of the community-based model was to serve as a complementary approach to the existing HTS by targeting men during integrated outreaches; the goal was to reach a testing ratio of over 53% men to women. Information on HIVST was offered during outreach mobilization. HIVST kits were provided to clients who were eligible for testing (determined through a screening tool) but declined to be tested; there was secondary distribution to partners of the men who tested positive.

Key results

Table 18. HIVST kits distributed (FY21).

County	SAPR	Q3	Q4	Total	Annual Target	Achievement
Kakamega	4,810	1,278	1,851	7,939	25,442	31%
Kisumu	2,232	117	421	2,770	18,153	15%

Nyamira	3,757	358	832	4,947	16,736	30%
Vihiga	21,929	6,805	1,106	29,840	19,226	155%
Combined	5,929	453	4,210	45,496	79,557	57%

Abbreviations: FY, fiscal year; HIVST, HIV self-testing; Q, quarter; SAPR, semiannual progress report.

In line with the revised strategy for HTS, the following were achieved:

- In Q4, 4,210 HIVST kits were distributed, a decrease from the 21,958 in Q1, for a cumulative 45,496 in the fiscal year /APR.
- For the 4,210 HIVST kits distributed, 2,790 (66%) of the tests were done through the directly assisted approach and 1,420 (34%) were done through the unassisted approach.
- Of the 1,420 tests that were done using the unassisted approach, 736 (52%) were distributed for the client's own use, 423 (30%) were distributed for use among sexual partners, and the remaining 261 (18%) were distributed for other various uses.
- 26 individuals were found to be HIV positive through HIVST, all 26 clients were retested for confirmation, with only 5 confirming as positive.

Discussion

Only 4,210 kits were distributed in Q4, a significant decrease compared to 21,958 in Q1 which was the highest for the entire COP, Q2 had 10,770 distributed while Q3 had 8,558 kits distributed. The reduction in Q3 and Q4 is attributable to HIVST kit stockouts in the country, which stalled the mapped community HIVST distribution to the targeted populations. At the county level, only Vihiga County achieved the allocated distribution targets by APR at 155% (29,840/19,226), Kisumu achieved 15%, Kakamega 31% and Nyamira 30% due to shortages of HIVST commodities in all the project supported sites.

The preferred directly assisted approach took precedence as a modality of distribution; it achieved 52% against the project-desired >90%. As well, the follow-up of results has markedly improved for Nyamira and Kisumu with> 80% availing their results. For indirect distribution, most of the kits were issued for own use 52% (736/1420) while the remaining were distributed for use among sexual partners 30% (423) and the rest were for various uses.

For continuity of HIVST activities, the project has; defined and mapped the target groups including Key population, AGYWs and men; allocated targets for each target population; established workable models of distribution for each of the target population; described the approaches/modalities for mobilizing these populations and linkage strategies.

2.4. Recency surveillance

The HIV recency surveillance (RS) aims at determining the proportions of recent new infections and identify geographical areas associated with recent HIV infections to inform geographical prioritization of HIV prevention interventions. The RS enrols all newly identified HIV positives clients above 15 years of age, not yet initiated on ART and not participated in a RS before.

Key Results

For COP 20, the project was allocated a total of 6,772 RS targets; Kisumu (1,258), Nyamira (616), Kakamega (3,694), Vihiga (1,204) and these targets were not achieved since the planned start up activities were affected by Covid 19 pandemic in 2020.

The project has so far enrolled 159 newly diagnosed HIV positive persons into RS from five selected facilities. OPD modality contributed 46% (74) of the enrolments, Index 25% (40), PMTCT 15% (24), VCT 8% (12), IPD 4% (6) and the emergency department within Kakamega CGH contributing the least at 2% (3). Only 9 of the 159 (6%) persons who were newly diagnosed as HIV positive within the reporting period reported a recent infection through the recent infection testing algorithm (RITA), 89% (8/9) were from one facility, Migosi SCH in Kisumu County. This represents a recent infection positivity of 5.7%. Of the 8 recent infections reported, majority (5/8) individuals were between 25 -29 years (2F & 3M); 20 – 24 years (2F) with only one male within the 45-49 years. All the 9 were linked into care and treatment.

Discussion

From inception of RS activities in March 2021, the five project sites enrolled 159 positives with only nine (6%) tested recent with the RITA ,all the 159 individuals were initiated on treatment but will continuously engage those reporting long term infections to ascertain if they had ever been initiated on treatment and therefore part of the interruptions in treatment clients, a long-term solution may be investing in electronic thumb print registration for all clients accessing CCC services in the Country

The project will work with the County RS lead (CASCO) for intra County RS roll out and engage the national RS team through the County to contact the national laboratory team (AMREF &NHRL) for logistical support with training materials and commodities, (training panels, competency panels, Asante test kits etc.) identify and prepare the Rapid test for Recent infection (RTRI) lab sites for RTRI Stepdown training. The project aims to roll out RS activities in all high and mid volume sites by end of Q1, COP 21.

For supervision and continuous quality improvement processes, the project will facilitate continuous quality improvement (CQI) activities within 2 weeks of site activation followed by monthly and quarterly support supervisions for all the activated sites.

3. HIV care and treatment

3.1. Prevention of mother-to-child transmission of HIV (PMTCT) Services:

UBJ supports 324 HFs with PEPFAR targets for prevention of mother-to-child transmission of HIV (PMTCT). The project did not provide support to the community-based mentor mothers; the project instead leveraged support from other community programs for these mentor mothers. The project also continued assisting adherence-support counselors, whose services were rendered to new ART clients and those with high VL. UBJ continued the integration of family planning services within the comprehensive care centers, including strengthening use of the pregnancy-intention screening tool.

Key results

In the FY21, period, 94% (79,804/84,773) of women who attended their first ANC visit knew their HIV status (PMTCT_STAT), achieving 101% of the annual set target of 78,766. Table 19 presents total uptake of PMTCT services by PMTCT_STAT and by county, which encompasses all known and newly tested HIV-positive pregnant women.

Table 19. PMTCT uptake, by county (FY21 Q1–Q4).

County	First ANC	PMTCT_STAT	Known Status %	COP Target	Achievement Against Target %
Kakamega	48,615	43,973	90	47,400	93
Kisumu	7,538	7,470	99	4,801	156
Nyamira	15,112	14,942	99	12,279	122
Vihiga	13,508	13,419	99	14,286	94
Combined	**84,773**	**79,804**	**94**	**78,766**	**101**

Source: Ministry of Health (MOH) 711/MOH 731 reports.
Abbreviations: ANC, antenatal care; COP, country operational plan; FY, fiscal year; PMTCT, prevention of mother-to-child transmission of HIV; PMTCT_STAT, pregnant women with known HIV status at the first antenatal care visit; Q, quarter.

Table 20 presents total summary achievements for PMTCT_STAT, by county.

Table 20. PMTCT_STAT summary achievements (ANC1), by county (FY21 Q1–Q4).

County	PMTCT_STAT	Total Positives		New Positives		Known Positives	
		No.	Percent %	No.	Percent %	No.	Percent %
Kakamega	43,973	1619	4	539	33	1080	67
Kisumu	7,470	717	10	114	16	603	84
Nyamira	14,942	408	3	77	19	331	81
Vihiga	13,419	542	4	186	34	356	66

Combined	**79,804**	**3,286**	**4**	**916**	**28**	**2,370**	**72**

Source: Ministry of Health (MOH) 711/MOH 731 reports.
Abbreviations: ANC1, first antenatal care visit; FY, fiscal year; No., number; PMTCT_STAT, pregnant women with known HIV status at the first antenatal care visit; Q, quarter.

Of the 79,804 women with known HIV status at their first ANC visit, 3% (2,370) were known positives at entry and only 1.1% (916) were newly diagnosed HIV positive (Table 20). The higher rate of known positives at ANC entry can be attributed to the women's confidence that the PMTCT program enables them to have an HIV-negative child as well as improved quality of life with good VLS. Table 21 summarizes the number of HIV-positive pregnant women on ART, by county.

Table 21. PMTCT_ART summary achievements, by county (FY21 Q1–Q4).

County	Positives	On ART	Percent %	Annual Target	Achievement %
Kakamega	1619	1567	96.8	2105	74.4
Kisumu	717	714	99.6	720	99.2
Nyamira	408	405	99.3	497	81.5
Vihiga	542	535	98.7	682	78.4
Combined	**3,286**	**3,221**	**98.0**	**4,004**	**80.4**

Source: Ministry of Health (MOH) 711/MOH 731 reports.
Abbreviations: ART, antiretroviral therapy; FY, fiscal year; PMTCT_ART, HIV-positive pregnant women on ART; Q, quarter.

Of the 3,286 positive women, 98% (3,221) were initiated on ART. The project achieved 80.4% of its annual target of 4,004 pregnant women starting maternal ART.

PMTCT cohort analysis (VLS)

The project conducted PMTCT cohort analysis to track VLS in all PMTCT-supported sites in FY21 Q4 (Table 22).

Table 22. Average VLS among PMTCT clients (FY21).

County	Pregnant			Breastfeeding		
	VLS done	VLS Suppressed	Percentage %	VLS done	VLS Suppressed	Percentage %
Kakamega County	419	408	97	1,495	1,469	98
Kisumu County	179	169	94	560	542	97
Nyamira County	138	126	91	455	435	96
Vihiga County	126	116	92	503	463	92
Total	**862**	**819**	**95**	**3,013**	**2,909**	**97**

Source: National AIDS & STIs Control Programme/early infant diagnosis website.
Abbreviations: FY, fiscal year; PMTCT, prevention of mother-to-child transmission of HIV; Q, quarter; VLS, viral load suppression.

The overall average VLS was 95% among pregnant mothers and 97% among breastfeeding mothers; this was higher than the achievement in general population. For those women with low viral load, multidisciplinary teams were put in place to ensure that these women received enhanced adherence counseling and switched to the optimal regimen after achieving satisfactory adherence.

The project will continue to work with the facility staff, especially maternal and child health staff, to ensure timely VL sample collection is done by providing health education to the mothers on VL collection. Mothers with high VL will continue to be monitored closely with timely enhanced adherence counseling; those eligible will be switched to second-line ART.

PMTCT cohort analysis (retention)

PMTCT cohort analysis was conducted in all PMTCT-supported sites to establish client retention at 3, 6, 12, and 24 months after enrollment (Table 23).

Table 23. PMTCT cohort analysis (FY21 Q3).

Cadre	3-Month Cohort			6-Month Cohort			12-Month Cohort			24-Month Cohort		
	K+	N+	Total	K+	N+	Total	K+	N+	Total	K+	N+	Total
Enrolled	94	56	150	72	53	125	86	81	167	96	104	200
Transferred In	9	3	12	11	0	11	16	0	16	27	0	27
Transferred Out	3	1	4	6	4	10	6	7	13	16	20	36
Net Cohort	**100**	**58**	158	**77**	**49**	126	**96**	**74**	170	**107**	**84**	191
Defaulted	3	1	4	1	0	1	0	0	0	0	0	0
LTFU	0	0	0	0	2	2	1	1	2	3	7	10
Dead	0	0	0	0	0	0	0	0	0	0	0	0
Stopped	0	0	0	0	0	0	0	0	0	0	0	0
Alive Active	**97**	**57**	154	**76**	**47**	123	**95**	**73**	168	**104**	**77**	181
% Retained	**97%**	**98%**	**97%**	**99%**	**96%**	**98%**	**99%**	**99%**	**99%**	**97%**	**92%**	**95%**

Abbreviations: FY, fiscal year; K+, known positive; LTFU, lost to follow-up; N+, new positive; PMTCT, prevention of mother-to-child transmission of HIV; Q, quarter.

As Table 23 presents, retention rates for the 3-, 6-, 12-, and 24-month cohorts were 97%, 98%, 99%, and 95%. These were comparable to the retention rates in FY21 Q1 and Q2. Known positives continued to have better retention rates across all cohorts (>97%), except the 24-month cohort rate of 95%. The lowest retention performance was among the new positives in the 24-month cohort, which was at 92%.

Discussion

Retention among the known-positive clients in the 3-, 6-, 12-, and 24-month cohorts continued to be near optimal at >96%. The new positives tended to have better retention in the early cohort; this declined drastically to a low of 92% at 24 months. The enrollment of mother-baby pairs in OVC to curtail the losses continues to be a priority for the project.

3.2. EID Services:

Testing of HIV-exposed infants

Key results

Table 24 shows, overall and by county, the number of EID tests for HIV-exposed infants between 0 and 12 months old. In the FY21 Q4 period, 79 children were tested, a significant drop from the previous quarters where an average 705 EID tests done. The total EID tests done within FY21 was 2,193, translating to a 56% achievement against an annual target of 3,896. A summary of when HIV-exposed infants were tested, by county, is equally shown in table 25.

Table 24. Overall EID tests of HEIs between 0 and 12 months old (FY21).

COUNTY	Q1	Q2	Q3	Q4	Total	Annual Target	Achievement
Kakamega	355	291	316	11	973	2,046	48%
Kisumu	192	144	160	48	544	697	78%
Nyamira	130	80	81	9	300	489	61%
Vihiga	127	113	125	11	376	664	57%
Combined	**804**	**628**	**682**	**79**	**2193**	**3,896**	**56%**

Abbreviations: *EID, early infant diagnosis; FY, fiscal year; HEI, HIV-exposed infant; Q, quarter*

Table 25 presents EID testing for infants under 2 months old and from 2 to 12 months old.

Table 25. EID test performance, by age bands of the infants' periods (FY21).

County	Total EID tests (Q1- Q4)		Target		Achievement
	0–2 Months	2–12 Months	0–2 Months	2–12 Months	0–2 Months
	Total	Total	Total	Total	
Kakamega	686	287	1,938	108	35%
Kisumu	398	146	660	37	60%
Nyamira	231	69	464	25	50%
Vihiga	289	87	628	36	46%
Combined	**1,604**	**589**	**3,690**	**206**	43%

Note: *The EID point-of-care machines were transitioned from the Elizabeth Glaser Pediatric AIDS Foundation to the National AIDS & STIs Control Program. The point-of-care labs have not been operational since November 2019, which prompted facilities to revert to the use of dried blood spot in the central testing labs in the Kenya Medical Research Institute/Kisian and Walter Reed Project/Kericho, KEMRI, Alupe HIV Lab and AMPATH Care Lab, Eldoret.*
Abbreviations: EID, early infant diagnosis; FY, fiscal year; Q, quarter.

Discussion

In the FY21 Q4 reporting period, a total of 79 virology HIV test samples were analyzed by polymerase chain reaction (PCR) for HIV-exposed infants aged 12 months or younger. This was a steep decline from the FY21 Q1 performance of 804 tests analyzed, Q2 performance of 628 and Q3 performance of 682. The project's annual achievement was 56% (2,193) against COP20 target of 3,896. Overall County performance was equally low; none of the counties managed to meet the 100%-mark threshold, Kisumu 78% (544/697), Nyamira 61% (300/489), Vihiga 57% (376/664) and Kakamega 48% (973/2,046). This low performance was majorly attributed to persisting stock-outs of EID commodities in Q3 and Q4 for infants who were eligible for a PCR test at 6 weeks of age but did not receive the test. Other factors included low PMTCT_POS (newly and known positive at ANC), low identification of HIV-positive women across the cascade from first ANC related to the stock out of RTKs. To keep track of missed opportunities for EID testing, facilities have developed a line listing of all infants who missed initial and repeat PCR and will follow up to ensure they get a PCR test when commodities are availed. As at end of Sep 2021 we had a total of 3,921 HEI's who were eligible for EID testing of whom 30% (1,166) were due for initial tests. The project's uptake of EID test for infants aged 0 to 2 months was 43% (1,604) against a COP20 target of 3,690.

EID cascade and linkage of positive infants

Key results (EID cascade)

Project results for the EID cascade (for initial tests of infants between 0 and 12 months old) for the FY21 APR period are shown in Table 26 below.

Table 26. Early infant diagnosis cascade—initial tests only (FY21).

