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USAID AFYA PWANI QUARTERLY PROGRESS REPORT



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USAID AFYA PWANI

FY 2018 Q1 PROGRESS REPORT

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ACRONYMS AND ABBREVIATIONS

ADR	Adverse Drug Reactions
AIDS	Acquired Immune Deficiency Syndrome
AMSTL	Active Management of Third Stage Labour
ANC	Antenatal Care
APH	Antepartum Hemorrhage
APHIA	AIDS, Population and Health Integrated Assistance
APHIAplus	AIDS, Population and Health Integrated Assistance-People-centered, local universal access and sustainability
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASRH	Adolescent Sexual Reproductive Health
AYLHIV	Adolescents and Youth Living with HIV
AYSRH	Adolescent and Youth Sexual Reproductive Health
AWP	Annual Work Plan
BEmONC	Basic Emergency Obstetric and Newborn Care
BMI	Body Mass Index
BTL	Bi-Tubal Ligation
CASCO	County AIDS and STI Control Officer
CBD	Community Based Distributor
CBP	Community Based Promoter
CBROP	County Budget Review and Outlook Paper
CCC	Comprehensive Care Center
CD4	Cluster of Differentiation 4
CDC	Center for Disease Control and Prevention
CDCS	Country Development Cooperation Strategy
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHEW	Community Health Extension Worker
CHMT	County Health Management Team
CHS	Community Health Strategy
CHV	Community Health Volunteer
CLTC	County Leprosy and Tuberculosis Coordinator
CLTS	Community Led Total Sanitation
CME	Continuing Medical Education
CNC	County Nutrition Coordinator
COP	Chief of Party
COR	Contracting Officer Representative
CPGH	Coast Provincial General Hospital
CSB	Corn Soy Blend
CQI	Continuous Quality Improvement
CU	Community Unit
CWC	Child Welfare Clinic

CYP	Couple Years Protection
DBS	Dry Blood Samples
DCOP	Deputy Chief of Party
DDIU	Data Demand and Information Use
DISC	Drop in Support Centre
DOT	Directly Observed Therapy
DQA	Data Quality Assessment
EBI	Evidence Based Interventions
EID	Early infant diagnosis
EMTCT	Elimination of Mother to Child Transmission
EmONC	Emergency Obstetric and Newborn Care
EMR	Electronic Medical Records
FANC	Focused Antenatal Care
FBO	Faith Based Organization
FBP	Food By Prescription
FCDRR	Facility Consumption Data Report and Request Form
FMAPS	Facility Monthly ARV Patient Summary
F&Q	Forecasting and Qualification
FP	Family Planning
FSW	Female Sex Worker
GBV	Gender-Based Violence
GOK	Government of Kenya
HAART	Highly Active Antiretroviral Therapy
HC	Health Center
HCSM	Health Commodities and Services Management
HCW	Health Care Worker
HEI	HIV Exposed Infant
HFMC	Health Facility Management Committee
HINI	High Impact Nutrition Interventions
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HMT	Health Management Team
HPT	Health Products and Technology
HRIO	Health Records Information Officer
HRH	Human Resources for Health
HSS	Health Systems Strengthening
HTC	HIV Testing and Counseling
HTS	HIV Testing Services
HVF	High Volume Facility
IFAS	Iron and Folic Acid Supplementation
IMAM	Integrated Management of Acute Malnutrition
IMCI	Integrated Management of Childhood Illness

IPC	Infection Prevention Control
IPT	Isoniazid Preventive Therapy
IUCD	Intrauterine Contraceptive Device
IUD	Intrauterine Device
IYCF	Infant and Young Child Feeding
KAIS	Kenya AIDS Indicator Survey
KeHMIS	Kenya Health Management Information System Project
KEMSA	Kenya Medical Supplies Agency
KEPI	Kenya Extended Programme on Immunization
KHSSSP	Kenya Health Sector Strategic and Investment Plan
KHQIF	Kenya HIV Quality Improvement Framework
KP	Key Populations
KQMH	Kenya Quality Model for Health
LTFU	Lost to Follow Up
MAM	Moderate Acute Malnutrition
MCH	Maternal and Child Health
M&E	Monitoring & Evaluation
MNCH	Maternal, Newborn and Child Health
MNH	Maternal and Newborn Health
MOH	Ministry of Health
MPDSR	Maternal and Perinatal Death Surveillance and Review
MSM	Men Who Have Sex with Men
MSW	Male Sex Worker
M2M	Mother 2 Mother
NACS	Nutritional Assessment Counselling and Support
NASCOP	National AIDS and STI Control Program
NCD	Non-Communicable Disease
NDMA	National Drought Management Authority
NGO	Non-governmental Organization
OI	Opportunistic Infection
OJT	On Job Training
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
OTP	Outpatient Therapeutic Therapy
OVC	Orphans and Vulnerable Children
PAC	Post-Abortion Care
PBB	Program Based Budgeting
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PHASE	Personal Hygiene and Sanitation Education
PHPD	Positive Health Dignity and Prevention
PHO	Public Health Officer

PITC	Provider Initiated Testing and Counseling
PLHIV	People Living with HIV
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother to Child Transmission
PNC	Post-Natal Care
PNS	Partner Notification Services
POC	Point of Care
PPH	Post-partum Hemorrhage
PRC	Post-Rape Care
PrEP	Pre-exposure Prophylaxis
PSS	Psychosocial Support Service
PT	Proficiency Testing
QA	Quality Assurance
QI	Quality Improvement
RED	Reach Every District
RH	Reproductive Health
RTK	Rapid Test Kits
RUTS	Ready to Use Supplementary Food
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SCASCO	Sub-County AIDS Control Officer
SCHMT	Sub-County Health Management Team
SCLTC	Sub-County Leprosy and Tuberculosis Coordinator
SCHRIO	Sub-County Health Records Information Officer
SDGs	Sustainable Development Goals
SI	Strategic Information
SIMS	Site Improvement Monitoring System
SLTS	School Led Toy
SMS	Short Message Service
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
SW	Sex Workers
SWG	Sector Working Group
STI	Sexually-transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TOT	Trainer of Trainers
TWG	Technical Working Group
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USG	United States Government

VCT	Voluntary Counseling and Testing
VMMC	Voluntary Medical Male Circumcision
VL	Viral Load
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WIT	Work Improvement Team
WRA	Women of Reproductive Age
YFS	Youth Friendly Services
YLHIV	Youth Living with HIV
YPLA	Young Person with Living with AIDS
3Ps	Pathfinder International, Plan International and Palladium Group

I. AFYA PWANI EXECUTIVE SUMMARY

The United States Agency for International Development (USAID) *Afyा Pwani* project continued to work towards its goal of increasing access to and availability of Human Immunodeficiency Virus (HIV), maternal and neonatal and child health (MNCH), Family Planning (FP), water, sanitation and hygiene (WASH) and Nutrition health services, all whilst strengthening health systems across the five coastal counties of Mombasa, Kilifi, Kwale, Taita Taveta and Lamu Counties respectively this quarter. *Afyा Pwani* successfully hosted the USAID Reproductive, Maternal, Neonatal, Child and Adolescent (RMNCAH)/FP/WASH and Nutrition Annual Implementing Partners Meeting in Malindi that was held between 13th and 17th November 2017, where key outcomes from this meeting included the drafting and development of Adolescent and Youth Sexual and Reproductive Health (AYSRH) Frameworks by implementing partners across the Country- all of which will have since been included as addendums to project work plans, including *Afyा Pwani's* (*for more information please see Attachment II*).

This quarter also saw Project staff successfully implement activities geared towards celebrating Malezi Bora Week, World AIDS Day 2017 as well as the 16 Days of Activism (See VI. PROGRESS ON CROSS CUTTING THEMES: GENDER AND YOUTH for more information)- which saw the implementation of several activities across the coastal counties addressing issues like (sexual) gender based violence ([S]GBV) including post-rape care (PRC) as well as male involvement in curtailing the same.

To facilitate smooth implementation of activities and ensure the project is compliant to USAID rules and regulations, *Afyा Pwani* held a two-day orientation meeting where grantees were introduced to various contractual compliance and financial & program reporting requirements additionally, introductory meetings to relevant county and Sub-County stakeholders were held where stakeholders were sensitized on the grantee's scope of implementation and how their role complements the various *Afyा Pwani* initiatives at community level. These processes paved way to kick off implementation of activities. The specific activities implemented by the grantees during the quarter have been reported under each sub purpose in this report. *Afyा Pwani* will continue to monitor progress on implementation of activities and provide technical and capacity building support where necessary for improved service delivery.

In the next quarter, the Project will provide support to select facilities as 'Partner Implemented Projects' (PIPs) that will be administered through Memoranda of Understanding (MOUs) signed with the facilities as part of efforts to address some of the barriers to quality service delivery at facilities. These MOUs will allow the Project to pay directly for all budgeted and allowable costs. The support will largely compliment the support provided by the *Afyा Pwani* project staff to increase the quality of HIV Care and Treatment Services at the facilities while working towards achieving the UNAIDS 90:90:90 HIV/AIDS targets.

Qualitative Impact

In the 1st quarter of FY2018, *Afyा Pwani* strengthened its partnerships with the County Governments by conducting joint supervision and review meetings aimed at identifying gaps in the elimination of mother to child transmission (eMTCT) service delivery and having joint action plans to address them. Together, efforts were made to get health facilities back to normal operations and offer quality eMTCT services after the prolonged nurses' strike through technical support, mentorship, OJT and supervision to supported

facilities. In the quarter, 24,719 women attended 1st ANC visits (90% of the quarterly target), 24,696 were tested for HIV with an uptake of 99% and 765 were identified to be living with HIV, of which 764 (100%) were linked to ART (Includes known positives who were already on ART). During the October-December 2017 quarter, *Afyा Pwani* also tested 107,704 people against a target of 83,882: an achievement of 128% with a yield of 2.0% (2,113). The Project also achieved 88% (2,113 of 2,388) of its target for newly identified HIV positive in the quarter with Kilifi and Mombasa exceeding their targets at 110% and 140%, whilst Taita Taveta achieved 67%, Kwale 47% and Lamu 53% respectively (See **SUB-PURPOSE 1: INCREASED ACCESS AND UTILIZATION OF QUALITY HIV SERVICES** for more information on performance of the same during the quarter).

During the reporting period October to December 2017, the Project has been able to increase uptake of quality MNCH/FP services and improve on the quality of data captured across the seven sub-counties in Kilifi County (i.e. Kilifi North, Kilifi South, Ganze, Kaloleni, Rabai, Malindi and Magarini). The Project focused on interventions both at the facility and community levels to improve access to and utilization of quality integrated health services for clients in Kilifi. Facility activities included: conducting CMEs and OJT for health workers; conducting outreaches and in-reaches, conducting facility and Sub-County MNCH/FP data quality audits and performance review meetings; training of CHEWs on FP; distribution of IEC materials and commodities. Community activities included: holding maternity open days at link facilities for pregnant women, capacity building for CHVs in FP, sensitization meetings for CHVs and engaging TBAs as agents of change in MNCH/FP, community mobilization through male champions, opinion leaders' advocacy meetings and mama group meetings; targeted community dialogue sessions.

During the quarter under review, *Afyा Pwani* reached a total of **9,130** new clients with Focused Antenatal Care (FANC) services in the County; this was an increase of **6,140** from **2,990** clients that were reached in the previous quarter. This increase is attributed to the end of the five-month nurses strike, the intensified community sensitization and mobilization activities, as well as facility related interventions e.g. maternity open days, integrated in-reaches supported by *Afyा Pwani*. Between October and December 2017, **1,501** clients completed 4 ANC visits as compared to **748** clients that were reach in the July to September 2017 quarter; an increase of **753** clients. Moreover, the Project also reached **6,360 new clients** with high quality FP services which included access to and the utilization of injectable contraceptives, pills, implants, and Intrauterine Contraceptive Devices (IUCDs), and in terms of the number of *re-visit clients* there was an actual increase of **3,754** clients from the previous quarter's **4,830** revisits to this quarter's figures which lie at **8,584**.

In regards to HSS, during this quarter, *Afyा Pwani* expanded its responses to address gaps in the county planning and budget processes. The project supported four counties; Kilifi, Mombasa, Lamu and Taita Taveta to set up sector working groups (SWGs) and develop draft sector reports. Specifically, counties were provided with technical assistance to produce draft reports that clearly outline the sector's MTEF performance and priorities. These engagements with the counties were a follow up to the release of county budget circular between August 24th – 31st, 2017.

Moreover, Afya Pwani also worked with Msambweni County Referral Hospital to develop their staff establishment, where the facility was also facilitated to prepare critical HRH gaps for consideration in the 2018/19 budget. Regarding health products and technologies, the Project commenced commodity support supervision, one of the priority activities in the second year of project implementation. To mainstream commodity supervision, the project trained health workers and provided technical assistance to fast track development of commodity supervision tools.

Similarly, the project Strategic Information unit scaled up DDIULite exercises to cover four of the five counties. Unlike the routine monitoring and evaluation and national indicators, information from this exercise presented counties with data that reflects progress towards the 90-90-90 goals. Continued provision of DDIULite analyses to health facilities will further ease the ability identify areas that require interventions, design and implementation interventions. This will also provide a basis for scale up or change of interventions for the county and the project's service delivery team.

Constraints and Opportunities

This quarter also saw the nationwide Nurse's strike come to an end; an industrial action that had been in effect for over five-months that had resulted in a near paralysis of service delivery not only in Afya Pwani supported facilities but the Country at large. The impact of the end of the strike can be seen across Sub-Purpose 1 and 2 respectively.