Category	Annual Target	Q1	Q2	Q3	Q4	Total	
		No.	No.	No	No	No.	Percent
Number of HIV-positive women (includes post-ANC)		795	956	912	792	3,455	
Number of initial PCR at 0–12 months old	3,896	804	628	682	79	2,193	56%
Number of confirmed PCR POS at 0–12 months old		14	7	16	4	41	
Number of PCR tested at 0–2 months old	3,690	703	490	350	61	1,604	43%
Percentage of PCR tested at 0–2 months old, against POS mothers		88%	51%	38%	8%	46%	
Number of confirmed PCR POS at 0–2 months		14	7	16	4	41	
Number of HEI PCR POS linked to treatment		13	6	15	4	38	93%
Number of linked PCR POS with baseline VL		13	6	15	0	34	89%

Number of HEI PCR POS who died before treatment		1	0	0	0	0	
Number LTFU		0	1	1	0	0	

Source: *National AIDS & STIs Control Programme/early infant diagnosis website.*
Abbreviations: *ANC, antenatal care; FY, fiscal year; HEI, HIV-exposed infant; LTFU, lost to follow-up; No., number; PCR, polymerase chain reaction; POS, positive; Q, quarter; VL, viral load.*

The overall project achievement was at 56% (2,193/3,896) against FY21 annual EID target for initial samples from infants 0 to 12 months old. FY21 Q4 performance was the worst across the period with 79 samples being analyzed. The low performance was majorly attributed to EID commodity stock out especially in Q3 & Q4. Additionally, the low performance in Kakamega and Vihiga Counties equally experienced low identification of PMTCT positive across the cascade of 77% (1,619/2,116) and 78% (541/690) respectively, while performance for Nyamira was 81% (408/504) and Kisumu being the best at 99% (717/725).

Using the annual target as the denominator for PCR testing of infants 0 to 2 months old, the project recorded 1,604 PCRs at initial testing in the FY21 Q1 to Q4 period (43% performance); against the PMTCT_STAT_POS (pregnant women with known or new HIV-positive status at their first antenatal care visit) of 3,455 the coverage was at 46%. The project supported sites experienced persistent stock-outs and inadequate supply of dried blood spot filter paper persisted through Q3 and nearly zeros supply in Q4, this resulted to lots of EID missed opportunities whereby mothers were being asked to return later once facilities receive commodities. As at September 2021 the project had 1,166 HEI's who are eligible for initial PCR and sample collection is pending.

Other reasons for delayed PCR after follow up with facilities include: mothers who came late for follow-up; missed opportunities for sample collection due to several issues, such as staff not being present on duty; staff reluctance to remove samples due to some health providers, especially nurse providers, who viewed this activity as not part of their duties; low quality of sample collection due to a skills gap, which resulted in rejected samples, especially among staff in high-volume facilities with frequent staff rotations; and clients who had to travel from different locations and came late (i.e., after eight weeks) for sample collection (including defaulters who were traced back after eight weeks).

In FY21 Q4, all children identified were put on treatment 4/4 (100%), while overall ART uptake for infants infected within the year was 93% (38/41). We had one child who died before ART initiation and 2 LTFU in the year.

HEI positivity and HEI mortality audit

In FY21 Q4 the project conducted HEI audit of the 4 infants who were identified as HIV positive at initial testing at 0 to 12 months to better understand the possible causes of transmission and find solutions to prevent such causes. Table below summarizes findings from the positivity audit.

Table 27. Outcome of HEI positivity audits (FY21).

Infant PCR Audit Report		
General Findings		
Total positive PCR	4	
Total PCR positive audited	4	100%
PCR tested <2 months	0	0%
PCR tested 2–12 months	4	100%
HEI received infant prophylaxis	2	50%
Baseline VL	0	0%
Exclusive breastfeeding by 6 months	3	75%
Outcomes		
Enrolled on treatment	4	100%
Dead	0	0%
Lost to follow-up and unlinked	0	0%

Maternal Details		
General Findings		
Total mothers audited	4	
Attended ANC	4	100%
Mother's age group		
10–19 years	0	
20–24 years	1	
25 years and older	3	
Known positives at ANC entry	0	
Newly diagnosed	4	
Partner tested	1	
Maternal prophylaxis received at ANC	2	50%
Good adherence	1	50%

Transferred out	0	

Hospital delivery	3	75%
Disclosure done	1	25%
Mothers with high VL at ANC	0	0%

Abbreviations: *ANC, antenatal care; FY, fiscal year; HEI, HIV-exposed infant; PCR, polymerase chain reaction; Q, quarter; VL, viral load.*

During this reporting period (FY21Q4) the audit revealed different reasons for mother to child transmission of HIV, key reasons included late identification (100% of infant PCR tests were done after they reached 2 months of age). There was good uptake of ANC services among mothers (100%), but adherence to treatment was an issue, with only half reporting good adherence. Majority (75%) of the mothers were aged 25 years or older; only 25% of their partners had been tested for HIV. The project will purpose to follow up the clients' unreached sexual partners through PNS.

Facility staff led by lay HCWs, peer educators, and mentor mothers ensured that none of the mothers' infant children missed ART/ ARV prophylaxis. Counseling and follow-up to ensure adherence to PMTCT guidelines on timely ART/ARV prophylaxis was strengthened by the lay workers. The project worked with other implementing partners at the community to improve the care given to mothers from delivery through the postnatal period. Other interventions include sensitization at HF and community levels on the importance of hospital delivery and exit interviews to improve service delivery; the aim was to increase uptake of skilled delivery. PCR testing at 2 months old or older was attributed to mothers who presented late at postnatal care, maternal appointment adherence challenges, and/or incidences of defaulting on treatment at ANC. Moving forward, the project will strengthen the use the expected date of delivery/EID PCR log to ensure mothers are reminded of the PCR sample-collection period for timely EID.

HEI cohort analysis (24-month cohort review)

During the reporting period, the project reviewed mother-to-child transmission of HIV results in 24-month cohorts. The primary goal was to establish rates of mother-to-child transmission of HIV and the percentage of infants who were retained/active in follow-up. Table below shows HEI cohort analysis outcome data for the 18-month cohort reviewed at 24 months.

Table 28. HEI analysis of 18-month cohort at 24 months (FY21).

HEI Outcome Analysis of 18-Month Cohort (at 24 Months)	Absolute Numbers	% Outcomes
Total number enrolled into the cohort	**3,430**	
Active in follow-up	2,626	76.5%
Active with antibody test at 18 months	2,626	76.5%
Antibody negative at 18 months	2,593	75.5%
Active at 18 months but no antibody test done	33	0.9%
Identified as positive between 0 and 18 months	113	3.3%
Transferred out between 0 and 18 months	399	11.7%
Lost to follow-up between 0 and 18 months	260	7.7%
Died between 0 and 18 months	32	0.9%

Abbreviations: *FY, fiscal year; HEI, HIV-exposed infant; Q, quarter.*

Overall, the retention rate for 18-month cohort was 76.5%. The rate of mother-to-child transmission of HIV in the 24-month cohort (with testing between 0 and 18 months old) was 3.3%. The project recorded 20.3% of infants missing at the 24-month follow-up (Missing A/B at 18month, T.O and LTFU).

3.3. Screening and treatment of cancer of the cervix

The project provided direct service delivery support to 320 ART sites through site-level capacity-building, with focus on on-site and off-site mentorship, supportive supervision, CME, and on-the-job trainings to promote uptake of cervical cancer screening among HIV-positive women aged 15 years and older who are on ART. The primary data sources for this indicator and disaggregation are cervical cancer screening and family planning registers, which are in

use at cervical cancer screening service delivery points at PEPFAR-supported ART sites. UBJ-supported facilities mainly use a visual inspection–based test-and-treat strategy with acetic acid/Lugol's iodine.

UBJ provided the following support for cervical cancer screening in FY21:

- Procurement of buffer stock of acetic acid/Lugol's iodine.
- On-the-job training/on-site sensitizations on cervical cancer screening and treatment.
- Referrals of women with suspected lesions for treatment.
- Demand creation at the facility level.

Table 29 below shows project achievement in integration of cervical cancer screening and treatment from Q1 to Q4 in FY21.

Table 29. Cervical cancer screening and treatment (FY21 Q1–Q4).

County	SAPR1	SAPR2	Total	Annual Target	Achievement	Suspected cases	Referred cases	Treated cases
Kakamega	1,166	2,174	3,340	8,653	**39%**	38	38	**7**
Kisumu	2,357	3,147	5,504	3,480	**158%**	26	26	**14**
Nyamira	3,301	1,437	4,738	3,484	**136%**	20	20	**2**
Vihiga	1,186	1,135	2,321	3,207	**72%**	99	99	**63**
Total	**5,239**	**2,522**	**7,761**	**6,964**	**111%**			

Abbreviations: FY, fiscal year; Q, quarter, SAPR, semiannual progress report.

3.4. New on Treatment and Treatment Optimization:

5.1 New on treatment

In FY21 Q4, UBJ supported 327 HFs with PEPFAR targets to provide ART. All of these HFs had TX_CURR (individuals currently enrolled in treatment) targets; 319 had TX_NEW targets; and 320 had tuberculosis (TB)/HIV targets. The target for PLHIV newly initiated on ART was 10,364, which represented 95% of the newly tested PLHIV target of 10,853.

Key results

Tables 30 and 31 show the number of new and pediatric clients initiated on ART in Q4 against the annual targets, by county. The project achieved 81% the COP20 target with one county (Nyamira) surpassing its target. However, the pediatric performance falls short of the expected target at 53%. For the 12-month cohort of newly enrolled ART patients, the project reported 78% retention, with 1,723 of the total cohort of 2,214 still active at 12 months at the end of FY21 Q4 (see Table 32).

Table 30. New clients on ART, by county (FY21 Q4).

County	Q1-Q3	Q4	Total	Annual Target	Achievement
Kakamega	2,699	663	3,362	4,976	68%
Kisumu	1,225	386	1,611	1,757	92%
Nyamira	1,533	394	1,927	1,225	157%
Vihiga	1,194	324	1,518	2,406	63%
Combined	6,651	1,767	8,418	10,364	81%

Abbreviations: ART, antiretroviral therapy; FY, fiscal year; Q, quarter

Table 31. New pediatric clients on ART, by county (FY21 Q4).

County	Q1-Q3	Q4	Total	Annual Target	Achievement

Kakamega	125	42	167	306	55%
Kisumu	58	11	69	135	51%
Nyamira	49	17	66	91	73%
Vihiga	52	16	68	161	42%
Combined	284	86	370	693	53%

Abbreviations: ART, antiretroviral therapy; FY, fiscal year; Q, quarter

Table 32. Twelve-month cohort retention (FY21 Q4).

County	Net Cohort	On ART 12 Months	% Retention
Kakamega	948	688	73%
Kisumu	428	337	79%
Nyamira	447	365	82%
Vihiga	391	333	85%
Combined	**2,214**	**1,723**	78%

Source: Ministry of Health (MOH) 731 health facility report.
Abbreviations: ART, antiretroviral therapy; FY, fiscal year; Q, quarter.

Discussion

In FY21 Q4, 1,767 clients were initiated on treatment, a slight decrease from the 2,173 reported in Q3, for a total of 8,418 in the four quarters of the fiscal year. This translates to an 81% achievement against the COP20 target. Nyamira is the only county that met the COP20 target achieving 157% (1,927/1,225) of the annual target. This good achievement can be attributed to good performance in partner notification services which contributes over 70% of total identified positives and good performance in proxy linkage among newly identified positives.

The overall proxy linkage rate of 93.1% was below the targeted 96.0%. During the year, Kakamega achieved 92% proxy linkage, with Kisumu at 90%, Nyamira at 98% and Vihiga at 94%. The low linkage in Kisumu can be attributed to the project's low facility coverage in this county; some unknown known-positive clients presenting as new testers; and clients' preference to be linked to HFs outside of the program's coverage. The adjusted linkage rate (deduced by factoring in the clients who get linked outside of the project-supported facilities and using the Master Facility Linkage Register) for Kisumu County is 99%, which is more representative of the project's performance.

Those who were not linked to care are being actively followed up, with a plan to link and initiate all clients, preferably in UBJ-supported facilities. ART enrollment strategies, including facility performance tracking, were used to assess the gaps and opportunities that existed in the facilities.

3.5. Differentiated Service Delivery

In differentiated models of care, clients are given longer intervals between clinic appointments, either through facility fast track or community ART delivery. These are interventions intended to better meet client needs, while decongesting overburdened ART sites, ensuring that care meets the diversity of patient needs and program expansion. The project supports HFs to implement differentiated care for eligible clients on ART, involving both facility fast track and CARGs.

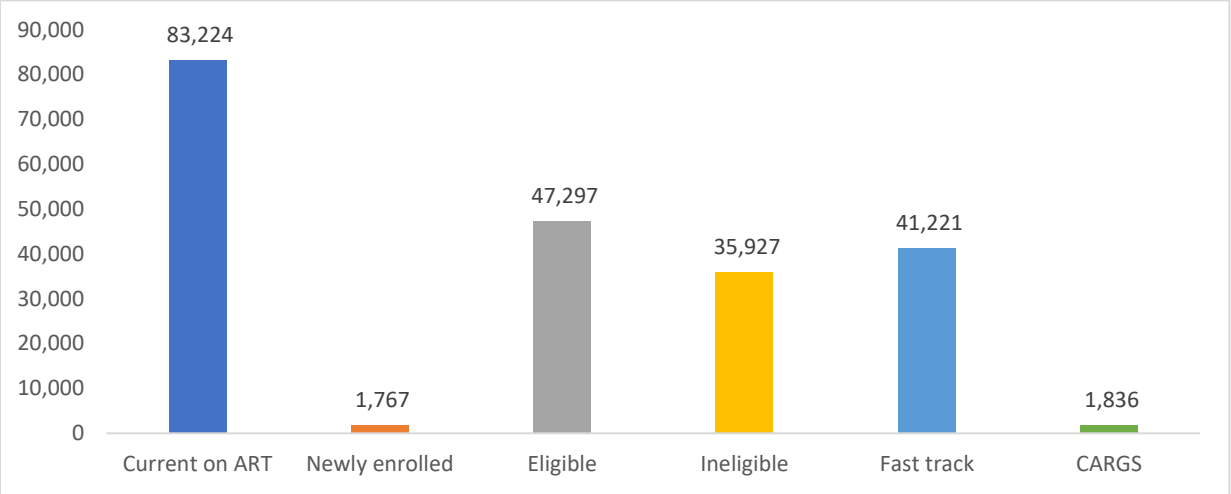
Key results

In FY21 Q4, the following were achieved:

- 234 project supported HFs implemented differentiated care.
- 43,057 clients are supported through differentiated care, reaching 91% of the total 47,297 eligible clients currently receiving ART
- 41,221 are enrolled in facility fast track and 1,836 in CARGS

Figure 4 presents the differentiated care cascade at FY21 Q4

Figure 4. Differentiated care cascade (FY21 Q4).



Abbreviations: ART, antiretroviral therapy; CARG, community antiretroviral refill group; FY, fiscal year; Q, quarter.

Discussion

U-BJ's support for differentiated care models during the reporting period included mobilization of clients who were stable but not on differentiated care models to continue seizing the opportunity that was provided by the COVID-19 restrictions to enroll clients in differentiated care models. The project provided mentorship and supportive supervision in identifying these clients from the facility line lists, filling out the differentiated care register, and monitoring outcomes. There was an increase of 927 clients enrolled to differentiated care models from 42,130 in FY21 Q3 to 43,057 in Q3. This represents an uptake of 91% among the stable clients and a coverage of 52% among the clients active on care. These are still below the project targets of 95% and 75% for uptake and coverage, respectively. The reduction in the uptake and coverage may be attributed to the low stocks of antiretroviral drugs (ARVs) that led to clinician reluctance to initiate direct service delivery.

3.6. Continuity on Treatment (Increased Retention); Return to Care (Interruption on Treatment):

The project's FY21 annual target for those currently on ART is 87,987. Of these, the target for pediatric clients (15 years old or younger) is 6,563 (7% of total).

Key results

At the end of Q4, the total number of HIV clients currently on ART was 83,244, which is 95% of the annual target of 87,987 (see Table 33).

Table 33. Total current clients on ART, by county (FY21 Q4).

County	Q3	Q4	Total	Annual Target	Achievement
Kakamega	36,642	36,272	36,272	39,530	92%
Kisumu	16,544	16,757	16,757	16,434	102%
Nyamira	15,772	15,858	15,858	14,931	106%
Vihiga	14,288	14,337	14,337	17,092	84%
Combined	83,246	83,224	83,224	87,987	95%

Abbreviations: ART, antiretroviral therapy; FY, fiscal year; Q, quarter

Table 34 presents the total number of current pediatric clients (15 years old or younger) who were on ART in Q4 against the annual target, by county. Of the total number of clients currently on ART, 5,032 (6%)

were children 15 years old or younger. The project thus reached 77% of annual target for this age group (5,032).

Table 34. Current pediatric clients on ART, by county (FY21 Q4).

County	Q3	Q4	Total	Annual Target	Achievement
Kakamega	2,482	2,436	2,436	2,956	**82%**
Kisumu	751	754	754	1,095	**69%**
Nyamira	939	901	901	1,106	**81%**
Vihiga	996	941	941	1,406	**67%**
Combined	**5,168**	5,032	5,032	**6,563**	**77%**

Abbreviations: ART, antiretroviral therapy; FY, fiscal year; Q, quarter.

Discussion

At the FY21 Q4 period, the project achieved 83,224 against a COP20 target of 87,987, translating to an 95% performance. County performance against the annual target was 92% (36,272/39,530) in Kakamega, 102% (16,757/16,434) in Kisumu, 106% (15,858/14,931) in Nyamira and 84% (14,337/17,092) in Vihiga.

From a baseline of 83,246 current on ART in June 2021 and 1,767 new on ART in Q4, the number of clients currently on ART should be 85,013; the actual reported number was 83,224. This translates to a crude retention rate of 98% (83,224/85,013).

Among the pediatric clients, the project achieved a 77% performance against target (5,032/6,563). This was a reduction from the 5,168 in the Q3 period. This was in part due to some pediatric clients growing older and transitioning to adolescence.

Increased Retention

Key results

Table 35 presents a snapshot of the project's retention in FY21 Q4.

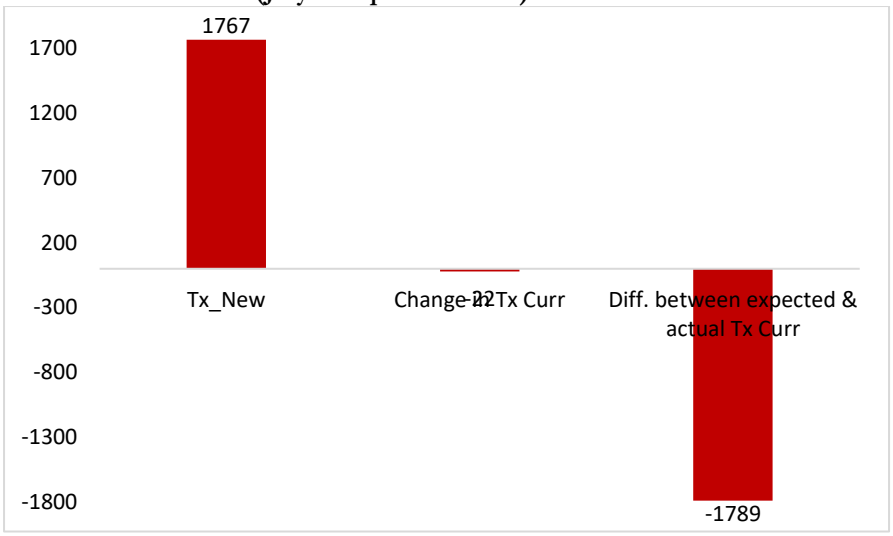
Table 35. Current ART net gain, by county (FY21 Q4).

County	Q3 TX_CURR	TX_NEW	TX_RTT	Transfer Ins	TX_ML	Expected Current on ART	Actual Current on ART	Gain/Loss
Kakamega	36,642	663	354	229	848	37,040	36,272	-768
Kisumu	16,544	386	128	87	471	16,674	16,757	83
Nyamira	15,772	394	135	103	522	15,882	15,858	-24
Vihiga	14,288	324	19	86	358	14,359	14,337	-22
Overall	83,246	1,767	636	505	2,199	83,955	83,224	-731

Abbreviations: ART, antiretroviral therapy; FY, fiscal year; Q, quarter.

Figure 5 presents the project's retention performance on expected and net gain.

Figure 5. Overall net ART retention (July to September 2021).



Abbreviations: ART, antiretroviral therapy; TX_CURR, individuals currently enrolled in treatment; TX_NEW, individuals newly enrolled in ART treatment.

Table 36 presents the monthly changes in the numbers currently on treatment at the county level and at the overall project level during the reporting period.

Table 36. Monthly changes in numbers currently on ART, by county and overall (FY21 Q4).

County	Q3 TX_CURR	Monthly Change in TX_CURR		
		July 2021	August 2021	September 2021
Kakamega	36,642	34	-295	-109
Kisumu	16,544	-296	425	84
Nyamira	15,772	21	-410	35
Vihiga	14,288	64	-121	106
Combined	**83,246**	**-177**	**-281**	**556**

Abbreviations: ART, antiretroviral therapy; FY, fiscal year; Q, quarter; TX_CURR, individuals currently enrolled in treatment.

Discussion

As depicted in Figure 5, the overall retention in FY21 Q4 was -1.2% (-22) of those newly initiated on treatment. Added to the active clients on treatment, this translates to a loss of 1,789. To improve retention, the peer educators and facility appointment leads continued to receive airtime for appointment management. They also continued to prompt the clinicians to populate the client-level tools.

Additional retention and adherence interventions

Care for HIV-infected children and adolescents

The project supported dedicated pediatric and adolescent clinic days and psychosocial support groups (PSSGs) for children, adolescents, and their caregivers. The project also provided support for and scaled up the Operation Triple Zero intervention, which focuses on adolescents and youth between 10 and 24 years old and emphasizes the commitment to zero missed appointments, zero missed drugs, and zero (undetectable) viral load (VL). The project further supported pediatric and adolescent adherence to treatment through a peer-to-peer buddy support system, adolescent literacy sessions on HIV self-management, a case-management approach for clients with adherence issues that included directly witnessed ART intake, and harmonization of appointments with school calendars to minimize missed appointments. The project worked with the orphans and vulnerable children (OVC) partners USAID 4TheChild (in Kakamega and Kisumu) and SCORE Kenya (in Nyamira and Vihiga toward optimal enrollment of eligible pediatric clients and adolescents up to 17 years old in the OVC program.

Key results

Twenty-two sites reported that they implemented Operation Triple Zero in FY21 Q4. Of the adolescents currently on ART, 22% were actively enrolled in Operation Triple Zero and active on ART. The viral load suppression (VLS) rate improved to 70% in Q4 compared to 62% in Q3.

Table 37. Overall performance of 42 sites in OTZ (FY21 Q1–Q4).

Indicator	FY21 Q1	FY21 Q2	FY21 Q3	FY21 Q4
Reporting sites	28	28	21	22
Currently on ART	3,103	3,116	3,015	2,969
Active in OTZ	880	785	651	656
% active in OTZ	28%	25%	22%	22%
On OTZ with VL	359	233	199	27
Suppressed	313	201	101	19
VLS rate	87%	86%	62%	70%

Abbreviations: ART, antiretroviral therapy; FY, fiscal year; OTZ, Operation Triple Zero; Q, quarter; VL, viral load; VLS, viral load suppression.

Discussion

In the reporting quarter, there was a slight increase in the project sites that reported on the OTZ sites—22 compared to 21 in the previous quarters. The VLS also improved from 62% to 70% during the quarter. There was a drop in number of OTZ clients with VL done, from 199 in Q3 to 27 in Q4. This can be attributed to stockout of VL supplies for sample collection and reagents at the testing labs.

Positive health, dignity, and prevention interventions

The project supported HFs to strengthen PSSGs at both community and facility levels. The HCWs and peer educators use the PSSGs as vehicles to disseminate key positive health, dignity, and prevention messages, which aim to enhance members' adherence to appointments and ART and help them cope with chronic HIV infection. Limited funding, as well as the COVID-19 restrictions, led to reduced support for the attendees for their engagement with PSSGs.

Key results

Table 38 shows PLHIV enrollment in treatment literacy classes for new clients as well as the men-only PSSGs during FY21 Q4, plus VLS per cohort.

Table 38. PLHIV enrollment in PSSGs (FY21 Q4).

Category	Description	No.	%
New clients	# new clients enrolled 7 months ago	431	
	# enrolled in treatment literacy classes	362	84%
	# active in treatment literacy classes as at the reporting period	301	83%
	# active with a viral load result	16	5%
	# active with a suppressed viral load result	15	94%
Men-only clinics	# PSSGs	11	
	# clients enrolled	100	
	# clients active	100	100%
	# suppressed	97	97%

Source: Facility records, including peer educator logs.
Abbreviations: FY, fiscal year; PLHIV, people living with HIV; PSSG, psychosocial support group; Q, quarter.

Discussion

As shown in Table 38 above, 362 (84%) of the 431 new clients who had enrolled in treatment seven months ago enrolled in treatment literacy classes in Q4. Of these, 83% (301) were still active at the time of reporting. The VL uptake was below the expected optimal 80% (at 5%), and the VLS rate was 94%. The low uptake of VL was due to stock out of supplies for sample collection and reagents at the testing lab. Better performance was witnessed among the men-only groups, which had a retention rate of 100% and VLS rate of 97%.

PSSGs are expected to increase retention and defaulter tracing, as well as facilitate the formation and running of community antiretroviral refill groups once the clients transition to the community PSSGs. They have been effective in adherence and disclosure counseling. They provide important psychosocial support, including mental health counseling, education, spiritual support, and a forum for PLHIV to express themselves freely and share experiences and challenges. A key to the success of PSSGs is that they are run by peers in collaboration with HCWs. The peer educators identify clients' needs per group and develop various educational topics for discussion during every support group meeting.

3.7. Viral Load Coverage and Attainment of Viral suppression among clients on Treatment

UBJ continued to employ various strategies to improve VLS. These included using the clinical teams to follow up on clients with high VL by holding specific clinic days for unsuppressed clients, providing PSSG services, and encouraging HF and subcounty multidisciplinary teams to meet to discuss VLS strategy with them.

Key results

For VL uptake, Table 39 presents the number of clients who had a valid VL test done within the past 12 months (October 2020 to September 2021) versus those eligible for the test (i.e., currently on ART) in March 2021. Table 40 presents the VLS trends for routine and targeted VL testing against the tests done over the four quarters from FY21 Q1 through FY21 Q4.

Table 39. VL uptake/routine, targeted testing versus TX_CURR, by county (FY21 Q4).

County	Routine	Targeted	Q4 TX_PVLS Denominator	TX_CURR FY21 Q2	Achievement
Kakamega	25,275	878	26,153	36,505	69.2%
Kisumu	8,733	427	9,160	16,440	55.7%
Nyamira	9,784	1,016	10,800	15,674	68.9%
Vihiga	10,087	61	10,148	13,983	72.6%
Combined	**53,879**	**2,382**	**56,261**	**82,602**	68.1%

Abbreviations: FY, fiscal year; Q, quarter; TX_CURR, individuals currently enrolled in treatment; VL, viral load.

Table 40. VLS/routine, targeted VL testing, by county (FY21 Q1–Q4).

County	FY21 Q1	FY21 Q2	FY21 Q3	FY21 Q4
Kakamega	30,238	30,205	28,150	24,565
Kisumu	7,761	7,601	8,226	8,629
Nyamira	12,537	12,339	13,225	9,784
Vihiga	11,640	11,833	11,526	9,585
Combined	**62,176**	**61,978**	**61,127**	**52,563**

Abbreviations: FY, fiscal year; Q, quarter; VL, viral load; VLS, viral load suppression.

Table 40 shows a progressive reduction in the project's overall VLS—from in FY21 Q1 to the current FY21 Q4.

Table 41 presents suppression results by age group over four quarters from FY21Q1 to FY21Q4. A further breakdown of VLS by cadre is presented in Table 42.

Table 41. VLS by age group for routine VL testing (FY21 Q1 - Q4).

Age Group	FY21 Q1	FY21 Q2	FY21 Q3	FY21 Q4
<2 years	14	12	11	15
2–9 years	1,881	1,865	1,778	1,713
10–14 years	2,089	2,095	2,029	2,019
15–19 years	1,903	1,941	2,032	1,950
20–24 years	2,488	2,500	2,501	2,307
25+ years	56,070	56,635	55,250	44,559
All ages	**64,445**	**65,048**	**63,601**	**52,563**

Abbreviations: FY, fiscal year; Q, quarter; VL, viral load; VLS, viral load suppression.

Table 42. VLS by cadre for routine VL testing (FY21 Q1–Q4).

Cadre	FY21 Q1	FY21 Q2	FY21 Q3	FY21 Q4
All VL tests	71,900	71,477	69,066	56,261
Routine	67,240	67,782	66,290	53,879
Targeted	4,660	3,695	2,776	2,382
Male	22454	22047	21301	16871
Female	49446	49430	47765	39390
Pediatric	2377	2280	2176	1990
Adolescent	4700	4642	4560	4563
OTZ				
PMTCT				4007

Abbreviations: FY, fiscal year; OTZ, Operation Triple Zone; PMTCT, prevention of mother-to-child transmission of HIV; Q, quarter; VL viral load; VLS, viral load suppression.

At FY21 Q4, a total of 52,563 clients had a VL test done over the previous 12-month period, against the expected proxy target of 82,709 for the period. This translates to a coverage of 63%, a drop from the 80% reported in Q3. There was an overall suppression rate of 95% among clients who had a VL test. The routine VLS remained at 95% in FY21 Q4; that for the targeted cadre was at 83% in FY21 Q4, an improvement from the 81% in FY21 Q3.

Discussion

The VL uptake for the reporting period was 52,563 against a targeted 82,709. This represents 53% against target. The continued low performance in VL uptake in FY21 Q4 was occasioned by the prevailing shortage of reagents and kits for VL processing in the Kenya Medical Research Institute lab in Kisumu, Kericho, KEMRI Alupe Lab and AMPATH Lab, Eldoret coupled with repurposing of some of the staff to COVID-19 specimen processing.

Viral suppression continues to improve over the quarters as a result of initiatives such as monthly multidisciplinary teams who discuss failing clients and adherence counselors who provide one-on-one sessions with clients and can identify barriers to adherence to treatment. The project undertook a cascaded sensitization on Jua Mtoto Wako, which aims to improve suppression among pediatric and adolescent clients. Results of this will be reported in the coming quarters.

3.8. Post Gender Based Violence Services

Post-GBV interventions are implemented by U-BJ in partnership with the MOH, the county governments, and other stakeholders that undertake services at the county level. The services aim to prevent and respond to GBV through case identification and a minimum package of clinical services, referral for psychosocial care, legal counseling, and police services. The programmatic response by the project is at the facility and community levels. At the community level, the project collaborates with the county and subcounty community focal persons, public health officers for health promotion, reproductive health coordinators, local community-based organizations (e.g. Daraja-Mbili in Nyamira), and the county/subcounty gender departments to conduct education/awareness sessions through trained paralegals, HCWs, PEs, and male champions of change. The project also provides community-level education to share information and create demand for facility-level post-violence care services.

The project integrates gender into VMMC mobilization sessions to promote female partner involvement. Additionally, it integrates post-GBV services into the RMNCAH/FP, fisherfolk and KP programs to ensure that screening for GBV cases happens among clients seeking these services as well as to ensure that victims in post-GBV services are referred and linked to clinical and legal support. The project also continues to work with other partners and Gender Technical Working groups in supporting nonclinical post-violence care services offered outside of HFs, such as legal aid, child protection, and family integration.

Key results

In FY21 Q4, UBJ supported 319 sites to integrate post-GBV clinical services into comprehensive HIV prevention and C&T, up from 115 in Q3. Project-supported HFs provided post-GBV clinical services to 35,825 GBV survivors (801 from sexual violence and 35,024 from nonsexual physical violence). Table below presents overall project results for FY21 Q4.

Table 43. Provision of post-GBV clinical services (FY21 Q4).

GBV indicators		Q4	Total	Annual Targets	Achievement
Facilities supported to conduct GBV services	Number	**204**	**319**		
GBV survivors attended to	**Total**	**14,738**	**38,825**	**46,231**	**77%**
	Sexual violence	**801**	**801**		
	Nonsexual physical violence		**35,024**		
	Number receiving PEP (disaggregate of sexual violence)	**482**	**482**		
	Female	**691**	**691**		
	Male	**110**	**110**		

Abbreviations: FY, fiscal year; GBV, gender-based violence; PEP, post-exposure prophylaxis; Q, quarter; SAPR, semi-annual progress report.

All 35,825 survivors of GBV in Q4 received a minimum package of post-GBV services, as defined by national guidelines. However, it was noted that 482 of the sexual survivors did not receive post-exposure prophylaxis based on eligibility; follow-up is being done to ascertain whether this was an omission as was observed in some facilities. HCW's and lay counselors trained on first line support were able to provide the first line support to these survivors as necessary; providing referrals for complex cases were as per the county's established GBV stakeholders' network.

Discussion

In Q4, the project undertook a review of GBV performance in FY21 as at SAPR and Q3 and Q4 of FY21.