Quantitative Impact

Table I Afya Pwani Performance Summary Tables Oct-Dec 2017

Technical Area	Cascade Age bands	Q1 Perf	% Achievement (/Year Target)	Y2 Target
HTS TST	<15 (Coarse)	7,167	22%	32,324
	=15 (Coarse)	100,537	33%	303,202
	Total	107,704	32%	335,526
HTS TST Pos	<15 (Coarse)	124	12%	1,012
	=15 (Coarse)	1989	23%	8,538
	Total	2,113	22%	9,550
Computed Indic 1	Positivity <15	2%		3%
	Positivity >=15	2%		3%
	Positivity Total	2%		3%
TX NEW	<15 (Coarse)	108	12%	916
	=15 (Coarse)	1583	20%	7,934

	<i>Total</i>	1,691	19%	8,850
Computed Indic 2	<i>Linkage <15</i>	87%		91%
	<i>Linkage >=15</i>	80%		93%
	<i>Linkage Total</i>	80%		93%
TX CURR	<i><15 (Coarse)</i>	3205	72%	4,437
	<i>>=15 (Coarse)</i>	42,610	83%	51,049
	<i>Total</i>	45,815	83%	55,486
PMTCT STAT	<i>Denominator</i>	24,754	23%	109,486
	<i>Numerator</i>	24,732	23%	109,486
	<i>Known Positives</i>	485	18%	2,628
	<i>Newly Tested Positive</i>	284	14%	2,085
	<i>Total Positive</i>	769	16%	4,713
PMTCT ART	<i>New on ART</i>	276	11%	2,562
	<i>Already on ART</i>	477	23%	2,032
	<i>Total on ART</i>	753	16%	4,594
Computed Indic 3	<i>PMTCT Positivity</i>	3%		4%
	<i>ART Uptake - New Pos</i>	97%		123%
	<i>ART Uptake - All Pos</i>	98%		97%
PMTCT EID	<i>0<=2 Months</i>	341		
	<i>2<12 Months</i>	213		
	<i>Total Tested</i>	554	12%	4,594
PMTCT HEI POS	<i>0<=2 Months</i>	11		
	<i>2<12 Months</i>	13		
	<i>Total Positive</i>	24	8%	318
PMTCT HEI POS Initiated ART	<i>0<=2 Months</i>	9		
	<i>2<12 Months</i>	13		
	<i>Total Initiated ART</i>	22	9%	255

Computed Indic 4	<i>HEI Positivity</i>	4%		6%
	<i>HEI ART Uptake</i>	92%		80%
Viral Load	Viral Load Tests	9,968	18%	55,486
	> 1000 Copies/ml	1,635	16%	10%
	Suppression Rates	84%		90%
4th ANC		1,501	4%	38,482
Skilled Birth Attendance		4,018	12%	33,351
Fully Immunized Children(FIC) under 1 year		7,446	18%	40,628
PNC Infants receiving Postpartum care within 2-3 days		4,018	10%	38,482
Total Underweight		3,890	23%	17,153

II. KEY ACHIEVEMENTS (QUALITATIVE IMPACT)

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

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

In the 1st quarter of FY2018, *Afya Pwani* strengthened its partnerships with the County Governments through conducting joint supervision and review meetings that were aimed at identifying gaps in eMTCT service delivery and having joint action plans to address them. Together, efforts were made to get health facilities back to normal operations and offer quality eMTCT services after the prolonged nurses' strike through technical support, mentorship, on job training (OJT) and supervision to supported facilities. In the quarter, 24,719 women attended 1st ANC visits (90% of the quarterly target), 24,696 were tested for HIV with an uptake of 99% and 765 were identified to be living with HIV, of which 764 (100%) were linked to Antiretroviral Therapy (ART) (includes known positives who were already on ART). See Figure 1 above.

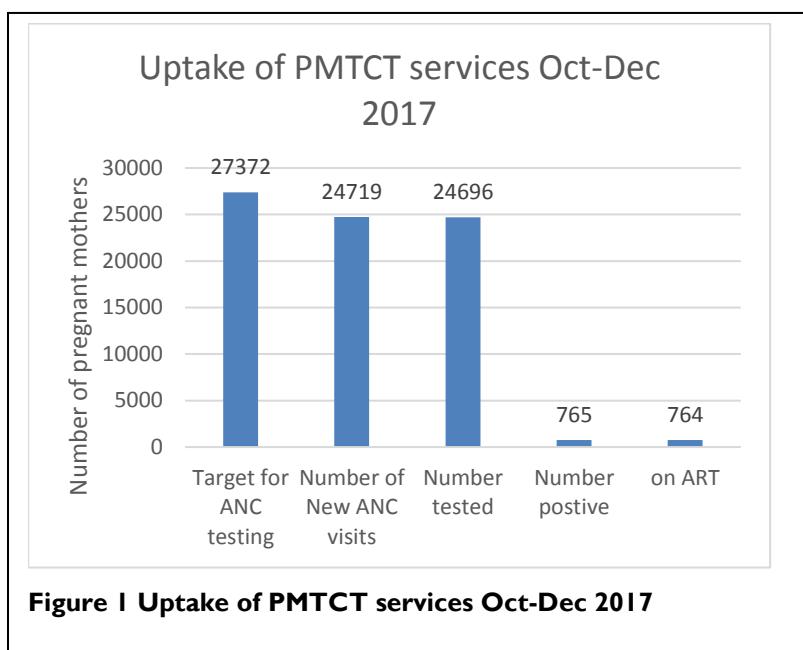


Figure 1 Uptake of PMTCT services Oct-Dec 2017

The number of new ANC visits and subsequently those tested for HIV in Q1 increased following the ending of the nurses' strike in November 2017 and increased mobilization for uptake of services by *Afya Pwani* sub-grantees compared to Q4 of FY2017.

The Project also supported early infant diagnosis (EID) for 613 initial Polymerase Chain Reaction (PCR) tests, of which 30 (4.9%) were confirmed positive and 25 were started on ART. Audit of 29 infants who tested positive was done (see analysis) in the section on audit below.

a) Early Identification of HIV-positive pregnant women and increase for demand services

i) Demand creation for PMTCT through ANC services:

During the quarter, *Afya Pwani* supported health education and dialogue sessions to create demand for ANC services and by extension EMTCT services. In Taita Taveta County, 113 sessions were done at Mwatate Sub-County Hospital, Taveta Sub-County Hospital, Wesu Sub-County Hospital, Moi County Referral Hospital and Ndovu Health Center, where 1,624 clients were reached while 142 sessions were conducted in Kwale County reaching 3,256 (1,256 M, 2,010 F) from the catchment areas of 12 facilities¹.

¹ Kwale, Mkongani, Tiwi, Kinango, Samburu, Mazeras, Diani, Kinondo, Msambweni, Kikoneni, Lungalunga and Vitsangalaweni facilities

Traditional birth attendants (TBAs) play a very key role in eMTCT especially in Kwale County where several factors like high illiteracy levels, poverty, distances from health facilities, cultural beliefs and many other factors, make women not to access skilled deliveries. In this quarter, 60 TBAs from Msambweni Hospital were trained on eMTCT and enrolled as birth companions for early ANC referral. These TBAs are expected to educate all pregnant women in their jurisdiction on the importance of skilled delivery, ANC visits and HIV testing. They were also sensitized on the *Anza Sasa* initiative so that they in-turn educated all pregnant mothers and thereby increasing testing at ANC. In Taita Taveta County, two TBAs have been engaged in Njukini to escort mothers for early ANC services uptake in the community; going forward more TBAs will be engaged to create demand and community interventions for the eMTCT services. In the same community, towards the end of the quarter, 20 male champions were trained to mobilize community members to access services and encourage male partner involvement, 3 mothers reported to have been accompanied by their partners to attend ANC and had couple HIV testing because of the initiative. Women of reproductive age (WRA) living with HIV are normally given pre-conception counseling in supported sites either individually or in groups. For example, in Taita Taveta county, 67 health education sessions were conducted targeting WRA detailing eMTCT interventions available to them.

Moreover, in Taita Taveta County, 8 community dialogue sessions were conducted by the sub grantees on eMTCT where **798 people** were reached. In Kilifi County, 2 community dialogue meetings were held in Kanamai and Ganze (20 M,7 F) to advocate for early ANC services, educate community on EMTCT services and male involvement reaching. At Kanamai, HIV testing was offered to 98 pregnant women during community testing and referred for other ANC services to the nearby facility. In the Dabaso area of Kilifi North, a sub-grantee did household visits to 313 households targeting WRA with health messages on ANC and eMTCT reaching 941 WRA. As a result of these initiatives, the ANC uptake in the quarter increased from 8745 to 24702 with marked improvements being experienced in all the five supported counties as shown in Figure 1 and 2 below.

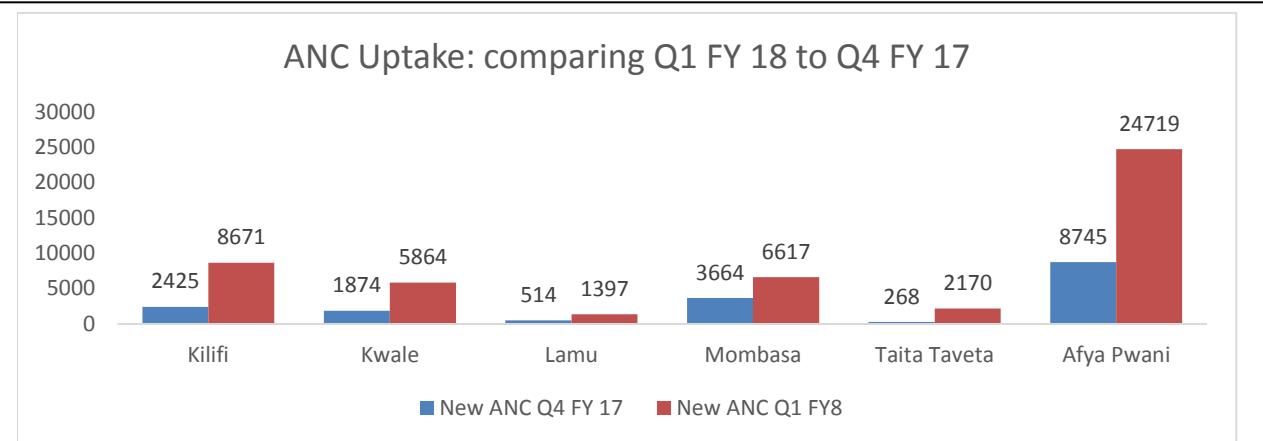


Figure 2 ANC Uptake: comparing Q1 FY 18 to Q4 FY 17

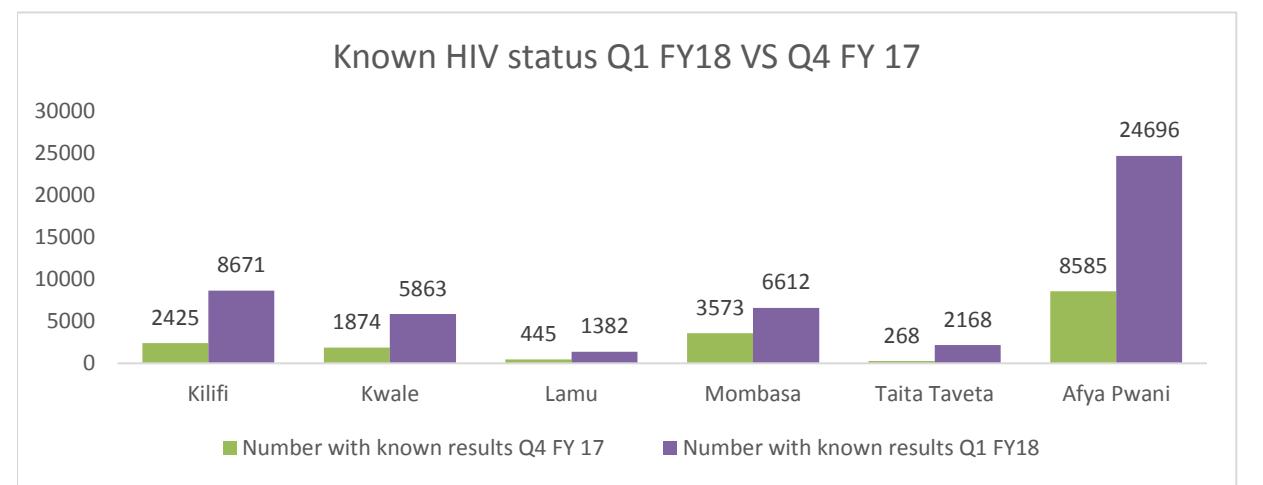


Figure 3 Known HIV status Q1 FY18 VS Q4 FY 17

ii) Increasing HIV testing for pregnant and breastfeeding women:

During the October-December 2017 quarter, a total of **24,719** pregnant women attended their 1st ANC visit, of which **24,696 (99%)** were tested for HIV against a project target of **27,372 (90%)**. In the quarter, Kilifi tested all the 1st ANC visits; whilst in Kwale and Taita Taveta, 1 and 2 clients declined the test respectively. In Mombasa, 5 ANC clients from Kahada Medical Clinic were referred to other sites for HTS while 15 clients from Kiunga in Lamu were not tested due to lack of test kits during the nurses' strike. Due to insecurity in the

Reasons for missed HTS opportunities during ANC in Mombasa, Kwale, Lamu and Taita Taveta Counties.

1. One (1) client declined in Kwale.
2. Two (2) clients declined in Taita Taveta from Wesu SCH.
3. Five (5) clients from Kahada Medical Clinic (a private non-PMTCT site) in Mombasa were referred to other sites for HTS.
4. In Lamu 15 clients from Kiunga Health center were not tested during the nurses' strike coupled with insecurity, it was difficult for Afya Pwani to re-distribute RTKs to the facility. They have since been tested.

region at that period, Afya was not able to do re-distribution and deliver RTKs to the facility. To achieve this, the Project placed **42** HTS counselors in high volume facilities (HVF) with MNCH, where maternity and post-natal service areas were given priority. ANC mothers were given health talks on the importance of HIV Testing Services (HTS) and eMTCT interventions before entering the ANC room. MNCH nurses, mentor mothers and other staff were reminded of the eMTCT guidelines that emphasize repeat testing in the 3rd trimester, during labor and delivery and post-natally. To improve HTS in maternity, client flows were also strengthened to ensure that HIV testing is done before delivery e.g. in Port Reitz Hospital in Mombasa County.

In Kwale County, majority of nurses continue to refuse to offer HTS services. Thus, ANC, prevention of mother to child transmission (PMTCT) and maternity clients are usually sent to the laboratories for HTS; this often results in mothers queuing again in the laboratory prolonging their stay at the facility. To provide a temporary reprieve to the mothers as long term solutions are being sought, the Project in conjunction with Kwale County conducted meetings in the four sub-counties to address the issues with 108 staff being involved in total. It was agreed that, across all facilities, intensive pre-testing counselling for ANC and PNC clients would be offered by nurses and HTS counselors and then the clients sent to the laboratory where they would not queue. Any positive clients will be escorted to the comprehensive care clinic (CCC) or ANC clinic for linkage to ART by the laboratory staff or mentor mother where possible.

1. Outreaches:

Kwale County is vast geographically with areas that are hard to reach and far from health facilities. This quarter, *Afya Pwani* in collaboration with the county government supported integrated outreaches in Kinango and Lungalunga Sub-Counties. A total of 4 villages² were reached in Lungalunga, with 43 1st ANC visits being attended to, where all clients were tested for HIV. In Kinango a total of 22 outreaches³ were conducted and 92 1st ANC clients served, and all of them tested for HIV; no client tested positive for HIV. Health education sessions emphasizing on birth preparedness, skilled birth attendance (SBA), nutrition and how to ensure that women prevented primary HIV infection as a means of preventing mother to child transmission of HIV were given.

2. Family testing:

The Project also started to optimize HTS using the partner notification strategy with four facilities (CPGH, Likoni, Tudor, Portreitz) in Mombasa taking lead during the quarter under review. Line lists of eMTCT clients were drawn, their sexual contacts and children mapped as the clients come for their follow up visits; with the client's permission, the best way of reaching out to their contacts for HTS was then decided. The Project has planned to conduct more trainings on partner notification testing modality in the second quarter. Between October and December 2017 *Afya Pwani* also continued to support family testing of the partner and children of HIV positive pregnant and breast feeding mothers, either at the facility or during home visits if appropriate.

b) Addressing the supply and availability of services

i) Commodity Management:

² Kwa Nyanje, Chindi, Fimbamoyo, Mtumwa and Majangoni

³ Moyeni outreach, Mazeras Disp (Onsite support), Kibandaongo Dispensary, Samburu H.C, Lutsangani Dispensary (Dzivani Outreach), Bwali Dispensary outreach, Silaloni (Mwaruphessa outreach), Mtaa Dispensary support, Ndavaya Dispensary support, Kinagoni Disp. Market), Bofu - Mabesheni, Mnyenzeni (Miyani outreach), Mnyenzeni Dispensary (Miguneni outreach), Chamamba Outreach (Silaloni Dispensary).

Afya Pwani has continued to support the five counties in doing correct quantification, forecasting and ordering of pharmaceutical and laboratory commodities this quarter. More specifically, Sub-County Medical Lab Technologists (SCMLTs) were supported with airtime and technical assistance (TA) on online commodity reporting to both District Health Information System (DHIS2) and Health Commodities Management Platform (HCMP) which has improved timeliness, accuracy and completeness of the reports.

In Lamu County, the Project supported joint County Health Management Teams (CHMT) TB/HIV supportive supervision that reached 20 (9 M, 11 F) health care workers from 11 facilities⁴ and mentored them on correct use of commodity reporting tools (Including the Facility Consumption Data Report and Request [FCDRR] form and commodity quantification reporting form) to ensure availability of rapid test kits (RTKs), Antiretrovirals (ARVs), dry blood sampling (DBS) and vacutainers in the facilities. No stock out of ARVs or RTKs was reported in Lamu county in the quarter. The Project also supported SCMLTs to audit their HCMP reports against actual RTKs balances in their respective sub-counties. A gap was noted which was reconciled and the county has started making correct orders for RTKs. The Project also supported the quarterly Sub-County Laboratory Coordinators meeting which was attended by Lab Coordinators from the following HVFs: Lamu County Hospital, Mpeketoni Sub-County Hospital, Witu Health Center, Faza Sub-County Hospital. Key areas addressed in this meeting included: RTKs and DBS filter paper security, sample collection and laboratory networking, viral load uptake and EID. Issues affecting quality of samples collection at the facility level, packaging and transportation of samples to the testing laboratory were addressed to minimize number of rejected samples and improve the uptake of viral load and EID testing in the supported facilities. Positively, no PCR or Viral load sample was rejected within the quarter.

In Taita Taveta County and Kwale Counties, Sub-County pharmacists, SCMLTs, Sub-County AIDS and STI Control Officers (SCASCOs) and *Afya Pwani* staff conducted supportive supervision for health workers in 32 health facilities⁵ in Taita Taveta and 5 facilities⁶ in Kwale, where they supported them in storage, record keeping, bin cards usage, reporting and ordering for RTKs, laboratory and pharmaceutical commodities. In Kilifi and Kwale Counties, the *Afya Pwani* project supported the redistribution of RTKs from facilities with excess and short expiry kits to those that were at risk of having stock outs. RTKs were redistributed from Kakoneni, Bwagamoyo, Bamba, Fundi Issa, Gahaleni, Gongoni, Mambrui, Marafa, Marereni, Kokotoni, Vishakani and Kakuyuni to Mtwapa, Kilifi Hospital, Gede Health Center and Malindi Hospital. Mombasa County also received 500 RTKs from Kwale County respectively. To ensure availability of testing services, the supported counselors in the facilities, provided HTS services in the outpatient department clinics, pediatric wards, maternity wards and any service delivery areas that children and mothers are attended from.

ii) Integration of services:

⁴ Faza Health Center, Kizingitini Dispensary, Shella Dispensary, Lamu Hospital, Mokwe Health center, Hindi Dispensary, Muhamarani Dispensary, Hongwe Catholic dispensary, Mpeketoni Hospital and Witu

⁵ Kasigau HC, Marungu HC, Maungu model HC, Sagalla HC, Ndovu HC, Tausa HC, Ndome Disp, Miasenyi Disp, Rekeke HC, Mata Disp, Kitobo Disp, Kimorigo Disp, Ndilidau Disp, Challa Disp, Mahandakini Disp, Njukini HC, Bura HC, Kighombo Disp, Saghaihu Disp, Mwambirwa SCH, Msau Disp, Kwamnengwa Disp, Maktau Disp, Mpizinyi HC, Mgange Nyika HC, Mgange Dawida HC, Mbale HC, Wesu SCH, Mwanda HC, Werugha HC, Wundanyi SCH, Nyache HC

⁶ Kwale Sub-County Hospital, Diani Health Center, Tiwi RHTC, Kinondo Kwetu Clinic and Lungalunga SCH

To ensure that mother-baby pairs receive quality services consistently, *Afya Pwani* has continued to support integration of HIV services into Maternal and Child Health (MCH) and FP services into CCC as the 2nd prong of eMTCT services. At Taveta Sub-County Hospital where services had dis-integrated last year during the strike and due to staffing challenges, 2 meetings were held involving 15 (4 M, 11 F) health workers drawn from the CCC and MNCH departments which successfully re-integrated the HIV services into MNCH. In Kilifi County, 31 (13 M, 18 F) service providers were mentored by *Afya Pwani* Staff on FP integration into CCC in 6 facilities⁷ which provide a full range of FP services within the CCCs now. To support integration of services in Kwale county, 31 (16M, 15F) were updated on the latest eMTCT guidelines and management of HIV infected infants. The three HVFs in Lamu County (Lamu County Hospital, Witu Health Center and Mpeketoni Hospital) have all integrated ART services at the MNCH to reduce missed opportunities. In all the supported facilities in the five counties, mothers and their exposed infants are given the same appointment date to ensure both the HIV positive mother and her exposed infant are followed up as a pair.

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

i) Linkage to ART

In the October to December 2017 period, 298 pregnant women were newly identified to be HIV infected, of which 284 were linked to ART representing a 95% linkage rate. All the 469-known positive pregnant mothers continued ART treatment. See Table 2 for County performance.

Mombasa County had missed 4 opportunities for starting ART from Nguuni Health Center (2), Mary Immaculate (1) and Borabu Clinic which are all private non-PMTCT sites. All four clients were linked to other sites and follow up done to confirm

successful linkage. Kwale also started two clients on ART and Taita Taveta- one more client, all of whom had been identified in the quarter and were carried over from the July-September quarter in FY17 Q4; these clients had initially declined treatment but accepted after further follow up and counselling.

Table 2 PMTCT ART Uptake Oct-Dec 2017

PMTCT_ART UPTAKE				
Period / Data	PMTCT_STAT_Pos (NP)	PMTCT_ART (N, DSD, NEW)	Missed opportunities for ART	% Linked to ART
Kilifi	85	85	0	100%
Kwale	65	67	-2	103%
Lamu	9	9	0	100%
Mombasa	122	118	4	97%
Taita Taveta	15	16	-1	107%
Afya Pwani	296	295	1	100%

To achieve near perfect linkage to ART for positive mothers, patient escorts i.e. HTS Counsellors, peer educators, mentor mothers and other service providers were engaged to physically escort clients to the ART room if it was different from the testing room. Efforts have been made in many facilities to have the same health worker offer pre-test counseling, offer the test, post-test counseling and starting of ART treatment. The Project also ensured the availability and utilization of linkage registers at all facility and

⁷ Malindi Hospital, Kilifi Hospital, Marereni Dispensary, Marafa Health Center, Ganze Health Center and Matsangoni Dispensary

community testing points. Same day enrolment into treatment was emphasized during review meetings and facility mentorship visits. *Afya Pwani* has also strengthened pre-test counseling by doing continuous supervision and refresher trainings to HTS providers to ensure that a minimum package of messages is passed during counseling. In addition, the newly identified positives were introduced to mentor mothers as a ‘significant other’ to promote linkage and adherence to treatment. In cases where clients chose to receive ART from another site, physical escort by peer educator was done if nearby and referral note and contacts given for far away facilities. Phone call follow up was done to ascertain if the client reached the receiving facility or not. Linkage rates were also discussed in facility and Sub-County review meetings and challenges addressed.

ii) Retention

eMTCT Psychosocial Support groups(PSSGs) :

Afya Pwani has continued to support PSSGs with the aims of: a) Providing emotional, psychosocial and educational support to clients through the provision of health education and sharing of the Mentor Mother’s experience; b) Creating awareness and facilitate the uptake of available PMTCT services, c) Empowering mothers living with HIV and facilitate positive living.

During the quarter, *Afya Pwani* provided monthly stipends and mentorship to mentor mothers to enable them conduct psychosocial group meetings. *Afya Pwani* has also developed a Standard Operating Procedure (SOP) for conducting PSSG meetings to standardize the contents of the group meetings and ensure quality. In Kilifi County, 17 facilities⁸ conducted 23 PSSG sessions reaching 685 mother baby pairs. In Kwale County 19 EMTCT support groups were supported with transport during their monthly meetings in 11 facilities⁹ with 380 mother baby pairs participating in 57 PSSG sessions. At Taveta Sub-County Hospital in Taita Taveta County two PSSGs were conducted which focused on risk behavior change, importance of disclosure and adherence to Highly Active Antiretroviral Therapy (HAART) for mother and prophylaxis for HEI.

Mentor mothers: Mentor mothers provide peer support to HIV positive pregnant and breastfeeding mothers to enable them to accept their HIV status, adhere to ART and other eMTCT interventions, disclose to their confidants and have their partners tested. In doing this, they conduct one to one sessions or group counseling sessions as well as conduct psychosocial support group meetings with the support of nurses and *Afya Pwani* staff. They also do follow up of missed appointments and together with nurses do enhanced adherence support for unsuppressed clients including doing home visits if necessary. Mentor mothers also work in close collaboration with peer educators and CHVs for referrals to community support services for the positive mothers. This collaboration improves community engagement and mobilization for PMTCT services. They also act as role models, inspiring and educating clients to make healthy choices for themselves and their families. Cognizant of the critical role that mentor mothers play in the eMTCT program, *Afya Pwani* has engaged 45 mentor mothers spread across 4 counties of Mombasa, Kilifi, Kwale and Taita Taveta. Apart from paying their stipends, the Project supports them with airtime for phone follow up of their clients and for defaulter tracing e.g. during the reporting quarter, 30 mothers had missed

⁸ KCH, Vipingo, Mtwapa, Mariakani, Rabai, Matsangoni, Gede, Bamba, Ganze, Chasimba, Gongoni, Mambrui, Vitengeni, Oasis, Marafa, Muyeye and Marereni.

⁹ Kwale, Tiwi, Mkongani, Diani, Msambweni, Kinondo, Kikoneni, Vitsangalaweni, Lungalunga, Kinango and Mazeras

their ANC appointments of which 26 were traced back and 4 are still being followed up by mentor mothers in Kwale County. To improve their capacity, the project provides regular on job training and mentorship during monthly feedback forums where they also learn from each other and debrief. Mentor mothers have also been supported to use the **mother baby pair register** which enables them to longitudinally follow up mothers and their exposed infants for up to 24 months of infant's age and discharge from the EMTCT program. In Diani Health Center, *Afya Pwani* re-printed the register after the one they are using was filled up. See Table 3 below for more information from the reports submitted by Mentor Mothers from Taita Taveta that are supported by the Project.

Table 3 Report from mentor mothers in Taita Taveta County for Oct-Dec 2017 period.

	Newly enrolled mothers	Total mothers on intervention	Pregnant mothers	No. infants on follow up	HIV +Ve in the quarter	No. of children exited
Moi CRH	4	64	15	49	1	18
Taveta SCH	3	46	11	35	2	17
Mwatate SCH	7	31	4	29	1	8
Ndovu HC	4	45	4	45	1	8
Total	18	186	34	158	5	51

Defaulter tracing

The Project continued to utilize a weekly community dash board to track on mother-baby pair missed appointments, tracking on missed appointments, support group sessions and health education sessions. Through the weekly tracking there is improved client follow up and reporting including prompt response to missed appointments. Clients who miss their appointments are immediately listed from the diaries and entered in the client follow up register and appropriate follow up interventions started that include phone calls, SMS reminders or home visits by mentor mothers. Table 4 below shows the Project's performance on defaulter tracing across the supported counties.