In FY21 Q4, the project provided post-GBV services to an additional 35,825 (77%) survivors against an annual target of 46,231. Overall, In FY21, as at APR, the project provided post-GBV services to 35,825 (77%) survivors against an annual target of 46,231. Gaps in the GBV programming were identified in Q1, including a near collapse of the reporting system that was occasioned by lack of capacity among the HCWs, who resorted to referring all cases to county referral hospitals. To mitigate this, the project embarked on

reactivation of GBV Focal Persons at the county, subcounty, and facility levels. These persons were supported to sensitize select HFs across the two counties on GBV management; reactivate the GBV Technical Working Groups; and conduct supportive supervision. The project provided data-capture tools, such as post-rape care forms and registers, and offered mentorship to the HCWs. These efforts saw an increase in the number of reporting sites to 56 in Q3 and to 319 in Q4 and an increase in the reported cases, from 10,810 as at SAPR1 to 14,738 in Q4

At the same time, the project placed volunteer post-GBV screeners in five high-volume hospitals in Nyamira County to provide support in ensuring documentation of survivors is captured in relevant tools and harmonizing reports in KHIS and other reporting tools as well as providing LIVES to survivors of GBV. Also, in Kisumu County, the project continues to work CHMT/SCHMT to build the capacity of health care workers to provide GBV services and providing technical assistance; and as a result in collaboration with other stakeholders, Gita SCH was upgraded to a GBV recovery center to support survivors within Kisumu East Sub-County

To achieve the huge target of COP 21, the project will continue to ensure all supported sites provide the minimum package of post-GBV services, provide First line support (LIVES) to survivors of GBV violence, provide support in ongoing efforts on facility identification and reporting of all forms of GBV. The project will also support procurement of GBV tools, sexual GBV registers, and information, education, and communication materials in Q4 to ensure good reporting and documentation of services provided. The project will continue to work with the legal services, strengthen multisectoral GBV referral and linkage, and promote ownership of the GBV service provision to improve prosecution of the perpetrators.

3.9. Nutrition in HIV

UBJ project will continue working with CHMTs, NASCOP, and the Kenya Medical Supplies Authority (KEMSA) to ensure FBP supply by strengthening facility commodity management and reporting.

UBJ have worked with S/CHMTs to equip HCWs with key nutrition messages and build capacity of TB clinic staff on nutrition in HIV/TB. Nutrition and HIV guidelines and simplified SOPs on nutrition assessment, counseling, and support (NACS) will be disseminated at the facility level, and the project staff will train lead PEs, MMs, and pediatric PSSG leaders on key nutrition and HIV messages for use during PSSG meetings.

The project through subcounty nutritionist have been supporting mentorship and on job training (OJT) in NACS to HCWs. NACS will be performed for all PLHIV/TB facility clients and, for pediatrics, will include assessment of age-appropriate developmental milestones. At the community level, we will train PEs on simplified nutrition assessments, especially in clients whose return dates are longer (e.g., CARGs), to minimize chances of missing those with severe acute malnutrition and moderate acute malnutrition.

Through integration with the nutrition work in PMTCT, we will also work with MMs to link mothers to the Baby-Friendly Community Initiative and to strengthen routine assessment of age-appropriate developmental milestones for HEI.

4. Access to Quality Health and Social Services for OVC and their Families

By end of APR 21, UBJ served a total of 7,378 (4,237M; 3,141F) (123%) OVC against an OVC_SERV COP target of 5,986 OVC. From the total served, OVC Comprehensive were 6,068 (Active 6,025(2914M, 3111F) OVC and Graduated 43(13M, 30F) OVC) and OVC Preventive were 1,310 boys taken through Coaching Boys into Men (CBIM), an evidence-based intervention. Majority of the numbers reported are from the caseload inherited from the previous mechanism during transition. The project has already carried out baseline CPARA in Q4 which will allow for focused interventions. In the SAPR2 reporting period (April to September), 77% of children were reached with services in the healthy domain, 95% were reached with services in the safe domain and 18% were reached with services in the schooled domain.

4.1 Increased Targeted Services for the HIV Exposed, Infected and Affected OVC

As at APR the project recorded a total of 5,549 (100%) OVC <18 years old) with HIV status. A total of 1,986 (35.8%) were reported HIV positive as compared to 2,064 in SAPR1. This decline of 78 CALHIV

was mainly attributed to relocations (8), deaths (3) and exit without graduation (67). A total of 3,149 (56.7%) were reported HIV negative and 414 (7.5%) had no HIV status reported. All the 414 OVC with unknown HIV status are HEI on follow up. All the 1,986 (100%) HIV+ are linked to ART across the project sites.

UBJ ensured that CALHIV accessed ARVs through provision of transport to health facilities for top ups. Close partnership with the care and treatment partners has provide a clear avenue for tracking and enrolling CALHIVs from the health facilities into OVC service.

The project aims at enhancing identification and linkage of OVC to health services and ensure CALHIV are adhering to treatment and are virally suppressed. Of all the 5,549 (2,081 Nyamira, 3, 468 Vihiga) OVC status reported, 5,135 – 92.5% know their HIV status that is 2,061 (92%) in Nyamira and 3,074(88.6%) in Vihiga. All the active 1,986 CALHIV are on ART in various health facilities however, 99.1% have their VLs accessed with one child (0.9%) not accessed in Vihiga. Total VL validity is 1,324 (59%) with Nyamira at 49% and Vihiga at 66%. The overall suppression rate is 92% (Nyamira 93% and 91% for Vihiga. The gap in VL validity is as a result of prolonged commodity stock out. The project will enhance VL tracking and updates, and tracking of LTFU. In addition, more strategies including DOI, OTZ, LTFU tracking, care giver capacity building on treatment literacy and buddy systems will be enhanced to realize 95% suppression. This will improve OVC case management.

To improve access to ARV top up for highly vulnerable CALHIV and their HHs, a total of 32(16M, 16F) CALHIV were supported with transport to access ARVs at health facilities. 12 (4M, 8F) CALHIV in Vihiga County and 20(12M, 8F) In Nyamira County within the quarter.

4.2 Increased Economic Stability to Care and Protect OVC

OVC enrollment, attendance, and progression in school,

The project continued to monitor the OVC. Within this period, a total of 5,385 (2,316 Nyamira, 3,069 Vihiga) OVC are attending school at different levels including 22(10 in Nyamira, 12 in Vihiga) in vocational and tertiary colleges/training. Out of these, 76% - 4,082(1,730 Nyamira, 2, 352 Vihiga) are in Primary while 13.5% - 727(380 Nyamira, 347 Vihiga) are in Secondary schools. Of the 1,064(262 in Nyamira, 804 in Vihiga) OVC are not in school, 1047(98.4%) are below 5 years while 3 are 15 years and 1 who is between 10 - 14 years is living with disability. The project will put more efforts in partnership with special education department for enrolment.

Of the 92(38M, 54F) OVC who sat KCPE in Vihiga, 35(18M, 17F) – 38% scored 251 – 400 marks while for the 20(11M, 9F) who sat KCSE, 3(1M, 2F) scored between B and B- which the university entry marks. The rest scored below C plain.

To improve performance and school attendance, 120(Nyamira 50, Vihiga 70) adolescent girls including 69(46 in Vihiga, 23 in Nyamira) ALHIV were supported with dignity packs. This is to ensure girls consistency in school attendance even during menstrual period. Additional 96(38M, 58F) OVC including 61(Vihiga 27(13M, 14F); Nyamira 34(10M,24F) CALHIV were supported with school fees subsidy by the project. Through social safety nets, 2(1M, 1F) were supported through presidential Bursary funds at DCS. This brings to 7(4M, 3F) OVC supported through SSN within the reporting period. The project will enhance school based programs including training and forming school clubs, stigma and discrimination free atmosphere and treatment literacy for focal teachers to support CALHIV in schools. Students will continue to get School fees, uniforms, scholastic materials, dignity packs for both boys and girls and by extension, support needy OVC with back to school package. Monitoring performance through termly review of report forms will help identify gaps and assign a focused community volunteer to gauge improvement, identify challenges and report for action.

OVC to access legal protection interventions.

During the reporting period a total of 3,490 (54.1%) (Vihiga 1,412, Nyamira 2,078) OVC were confirmed to have birth certificates to date with Nyamira at 78.9%, Vihiga 37%) birth certificate coverage. The big gap in Vihiga is as a result of ignorance of the caregivers, inability to produce adequate supportive documents and legislative issues at the registration offices. The project will initiate dialogue with civil registrar to waive some of the mandatory requirements for birth registration to the bare minimum, and also

conduct community level registration outreaches in Vihiga. For Nyamira, the project will support payment for the certificate and sensitization of care givers to register through SILC proceeds.

Vulnerable Households supported to meet basic needs

To support highly vulnerable OVC households to meet basic needs the project monitored the progress of the savings groups formed previously. During this quarter, 200 SILC groups comprising 3,391(315M, 3,076F) members have been actively engaged in community loaning and savings interventions. Of these 1,732(199M, 1,533F) are OVC care givers taking care of 1,911(888M, 1,023F) OVC including a total of 426 (205M, 221F) CALHIV. This intervention is aimed at providing sustainable access to community driven economic recovery and resilience at HH level.

Table 44. Progress on SILC groups

County	# of active SILC groups	# caregiver in SILC groups			No. of OVC			# of CALHIV benefiting		
		M	F	Total	M	F	T	M	F	Total
Nyamira	82	152	912	1064	850	980	1830	167	178	345
Vihiga	118	47	621	668	38	43	81	38	43	81
TOTAL	200	199	1533	1732	888	1023	1911	205	221	426

During the period the project monitored 13 HHs previously supported with HES interventions under MWENDO. In Nyamira County, 8 female headed HHs Supporting 29 (13M, 16F) OVC previously supported with emergency fund realized tremendously degree of HH economic and social transformation. 3 HHs initiated small businesses that is supporting HH needs, 4 HHs purchased food stuffs and also paid school levies for their children while 1 HHs used the funds to cultivate land and establish vegetable garden that is currently consumption and small income for basic needs. In Vihiga County, 5 HHs who benefited from EF also attained economic resuscitation where all the 5 HHs supported food purchase while 3 included education support for their children through purchase of uniforms. The project will therefore restructure the emergency funds and for interventions that bring income.

In Nyamira county, 3 SILC groups with 52(4M, 48F) serving 162(84M, 78F) OVC have been linked to post Bank for Financial Literacy. The first session on financial literacy has been conducted and the groups are currently processing account opening with the post bank. The trainings are ongoing in modules.

The project further monitored 8 HH supported with HES interventions in Vihiga County. 5 households who were supported with business grants still benefit from the proceeds from their expanded businesses as a result however; the 3 HHs supported with productive assets lost them to death. It is critical that the project evaluates the kind of productive assets appropriate for the region and also support only alternatives that have been proven to work

To support Small holder farmers/ OVC HHs to engage with markets, the project continued to support and monitor skill building. Currently, 20 OVC are engaged and supported through the vocational training institutes. Moving forward, the 7 care givers and 6 OVC who were previously supported with startup kits, will be engaged to train more OVC in need of technical skills and entrepreneurship, or job placement/ attachment. This will support Eligible OVC / HHs to access market-driven livelihood activities.

In Vihiga county, one producer group consisting of 38(35F, 3M) from 3 SILC groups was formed to facilitate bargaining power. The value chain identified here is commercial edible cassavas.

In Nyamira, 2 SILC groups with 37(5M, 32F) members supporting 64(27M, 37F) OVC inclusive of 23(10M, 13F) CALHIV were linked to NARIP for capacity building on poultry and local vegetable production which are the main value chains identified by the group. This will empower HHs to diversify income generation at HH level and also ensure nutrition enhancement.

4.3 Strengthened Capacity of Local Social Services Systems and Structures to Support OVC services

To Strengthened capacity of local partners implementing OVC 5 staffs previously trained on case management, HIV management and child protection at all levels in the previous quarters and during implementation. Additional virtual training on GBV integration has reached 3 staff. This has equipped the team with skills to integrate HIV care in OVC case management interventions.

To facilitates purposeful engagement with partners the projects aims at strengthening capacity of local government structures in OVC care and support. The project will continue to work closely with DCS where priority areas have been identified and forms part of the activity implementation. The project envisions to continue strengthening the Sub County AACs and roll down to the LAACs as well.

In Building capacity of communities to care for and support Orphans and Vulnerable Children, there will be a realization of sustainable community and family centered OVC care, the project continues to work with the existing community level workforce to cascade services to the HHs. These 3,769 HH care givers and 118 CHVs will continue to be assessed and trained on relevant areas alongside LDPs. The rapid capacity assessment of CHVs has been conducted to inform the interventions.

4.4. Monitoring, evaluation and learning in OVC

During the reporting period, the project ensured seamless continuity of OVC service reporting through CPIMS. The LIPs were supported to carry out data validation, verification and entry into the system. Data use was also strengthened through facilitation of performance data to project staff and LIP staff. Of emphasis was overall performance against COP 20 targets, CALHIV enrollment progress and viral load access and suppression rates. In Q4 UBJ has strengthened data collection and reporting through printing and distribution of the OVC service tracking forms for documentation and reporting. The project will also conduct necessary capacity assessment on OVC reporting systems and requirements in preparation and areas of capacity building identified for bridging in FY 21.

Evaluations, assessments and outcome monitoring-
A total of 118 CHVs previously trained on Case management together with 3 staff are supporting the case management roll out. During previous SAPR, 2,583(993 Nyamira, and 1,590 in Vihiga) households were reached with CPARA 4. Out of those assessed, 368 (14%) HHs were not ready for graduation, 2,175 (84.2%) HHs are on path to graduation, 40 (1.8%) HHs were ready to graduate. During the reporting period a total of 43 HHs were graduated.

To establish clear graduation pathways, the project has conducted CPARA as a baseline to inform planning and meaningful graduation. So far in Q4, 2437 (1,440 – 66% Vihiga, 997 – 63% Nyamira) HHs serving a total of 4,964(2,746 Vihiga, 2,218 Nyamira) were reached with CPARA. 2HHs with 7 OVC ready for graduation in Nyamira County are being monitored in preparation for graduation in December. A total of 118 HHs with 219 OVC in Vihiga are not ready for graduation. On path to graduation are 2,317 (995 – 99.8% in Nyamira, 1322 – 92% in Vihiga) HHs serving 4,738 (2527 Vihiga, 2211 Nyamira) OVC are on path to graduation. The process in on going.

Table 45. OVC graduation status

Graduation Pathways	Not Ready For graduation	On Path To Graduation	Ready to graduation	Total
Nyamira	0	995	2	997
Vihiga	118	1,322	0	1,440
TOTAL	**118**	**2,317**	**2**	**2,437**

5. Increased Access and Demand for Quality Family Planning, Reproductive Maternal Newborn Child and Adolescent Health, Nutrition and Water and Sanitation Services

This section of the report highlights UBJ's achievements in RMNCAH, Nutrition and WASH project for PY1 Q4 period. UBJ supports implementation of RMNCAH, Nutrition and WASH in the two counties of Kakamega and Kisumu which are considered as high-priority counties for investment in maternal and newborn health care owing to their poor maternal and newborn health indicators (*KHIS2,2020/2021*). The RMNCAHN& WASH project aims to strengthen systems, integration of FP, RMCAHN& WASH services and reaching out to the vulnerable members of the society including KPs, OVC and AGYW.

During the reporting period, UBJ provided support to 306 health facilities (191 Kakamega, 115 Kisumu) in 19 sub-counties across the two counties. More specifically, the Project provided support to all the public. The project leveraged on the achievements and lessons learned from previous partners (Afya Halisi and Maternal and Child Health Integrated Programs (MCHIP)) to provide high impact FP/RMNCAH and nutrition interventions. The interventions were aligned with context specific priorities outlined during co creation in line with the Counties Strategic plans, Annual Work Plan and the National RMNCAH Invested framework.

5.1 Increased Availability, Delivery, and Uptake of Quality FP services at Health Facilities and Communities

During the quarter under review, 87,402 CYPs were achieved against the target of 112,921, in the two focus counties of Kakamega and Kisumu. Cumulatively, the CYP performance for the year was 319,946 (71%). During the quarter the project supported the counties to the counties to engage mentors to provide OJT and mentorship of 69 HCWs **(41 females and 28 males)** to build their skills on balanced counselling strategy plus (BCS+) Key messaging and be able to provide quality FP services.

In FY 22, UBJ will support the counties to conduct intensified community education and mobilization during household visits, outreaches, in reaches and radio talk shows. Table 46 below presents the performance for the FP indicators.

Table 46. Family Planning indicators performance (FY21).