Table 4 eMTCT Defaulter Tracing Oct-Dec 2017

eMTCT DEFULTER TRACING					
County	Number of missed appointments	Number followed up	Number brought back	Number lost to follow up	Cumulative still on follow up
Kilifi	158	138	138	0	20
Kwale	30	30	26	0	4
Taita Taveta	430	312	252	0	118
Mombasa	41	41	37	4	0
Lamu	8	8	5		3
Afya Pwani	667	529	458	4	145

d) Increasing eMTCT service quality

i) Quality improvement (QI) initiatives

In Kwale County, in collaboration with National AIDS and STI Control Program (NASCOP), 10 facilities were reoriented on quality improvement and four coaches identified to guide them in implementing QI initiatives to address service delivery gaps. The facilities implementing QI are Tiwi Health Center, Kwale, Kinango, Msambweni and Lungalunga hospitals, Tiwi, Diani, Kikoneni, Samburu Health Centers, Mazeras Dispensary and Kinondo Kwetu Clinic. *Afya Pwani* staff have been offering technical support during joint support visits with the coaches. The Project also conducted QI training for 20 (13 M, 7 F) health workers from Wesu Sub-County Hospital, Wundanyi Sub-County Hospital, Moi County Referral Hospital, Mwatate Sub-County Hospital and Taveta Sub-County Hospital in the quarter with work improvement teams (WITs) formed and QI projects identified for implementation that included improving viral load uptake among eMTCT clients. In Kilifi South Sub-County, facilities were supported to have their WITs meetings for PMTCT in Mtapa Health Center, Vipingo Health Center, Oasis Medical Center, Junju Dispensary, Msumarini Dispensary, Bomani Dispensary and Mtepeni Dispensary where service providers met with their coaches to discuss on ways of improving their eMTCT outcomes. In Mombasa County, eMTCT WITs were coached in Portreitz and Likoni Sub-County Hospitals respectively.



Afya Pwani QI Activities Underway

ii) Capacity Building: trainings, CMEs, on job trainings and mentorship.

To ensure that services provided meet the standards set by the Ministry of Health (MOH), *Afya Pwani* has partnered with the five county governments to employ various capacity building methodologies depending on the need and resource availability. In Taita Taveta County, 9 continuous medical education (CME) sessions on the revised ART guideline were supported targeting health workers from 24 Health facilities¹⁰ with 137 (58 M, 79 F) health workers benefiting. The health workers were updated on the “TEST and START” initiative in line with National Guidelines, with emphasis placed on ensuring that all HIV positive pregnant and breastfeeding mothers and their exposed infants are linked to care and started on appropriate ART on the same day and retained in care. In the same County, 4 CME sessions on the recently released eMTCT guidelines/updates were done reaching 61(12 M, 44 F) health workers from Taveta Sub-County Hospital, Wesu Sub-County Hospital, Mwatate Sub-County Hospital and Moi Voi County Hospital. Health workers were taken through importance of dual HIV and Syphilis testing, HTS protocol for pregnant and breastfeeding women, maternal ART, maternal viral load monitoring, prophylaxis for HEI, EID and

¹⁰ Wundanyi SCH, Mgange Nyika HC, Sangeroko Disp, Kishushe Disp, Nyache HC, Mbale HC, Weruga HC, Taveta SCH, Mwatate SCH, Wesu SCH, Moi CRH, Maktau HC, Kwammengwa Disp, Mwashuma Disp, Bura HC, Mrughua Disp, Mbagha Disp, Kighangachinyi Disp, Saghaighu Disp, Mpizinyi HC, Dembwa Disp, Dawson Mwanyumba Disp, Manoa Disp and Modambogho Disp

infant and young children feeding (IYCF). Ninety-nine (99) health workers (33 M, 66 F) from 17 facilities¹¹ benefitted from 9 CME sessions on HTS that focused on helping the providers understand the core principles of HIV testing (the 5Cs: Informed consent, confidentiality, and counseling, correct test results and connection [referral and linkage to care]), the HIV Testing and Counselling protocol and the HIV testing algorithm. The providers were also encouraged to be line listing index clients and request them to invite their family members over to the health facilities for testing. The County will train health workers on partner notification testing in the January to March quarter.

In Kilifi County; 3 (1 M, 2 F) eMTCT nurses from Shomela Dispensary, Marereni Dispensary and Dagamra Dispensary were mentored on the HIV testing including remedial actions after having unsatisfactory proficiency test results. The mentorship was done through the Sub-County Medical Laboratory; corrective actions were done and documented to ensure quality service provision. *Afyा Pwani* staff also mentored health workers at Kilifi Hospital, Malindi Hospital, Bamba Sub-County Hospital, Vipingo Health Center, Mtwapa Health Center, Mariakani Hospital and Rabai Health Center on ART provision for EMTCT mothers, prophylaxis for HEI and ART for HIV positive infants.

In Kwale County, *Afyा Pwani* staff and SCASCOs provided OJT to 48 (14 M, 22 F) health care workers of various cadres (Clinical officers, nurses, lab technologists) from 9 facilities¹² on the eMTCT guidelines with an emphasis on the recently introduced changes on EID, ART prophylaxis for infants and use of new molecules (DTG) in pregnancy. In Mombasa County, to improve the uptake of EID for HEI, the Project supported OJT for 8 (3 M, 5 F) health workers from Tudor District Hospital, Portreitz and Likoni health workers working in Child Welfare Clinic (CWC), MNCH, CCCs on correct and safe DBS sample collection, preparation, packaging and transportation.

iii) Support supervision

To ensure that health workers adhere to standards, identify gaps in performance and develop capacity building plans for health workers, the Project conducted joint support supervision in Kwale county to 9 facilities¹³ reaching 45 (10 M, 35 F) health workers. Emphasis was on the provision of ART services to the HIV positive mothers and infants in line with guidelines. The health workers were also supervised on early infant diagnosis especially the PCR testing algorithm for exposed infants, sample collection, packaging and transportation; they were also informed of the laboratory networking routes for the *Afyा Pwani* supported motor rider. While in Lamu County, 20 (9 M, 11 F) health care workers from 10 facilities¹⁴ who were reached during CHMT support supervision were mentored on eMTCT, Viral load and EID sample collection, Packaging and transportation to the testing laboratory. In addition, health care workers were also shown how to access the NASCOP EID/VL dashboard for EID and viral load results including the Short Message Service (SMS) methods of getting results. This has reduced the turnaround time for both viral

¹¹ Taveta SCH, Mwatate SCH, Wesu SCH, Moi CRH, Maktau HC, Kwammengwa Disp, Mwashuma Disp, Bura HC, Mrughua Disp, Mbatha Disp, Kighangachinyi Disp, Saghaihu Disp, Mpizinyi HC, Dembwa Disp, Dawson Mwanyumba Disp, Manoah Disp and Modambogho Disp

¹² Ndavaya Dispensary, MacKinnon Dispensary, Taru Dispensary, Samburu Health Center, Kinango Sub-County Hospital, Kinondo Kwetu Clinic, Diani Health Center and Msambweni County Hospital, Vigurungani Dispensary

¹³ Ndavaya Dispensary, MacKinnon Dispensary, Taru Dispensary, Samburu Health Center, Kinango Sub-County Hospital, Kinondo Kwetu Clinic, Diani Health Center and Msambweni County Hospital

¹⁴ Faza Health Center, Kizingitini Dispensary, Shella Dispensary, Lamu Hospital, Mokowe Health center, Hindi Dispensary, Muhamarani Dispensary, Hongwe Catholic dispensary, Mpeketoni Hospital and Witu

load and EID results leading to early initiation of HAART for HIV positive infants and proper monitoring of clients on HAART. The 20 workers were also issued with the Revised ART guidelines 2016 and HIV job aid booklets for reference to ensure services are offered per the guidelines. In Taita Taveta County, the SCASCOs in the 4 sub counties, were supported to conduct supportive supervision for health workers at 32 health facilities¹⁵ on the eMTCT cascade and focused on follow up of missed opportunities for HAART and viral load monitoring for pregnant and breastfeeding women.

iv) Nutritional services

In Taita Taveta county, the Sub-County nutritionists were supported to conduct CME sessions and OJT on nutrition assessment and counselling at **39 health facilities**¹⁶, where **131 (50 M, 81 F)** health workers were reached. The CME sessions focused more on the following issues; anthropometric measurements (Weight, height, Body Mass Index (BMI), Z-score), integrated management of acute malnutrition (IMAM), nutritional commodities management, micronutrients supplementation and other high impact nutritional interventions (HINI) and Nutrition reporting (MOH 407A/B, 409,733,734 TB4 and TB5 registers). In Kilifi and Mombasa counties 44 (21 M, 23 F) and 84 (35 M, 49 F) health workers benefitted from joint support supervision during which health workers were mentored in documenting BMI and Z-scores in patients' blue cards and HEI cards.

During the quarter under review, *Afyा Pwani* in collaboration with other partners, also supported *Malezi Bora* activities in Kilifi, Kwale, Mombasa and Taita Taveta Counties in October and November 2017. Among the activities supported included *Malezi Bora* celebrations (where positive deviants in the community shared their stories especially on breastfeeding), health and nutrition education sessions to improve knowledge attitude and practices on Maternal Infant and Young Child Feeding (MIYCF) especially in HIV. The Project also participated in Nutrition Coordination Forums (CNTF) in Mombasa, Kwale, Lamu, Taita and Kilifi Counties where joint quarterly nutrition workplans were generated.

v) Clinical staff:

Between October and December 2017, the Project also identified critical staffing gaps in HVFs that were impeding on the quality of service delivery and partnered with the Kwale CHMTs to fill the following gaps: 13 health workers- 1 Medical Officer, 1 Clinical Officer, 1 Health Records Information Officer (HRIO), 1 Lab technician, and 1 pharm tach for Kinondo clinic, one PITC counselor for Kinango, Msambweni, Diani, Mazeras, Kwale, and MacKinnon road dispensary. In the coming quarter, mentors will also be identified and recruited. In Kilifi county, to ensure that mothers and infants are receiving quality services, the Project has continued to support five Service providers (three Nurses in Mariakani, Mtwapa and Gede and two Clinical officers in Gongoni and Chasimba Health Centers). These Service providers have been ensuring that all the mothers and infants are managed at the MCH as a one-stop shop service.

¹⁵ Kasigau HC, Marungu HC, Maungu model HC, Sagalla HC, Ndovu HC, Tausa HC, Ndome Disp, Miasenyi Disp, Rekeke HC, Mata Disp, Kitobo Disp, Kimorigo Disp, Ndilidau Disp, Challa Disp, Mahandakini Disp, Njukini HC, Bura HC, Kighombo Disp, Saghaihu Disp, Mwambirwa SCH, Msau Disp, Kwammengwa Disp, Maktau Disp, Mpizinyi HC, Mgange Nyika HC, Mgange Dawida HC, Mbale HC, Wesu SCH, Mwanda HC, Weruga HC, Wundanyi SCH, Nyache HC.

¹⁶ Moi CRH, Wundanyi SCH, David Kayanda Disp, Modambogho Disp, Makwasinyi Disp, Kajire Disp, Mbula Disp, Kasigau HC, Marungu HC, Maungu model HC, Sagalla HC, Ndovu HC, Tausa HC, Ndome Disp, Miasenyi Disp, Rekeke HC, Mata Disp, Kitobo Disp, Kimorigo Disp, Ndilidau Disp, Challa Disp, Mahandakini Disp, Njukini HC, Bura HC, Kighombo Disp, Saghaihu Disp, Mwambirwa SCH, Msau Disp, Kwammengwa Disp, Maktau Disp, Mpizinyi HC, Mgange Nyika HC, Mgange Dawida HC, Mbale HC, Wesu SCH, Mwanda HC, Weruga HC, Wundanyi SCH, Nyache HC

III. EARLY INFANT DIAGNOSIS

In the concluded quarter, Afya Pwani supported 1,122 early infant diagnosis tests to be done across the five supported counties of which 42 (3.7%) tested positive. Actual infants tested based on unique ID numbers were 891 (316 <2 months old) with 34 (10 <2 months old) being positive representing a positivity of 3.8%. Please see Table 5 and 6 for more information.

Table 6 EID Initial PCR Oct-Dec 2017

EID INITIAL PCR				
County	Tests done	Negative	Positive	%
Kilifi	183	175	8	4.40%
Mombasa	250	241	9	3.60%
Kwale	108	102	6	5.60%
Lamu	13	10	3	23.10%
Taita Taveta	59	55	4	6.80%
Afya Pwani	613	583	30	4.90%

Table 5 Afya Pwani EID Analysis

AFYA PWANI EID ANALYSIS			
	Tests	Positive	% Positivity
Initial PCR	613	30	4.9%
Repeat tests	283	4	1.4%
Confirmatory tests	226	8	3.5%
Actual infants tested	891	34	3.8%

Audits for 30 infants that tested positive was done that showed that:

- a) Seventeen of the mothers were known positives while 12 were newly identified.
- b) Ten mothers did not attend ANC at all, 4 (3 Key Populations (KPs) and 1 new positive) started in first trimester, 10 in 2nd trimester and 2 in 3rd trimester.
- c) In only 15 of the 29 there was evidence that they were on ART during pregnancy meaning 4 were not on ART.
- d) Five mothers had evidence of non-suppression during pregnancy from viral load results in their files while 7 had viral suppression.
- e) Twelve had delivered at home while 13 delivered in a health facility.

Based on the above findings, the Project will collaborate with County Health Departments and other stakeholders to advocate for early ANC initiation among pregnant women and educate them on PMTCT interventions available including ART and skilled deliveries. The Project will also focus its efforts to improve on the quality of services to ensure that all those identified to be HIV positive are all on ART and monitored well for viral suppression. Health workers are now accounting for every HIV positive pregnant and breastfeeding mother to ensure retention in care and adherence to ART, deliver in a health facility and do exclusive breastfeeding. Pre-conception counselling and FP services will also be strengthened among known positives so that they conceive when they are virally suppressed. In the next quarter, the Project will continue to work through the sub-grantees to address some of the cultural and religious barriers to early ANC initiation, stigma and discrimination for PLHIV and low skilled deliveries among women especially those living with HIV.

Linkage of Positive Infants to ART: Of the 34 infants who were confirmed positive in the quarter, 25 were started on ART, 4 are still being traced back while another one is still being followed up after the mother declined the HIV results. The other 4 were repeats and confirmatory tests. Please see Figure 4 below for more information.

The EMTCT Cascade for Afya Pwani Oct-Dec 2017:

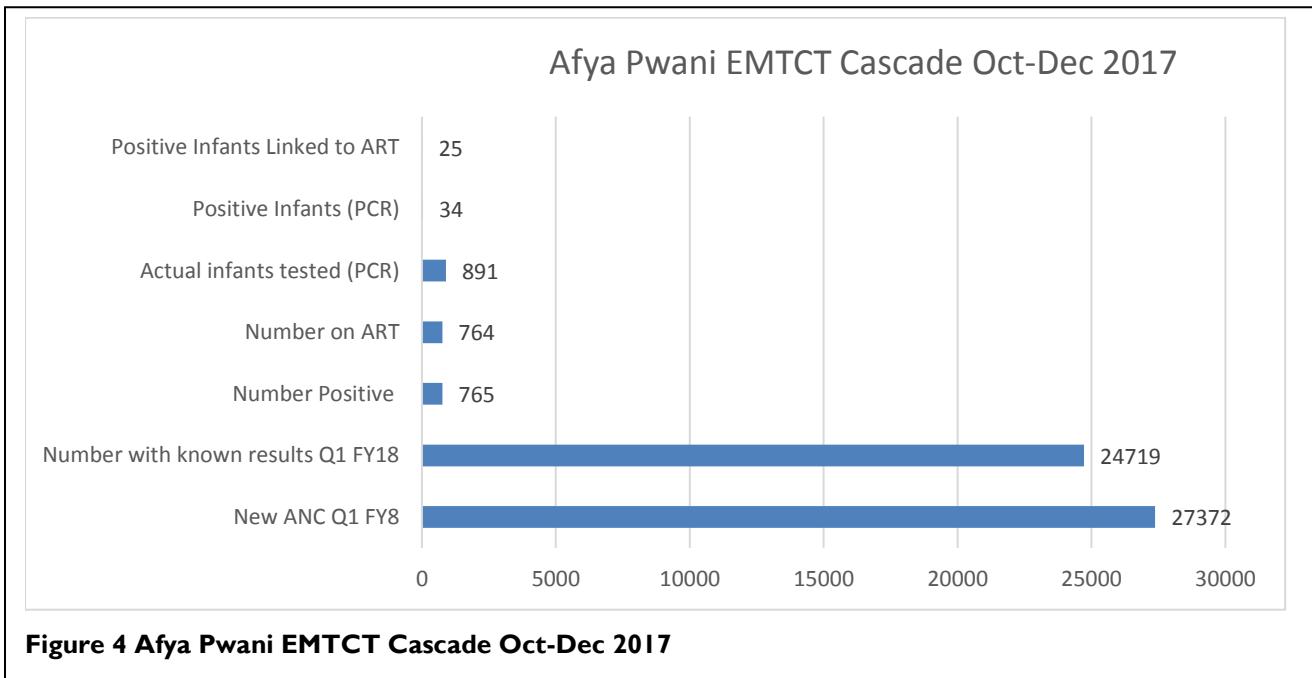


Figure 4 Afya Pwani EMTCT Cascade Oct-Dec 2017

Lessons Learned

1. Mentor mothers are critical enablers for PMTCT interventions, as demonstrated by the roles they carry out.
2. Health education by volunteers at the waiting bay is important as it prepares mothers in advance for eMTCT intervention and promotes male involvement
3. Continuous OJT and mentorship have proven to be an effective strategy to improve the knowledge and skills of service providers; consequently, improving the quality of services offered to eMTCT clients and the boosting of staff morale.
4. Mentor mothers are effective in ensuring retention of mother baby pairs in care and doing defaulter tracing.
5. Clinicians and other health cadres need to be involved in eMTCT and MNCH services to improve quality and access of eMTCT services especially in circumstances of staff shortages.
6. Mother-baby pair register is an effective tool for longitudinal follow up of mother -baby pairs as it helps to easily identify missed appointments and missed services for immediate follow up.

Output 1.2: HIV Care and Support Services

a) Linkage to increase uptake of care and support services among PLHIV.

Between October and December 2017, 1,682 PLHIV were newly initiated on treatment out of the 2,181 that were newly identified in the quarter giving a linkage rate of 80%. The linkage rate is poorest among adolescent and young people at 59% and 61% respectively. The Project will work with peer educators for peer support during linkage as well as strengthen counselling to improve on the acceptance of results among these age groups. Those who do not accept the results immediately, ongoing counseling support will be offered until enrolment to ART is done. Please see Figure 5 below for more detailed information on the Linkage rates per county for the quarter being reviewed.

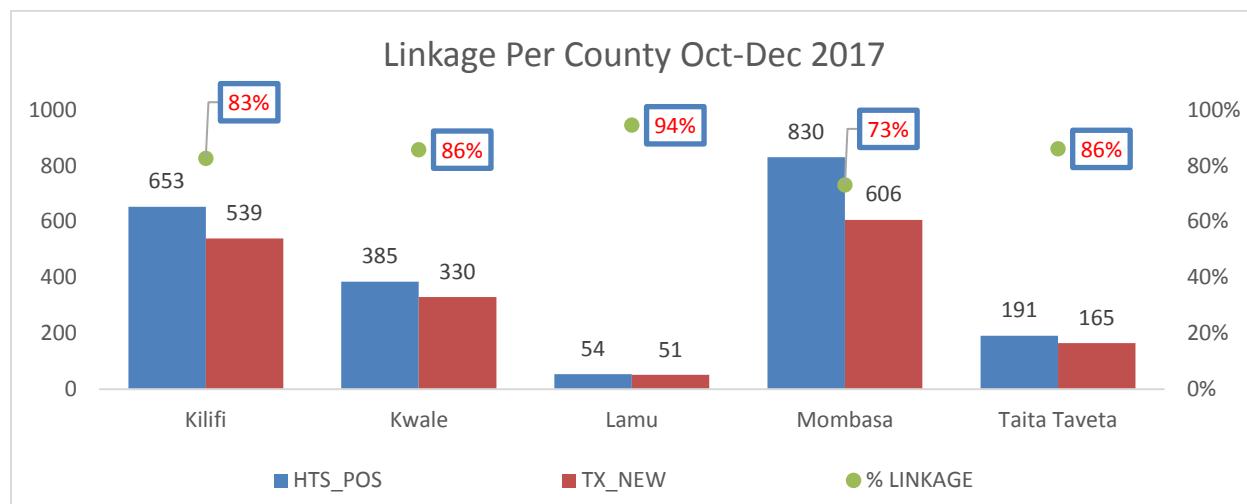


Figure 5 Linkage Per County Oct-Dec 2017

Afya Pwani continues to use linkage tools (register, client locator forms, referral forms and directory) to facilitate and track linkage to treatment. The Project is currently using a case management approach to linkage to maximize on linkage through physical escort to treatment room, SMS and phone call reminders for scheduled appointments to other health facilities, peer and buddy approach for newly identified individuals particularly adolescents, ongoing counselling for clients who are reluctant to be linked. Please see Table 7 for more information.

Table 7 Linkage: Age Disaggregation

LINKAGE: AGE DISAGGREGATION				
		HTS_POS	TX_NEW	% LINKAGE
Age groups	<1	1	8	800%
	1-9	72	42	58%
	10-14	53	55	104%
	15-19	146	66	45%
	20-24	371	216	58%
	25-49	1,309	1,168	89%
	>=50	161	127	79%
TOTAL		2113	1682	80%

b) Provision of the standard package of care

i) Positive Health, Dignity and Prevention (PHDP):

Afya Pwani developed an SOP on how to conduct support group meetings that would ensure delivery of all PHDP messages. Newly identified PLHIV were also enrolled into cohort based support groups for easy follow up and treatment monitoring after 6 months and beyond. In Taita Taveta County, **113 PHDP sessions** reaching 1,624 PLHIV were conducted in Moi County Referral Hospital, Taveta Sub-County Hospital, Mwatate Sub-County Hospital and Wesu Sub-County Hospital targeting PLHIV coming to the clinics. In Kilifi County, to ensure all patients on ART receive a minimum package of PHDP, the Project continued to engage 30 peer educators in 16 facilities¹⁷ by providing lunch and transport refunds, reporting tools and on job training/mentorship. The minimum package for PHDP provided include Disclosure of HIV status; Partner/family testing and engagement; Condom use; FP, STIs and Treatment adherence. In total 831 informal, small group sessions conducted reaching 4,993 clients at the CCCs; 43 support group sessions conducted for newly enrolled PLHIV reaching 653 clients; 48 support group sessions conducted for mixed adults reaching 13,900 clients; 3,060 one-to-one counseling/education sessions held targeting PLHIV during clinic days; 277 condom demonstrations done reaching 3,438 clients.

Table 8 Support Group types and Number in Mombasa County

Support Group types in Mombasa	Number
Unsuppressed clients	7
Discordant	5
Youths	8
EMTCT	37
Care givers SG	2
Mixed	22

In Kwale County, 165 PHDP sessions were conducted by 55 support groups where 2,178(480 M, 1,698 F) PLHIV were reached with messages of adherence, disclosure, condom use, drug abuse, family testing, TB and nutrition. During support group meetings, treatment literacy was emphasized to ensure that all clients adhere to treatment. In Mombasa County 45 CHVs and Peer Educators guided 249 support group sessions reaching 83 support groups in 15 facilities¹⁸ that covered the following topics: TB, nutrition, drug adherence, disclosure, stigma and condom use (See Table 8 above).

ii) Specific Opportunistic Infection Screening and Prevention

Random sampling of files this quarter shows that close to 80% of PLHIV are screened for STI screening during their clinical visits and Cotrimoxazole prophylaxis given to all clients in care in the supported facilities.

iii) Reproductive Health (RH) Services

The following facilities have integrated FP services and cervical cancer screening into the CCCs: Kilifi County Hospital, Malindi Sub-County Hospital, CPGH, Port Reitz Hospital, Tudor Sub-County Hospital, Likoni Sub-County Hospital, Diani, Msambweni, Kinango, Kwale, Tiwi and Kinondo. In Taita Taveta County, Mwatate Sub-County Hospital, Moi County Referral Hospital, Taveta Sub-County Hospital, Wesu Sub-County Hospital and Wundanyi Sub-County Hospital had fully integrated RH services into CCC, but stopped after the nurses who were providing these services were redeployed by the County. Discussions have been done with the facilities health management teams (HMTs) and SCASCOs to the re-integrate the

¹⁷ Rabai, Mariakani, Chasimba, Mtwapa, Vipingo, KCH, Matsangoni, Gede, Muyeye, Malindi, Marafa, Mambrui, Gongoni, Marereni, Ganze and Bamba

¹⁸ Magongo, Ganjoni, Kongowea, Kisauni, Likoni, Portreitz, Bokore, Bamburi, Utange, Chaani, Mvita, Tudor, Miritini, CPGH, and Likoni Catholic.

services in the next quarter. Of note is that appropriate referrals are being done for those in need of permanent methods of FP and those with cervical lesions needing cryotherapy or/and pap smear cytopathology. During the reporting period under review, 2 mentorship sessions and support of ART integration into MCH were done at Kilifi and Malindi Hospitals reaching 35 (22 M,13 F) service providers.

iv) Non-Communicable Diseases (NCDs) Screening and Management:

The Project has ensured that PLHIV are screened for hypertension at every visit. Collaborations are being sought with other donors to support diabetes screening and cancer screening for PLHIV since they are at an increased risk for cancer due to the viral infection and hyperglycemia due to chronic use of some ARVs.

v) Mental Health Screening and Management:

Afyा Pwani staff have provided mentorship to health workers on using the PHQ-9 and other tools for mental health assessment and drugs/alcohol use and/or abuse assessment. In the next quarter, CME sessions will be conducted to scale up these assessments especially for clients with poor adherence and those who are not virally suppressed.

vi) Nutritional Assessment Counselling and Support(NACS):

In Taita Taveta County, *Afyा Pwani* supported Sub-County Nutritionists supported and conducted CME sessions and OJTs on Nutrition Assessment Counselling and Support (NACS) in **39 health facilities¹⁹** with **131 (50 M, 81 F)** health workers being reached.

I. Addressing specific needs of children living with HIV

Caregivers' support groups: To improve adherence among children, *Afyा Pwani* facilitated 9 caregivers' group meetings in Mwatate reaching **57** pediatric clients and their caregivers. The meetings looked at barriers to adherence for children were identified and caregivers were orientated on skills used to mitigate on the reasons for the barriers. Three caregivers support group meetings were supported with refreshments during this quarter in Msambweni, Kinango and Lungalunga health facilities where a total of 48 caregivers were reached. The caregivers were trained on PHDP, treatment literacy and importance of appropriate disclosure to the young children under their care. *Afyा Pwani* has scheduled to conduct caregivers' trainings for HVFs starting with 25 children's caregivers in Msambweni County Hospital CCC. This will help in equipping the caregivers with skills and knowledge on how to handle children living with HIV at home especially ART dosing, drug storage, adherence and age appropriate disclosure.

Family Days: To improve access to HIV services for children living with HIV, family days for children, parents and care givers were implemented weekly and monthly across 10 the HVFs 20 in Kilifi County. The sessions targeted both the care givers and teens in addressing issues of treatment literacy, reproductive health, drug adherence and age appropriate disclosure being offered to pre-teens.