	Kisumu County					Kakamega County			
Indicators	**Oct to Dec 2020**	**Jan to Mar 2021**	**Apr to Jun 2021**	**Jul to Sep 2021**		**Oct to Dec 2020**	**Jan to Mar 2021**	**Apr to Jun 2021**	**Jul to Sep 2021**
Family Planning									
WRA receiving FP commodities Coverage	35.7	30.8	42.5	44.6		39.4	42.4	41	35.7
Achievement	19740	17652	24219	26273		40964	42127	48290	43808

Recognizing that Post-Partum Family Planning and post abortion FP uptake in both the counties remained a gap, during the reporting period, the project supported counties to ensure integration of FP within routine RMNCAH service delivery points including maternity, gynecological and paediartic ward. During the EmONC rapid assessment in the sub counties, the assessors were sensitized on integrating the exercise with assessment of FP and PMTC integration within routine. RMNCAH service delivery platforms and to identify departments within health facilities and HCWS who need mentorship to enhance integration

During the reporting period, the stock out of contraceptive commodities remained a challenge stemming from national supply chain systems. At the beginning of Q2 across Q3 (January to June 2021), more than three-quarters of the facilities had experienced some stock out of the main contraceptive methods which include injectables and implants. County-level delays in purchasing and distribution of essential commodities remain the main reason for the continued high levels of commodity stock-out. To strengthen commodity management and reporting in the quarter, the project supported county led supervision and mentorship on commodity management where poor commodity management and handling of expiries were addressed. The stock physical status and bin cards were checked, including documentation of FP

DAR to ensure correct documentation, and reporting of the stock. Understocking and overstocking gaps were addressed through mentorship and redistribution.
In the next quarter, the project will continue to ensure that the facilities are reporting consistently through the use FCDRR and offer targeted mentorship on commodity management. The project will continue to ensure FP commodity security by strengthening the FP quantification and forecasting, reporting and performance review meetings.

The project will support the counties to increase access to FP services for WLHIV and key/priority populations (FSW and AGYW) to enable them to achieve their desired fertility intentions and improving 95-95-95 outcomes. Further, to reduce the unmet need for FP, UBJ will support integration of family planning services in all key service delivery platforms which include HIV, OVC, KP, RMNCAH, Prep, STI & TB clinics. Emphasis will be on PPFP as one of the HII in eliminating missed opportunities for FP and reducing unmet need for WRA. Reach out to adolescent first-time mothers for life planning counselling. In PY2 Q1, the program will facilitate the county to engage mentors to conduct targeted mentorship on LARC to HCWs to build their skills since most clients are opting for LARC to reduce frequency of visits to health facility during this COVID period. In-reaches and FP camps will be supported across the sub counties to create demand for FP. The program, together with the county will leverage on world health days. A planned CHV's refresher training on contraceptive counselling to demystify myths and misconceptions layered on COVID-19 sensitizations. The project team will also explore avenues for community-based distribution of allowable contraceptive methods in the house holds.

5.2 Increased Availability, Delivery, and Uptake of Quality RMNCAH services at Health Facilities and Communities

Maternal and Newborn Health

Table 47 presents the performance (Coverage- Against estimated population) in the maternal and newborn health indicators in the supported counties of Kakamega and Kisumu.

Table 47. Maternal health indicators performance (FY21).

	Kisumu County					Kakamega County			
Indicators	**Oct to Dec 2020**	**Jan to Mar 2021**	**Apr to Jun 2021**	**Jul to Sep 2021**		**Oct to Dec 2020**	**Jan to Mar 2021**	**Apr to Jun 2021**	**Jul to Sep 2021**
Maternal & Newborn Health									
Prop. of pregnant women who attended at least one ANC visit during pregnancy	86	117.1	101.7	99.2		82.2	107.9	103.7	88
Achievement	8719	11173	9820	9593		18266	16788	16180	13957
4th Antenatal Care (ANC) Coverage (%)	55.9	55.9	69.7	73.5		55.7	44.9	61.7	62.1
Achievement	9540	5338	6733	7127		12290	6982	9606	9850
(%) of pregnant women who are Adolescents (10-19 years)	18.5	17.4	17.4	16.5		24.6	24.6	25.2	25.2
Achievement	2871	2078	1703	1585		5612	4116	4058	3517
Prop. of pregnant women attending ANC who received iron/folate supplements	82.3	78.2	84	84.2		85.4	87.7	85.8	89.7
Achievement	25563	27228	31698	31457		58741	43024	47615	48739
(%) of Deliveries conducted by Skilled Birth Attendants	80.7	84.1	90.9	90.1		71.6	62.7	76.7	76.3
Achievement	6906	6901	7476	7376		9791	8725	10812	10862
Proportion of Newborn initiated on breast milk within the first 1hr after delivery	93.3	94.5	91.9	95.1		89.4	92.2	93.2	95.9
Achievement	7169	7252	7866	7968		9540	8647	10861	11304
Mothers given uterotonics within 1 minute after delivery (Oxytocin)	84	83	78			83.8	83	78.1	

Achievement	7276	8078	9080	9406	9247	9074	10107	11536

To improve quality of maternal and newborn care, during the reporting quarter, the project supported the county teams to carry out integrated rapid assessment on emergency obstetric and newborn care (EmONC) preparedness including Family planning and PMTCT integration. The assessment was done in 92 health facilities in the two counties. Out of the 92 health facilities, 78 health facilities had capacity to provide seven signal functions for BEmONC, 12 health facilities had capacity to provide nine signal functions for CEmONC while 2 did not have the equipment for assisted vaginal delivery and were therefore not able to provide all the signal functions. Owing to the quest to increase access to EmONC services, UBJ project initiates advocacy with the county leadership to fast track the completion of three (3) maternity theatres in Kakamega County (Navakholo, Likuyani and Manyala in Butere Sub County and sub county hospitals). This was aimed at enabling the facilities to provide EmONC services closer to the people of those communities. As part of enhancing service provider skills, the project facilitated the two counties to engage EmONC mentors (previously trained by Afya Halisi and Jacaranda Health) to provide mentorship services in select health facilities

During the reporting period, 23,550 (90.7%) pregnant women attended 1st ANC visit while 16,975 (65.4%) pregnant women attended four ANC visits in the two focus counties. In Kakamega, 62.1% of women had their 4th ANC visits while in Kisumu, those who received 4th ANC services were 73.5 %. The performance for Q4 in the two counties was above those of the previous quarters. Regarding skilled delivery, a total of 20,882 women received skilled healthcare services in the project supported health facilities in the two focus counties. During the reporting period, Kakamega County had the highest number, with 12,108 births while in Kisumu County had 8774 women who received SBA. The two data sets (1st ANC and 4th ANC) show gaps/missed opportunities in the continuum of care which can be attributed to either late initiation of ANC or high dropout rates. The project team jointly with the county will engage CHVs to intensify education on importance of ANC services and at the same time reach out to WRA especially AGYW with pregnancy testing kits at the community to enable them identify pregnancies early and encourage early initiation of ANC. Overall, during the reporting period, the women who received SBA were 20,882 (13.4%) of the annual target. The achievement at the end of the project year was 76,732. These achievements are attributed to the intensified community education supported in the two counties.

In the next quarter (PY2 Q1), the project will collaboratively scale up the number of CQI initiatives, community dialogues at the facilities with low performance targeting to improve early ANC attendance hence complete 4 ANC Visits. During the monthly CHV meeting, the program will support county to capacity build CHVs on MNH technical modules emphasizing on early pregnancy identification, referral, documentation and reporting, community data review to inform pockets with low 4th ANC coverage and lobby for increased facility led incentives for mothers. Ensure availability of the community data tools (MOH 100), consider to buy MCH diaries for ease of identifying ANC/immunization defaulters and subsequent follow up for defaulters tracing.

In the period under review, 20,942 (88%) of women who delivered in health facilities within the County received uterotonics within the first minute of delivery in an effort to prevent the number one maternal killer, PPH. This achievement was attributed to HCWs sensitization on importance of administering the uterotonic as per the national guidelines and correct documentation on the partograph. Moving forward mentors will be responsible in conducting monthly/quarterly BEmONC assessments to collect this data. Social protection system started by the County governor "Oparanya care" has also played a crucial role in incentivizing women to deliver at the facility. Mama Pack package is proving attractive to women. Moving forward, the project with CHMT will explore ways to increase enrolment into NHIF, continue with maternity open days support to help in accelerating towards universal health coverage (UHC) in MNH.

Postnatal care for children especially within 2 days of delivery is crucial for their survival. Most of the times HCWs forget to assess the mother and baby as a pair. During the reporting quarter, 16,947 newborns received immediate postnatal care services in the project supported health facilities. In the same period, there were 20,162 live births in the Project's supported sites. When measured against live births, 84% of live births received PNC services within the first 48 hours. The difference could be attributed to misunderstanding of the indicator which the RH coordinators and HRIOs have started putting up measures to address.

Child Health

Table 48 presents the performance in the child health indicators in the supported counties of Kakamega and Kisumu.

Table 48. Child health indicators performance (FY21)

	Kisumu County					Kakamega County			
Indicators	**Oct to Dec 2020**	**Jan to Mar 2021**	**Apr to Jun 2021**	**Jul to Sep 2021**		**Oct to Dec 2020**	**Jan to Mar 2021**	**Apr to Jun 2021**	**Jul to Sep 2021**
Child Health									
DPT/Hep+HiB1 Coverage	84.5	92.1	97.5	86.3		84.6	89.7	88.3	84.6
Achievement	9145	8527	9125	9328		13827	13396	13453	13507
DPT/Hep+HiB3(DPT 3 Coverage)	84.6	90.1	88.3	97.4		76.6	83.7	88	87.4
Achievement	8908	7519	8790	9237		12588	12498	13432	13478
Proportion of infants less than 6 months old on Exclusive Breastfeeding	86.2	91.1	88.2	61.9		74.8	81.5	80.3	80.6
Achievement	30537	29928	33882	34770		41673	45011	50097	50780
Female Infants <6 Months Exclusive Breastfeeding (EBF)	86.3	91.6	88.8	48.1		79.9	79.3	78.7	80.7
Achievement	15274	15364	17521	17726		21507	23609	25941	26342
Male Infants below 6months on exclusive breastfeeding	86	90.6	87.6	89.5		77.2	80.4	79.5	80.5
Achievement	15263	14564	16361	16884		20166	21402	24156	24438
Proportion of children aged 12-59 months dewormed	37.5	36.4	49.6	46.9		146.4	64.2	143	96.4
Achievement	12225	11378	15649	15021		64065	28335	63821	43383
Proportion of children under one year who are fully immunized	77.9	86.8	97.1	92.2		71.4	84.7	88.4	78.5
Achievement	8339	7994	9094	8708		11466	13148	13480	12059
Proportion of children under five with diarrhea treated with zinc & ORS (Facility)	41.7	38	39	42.1		55.7	58.1	55.6	66.7
Achievement	2104	1771	2215	2255		5105	5232	6883	6025
Prop. of children under five years with pneumonia treated with Amoxicillin DT	47.4	35	57	58.7		69.4	112.7	79.5	101.9
Achievement	801	980	1283	1890		875	3382	1566	2930

Pneumonia and diarrhea are amongst the top ten conditions that cause childhood mortality in Kakamega and Kisumu County. Skilled HCWs and CHVs in identifying these life-threatening conditions can go a long way in managing. During the reporting period, 6095 pneumonia cases were reported against a target of 9902. The cumulative achievement for PY1 was 18,585 (47%). There is a notable decrease in the pneumonia cases reported across the year. During the period under review, the project supported the county to carry out quality of cate for IMNCI assessment whereby areas of weakness on IMNCI were identified including the knowledge gap. This prompted the project to support the county to scale up IMNCI mentorship where 212 (123 female and 89 male) HCWs were mentored to deliver quality IMNCI services to the children. The project also supported the county to update the knowledge and skills of 25 IMNCI (13 male and 12 female) mentors. There were no stock outs of the commodities therefore all cases identified received appropriate treatment and to increase their competency on case definitions, assessment, classification, treatment identification, management and follow up of childhood illnesses.

During the period under review, a total of 14396 diarrhea cases of children under 5 years were reported out of a target of 19833 indicating quarterly achievement of 73% with a cumulative annual achievement of 79 %. In the subsequent quarter, the project will support mentorships in diarrhea and pneumonia case management across the counties. In the next quarter, the project plans to support the county to carry out ORT corner equipment needs assessment to identify facilities in need to set up and ensure ORT corners are functional. Distribution of ORT corner registers to ensure capture and documentation of cases.

Mentorship/ sensitizations to CHVs on the key messages on use of Zinc/ORS for diarrhea management to be in cooperated during routine household visits and health talks both at facility and community. The project will explore advocating to the CHMT on sensitizing the CHVs on integrated community case management (iCCM) module to help identify cases early enough at the community level.

Immunizations

The two counties (Kakamega and Kisumu) have made positive progress in improving uptake of immunization services. During the reporting period, uptake of 1st Diphtheria, Pertussis and Tetanus (DPT) vaccine was 22,734 in the two focus counties while 3rd DPT was 22,585). Data from KHIS2,2021 shows that in Kakamega County, 1st DPT vaccine is at 84.6% Vs 3rd DPT of 87.4%, while in Kisumu County 1st DPT is at 86.3% while 3rd DPT is at 97.4%. Full immunization coverage (FIC)across Kisumu is 97.1% while in Kakamega it is 88.4%. The FIC in Kakamega County is still less than the country's target of 90%. In Kakamega County, UBJ facilitated the county and sub county to targeted outreach services in hard-to-reach areas and areas identified to be performing poorly. To sustain the gains in Kisumu County and other sub counties performing well in Kakamega County, the project used existing community actors supported by the counties including CHVs, to create demand for immunization services, trace immunization defaulters and support EPI outreaches. Riding on the strategies already initiated by Afya Halisi, in the next quarter, the project will implored reach every child (REC) strategy where HCWs will be supported to provide door to door campaigns in areas of high dropout rates.

5.3 Increased Availability, Delivery, and Uptake of Quality Nutrition services at Health Facilities and Communities

The Project's focus on nutrition is in Kakamega County only. During Cocreation, the project in collaboration with the CHMT, aligned UBJ workplan with the county-specific nutrition work-plan in line with the objectives of the national nutrition action plan. This was aimed at ensuring that all sub counties and health facilities have capacity to provide targeted nutrition specific interventions. The initiatives prioritized during cocreation enabled the county to increase uptake to nutrition specific and sensitive interventions.

The project supported the county to reach 55,598 children under five years of age with nutrition specific interventions, an achievement of 57% of the quarterly target and an annual cumulative achievement of 372423 (86%) against the target of 432,892. This achievement is attributed to the project's support in strengthening the provision and access to Vitamin A supplementation through integration of the supplementation into the CHVs' routine home visits, review of the CHVs' performance during the monthly CU review/performance meetings and engagement of lead CHVs to mop out children who missed out Vitamin A supplementation during *Malezi Bora* campaign. In addition, the number of children 6 - 59 months who received vitamin A supplementation in the past 6 months were 181899 against the target of 216446 during the quarter under review. This brought an achievement of 84% of the target and a cumulative achievement of 372423(86%) out of the annual target which was 432,892. During the same reporting period, the number of children whose parents/caretakers received behavior change communication interventions that promote essential infant and young child feeding behaviors were 23, 540 against the target of 31, 292whic is 75% of the target. During the quarter, the project supported the county to sensitize selected health promotion officers and community focal persons (25 females and 15 males) on human centered design (HCD) approach to community engagement to understand life as it is leaved. The project then facilitated the health providers to carry our community dialogue meetings in selected sites in all the 60 wards of Kakamega County.

The number of children under two (0-23 months) reached with community-level nutrition interventions during the quarter were 6,045 (59%) out of a target of 10,302 and an annual achievement of only 15%. The achievement shows that 2962 male and 3083 female children under two (0-23 months) were reached with community-level nutrition interventions. The underachievement could be attributed to the project startup which delayed engagement at the community level. The project plans to carry out a rapid results initiative in the current quarter to ensure that all children are well nurtured.

During the reporting period, the project reached 23,550 pregnant women with nutrition specific interventions at the health facility reflecting an achievement of 75% against the project's quarterly target of 31292. The over-achievement of the quarterly target was due to the project's support to engage pregnant AGYW through support groups / clubs and household visits. The project also supported the county to train selected health care workers on nutrition-related professional training which included Family MUAC,

HiNi, BFCI and MYICN during the reporting quarter. The trainings enabled Kakamega County to train 384 individuals and to achieve 29% of the annual target which was 1356. The project has planned to train more individuals in the coming financial year to enable them to cascade the trainings to the health facility and community levels.

The project in collaboration with save the children, supported Kakamega County to strengthen Integrated Nutrition Multisectoral Collaboration. The collaboration is aimed at supporting the county to develop sustainable and resilient approaches for nutrition programming in the County.

5.4 Increased Availability, Delivery, and Uptake of Quality WASH services at Health Facilities and Communities

The project started implementation through an entry meeting with the county health department. The entry meeting was chaired by the county director of health and was also attended by WASH partners in Kakamega County. The agenda of the meeting focused on mapping out current partners in the county and on that explore opportunities for partners to leverage on what other partners do and to avoid or minimize duplication of efforts. UBJ made a follow up meeting with the county health department to do joint work planning, identifying specific activities to support the county based on its AWP and geographic areas[1] of intervention based on CLTS protocol status of the various sub counties, under five diarrhea burden and other WASH partner's interventions. The table below summarizes UBJ WASH prioritized sub county and WASH component to support.