II. Addressing specific needs of young people

In Kilifi County, to reach young people with HTS and link youth living with HIV (YLHIV) to treatment and use peer educators to reach their youth, the Project engaged the trained 19 facility based youth peer

¹⁹ (Moi CRH, Wundanyi SCH, David Kayanda Disp, Modambogho Disp, Makwasinyi Disp, Kajire Disp, Mbulia Disp, Kasigau HC, Marungu HC, Maungu model HC, Sagalla HC, Ndovu HC, Tausa HC, Ndome Disp, Miasenyi Disp, Rekeke HC, Mata Disp, Kitobo Disp, Kimorigo Disp, Ndilidau Disp, Challa Disp, Mahandakini Disp, Njukini HC, Bura HC, Kighombo Disp, Saghaighu Disp, Mwambirwa SCH, Msau Disp, Kwamnengwa Disp, Maktuu Disp, Mpizinyi HC, Mgange Nyika HC, Mgange Dawida HC, Mbale HC, Wesu SCH, Mwanda HC, Werugha HC, Wundanyi SCH, Nyache HC

²⁰ At Rabai Health Centre, Mariakani Hospital, Mtwapa Health Centre, Gede Health Centre, Ganze Health Centre, Kilifi Hospital, Marafa Health Centre, Marereni Health Centre, Matsangoni Dispensary, Muyeye Health Centre and Mambrui Dispensary

educators drawn from 7 target facilities²¹. The peer educators will further strengthen linkage of HIV positive youths to treatment by escorting them to the nearest CCC and ensure that they register and remain on treatment and care. In addition, Mariakani, Malindi, Vipingo, Ganze, Mambrui and Gede health facilities were supported to conduct psychotherapy sessions for improved adherence on treatment and clinic appointments targeting members of the youth zone and teen clubs. In total 218 support group sessions were conducted for children, adolescents and youth reaching 328 beneficiaries. Six (6) adolescent support groups in Kwale County were also supported with refreshments during their monthly and quarterly meetings in the following facilities in Diani, Mazerias, Kinango, Tiwi, Msambweni and Lungalunga, 15 sessions were conducted reaching 107 (43 Boys, 64 Girls) adolescents living with HIV. In Taita Taveta County, 19 youths on ART were counseled on risk behavior and adherence to ART during a support group meeting. Need based support groups were formed in Moi County Referral Hospital, Wundanyi Sub-County Hospital and Ndovu Health Center where 17 sessions targeting adolescents were conducted, reaching **268** adolescents.

To improve retention and adherence to treatment and appointments, the Project organized for a meeting between Mariakani teens club members and Msambweni youth on care and treatment. This was organized due to the poor record of both adherence and outcome among the Msambweni youth. Five members of the vibrant Mariakani teens club (one male and four females) were facilitated to travel to support their peers in Msambweni thanks to the *Afya Pwani*



Members of the Mariakani Teens Club during one of their support group sessions.

project. The discussion centered on how the youth have managed to start a vibrant support group to support one another resulting to good viral load outcomes. They mentored their peers on how to adhere to treatment, conduct an appropriate disclosure and living positively. This helped the kids and staff that eventually promised to emulate their peers from Mariakani.

²¹ Malindi, Kilifi, Mtwapa, Ganze, Vipingo, Tezo and Matsangoni

Retention strategies and defaulter tracing

To improve on the retention, the project has put in systems to enhance appointment keeping and defaulter tracing. Diaries and schedulers in IQ Care system have been utilized to book clients and promptly assist in identifying those that missed their appointments. Sending of SMS reminders to clients on their appointments coupled with treatment literacy messages has also contributed in appointment keeping. Emphasis on appointment keeping has also been done during support group meetings including having treatment buddies in the support group who ensure their buddies do not miss appointments. The IQ care system provides a list of missed appointments daily. Clients who did not honor their appointments from the diaries or IQ care lists are then entered in the client follow up register.

Table 9 Defaulter Tracing Oct -Dec 2017

Defaulter Tracing Oct -Dec 2017						
County	Missed Appointment	Traced Back	Lost to Follow	Transferred Out	Still following	Died
Kilifi	2,113	1,729	169	57	117	41
Taita Taveta	430	252		32	118	15
Kwale	1025	833	26	61	18	87
Lamu	91	24	10	19	32	6
Mombasa	1756	1495	203	113	203	22
Total	5,415	4,333	408	282	488	171

Within 24 hours those clients with phone numbers are reached directly or indirectly through their treatment buddies, the client follow up register is updated with phone call findings. Within 7 days, returnees continue with care while in the case of non-returnees, after 7 days defaulters are scheduled to be physically traced. Priority tracing is done based on proximity to the clinic and the patient condition/type. The outcome from the physical tracing is used to fill the client follow up form and then clients re-booked in the departmental diary as per new appointment date. During the quarter under review Afya Pwani supported Community Health Extension Workers (CHEWs), Public Health officers (PHOs), peer educators, mentor mothers and support groups with airtime, transport facilitation, reporting tools/follow up registers and mentorship/OJT on tracking of missed appointments for clients as part of efforts to track defaulters. Tracking of missed appointments was done using a weekly community dashboard with updates from the facilities. In Kwale County, 30 peer educators and linkage officers from 12 HVFs²² were supported with monthly airtime to conduct defaulter tracing and transport for home visits when necessary. Please see Table 9 for more information on the defaulter tracing rates for Oct-Dec 2017.

Differentiated Care Service Delivery

During the quarter under review, the Project has rolled out differentiated service delivery in the five support counties in 19 HVFs as shown in the table below. So far, 7,862 clients have been categorized with 3,532 being classified as unstable mostly because they lacked documented evidence of having completed a 6 months' course of IPT. Of the 3,425 that were categorized as stable, 1,436 have been initiated on 6 months' appointment booking with 3 months' drugs refills in mostly fast track model of differentiated

²² ; Kinondo, Kinango, Kwale, Lungalunga, Tiwi, Mkongani, Samburu, Mazeras, Kikoneni, Vitsangalaweni and Diani.

service delivery. Please see Table 10 below for more detailed information on differentiated care across project supported sites for Oct-Dec 2017.

Table 10 Differentiated Care Service Delivery

DIFFERENTIATED CARE SERVICE DELIVERY							
	Facility Name	Number of files reviewed for categorization	Well	Advanced	Number of PLHIV stable	Number of PLHIV unstable	Number of clients started on DSD.
TAITA TAVETA	Moi CRH	650			450	200	90
	Mwatate SCH	150			125	25	83
	Taveta SCH	133			100	33	15
	Wundanyi SCH	131			88	43	16
	Wesu SCH	299			148	151	55
LAMU	Lamu CH	237	9	1	142	85	28
	Mpeketoni SCH	405	12	0	312	81	88
KILIFI	Vipingo	404	50	4	150	200	40
	Mtwapa	218	180	18	0	20	107
	Kilifi	756	481	34	32	209	55
	Mariakani	1025		0	26	999	26
MOMBASA	Ganjoni Clinic	336	21	0	262	53	
	CPGH	248			248	0	0
	Portreitz SCH	715	19	8	181	507	181
	Mikindani H/C	115			115	0	115
	Likoni SCH	96			95	1	95
	Kongowea H/C	1202	25	25	757	395	455
	Magongo H/C	273	17	1	181	74	40
	Tudor SCH	469	0	0	120	349	120
	Afyah Pwani	7862	814	91	3532	3425	1436

In Taita Taveta County, Mwatate Sub-County Hospital is now offering the community model of differentiated care, where currently 13 ART groups have been formed reaching 83 clients on the community ART distribution model where clients pick drugs on a rotational basis for each other as well as report on the progress of their group members to the clinician. In Lamu County, the differentiated care model is being implemented in two facilities namely Lamu County Hospital and Mpeketoni Sub-County Hospital. During the reporting period under review, the CHMT was sensitized on differentiated care through the support of *Afyah Pwani* and consequently the CHMT sensitized 23 health care workers of

different cadres on differentiated care. Seven hundred (700) copies of differentiated care tools which include patient categorization forms before and after 12 months on HAART and ARVs distribution forms were distributed to the two facilities.

In Mombasa County, the Project has supported the implementation of fast track facility model of differentiated care in 8 HVFs namely: CPGH, Ganjoni, Portreitz, Tudor, Mikindani, Likoni, Kongowea, Magongo. Additionally, the Project also supported Facility based CME session on the differentiated care model with an aim of sensitizing HCW to better understand the care model. Moreover, quality improvement teams (QITs) have also been formed in the 9 Facilities, where action plans were developed, each facility had an identified performance gaps, root cause, action to the problem, person responsible and time frame. Facilities that have rolled out Differentiated Care Model in Kilifi County are Vipingo Health Center, Mtwapa Health Center, Mariakani Sub-County Hospital, Kilifi County Referral Hospital and Malindi Sub-County Hospital. So far, patient categorization has been done in these facilities and individualized patient care being done for the clients.

Lessons Learned

- 1.** Facilities QI and facilities data review meetings help bring ownership of data and local owned interventions. Hence its key to have all our supported facilities with QI Action plans. Then formulation of QIT/WIT in each facility and should be institutionalized by ensuring meetings take place, gaps identified and action plans put in to place
- 2.** Concerted input from both facility based and community based health care workers and ensuring proper documentation of patients' information has always ensured consistent and quality follow up of clients' care reducing on the numbers lost to follow up
- 3.** Goodwill and support of CHMT in implementing differentiated care models is very important for the success of the strategy.

Output 1.3: HIV Treatment Services

As was mentioned previously, this quarter *Afya Pwani* supported facilities to implement the "Test and start" through mentorship and OJT. As a result, out of the 1682 PLHIV that were started on ART in the period, 46% were started on the same day, 35% from 1-14 days and 20% from 14 -30 days as shown in Figure 6 below.

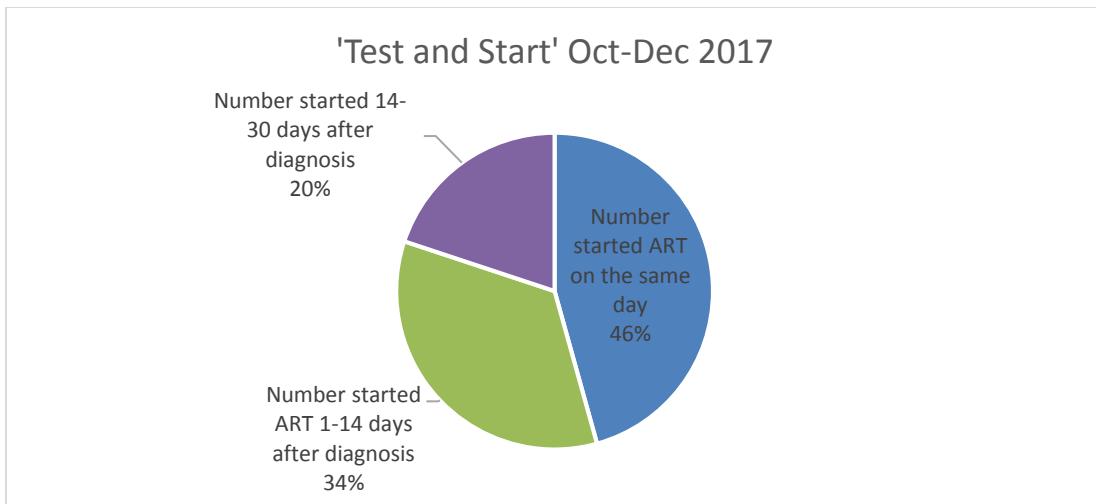


Figure 6 'Test and Start' Oct-Dec 2017

Lamu, Kwale and Taita Taveta start majority of their clients on the same day at 98%, 89% and 78% respectively. Mombasa and Kilifi started 17% and 37% on the same day in that order. In the next quarter Afya Pwani will continue to focus on implementing strategies to improve same day linkage like physically escorting clients to ART room, reinforced counseling and capacity building of staff on 'Test and Start'. The table below provides more information on the 'Test and Start' rates per County for the quarter being reviewed. See Table 11 below for more detailed analysis.

Table 11 'Test and Start' Per County Oct-Dec 2017

'Test and Start' Per County Oct-Dec 2017						
County	Number Positive	Number started ART in the quarter	Number started ART on the same day	% Same day	Number started ART 1-14 days after diagnosis	Number started 14-30 days after diagnosis
Kilifi	672	539	198	37%	104	239
Kwale	385	330	295	89%	35	10
Lamu	54	51	50	98%	1	
Mombasa	835	606	106	17%	415	85
Taita Taveta	191	165	129	78%	31	5
Afyah Pwani	2137	1693	778	46%	586	339

Between October and December 2017 in Mombasa County, 23 (10 M, 23 F) health workers from 15 facilities²³ (10 M, 23 F) were mentored on 'Test and Start' while 14 health workers (6 M, 8 F) from CPGH,

²³ Portreitz, CPGH, Likoni, Tudor, Ganjoni, Mvita, Mrima, Bamburi, Kongowea, Utange, Kisauni, Mlaleo, Magongo, Chaani, Jomvu Model Health Center.

Ganjoni, Kisauni, Tudor and Portreitz were mentored on the revised ART guidelines, specifically targeting those who have not been trained.

i) QI for adult treatment:

This quarter, QI training for 20 (13 M, 7 F) health workers from Wesu Sub-County Hospital, Wundanyi Sub-County Hospital, Moi County Referral Hospital, Mwataate Sub-County Hospital and Taveta Sub-County Hospital were conducted where the health workers formed work improvement teams and selected QI projects to begin working on. These activities will continue in the next quarter as part of the Project's concerted effort to improve the quality of HIV services offered across Afya Pwani sites.

ii) Clinical review meetings and patient file reviews

The Project started supporting and mentoring facilities to review the 90:90:90 cascades at their facilities as opposed to Sub-County or County level review meetings. In Kilifi County, 30 service providers from 5 facilities²⁴ participated in the reviews while four facilities (Portreitz, CPGH, Likoni and Tudor Hospitals) in Mombasa also reviewed their HIV cascades. As part of provision of technical assistance, project staff in conjunction with SCASCOs, reviewed patient files at Kilifi County Referral Hospital, Malindi Sub-County Hospital, Mariakani Sub-County Hospital, Mtwapa Health Center, Vipingo Health Center, Muyeye Health Center and Malindi Hospital to ensure the quality services are offered and well documented in the patient files. The health workers were supported to address the gaps identified during the file reviews which ranged from incomplete documentation to some services in the standard package of care not being offered to clients.

iii) Capacity Building

To increase the quality of HIV treatment for adults, the *Afya Pwani* team working in close relationship with the Mombasa CHMT supported targeted mentorship to 10 Facilities²⁵ on effective linkage, ART Guidelines, and Viral Load monitoring, 13 (5f,8m) health workers were reached.

iv) Staff

During the quarter the *Afya Pwani* project also continued to collaborate with County Governments to support the deployment of 2 medical officers at CPGH, 10 clinical officers, 6 nurses, 9 HRIOS, 3 laboratory technologists, 3 pharmaceutical technologists and 5 nutritionists to the high-volume facilities to provide clinical care to PLHIV in Mombasa, Kilifi and Kwale counties.

v) Treatment Monitoring:

In the quarter, *Afya Pwani* supported the 5 project supported counties carried out 9,968 viral load tests with 84% suppression rates as shown in the table below. More women 6,929 were tested than men 2,810

²⁴ Kilifi Hospital, Mtwapa Health Center, Malindi Hospital, Mariakani Hospital and Oasis Medical Center

²⁵ CPGH, Tudor, Portreitz, Likoni, Utange, Kisauni, Mikindani, Kongowea, Mrima, Ganjoni,

with suppression rates of 84% and 82% respectively. To improve on viral load uptake, SMS were used in Taita Taveta to remind clients when they are due for viral load monitoring. Seven forty-two (742) clients received messages and 448 honored the invitation to come for viral load specimen collection. In Mombasa County, the Project supported a lab meeting to capacity build 37 (23 M, 14 F) health workers on quality and safe collection, packaging, labeling and transportation of viral load samples to the testing lab among other agendas. See Table 12 above for more detailed information.

In Kaloleni and Rabai Sub-Counties, mentorship for Laboratory Medical Technologists was done to improve on their skills on viral load, CD4 and EID harvesting; a total of 25 (11 F, 13 M) service providers from Mariakani Sub-County Hospital, Rabai Health Center, Vishakani Dispensary, Gotani Health Center, Kombeni Dispensary, Kokotoni

Dispensary and Kinarani Dispensary were reached and their skills built on the specimen harvesting, labelling and packaging. By supporting these interventions, it is hoped that the quality of specimen harvested to minimize on the rejection of the specimen at the Testing Labs.

a) Improving viral load suppression rates:

In supported facilities, an unsuppressed PLHIV register has been rolled out that lists all the clients with high viral loads and guide the service providers on the follow up for each client. Enhanced adherence sessions as well

Table 12 Viral Load Uptake per County Oct-Dec 2017

Viral Load Uptake per County Oct-Dec 2017			
County	Tests	> 1000 copies/ml	Suppression rates
Mombasa	4,496	652	85%
Kilifi	3,258	524	84%
Kwale	1,178	219	81%
Taita Taveta	734	170	77%
Lamu	302	70	77%
Afya Pwani	9,968	1,635	84%

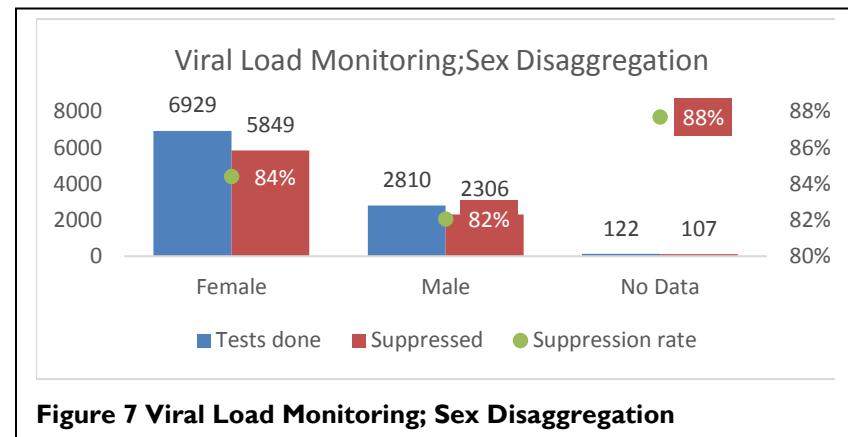


Figure 7 Viral Load Monitoring; Sex Disaggregation

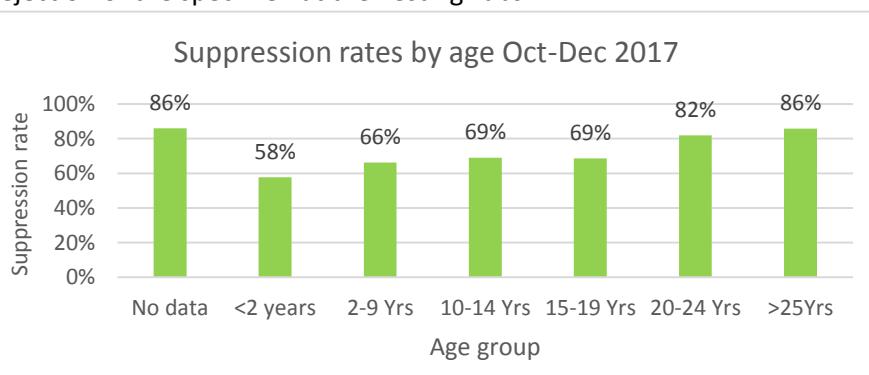


Figure 8 Suppression rates by age Oct-Dec 2017

as attachment to a case manager is done. When consent is given, home visits are made and treatment support messages are sent to the unsuppressed client. See Figures 7 and 8 for more detailed information.

I) Support groups for unsuppressed

During the quarter under review, support groups for unsuppressed clients have been formed in 27 facilities in Kilifi²⁶, Kwale²⁷, Taita Taveta²⁸ and Mombasa²⁹ with 570 unsuppressed clients actively participating as shown in Table 13. The Project has also supported MDTs to discuss these clients and find out reasons for non-suppression and develop individualized case management plans for each unsuppressed client. The Project also continued to support an adherence counselor at CPGH, who was sensitized on enhanced adherence counselling for patient with suspected or confirmed treatment failure, the role of the counselor is to discuss viral load result; assess for possible barriers to adherence; behavioral, emotional, socio-economical barriers, and develop an adherence plan with the client.

iii) Multi-disciplinary team meetings

The Afya Pwani project continued to support the facilities with monthly multi-disciplinary team (MDT) meetings at Bamba, Vipingo Mariakani, Mambrui, Malindi, Gotani, Mtwapa and Gede facilities, where a total of 16 meetings involving 99 Service providers (41 M, 58 F) participated in the MDTs from the above 8 facilities in Kilifi County. In Mombasa County, 7 MDT meetings at Portreitz (3), Tudor (2), Likoni (1) and CPGH Hospital (1) were conducted.

I.Treatment for children

To improve the capacity of health workers to provide quality care to children, 9 CME sessions on ART guidelines were held targeting health workers from 24 health facilities ³⁰ with 137 (58 M, 79 F) health workers being empowered to manage children living with HIV. At Malindi Sub-County Hospital, 36 (19 M, 17 F) benefited from two CME sessions conducted at the facility on Pediatric HIV. In Mombasa County, mentorship on pediatric HIV was done at CPGH, Portreitz, Mrima, Ganjoni, Likoni to 9 (3 M, 6 F) service providers. To ensure there is correct dosing for Children, Afya Pwani also printed and distributed job aids to four health facilities (Malindi Sub-County Hospital, Kilifi County Referral Hospital, Gede Health Center and Muyeye Health Center) that enabled the service providers to have reference for the dosing per weight and age of the Children. This has helped in switching to appropriate dosages and regimen once a child is eligible to graduate to Adult regimen or has changed in the weight band warranting change in adjustment of the dosage.

Table 13 Unsuppressed Client's Support Groups

Unsuppressed Client's Support Groups		
County	No of support groups	Number of unsuppressed clients
Kilifi	12	278
Mombasa	7	85
Taita Taveta	4	93
Kwale	4	64

²⁶ Rabai, Mtwapa, Matsangoni, Gede, Muyeye, Ganze, Marereni, Marafa, Vitengeni, Mariakani, Bamba and Chasimba

²⁷ Lungalunga, Msambweni, Kinango and Kinondo

²⁸ Moi CRH, Taveta SCH, Wesu SCH and Ndovu HC

²⁹ Kongowea, Kisauni, Likoni, Tudor, Portreitz, Bamburi and CPGH

³⁰ Wundanyi SCH, Mgange Nyika HC, Sangeroko Disp, Kishushe Disp, Nyache HC, Mbale HC, Werugha HC, Taveta SCH, Mwatate SCH, Wesu SCH, Moi CRH, Maktau HC, Kwammengwa Disp, Mwashuma Disp, Bura HC, Mrughua Disp, Mbagha Disp, Kighangachinyi Disp, Saghaighu Disp, Mpizinyi HC, Dembwi Disp, Dawson Mwanyumba Disp, Manoa Disp and Modambogho Disp

II. Treatment for young people

In Mombasa County, the Project has been supporting the CPGH youth zone PHDP sessions during holidays and weekends to young and adolescent's youths in and out of school who are positive. Sessions on health literacy and disclosure following NASCOP curriculum has been ongoing, targeting guardians of young adolescents who are positive. During December holidays 157 (85 M, 72 F) youths in school attended. Fifty (50) parents/caregivers (16 M, 34 F) who had accompanied some of their adolescents and were given a session separately. The number of adolescent and youth between the ages 10 – 19 year were 104, which was relatively high as compared to those between 20-24 years who were 53 in number but with a slight increment in numbers as compared to the first one. The crucial issues addressed during the sessions include empowering the youths, countering myths and misconceptions. Members of these groups are divided in different age appropriate groups and youth peer educators engaged to tackle individual issues. Those with personal outstanding key issues are booked for counselling. Top on the list was adherence, disclosure and empowering the adolescents so that they achieve viral suppression. Of note is that the younger cohorts were also given an opportunity to interact with other youths to share challenges they experience as part of efforts to improve adherence on the same. Caregivers for group members are also encouraged to take part, and provide solutions to some of the challenges raised during the group sessions in support of the adolescents and youth living with HIV (AYLHIV) under their care. Key issues that were raised were the need to work out modalities to curb stigma in schools especially with teachers, as this was contributing to most adolescents defaulting on treatment.

Strengthened laboratory services

The Project has ensured that a functional laboratory system is in place through three main interventions: Strengthening the CPGH Molecular laboratory, laboratory networking system and capacity building.

a) The Coast PGH Molecular Laboratory

Between October and December 2017, the Project worked to ensure that the laboratory operates optimally with a turnaround time of less than three-days from receipt of sample to dispatch of results. More specifically, *Afya Pwani* focused on support for staff, providing airtime for the internet server as well as reimbursing transport as part of efforts to optimizing the efficiency at the laboratory. Please see the Tables 14 and 15 below for more information on the CPGH Molecular Laboratory performance for the quarter being reviewed.

Table 14 CPGH molecular Lab Viral load workload, October -December 2017

CPGH molecular Lab Viral load workload, October -December 2017						
Month	Received Samples	Rejected Samples	Non-Suppressed	Virally Suppressed	Repeats	Total Tests Done (Including repeats)
October	6107	0	679	4742	263	5684
November	5747	1	983	4673	425	6081
December	3832	1	450	3234	541	4225
Total	15,686	2	2,112	12,649	1,229	15,990

Table 15 PMTCT ART Uptake

PMTCT ART UPTAKE				
Period / Data	PMTCT_STAT_Pos (NP)	PMTCT_ART (N, DSD, NEW)	Missed opportunities for ART	% Tested
Kilifi	85	78	7	92%
Kwale	65	67	-2	103%
Lamu	9	9	0	100%
Mombasa	124	114	10	92%
Taita Taveta	15	16	-1	107%
Afya Pwani	298	284	14	95%

b) Laboratory networking

During the quarter under review, the Project has continued to support laboratory networking using motor riders in Mombasa, Kilifi and Kwale Counties who collect samples from HVFs and collection hubs regularly. This has reduced the turn-around from sample collection to receipt in the processing lab at CPGH from more than 20 days in January 2017 to 5 days in January 2018. Facilities not in the routes for the motor riders, Lamu and Taita Taveta counties are supported with transport reimbursement to take samples to the collection hubs. The printing and delivery of results back to the facility was also devolved and its happening at the *Afya Pwani* Cluster Offices so that Clinicians can get the results on time for decision making and early initiation of HAART in case of HEI, early Tuberculosis (TB) treatment in case of Rifampicin Resistant TB suspects, and close follow up for the viral loads that are above 1000 copies. Sensitization on the use of the SMS to 20027 was also done to the Clinical Officers, Laboratory Technologists and the CHVs as part of efforts by the Project to ensure that facilities get results on time.

c) Capacity building

The Project also supported and facilitated laboratory managers' meetings in Taita Taveta, Lamu, Kwale and Mombasa Counties respectively. Key issues highlighted during these meetings, included but were not limited to: How to avoid RTK stock outs through proper forecasting and quantification (F&Q), efficient sample referral networks for both viral load and sputum for GeneXpert, reducing sample rejection rates, PT and corrective measures for failed testers.

In Taita Taveta County, the four SCMLTs were supported with transport and lunch allowance to conduct laboratory services supervision in 40 health facilities³¹, where a total of **70 (23 M, 47 F)** health workers were reached. Health workers were also mentored in correct viral load and EID sample collection, labelling, packaging and transportation. The Rabai Sub-County SCMLT and SCASCO were also supported

³¹ Kasigau HC, Buguta HC, Sagalla HC, Kajire Disp, Maungu HC, Marungu HC, Tausa HC, Ndome Disp, Ghazi Disp, David Kayanda, Mwambirwa SCH, Mgange Dawida HC, Mwanda HC, Wundanyi SCH, Mgange Nyika HC, Nyache HC, Mbale HC, Werugha HC, Taveta SCH, Kitobo HC, Eldoro Disp, Kimorigo Disp, Mata Disp, Rekeke HC, Challa Disp, Mahandakini Disp, Chumvini Disp, Njukini HC, Mwatate SCH, Wesu SCH, Moi CRH, Maktau HC, Kwammengwa Disp, Mwashuma Disp, Bura HC, Mrughua Disp, Saghaignu Disp, Mpizinyi HC, Dembwa Disp, and Modambogho Disp

by the *Afya Pwani* to conduct OJT to 24 (10 M, 14 F) service providers from 7 facilities³² in harvesting, packaging, labeling and transportation of viral load specimen using plasma.