Table 49. WASH prioritized sub county and WASH component to support.

Subcounty	Total Villages	Villages verified	% verified (N-Total Villages) as at end of August 2021	Diarrhea burden among <5yrs July 2020 to June 2021 (Total Caseload)	% contribution to county <5yrs Diarrheal burden July 2020 to June 2021.	USAID Boresha Jamii (UBJ) WASH Priority interventions	Sub County rating/Category
Butere	364	159	43.7%	3,074	7.3%		2
Ikolomani	181	51	28.2%	2,002	4.7%		2
Khwisero	249	186	74.7%	2,073	4.9%	**Support county attain Sub County ODF status**	1
Likuyani	173	139	80.3%	2,627	6.2%		1
Lugari	267	125	46.8%	4,019	9.5%		3
Lurambi	219	51	23.3%	5,653	13.4%	**CLTS in priority villages and access to safe water interventions**	3
Malava	338	97	28.7%	5,591	13.3%		3
Matungu	271	114	42.1%	3,372	8.0%		2
Mumias East	242	53	21.9%	3,333	7.9%		2
Mumias West	222	40	18.0%	3,132	7.4%		2
Navakholo	215	150	69.8%	3,721	8.8%	**Support county attain Sub County ODF status - Verification and certification only**	1
Shinyalu	293	55	18.8%	3,582	8.5%	**CLTS follow ups, verification and certification in priority villages and access to safe water interventions**	3
Kakamega County	3034	1220	40.2%	42,179			

Key Results

During the reporting period, a total of 78 (F40:38M) individuals were trained to implement improved sanitation methods. In Q1, USAID Afya Halisi project conducted two trainings. The first training targeted 33 PHOs on CLTS related data management and reporting. The second training was geared at establishing sustainable sanitation interventions and scaling up the sanitation ladder. A total of 14 individuals (10

[1] Allocated Sub Counties to UBJ - Category 1 sub counties (Near ODF sub counties) – Kwhisero, Likuyani, and Navakholo. Category 3 sub counties (High OD and high Under-Five Diarrhea burden) – Lurambi, Malava, and Shinyalu

artisans and 4 PHOs) were trained on sanitation marketing. In Q4, U-BJ conducted a training of 31 PHOs (F11:20M) on CLTS protocol with emphasis on quality of triggering, follow ups, verification, certification, and celebration.

Open defecation free sensitization meeting at the community and triggering ODF at the community

During the reporting year, a total of 4,005 (F 2,043: M 1,962) individuals gained access to sanitation services in U-BJ targeted sub counties (Kwhisero, Likuyani, Navakholo, Lurambi, Malava, and Shinyalu). In FY21 no village was verified as Open Defecation Free (ODF). UBJ jointly with the county health department has put in measures and strategies to attain verification status before the second year of the project implementation.

During Q4, one of the WASH partners (AMREF) conducted a survey on Soil Transmitted Helminthiasis (STH) and Schistosomiasis (SCH) (Granular mapping) in three counties in the western region of the country (Kakamega, Bungoma and Trans Nzoia). It is anticipated that the findings of this survey will be released during Q1 of FY22. U-BJ will utilize the findings of that results of these findings to shape targeted health messages by wards.

In the context of supporting maternal and child health services at HFs, U-BJ jointly with the county health department conducted assessments of sanitation facilities at HFs within the county. This assessment was conducted by PHOs from the sub counties. A total of 24 institutions (12 schools and 12 health facilities)[2] were found to have sanitation facilities that require renovations. U-BJ will in FY22 Q1 conduct a detailed assessment, work with the county to develop designs and bill of quantities (BoQs) for the various sanitation facilities. The target for FY21 (6) and for FY22 (10) shall be undertaken during FY22. Coupled to the increasing access to sanitation facilities, U-BJ will conduct a detailed assessment in high volume facilities in all the sub counties of Kakamega with a view of establishing access to WASH services at critical maternal and child health service delivery points. The findings of the assessment will be used to advise quality improvement plans of those individual health facilities. U-BJ will jointly with the water department conduct assessments, designs, BoQs and seek approval for projection of water springs that will be focused in communities that have limited access to water, have high under-five diarrhea burden as well as reflect on the Granular Mapping that was conducted by AMREF.

5.5 Increased Health Care-Seeking and Promoting Behavior for FP/RMNCAH, Nutrition and WASH

Family Planning/Reproductive Health

To intensify FP education at the community level, the project supported Kakamega and Kisumu counties to facilitate 600 community health volunteers (CHVs) (*previously trained by Afya Halisi*) to provide FP information, counseling, and services at the community level. The CHVs continued to provide information

[2] The prioritized sanitary faciltiies are as follows; **Schools -** Khwisero primary (Khwisero), Makutano (Likuyani), Ichina (Lurambi), Shamoni and Kusavali (Malava), Kamuli and Musavale (Navakholo) and Shitochi (Shinyalu). **Health Facilities** - Eshiabwali HC (Khwisero), Kongoni HC (Likuyani), Bukura HC (Lurambi), and Shinyalu model HC (Shinyalu). Boresha Jamii will prioritize

on healthy timing and spacing of pregnancies (HTSP) during household visits, community forums and one-on-one engagements. They referred community members for FP services in the nearest health facility. However, there was no increase in the number of CUs involved in community-based distribution (CBD) though the project plans to support expansion of the CBD trainings in PY2 Q1.

In the next quarter, the project will support the county teams to engage gatekeepers, elders, and males as an entry point to champion for increased uptake of contraceptive services. HCWs will be sensitized and trained on comprehensive FP counseling including provision of a wide array of contraceptive method mix. The providers will also be trained on antenatal FP counseling, the provision of immediate postpartum intrauterine device (PPIUD), FP/HIV integration and the use of Long-Acting Reversible Contraceptive (LARC). The project will support review/ development and dissemination of protocols for Post-Partum Family Planning (PPFP) and post abortion FP service provision. The project will build on the investments on Integrated Supply Chain Management in Kisumu and Kakamega and continue collaboration with Afya Ugavi to strengthen commodity management and conduct capacity building to ensure Improved linkage, coordination on commodity management and planning for RMNCAH.

Maternal, Newborn and Child Health

During the period under review, the project supported Kakamega County Health Management Teams to hold community dialogue meetings to discuss RMNCAH and Nutrition situation in the Wards. The activity enabled reach to 6045 caregivers at the community level. In the next quarter, the project will support the county to strengthen bi-directional referrals between community and facility to improve 4th ANC attendance. The project will support setting up of a digital platform for sending health messages to the targeted population including AGYW, KPs, and caregivers & AGYW within the OVC program and fisherfolks. The CHVs will be engaged to map out pregnant women and their male partners within their respective community units to enable sending of messages reminding them of importance of skilled RMNCAHN services. The platform will also be used to support bi-directional referrals between community and facility to improve 4th ANC attendance. The project will support the county to build capacity of CHVs to educate women on Health Timing and Spacing of pregnancy (HTSP). Further the project will facilitate trained Youth Peer Providers (YPP) to strengthen AGYW involvement besides establishing facility adolescent ANC clubs to strengthen their retention in ANC. CHVs will be provided with pregnancy test kits for early pregnancy identification during household visits, including IEC materials and pre-recorded messages in local dialects about danger signs. HIVST will be provided to the peer youth and CHVs to scale up uptake of testing among this population.

Nutrition

During the reporting period, UBJ utilized routine nutritional assessment at the community level using MUAC tapes and clinical assessment to identify children with malnutrition. A total of 190 children were identified to have malnutrition and referred for management at the link health facilities. The project also supported the county to engage CHVs to identify children due for Vitamin A supplementation at the household level and to refer to the link health facility. The project supported training of 20 CHAs on infant and young child feeding practices and the promotion of high impact nutrition intervention. Using Community Score Cards, the program supported the nutritionists and health promotion officers together with community members to jointly analyze challenges or issues underlying malnutrition and to find common solutions, increase participation, accountability and transparency between service users, providers and decision makers.

6. Health Systems Strengthening

6.1 Strengthened Commodity Logistics and Inventory Management for Improved Accountability and Patient Safety

With the last mile delivery of program commodities, the project continued to offer support to the 320 ART sites to improve supply chain logistics and commodity management. This included verification of received commodities against the delivery note and ordered quantities. In FY21 Q4, the project continued with ART optimization for CALHIV, in alignment with NASCOP guidelines. UBJ ensured that infants and children

who weighed less than 20 kg were on a lopinavir/ritonavir (LPV/r)–based regimen and those above 20 kg were on a dolutegravir-based regimen. The project ensured availability of sufficient stock of the new, optimized ART formulations to support transition of all eligible clients to optimized ARVs. The project also conducted mentorship and sensitization of the facility staff and subcounty pharmacists on the quantification and ordering process.

Key results

CALHIV ART optimization

As of FY21 Q4, the project supported 4,836 CALHIV (0 to 14 years old) on care, with 59% (2,853/4,836) of them on a dolutegravir-based regimen. Another 29% (1,382/4,836) of CALHIV were on an LPV/r-based regimen, with a majority 67% (932/1,382) of those on first-line treatment. Only 5% (229/4,836) of CALHIV were still on an efavirenz-based regimen; these were mainly CALHIV who weighed less than 20 kg and were not eligible for transition to the available 50mg dolutegravir-based regimen. The project supported sensitization of the County TOTs and facility level staff in both Kakamega and Kisumu in readiness for transition to pediatric dolutegravir 10mg formulation. The project supported HFs to make timely orders for required ART formulations to ensure uninterrupted supply of optimized ARVs for CALHIV.

Progress in female ART optimization

As of FY21 Q4, the project had a total of 54,154 females above 15 years old on ART, representing 65% (54,154/83,224) of the project's current ART cohort. With recent guidance from NASCOP to transition females above 15 years old to tenofovir/lamivudine/dolutegravir (TLD), there has been a steady increase in adult females shifting from tenofovir/lamivudine/efavirenz to TLD. At the end of FY21 Q4, the project had a total of 45,962 adult females on TLD, representing 85% (45,962/54,154) of females on ART in this age group.

Progress in multi-month dispensing

In FY21 Q4, there was a slight increase in the proportion of clients using multi-month-dispensing services compared to the previous reporting period due to low stocks of ARVs. The project reported 68.8% (57,269/83,224) of PLHIV on multi-month dispensing compared 65.3% in the last reporting period, an increase of 3.5%. This was due to receipt of more ARV stock within the quarter. The ARV stock is expected to normalize in the coming quarter. The project is expected to continue the scale-up of multi-month dispensing to reduce frequency of client visits to HFs as a COVID-19 safety measure.

Commodity sites' reporting rates into the Kenya Health Information System

In FY21 Q4, the project's reporting rate for submission of monthly ARV reports to the KHIS was above 95% for the four supported counties of Kakamega, Kisumu, Nyamira and Vihiga.

Laboratory commodities

The project attained 98% reporting rates for rapid test kits for each county, as reported in the Health Commodities Management Platform.

Discussion

HFs maintained a high reporting rate (98%) in FY21 Q4 in both project-supported counties for both ARV and laboratory commodity reporting. The project continued to support county and subcounty pharmacists in FY21 Q4 with monthly airtime and bundles to ensure timely uploading of reports into the KHIS. UBJ continued to provide financial and technical support for county-level quarterly ARV allocation meetings and rapid test kit allocation meetings to ensure accurate commodity ordering.

As the Kenya Medical Supplies Authority is conducting last-mile ARV delivery to individual sites, the project will work closely with all facilities to monitor their stock levels and support emergency ordering and redistribution when the stock of a particular commodity is running low.

Capacity-building initiatives in commodity management

The project supported capacity-building initiatives, such as mentorship, on-the-job training, and CME on commodity management; pharmacovigilance reporting; and use of the electronic ARV dispensing tool (Web ADT).

To promote high-quality reporting, the project continued to provide technical assistance and mentorship on good commodity management practices to subcounty pharmacists and medical laboratory coordinators. The project also provided supportive supervision on commodity management to rural HFs that have not reported well in the past. The project supported small-scale printing and photocopying of pharmacy tools (e.g., Daily Activity Register, Facility Consumption Data Report and Request, and Facility Monthly ARVs Patient Summary) to improve inventory management at HFs.

6.2 Increased Coordination and Provision of Laboratory Services to Support Quality of Care:

In FY21 Q4, the project supported several activities to ensure there would be continuous quality improvement processes for the laboratory quality management system. The project supported quarterly commodity technical working group meetings in both counties, as well as other related meetings, such as laboratory clinical interface, external quality assessment, and GeneXpert® utilization meetings. (GeneXpert is a registered trademark of Cepheid.) The project enabled an effective and robust sample networking system to serve the project's 320 ART/EID sites.

Key results

Laboratory testing and reporting

The transition from dried blood spot to blood plasma for VL testing remained at 100% coverage, with 320 networked facilities transitioned to blood plasma for VL testing. Remote log-in for the 320 facilities was maintained at 100%. The commodity reporting rate in both the KHIS and Health Commodities Management Platform for the eight project-supported sub counties was above 95%. The commodity technical working group meetings helped to mitigate low stock levels, overstocking, and stockouts of laboratory-related commodities.

Laboratory monitoring

In FY21 Q4, UBJ continued to support 320 HFs with ART and TB/HIV targets. The project has an annual target for TX_PVLS (VLS among clients on treatment) routine of 82,709 current clients who are on ART (and who require access to VL and other testing, as per the national guidelines). The national system requires that HF VL samples be sent for remote log-in at a hub lab (typically located in an HF) before being sent on to a testing lab. The hub lab sends the VL samples to their identified central testing labs, which include the Kenya Medical Research Institute/Centers for Disease Control and Prevention in Kisian and the Walter Reed Project in Kericho, AMPATH Care Lab, Eldoret and KEMRI Alupe HIV Lab.

Discussion

In FY21 Q4, 12 sites in the program continued to offer GeneXpert testing, with all the sites (Nyamira County - Nyamira County Referral Hospital, Ekerenyo Sub County Hospital, Masaba Sub County Hospital, and Manga Sub County Hospital; Kisumu County, Chulaimbo Sub County Hosital; Vihiga County – Vihiga County Referral Hospital, Hamisi Sub County Hospital and Emuhaya Sub County Hospital; Kakamega County – Kakamega County General Hospital, Butere Sub County Hospital, Malava Sub County Hospital and Lumakanda Sub County Hospital) working continuously online.

In FY21 Q4, VL samples processed at the four testing labs in the Walter Reed Project in Kericho for Nyamira, Kenya Medical Research Institute/Centers for Disease Control and Prevention for Kisumu, AMPATH Care Lab, Eldoret for Vihiga and Kakamega, and KEMRI, Alupe HIV Lab for parts of Kakamega continued to drop significantly compared to previous quarters due to shortage of reagents and plasma preparation tubes for sample collection. Only 1,555 VL samples were tested for the four Counties in Q4 (Kakamega, 265; Kisumu, 190; Nyamira, 1,096; Vihiga, 4). Turnaround time for VL samples increased to 133 days in FY21 Q4 compared to 49 days in Q3: 12 days in Q2 and 14 days in Q1. In Kakamega, 265 VL samples were tested in Q4, compared to 3,768 in Q3; in Kisumu, 190 VL samples were tested during the quarter, compared to 1,612 in Q3; in Nyamira, 1,096 VL samples were tested,

compared to 2,263 in Q3 and in Vihiga just 4 VL samples were tested compared to 1,617 samples tested in Q3. During the reporting period, turnaround time for VL samples increased to an average of 133 days in the 4 counties (Kakamega, 123; Kisumu, 132; Nyamira, 134; Vihiga 153).

Table 50. Total Viral Samples tested in FY21

County	Q1	Q2	Q3	Q4	Total samples tested in FY21	Current on ART Q4	Proxy VL Uptake
Kakamega	8,476	7,408	3,768	265	19,917	36,272	55%
Kisumu	4,942	2,789	1,612	190	9,533	16,757	57%
Nyamira	4,359	2,821	2,263	1,096	10,539	15,858	66%
Vihiga	3,849	2,409	1,617	4	7,879	14,337	55%
Overall	21,626	15,427	9,260	1,555	47,868	83,224	58%

Abbreviations: FY, fiscal year; Q, quarter; VL, viral load

Table 51. Samples Turnaround time (in days) between time of collection and testing (FY21)

County	TAT (FY21Q1)		TAT (FY21Q2)		TAT (FY21Q3)		TAT (FY21Q4)	
	VL Test	EID Test	VL Test	EID Test	VL Test	EID Test	VL Test	EID Test
Kakamega	11	14	11	14	37	31	123	29
Kisumu	17	10	13	12	76	13	132	14
Nyamira	13	17	12	19	57	32	134	20
Vihiga	15	15	14	19	38	39	153	27
Overall	14	14	12	15	49	28	133	27

Abbreviations: FY, fiscal year; Q, quarter; VL, viral load; TAT, turnaround time

During the reporting period, EID samples processed at testing labs largely decreased compared to other quarters (Q1, 2,345; Q2, 1,282; Q3, 1,562; Q4, 614). The reduction is largely due to shortage of the DBS filter papers and reagents at the 4 testing labs that serve the project. Turnaround time remained high at 27 days as was in Q3 due to stock outs challenges, compared to Q1 and Q2 which was at an average of 2 weeks.

UBJ continued to support sample networking of EID and VL samples from satellite sites to central facilities via remote log-in before the samples' transportation to testing labs in Eldoret, Kisumu, Kericho and Busia. The project also continued to support airtime bundles for the hubs to enable remote log-in of samples. The project provided airtime for subcounty medical laboratory coordinators to support reporting of lab commodities in the KHIS and Health Commodities Management Platform. The project continued to support printing of patient results by providing funding for printing paper and toner cartridges in all seven sub-hubs.

Lessons Learned

The startup in public institution can be pretty slow as have different operation standards in terms of administration and discipline in various fronts that required progress re-orientation, capacity building and yet striking a balance to blend to enable the program to run.

There are various challenging competing interests from the following quarters: Project programmatic interests, University administration structures, Political environment and structures and work ethics demands from different backgrounds. The lesson learnt is that the need for:- a) consistent structured dialogue b) engage a third party monitor (TPM) who can do an assessment to look at all the factors involved that can be threats to the program, that can be opportunities and responses that can be adopted.

The transition periods were challenging given the changes that took place in the early phase of the program. New entrants to PEPFAR programming and overall USAID programming need lots of preparation and capacity building. In future there should be a detailed program advising respondents who

are new to the game to plan in anticipation things like start up milestones, human resource for the program.

Some of the counties may want to always compare the incoming with the outgoing IP. There is need to have detailed introductions by the outgoing and reassurance on continuity.

The Political environment: Where there will be changes in the political leadership at the Governors level, the counties and probably a neutral third party monitoring will discuss what lessons have been gained through the reporting period, including any findings, conclusions, recommendations for any assessments, evaluations and/or special studies completed during the reporting period. Please identify how these lessons might influence the direction and emphasis of the activity.

III. CONSTRAINTS AND OPPORTUNITIES

There were operational challenges that required changes in the operations in the program based on the ground:

1) One of the partners SCORE: whereas it had been proposed that they implement the OVC section through LIPs while reviewing the operational costs through the LIPs and the approved budgetary allocation this necessitated reevaluation of the implementation strategy where SCORE has now to implement the OVC component directly. This decision was arrived at after regular consultation with the AOR .
2) The Key Population implementation and coverage: The Project had proposed the implementation of the KP component of the program through three LIPs two in Kisumu and one in Kakamega. However, on reviewing the geographical coverage in Kakamega and the population to be served, it was agreed to realign the program according to need. This necessitated a request for another fourth LIP to be added to Kakamega. A request was subsequently made to the Agreement Officer to approve the addition of the LIP to help Kakamega. Due to the request for the approval for this new LIP, it may necessitate that the LIP starts a little later than the other continuing LIPs who were already approved and are working. It may mean that their financial cycle may vary slightly. This will provide an opportunity for Kakamega county to have effective coverage because of the number of sub-counties and the population of the Key Population to be served. This decision was discussed with the AOR and discussed at the Activity Management Meetings.
3) There have been teething problems with the understanding of the office of CEO of JOOUST and the program dictates and how the program needs to run and operate. This will require regular continuous dialogue with capacity building of both JOOUST staff and UBJ staff on roles and responsibilities to each other. We have taken the steps of discussing this with the AOR and already significant guidelines and support have been provided regularly on how to navigate the teething problems.

IV. PERFORMANCE MONITORING

Strengthened Strategic Information Systems for Planning, Coordination, Monitoring and Learning

UBJ MEL department acknowledges the importance of availing accurate and timely data as a resource for informed decisions for clients' management and overall program management. The program continues to strengthen data collection, collation and reporting in KHIS through capacity building and collaboration with MOH.

In Q4, the project supported facility data collection, entry, cleaning and verification before uploading to KHIS in the four counties, facilitated data bundles for S/CHRIOs to facilitate KHIS data entry. This enabled the counties to achieve an average of 98% reporting rate in HIV, TB and RMNCAHN data sets. The project also conducted a monthly concordance analysis between KHIS and the internal data management system (PRISM) where 99.8% concordance was realized between the two systems. Other than

the conventional reports, the project also collected and submitted HFR, clinical OVC index testing, Jua Mtoto Wako, Gender_GBV through the Partner Performance and OVC index Testing Platforms on a monthly basis. Q3 custom indicator data for VMMC, Gender based violence and Key Populations were also submitted in July 2021.

To strengthen data collection at community level, the OVC LIPs (ADS Vihiga and Nyamusi) were supported to conduct data entry and monthly verification in CPIMS. This ensured that all services provided were accurately captured and reported in the system. The 2 LIPs in Nyamira and Vihiga counties were also facilitated with data collection tools i.e., the OVC and caregiver service tracking forms. The tools availability and subsequent use ensured a service reach of 123% against the COP 20 target. The project also initiated the process of digitalization of OVC reporting led by the University of Nairobi's Health IT project with a focus on feasibility and the potential challenges. In the coming quarter the project will develop the business process that will support digitalization and the cost effectiveness of the same in comparison to printing of tools. For RMNCAH services, CHVS were sensitized on documentation and reporting using the community unit tools (MOH 513, MOH 514 and MOH 515). Kakamega recorded an average reporting rate of 98.7% and Kisumu 97.3% in MOH 515 (CHEW Summary) in the three months.

For Key Population reporting, the project supported the 3 DICES (KANCO, KASH and MAAYGO) to submit the monthly reports in KHIS for HIV indicators.

The project's PEPFAR report was submitted through DATIM for 327 health facilities and 3 Drop-in Centers (DICES) for the quarter/ annual period. The MEL unit continued to forecast on tools required by facilities, sharing needs with county and national level. This will ensure availability of all requisite HMIS and CHIS tools at facility and community levels. The project also submitted RMNCAH and WASH (Water Sanitation and Hygiene) data through JPHES.

The program is continuing to strengthen and support reporting in KHIS to ensure we achieve 100% timely and complete reporting rate. This can be achieved through availability of correct tools, indicator understanding, clear data flow and functional EMRs. As a result, the program in collaboration with the counties is currently conducting tools need analysis to ascertain availability and the tools, EMR status and capacity of staff.

The project monitored KHIS reporting rates and worked closely with the Sub-County HRIOs to ensure that the reporting rates for all program areas is over 95% across all the regions of its implementation.

Table 52: KHIS Reporting Rates Jul- Sept 2021:

County	HTS	PMTCT	HIV & TB	MOH 711A	MOH 710	MOH 515	Average
Kakamega	96%	97%	97%	99.1%	100%	98.7%	98%
Kisumu	100%	100%	100%	98.8%	99.2%	97.3%	99%
Nyamira	100%	100%	96%	100%	100%	99.7%	99%
Vihiga	94%	96%	98%	100%	99.3%	89.8%	96%

Strengthening the demand for data and information use by MOH & project

The MEL department is working tirelessly to ensure development and support of internal dashboards which are key in tracking key performance indicators to guide the facility and County health management and the project team to make operational decisions. Use of performance monitoring charts (PMC) is encouraged in all facilities as they summarize key indicators, the project is keen on ensuring that the PMCs are availed and utilized in all the facilities. For the facilities using EMR as Point of care, modules that support clinical decisions are available thus assisting the clinical teams in their daily provision of quality care and treatment to the clients.

The program additionally continues to support and participate in MOH Facility, Sub-County and County data review meetings. This is to promote use of data, share updates on reporting requirements and provide feedback on reporting issues and data quality (quarterly). Dissemination of data is done through monthly

and quarterly, facility In-charges meetings, and Sub-County and County performance review meetings. The goal of these is to ensure the staff develop adequate skill to manage health information, support the implementation of the program and to provide leadership roles in HIV/AIDS data management.

Quality Assurance & Quality Improvement Initiatives

In Quarter 4, the project started conducting EMR assessment in the four counties to ascertain the status of the hardware, staff capacity, service delivery points utilizing EMR and those that need extension, possibility of moving to POC and security. Old hardware will be replaced and facilities with the need to extend EMR to other service delivery points e.g. MCH and HTS will have the relevant modules rolled out. The project also supported the 2 OVC LIPs in Nyamira and Vihiga counties to carry out the baseline CPARA assessment for the project, a total of 2437 (65%) households were assessed covering 4964 (77%) OVC. The households were classified in various pathways where 118 HHs (4.8%) were not ready to graduate, 2317HHs (95.1%) were on path to graduation and 2HHs (0.1%) were ready to graduate.

M&E Capacity Building

UBJ emphasizes the importance of continuous MEL capacity building in the project. For this reason, the project will continue to strengthen mentorship through MEL/HRIOs on the key technical documentation and reporting requirements as stated per MOH, PEPFAR and FH. This will be achieved through continuous on job training to Health care providers and health information staff in the region of implementation as well as strengthening utilization of the EMR system available.

However, in Q4 there was minimal sensitization on NASCOP revised tools since transition activities took a better part of the quarter. Focus will be put on identification of knowledge gap through support supervision and facility review meeting, use of EMR as point of care and building a robust internal reporting system. SOPS on support supervision, OJT and mentorship are being developed to guide the process.

Data Review Meetings

The project will be supporting MoH Led joint quarterly data review in all the 4 counties on a quarterly basis. This will enhance data ownership and reassure data use for decision making by all stakeholders. This happens before data submission into DATIM. Consequently, this will lead to consistent improvement in the quality of reports over time.

Data Information sharing & security

The program values the importance of patient level information PHI confidentiality. The project has a well-organized filing area that is under lock and key to ensure security of the patient's files and registers. For EMR sites only authorized personnel access the systems with their password, frequent data backups and burglar proof doors and windows to guarantee confidentiality and security of patient's information. Additionally, the project has promoted use of SOPs and standard HMIS tools in capturing patient information. Ownership of health data is the responsibility of the Government of Kenya through MOH departments at National and County Governments.

EMR status

UBJ supports 133 health facilities implementing EMR across 4 counties- Kakamega 46, Kisumu 26, Nyamira 39, and Vihiga 22. The program currently has 15 Point of Care EMR sites. There is a plan to increase the number of POC facilities in next financial year. The HTS module (Afya STAT) which was rolled out in Q3 is in use in 54 sites and the program is continuing to expand its scope to all EMR sites. During the quarter, the project maintained the EMRs through trouble shooting in cases of down times, and providing data bundles. Migration of data for Chulaimbo Subcounty Hospital from AMRS (Ampath Medical Records System) started in July and is expected to be completed by the end of October. The project has been working closely with AMPATH, Health IT and Palladium to ensure that this process is concluded successfully.

Table 53. Distribution of EMRs at service delivery points, by county (FY21 Q4).

County	# Facilities With EMRs at the Following Service Delivery Points				
	HTS	CCC	ANC/maternity	EID	TB/HIV
Kakamega	0	46	0	0	46
Kisumu	26	26	24	0	26
Nyamira	28	39	25	0	39
Vihiga	0	22	0	0	22
Combined	54	133	49	0	133

Most of the sites have upgraded to Kenya EMR version 17.3.4. Additionally, 120 facilities managed to upload data to NDWH within the last 3 months, this was majorly affected by access to facilities to upload data, since most facilities are not able to upload on their own due to internet connectivity and the interoperability between the new version of EMR and DWAPI.

The program is planning to support sensitization of 540 for key healthcare providers on EMR new features including capturing and submitting of Case Based Surveillance data and use for decision making. The program will also be conducting 48 monthly routine Data Quality audits for EMR at the facility level across the region of its implementation.

UBJ will conduct data quality assessments in all the four counties at the facilities and the community. This will be a baseline DQA targeting key indicators. The objective will be to review and assess all the sites' data management and reporting systems to determine if they meet the recommended national standards and to verify the accuracy of the data reported through KHIS and DATIM. The project is also planning to conduct validation of the OVC and CHV caseload handed over by the previous mechanism in the first quarter of FY22. The validation will aim at confirming the availability and biodata of OVC, caregivers and the CHVs, confirming HIV and linkage status of OVC and caregivers against facility data, establishing the relationship between OVC and caregivers and confirming the status of household linkage to social safety nets.

V. PROGRESS ON GENDER STRATEGY

The project's gender strategy revolves around three key intervention areas: KP, FF, OVC, adolescent boys and young men, and GBV.

Gender is a critical determinant of the HIV epidemic, with infection rates of adolescent girls between 15 and 24 years old significantly higher than those of their male counterparts. Also, social norms can condone violent, nonconsensual, and unprotected sex, which, combined with gender barriers, increase vulnerability, especially of women and girls. Cognizant of the vulnerability to GBV, especially for KPs, OVC, the project implements a comprehensive package of service interventions for these populations and adolescent boys and young men, with an aim of achieving primary prevention of HIV.

VI. PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING

The project supports an annual environmental mitigation, monitoring, and reporting plan as part of its annual work plan. The focus in FY21 included strengthening health care waste management at all levels of health care service delivery in supported counties, especially at the testing points, VMMC minor theaters, and laboratories.

In FY21, the project supported capacity-building, and conducted supportive supervision with a focus on mentorship and on-the-job training for HTS providers, HCWs, KP LIP staff, and VMMC teams on proper waste management. The project liaised with the county departments of health to provide bin liners to nine VMMC sites during the quarter, as well as for FF outreaches, to facilitate compliance with waste management policies.

The project also mentored facility staff, especially those in pharmacy and laboratory departments, on separating and removing expired commodities from their stores; labelling expired commodities clearly to mitigate the risk of accidentally using them; and following correct procedures for destroying expired commodities. The project worked closely with counties and hospital management teams to transport waste generated at facilities without incinerators to functional incinerators.

VII. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

In FY21 Q4, UBJ collaborated with the outgoing IPs in the four counties to ensure a smooth and successful transition of activities. As well, the project partnered with the HealthIT project to assist in the migration of AMRS data at Chulaimbo Hospital to the KenyaEMR platform.

VIII. PROGRESS ON LINKS WITH GOK AGENCIES

During FY21 Q4, UBJ supported several county and subcounty activities and collaborations, as presented above in the sections of this report. Of note in Q4, the project worked with the MOH and the DCS to conduct co-creation of the FY22 work plans. As well, the project partnered with the MOH to support service delivery activities as well as systems strengthening at HFs and DICEs; there were capacity-building activities, such as trainings, orientations, mentorship, and supportive supervision visits; and review meetings. Key collaborations were made with the ministry of education and that of interior to support the OVC activities such as school fees provision, and protection of the child.

IX. PROGRESS ON USAID FORWARD

UBJ is a consortium of local organizations. The prime (JOOUST) is working with USAID to ensure that it's capacity and that of the consortium partners and subgrantees on management of grants and general implementation is built to meet USAID and PEPFAR standards.

X. SUSTAINABILITY AND EXIT STRATEGY

The project's planning and implementation will be factoring in sustainability strategies for *Journey to Self - Reliance*. Counties and other key stakeholders are involved in all the stages of programming.

XI. SUBSEQUENT QUARTER'S WORK PLAN

Overview of work plan status

Table 63 summarizes the planned activities for FY21 Q4.

Table 54. Work plan activities and statuses (FY21 Q4).

Key Planned Activities	July	August	Sept	Outputs/Comments

Support facility mentorship activities by the mentoring teams for ART, PMTCT, HIV testing and counseling, lab, and pharmacy		X	X	Could not be carried out in July due to delay in sub-recipient
Support facility-based CME for TB/HIV service delivery on a quarterly basis		X	X	Could not be carried out in July due to delay in sub-recipient
Support the laboratory-networking model (CD4, EID, biochemistries, hematology, VL)		X	X	Could not be carried out in July due to delay in sub-recipient
Optimize the pediatric ART treatment		X	X	Could not be carried out in July due to delay in sub-recipient
Support TB/HIV reporting to meet COP19 quarterly targets		X	X	Could not be carried out in July due to delay in sub-recipient
Support accelerated ART enrollment and retention activities		X	X	Could not be carried out in July due to delay in sub-recipient
Install DWAPI and the PrEP module in EMR sites		X	X	Could not be carried out in July due to delay in sub-recipient
Support routine DQAs for EMRs		X	X	Could not be carried out in July due to delay in sub-recipient
Support facility ART/PMTCT defaulter-tracing mechanisms (diaries, peer educators, airtime, and mobile phone–based reminders) and the revised appointment management system		X	X	Could not be carried out in July due to delay in sub-recipient
Support facility PLHIV support group monthly meetings (including pediatric, male, adolescent, PMTCT, general CCC)		X	X	Could not be carried out in July due to delay in sub-recipient
Support HIV counseling and testing of pregnant mothers and mother-baby pairs at ANC and MCH clinics		X	X	Could not be carried out in July due to delay in sub-recipient
Provide HCW mentorship on elimination of mother-to-child transmission of HIV		X	X	Could not be carried out in July due to delay in sub-recipient
Support nonclinical counselors		X	X	Could not be carried out in July due to delay in sub-recipient
Support drug-resistant TB patients to access treatment		X	X	Could not be carried out in July due to delay in sub-recipient
Rapid assessment on EmNOC preparedness and FP/RMNCAH Capacity needs carried out in 19 Sub-Counties and baseline information gathered		X		Accomplished
Support the facilitation of Sub County RHS, Nutrition coordinators, Community Health Coordinators and WASH Coordinators to carry out rapid assessment and establish baseline data		X		Accomplished
Conduct baseline CPARA and develop individualized case plans for comprehensive OVC HHs prioritizing services required by all HH members		X	X	Accomplished
Implementation of OVC case plans through provision of tangible services to highly vulnerable CALHIV households under comprehensive OVC			X	Accomplished
Conduct a Pre-APR DQA/data verification			X	Accomplished
Support the facilitation of Sub County RHS, Nutrition coordinators, Community Health Coordinators and WASH Coordinators to carry out rapid assessment and establish baseline data		X	X	Accomplished
Support open adolescents breast feeding education days in selected Wards			X	Accomplished
Support WASH RRI in selected Communities			X	Not accomplished. Program staff had not been hired

Support 900 CHVs to mop out and register all pregnant women to enhance follow up and retention on ANC and Immunization services		X	X	Partially accomplished
Support the CHMT and SCHMT to develop a tool for postnatal (PNC) in charge			X	Data verification has been done. The tool will be developed in Q1 FY 22
Support identification and renovation of sanitation facilities in selected facilities and schools			X	Identification done, renovation to be done in Q1 FY22
Roll out SOPS on FP/RMNCAH to all 300 facilities including relevant IMNCI guidelines and job aids			X	Procurement of printing services on course
Facilitate 40 IMNCI mentors to provide IMNCI mentorship to targeted health facilities			X	Accomplished
Support with review and adaptation of the KCGH in- patient clerkship form comprehensively captures most of the IMNCI parameters.			X	Review done- adoption awaiting printing which is at procurement stage
Support the county to assign mentors to support specific service providers and health facilities and provide targets			X	Accomplished
Strengthen functionality of ORT corners in all the 300 sites			X	Procurement of equipment ongoing
Facilitate 40 EmONC mentors to provide mentorship to PHC facilities			X	Partially accomplished. To be completed in FY22
Support the county to embed IMNCI assessment tool in the electronic health records.		X	X	Accomplished
Support 40 IMNCI Mentors to mentor clinicians on Diarrhea and Pneumonia management		X	X	Accomplished
Support the county REC RRI + Maternal and Young infant Nutrition and VIT A supplementation door to door campaign		X	X	Accomplished
Support Follow on training/mentorship of EmONC mentors in 19 Sub Counties		X	X	Training to be done in FY 22
Support Post training follow ups of 100 FP ToTs / Champions (C4C)		X		Accomplished
Conduct 12 post-training follow-ups of HCWs in AYSRH service delivery.		X	X	Assessment done. Implementation to be done in Q1 FY22
Integrate AYSRH services in all service areas such as CWC, FP, Maternity, as well as in Youth spaces /institutions/facilities /CCCs.			X	Integration to start in November 2021
Expanding access to FP through training of 19 Pharmacists on Commodity Quantification and Forecasting			X	To be done in Q1 FY 22
Train 300 Health facility in charges on FP Commodity quantification, forecasting and review of FP dash boards			X	To be done in Q1 FY 22

Abbreviations: ANC, antenatal care; ART, antiretroviral therapy; CCC, comprehensive care center; CD4, cluster of differentiation 4; CME, continuing medical education; COP, country operational plan; DQA, data-quality assessment; DWAPI, Data Warehouse Application Programming Interface; EID, early infant diagnosis; EMR, electronic medical record; FY, fiscal year; HCW, health care worker; MCH, maternal and child health; MWENDO, Making Well-informed Efforts to Nurture Disadvantaged Orphans and Vulnerable Children; PLHIV, people living with HIV; PMTCT, prevention of mother-to-child transmission of HIV; PrEP, pre-exposure prophylaxis; Q, quarter; TB, tuberculosis; VL, viral load.

XIII. FINANCIAL INFORMATION

Monitoring financial conditions is one of the most important, yet often neglected, areas of reporting. In this section, discuss issues such as unexpected expenditures, material changes in costs due to considerations outside of the control of the activity, cost savings realized, and cost savings plans. Please also provide a generalized summary of all accounting activity.

UBJ project was obligated funding of **$5,055,205.21** from PEPFAR, and additional **$2,011,308.37** from the POP fund for RMNCAH activities. The total expenditure for the year is **$4,458,604.09** of which 41% is contributed by RMNCAH and 13% by subrecipients implementing transition activities in prevention, Care & Treatment and OVC. This expenditure is **78%** of the COP budget reflecting overall burn rate of **63%**.

The total number of sub recipients engaged in the period are five with a sixth one expected in FY22. The strategy for sub grant management implemented by the project was anchored in the UBJ's nascent Sub Recipient Financial Management Policy which is under development to align with the expected goals of the project. Through this policy, UBJ will build its relationships with the subrecipients to achieve the desired success. UBJ anticipates achieving exceptional value for money through capacity strengthening, partnership, and grant management approaches ensuring that the sub recipients fully comply with the award and project implementation.

This report marks the end of UBJ start up activities which began in the third quarter immediately after the award. During this quarter there were several startup activities as the project was transitioning from the previous mechanisms.

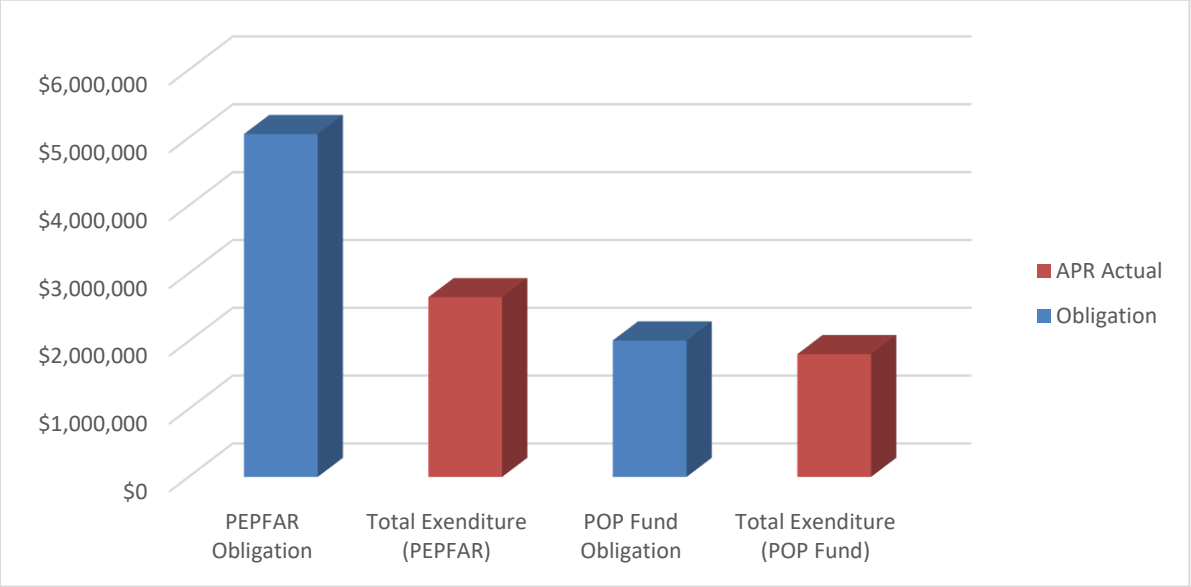


Figure 6. Cash Flow Report and Financial Projections (Pipeline Burn-Rate)
Cumulative Obligations: **$7,066,513.58**

Cumulative Expenditures: **$4,458,604.09**

Table 55. Summary of Expenses by County

	Kakamega	Vihiga	Kisumu	Nyamira	TOTAL
Personnel	$153,643	$63,910	$38,339	$64,045	**$319,937**
Fringe Benefits	$31,963	$13,295	$7,976	$13,323	**$66,557**
Travel	$3,924	$28	$1,366	$28	**$5,345**
Equipment	$388,573	$161,634	$96,963	$161,973	**$809,143**
Supplies	$373,879	$155,522	$93,296	$155,848	**$778,545**
Contractual	$203,098	$13,176	$72,657	$67,952	**$356,882**
Construction	$0	$0	$0	$0	**$0**
Training	$345,817	$134,225	$116,157	$136,569	**$732,768**
Other Direct Costs	$568,363	$236,770	$142,315	$237,266	**$1,184,714**
10% De Minimis	$97,779	$39,585	$27,473	$39,874	**$204,712**
GRAND TOTAL	**2,167,038**	**818,145**	**596,542**	**876,878**	**$4,458,604**

Table 56. Summary of Expenses by program

	Prevention	C&T	OVC	RMNCAH	HSS	TOTAL
Personnel	$128,507	$70,896	$4,096	$97,366	$19,073	**$319,937**
Fringe Benefits	$9,769	$20,641	$1,042	$29,257	$5,848	**$66,557**
Travel	$1,131	$1,156	$91	$2,967	$0	**$5,345**
Equipment	$116,006	$243,471	$11,509	$345,099	$93,058	**$809,143**
Supplies	$111,619	$234,264	$11,073	$332,049	$89,539	**$778,545**
Contractual	$198,747	$50,916	$107,218	$0	$0	**$356,882**
Construction	$0	$0	$0	$0	$0	**$0**
Training	$97,292	$254,382	$12,662	$360,780	$7,653	**$732,768**
Other Direct Costs	$168,101	$331,715	$15,407	$549,486	$120,006	**$1,184,714**
10% De Minimis	$36,721	$59,989	$2,957	$92,803	$12,242	**$204,712**
GRAND TOTAL	**$867,894**	**$1,267,430**	**$166,055**	**$1,809,806**	**$347,419**	**$4,458,604**

XIV. ACTIVITY ADMINISTRATION

The project continued to establish the infrastructure for project administration as part of the now concluding startup activities. The head office is in Kisumu at the JOOUST campus. Other offices are in Kakamega, Vihiga and Nyamira. The project will continue to work with USAID to ensure proper renovations are done to make the facilities adequate and ready for project administration.

To strengthen the financial management system, the project received approval to purchase a new ERP system that would support the project administration. This followed the identified challenges and limitations of the ERP currently being implemented by the university. The cost of a new ERP is part of the accrued expenses accrued during the quarter. In addition, the project began the process of procuring equipment, vehicle and furniture and supplies to support project implementation. There are some expected delays with the procurement of motor vehicles due to lack of locally available stock.

At the end of the quarter, the project was near end with its staff recruitment plan. Both the COP and the DCOP reported during this period. However, the Finance and Administration Manager was replaced.

Plans are in final stages to establish the project management board as designed in the award. With the new ERP, the project is expected to design new policies and procedures for project administration and management.

XVI. INFORMATION FOR ANNUAL REPORTS ONLY

A. Budget Disaggregated by County

Obligation	3rd Quarter	4th Quarter
Total: $	$5,055,205.21	$2,011,308.37
County #1: Kakamega	$2,427,650	$1,478,559
County #2: Kisumu	$605,786	$532,749
County #3: Nyamira	$1,011,945	
County #4: Vihiga	$1,009,824	

B. Budget Disaggregated by Earmarks

Obligation	Q3	Q4
Rule of Law and Human Rights		
Good Governance		
Political Competition and Consensus-Building		
Civil Society		
HIV/AIDS (USAID)	$3,863,592.21	
Tuberculosis		
Malaria		
MCH Water		
MCH Polio		
Other MCH	$1,005,613	$1,080,055.95
Family Planning and Reproductive Health		$795,648.00
Water Supply and Sanitation		
Nutrition	$186,000	$135,604.42
Basic Education		
Agriculture		
Inclusive Financial Markets		

Policy Environment for Micro and Small Enterprises		
Strengthen Microenterprise Productivity		
GCC- Adaptation		
GCC- Clean Energy		
GCC- Sustainable Landscapes		
Biodiversity		

C. Sub-Awards

During the quarter, UBJ signed five subawards. This included 3 sub awards signed with the local partners implement prevention activities for the key population.

Owing to the expected delay in the approval of FY22 workplans, these sub awards were extended to the month of October 2021. During the quarter, PATH Kenya was recruited as a new sub recipient to replace AMPATH which was earlier approved to implement the Care & Treatment components. UBJ has since signed sub awards with all its partners as follows:

Partner	Sub-Awardee Name	Sub-Awardee Start Date	Sub-Awardee End Date	Sub-Awardee Amount	Date Last Audit Conducted	Names of Counties of Implementation
	PATH Kenya	September 1, 2021	September 30, 2021	$74,877	None	Kakamega, Kisumu, Nyamira and Vihiga
	SCORE	May 11, 2021	September 30, 2021	$76,436	None	Nyamira and Vihiga
	MAAYGO	May 11, 2021	October 31, 2021	$62,097	None	Kisumu
	KASH	May 11, 2021	October 31, 2021	$60,109	None	Kisumu
	KANCO	May 11, 2021	October 31, 2021	$52,581	None	Kakamega

XVII. GPS INFORMATION

See the attachments.

XVIII. SUCCESS STORY

Community – Facility integration for HIV in Nyamira County

In Nyamira County, 2% of the children and 6% adolescents (2-19 years old) on care have a high viral load.

Some families have both parents and children all infected with HIV. USAID Boresha Jamii Program, through its implementing partner SCORE KENYA, ensures a Community Health Volunteer (CHV) is assigned a specific number of House Holds for regular monthly home visits and assessment of status of the House Holds (HH) both socially and medically. The Orphaned and Vulnerable Children (OVC) support organization is then notified of the findings and where need be, a bi-directional referral is conducted from the Local Implementing Partner (LIP) / CHV to the nearest health facility for immediate medical attention. This is made easy because the CHVs supporting OVC are also integrated into the Ministry of Health (MoH) Community Units. Where the caregivers/ children are not taking their Anti-retroviral medications promptly and miss appointments, the CHV/ LIP analyze the causes, discuss with the facility and appropriate collective action is taken. Multi-Disciplinary Teams and case conferencing are conducted on the same. The project has placed the Facility Link Desk persons (LDP) at high volume facilities to track down on the clinic return dates and the viral load trends, identify and propose those to be discussed at MDT or case conferencing.

To support the process, a joint suppression plan is developed for each HH member to address poor adherence and psychosocial issues affecting the HHs. The facility Adherence Counselor are assigned sessions for all the HH members for 2 Months and the LDP tasked to carry out DOI (Direct Observed I) for 3 weeks after which the CHV continue for the next 9 weeks. Through the hospital the CALHIV and are linked to the community support groups and OTZ (Operation triple Zero) group attended monthly to handle self-stigma and facilitate disclosure.

The health facilities have a working relationship where transfer of a client from one facility to the other due to distance and social preference is easy due to case networking.

Due to this integrated arrangement, it is also easy to refer the CALHIV and their HHs from the facility to the OVC partner for social support which includes kitchen garden since for nutritious and income generating activity, transport to health facility for op up, updating of the appointment diary, and emergency fund and other community social groups like SILC

Through this community – facility integration, the following have been realized on path to achievement of 95:95:95 strategy with focus on viral load suppression:

- Ensuring children keep their scheduled HIV clinic appointments for face-to-face clinical evaluation(reduce representation of children by their caretakers);
- Intensive adherence counseling at facility level (on scheduled appointment dates) (EAC);
- Adherence counseling at community level (through home visits by linkage facilitators);
- Consistent monitoring of changes viral loads and physical health status
- Shortening drug refill periods for unsuppressed children from 3 months to at 1 month or shorter.

Every 3 months there is continuous engagement with the health facility for Viral load monitoring through repeat viral and updated suppression and case plans