Between October and December 2017, *Afya Pwani* project staff also conducted supervision using the Site Improvement through Monitoring System (SIMS) tool to Malindi, Kilifi, Port Reitz, Tudor and Likoni Hospitals respectively. The Project also worked with health care workers at these sites to help address gaps that were identified during the support supervision visits, including a lack of SOPs, incorrect room temperatures due to dysfunctional air conditioners etc. Project staff also conducted a Strengthening Laboratory Management Toward Accreditation (SLMTA) management review meeting for Malindi Sub-County Hospital as part of effort to strengthen and improve the quality of laboratory services across project supported sites. To improve on the quality of HTS, quality assurance and quality Control (QA/QC) and PT corrective action trainings for County Medical Laboratory Technologist (CMLT), SCMLT and Laboratory Managers for Mombasa, Kilifi, Kwale and Taita Taveta Counties where a total of 80 (56 M, 24 F) managers were done. Lastly, during the quarter under review, *Afya Pwani* also focused on good inventory management practices have been strengthened through ensuring the availability and use of laboratory stock cards, top up cards and facility consumption and data request forms to track laboratory commodities while S11 forms were used to issue out consumables.

Lessons Learned

1. Continuous OJT and mentorship is key to improving knowledge and skills
2. Consumables proposed to be dispatched to counties immediately when received at Coast General Laboratory.
3. Working extra hours with commitment to achieve real time flow of samples result dispatch
4. The case discussions /MDTs have improved the Quality of services being offered to clients at the facilities.
5. Revival of the WIT/QIT will strengthen the performance of Service providers hence quality services to clients.
6. Frontline SMS platform has proved to be an effective way of reminding clients to keep clinic appointments and in defaulter tracing. In facilities where it has been implemented (Moi CRH, Taveta SCH, Wesu SCH, Mwatate SCH and Ndovu HC) the following have been noted:
 - Unscheduled visits in the clinics have declined.
 - Clients come early creating a platform for health talks before triaging
 - There is enough time for triaging patients this enables the nurse identify those who need targeted counselling
 - Clients are all seen in the early hours of the day leaving afternoon for the clinician to be deployed in other clinics like causality to assist or update the CCC registers.

³² Kokotoni Dispensary, Rabai Health Center, Kombeni Dispensary, Bwagamoyo Dispensary, Lenga Dispensary, Makanzani Dispensary and Mgamboni Dispensary.

Output 1.4 HIV Prevention and HIV Testing and Counseling

During the October-December 2017 quarter, Afya Pwani tested 107,704 people against a target of 83,882: an achievement of 128% with a yield of 2.0 % (2,113). See Figure 9 for more information on these trends.

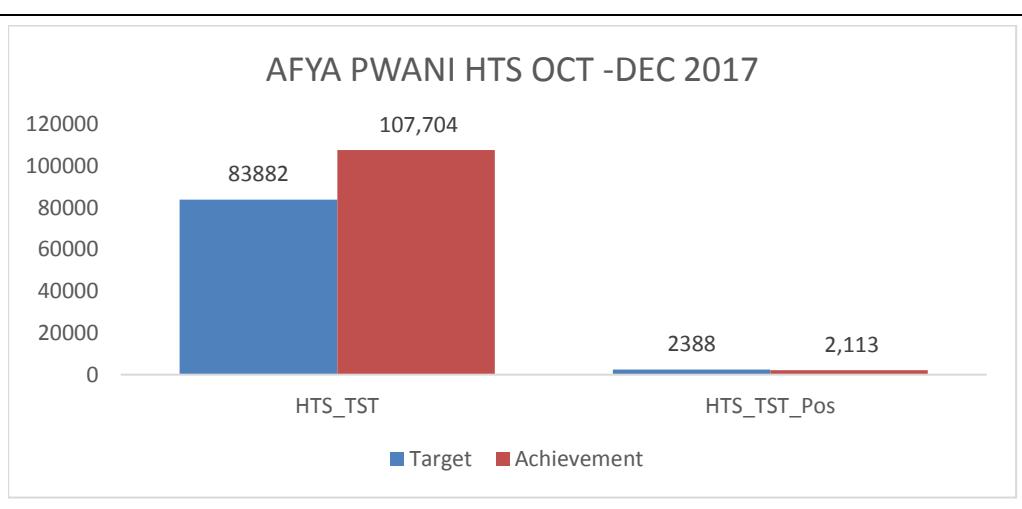


Figure 9 Afya Pwani HTS Oct -Dec 2017

The Project also achieved 88% (2,113 of 2,388) of its target for newly identified HIV positive in the quarter with Kilifi and Mombasa exceeding their targets at 110% and 140%, whilst Taita Taveta achieved 67%, Kwale 47% and Lamu 53% respectively. Please see Figures 10 and 11 for more information.

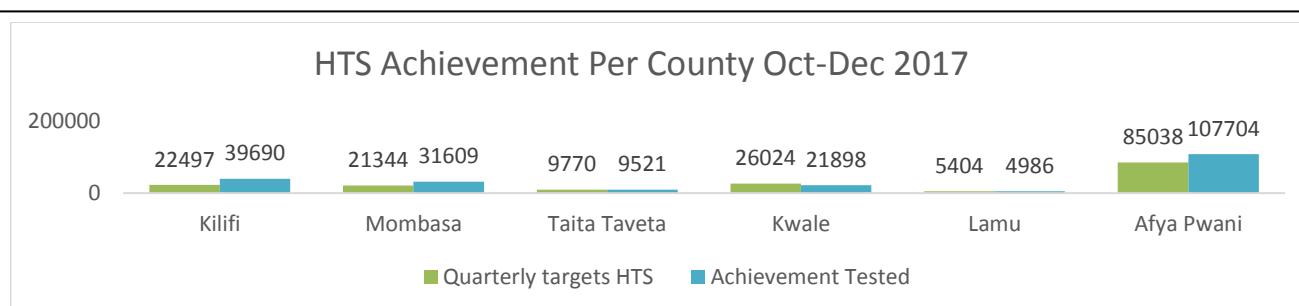


Figure 10 HTS Achievement Per County Oct-Dec 2017

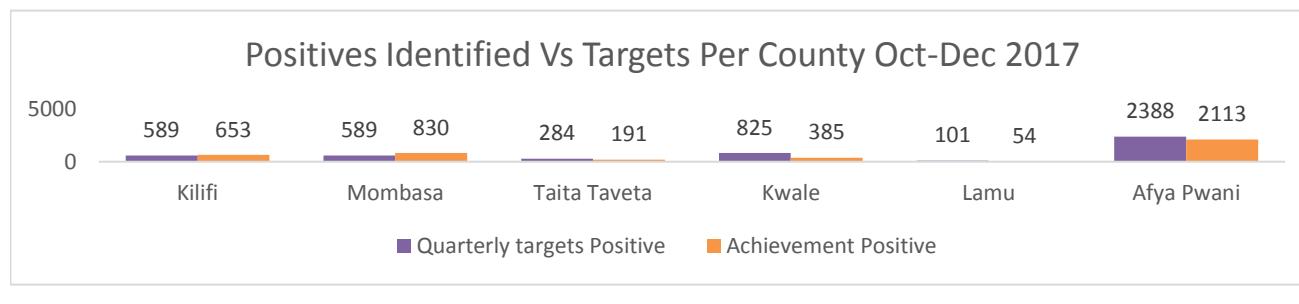


Figure 11 Positives Identified Vs Targets Per County Oct-Dec 2017

a) Testing disaggregated by age and sex

Higher yields in percentage and absolute numbers are among 25-49-Year-old and the above 50. The project will continue to tailor make testing strategies to target these age groups of both sexes. In terms of the yield per testing points, the TB clinic gave the highest yield of 9.6% (122 out of 1277) though with low absolute numbers. The project will couple HTS to the recently introduced concept of active case finding to test more TB suspects hoping to increase the absolute numbers from the modality. Testing in VCT and Inpatients gave relatively higher yields at 2.6% and 2.3%. The Project will employ targeting strategies like partner notification testing (see in section to follow) and use of HTS screening tool to optimize

HIV testing and improve the yields across all the testing modalities. The numbers tested in inpatients were very low in counties like Lamu, Kwale and Taita Taveta. The Project will deploy HTS counselors to hospitals in Kwale and Taita Taveta Counties to increase inpatient testing. More information is available in Table 16 and Figure 12 below.

Table 16 HTS By Age and Sex Disaggregation

HTS By Age and Sex Disaggregation				
Age	Sex	Neg	Pos	Yield
<1		32	1	3.0%
1-9 Yrs.		2984	72	2.4%
10-14 Yrs.	F	2325	32	1.4%
	M	1699	21	1.2%
15-19Yrs.	F	7630	75	1.0%
	M	4908	71	1.4%
20-24 Yrs.	F	20011	280	1.4%
	M	6411	91	1.4%
25-49Yrs.	F	38091	849	2.2%
	M	16485	460	2.7%
50+Yrs.	F	2546	103	3.9%
	M	2175	58	2.6%
Total	F	72111	1376	1.9%
	M	33186	738	2.2%

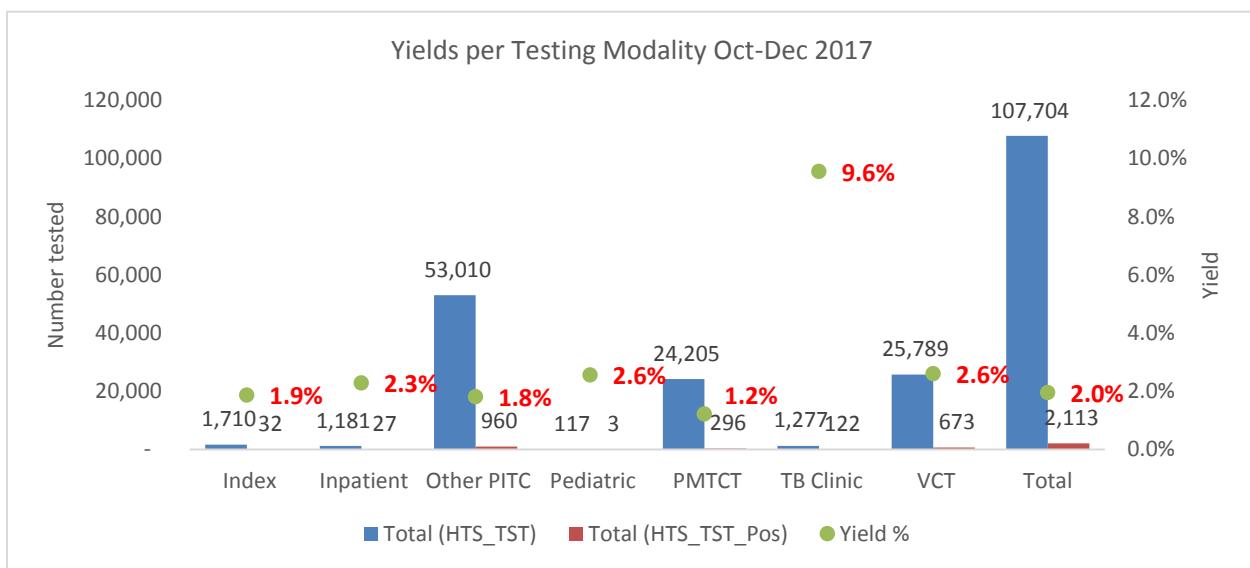


Figure 12 Yields per Testing Modality Oct-Dec 2017

To achieve the above results in the charts, the Project had several interventions ranging from demand creation, optimizing HTS, reaching key and priority populations including children, young people, improving quality of HTS services and linkage to care.

i) Demand Creation

During the quarter under review, *Afya Pwani* sub-grantees also carried out health education sessions in facilities and community dialogue sessions to inform the community on the importance of testing, correcting myths and misinformation, testing where possible and referring for HTS if community testing was not possible. In Kilifi County particularly, the Project continued to engage community health assistants, HTS providers, community health volunteers (CHVs), mentor mothers and peer educators to conduct 215 community education sessions reaching 7,183 community members including pregnant and breastfeeding mothers at community and the facility. Other topics were covered included FP, Sexual Transmitted Infections (STIs), nutrition and cancer screening.

Afya Pwani also conducted CME sessions and sensitizations for clinical staff so that they can counsel clients in their consultation rooms, wards and special clinics on the need for HTS and refer those at increased risk to the HTS providers within the facility. Health action days were also used to create awareness and demand for HTS. In Taita Taveta County for example, 20 peer educators were supported to mobilize for HTS during the World AIDS Day celebrations where 287 (121 M, 166 F) people were tested with 8 (1 M, 7 F) being identified as positive who were all linked to Maungu Health Center and Moi Voi County Hospital.

ii) Optimizing HTS:

Guided by data, the Project also worked on strengthening provider initiated testing and counselling (PITC) in high yielding sites through placing of HTS counselors and updating clinicians on the current recommendations for HTS, encouraging them to refer high risk clients for HTS. The HTS screening tool has been rolled out in 11 health facilities, (6³³ in Mombasa and 6³⁴ in Kilifi). Six facilities (Chaani, CPGH, Kisauni, Jomvu, Tudor and Likoni) showed improved yields compared to the previous quarter while Miritini, Port Reitz, Kongowea, Mlaleo and Magongo either had declines or no difference in yields compared to the previous quarter. *Afya Pwani* will continue to support these five facilities and others to utilize the tool correctly.

³³ Mbuta health center, Mrima health center, Bamburi health center, Ganjoni health center, Utange Health Center, Mvita Health Center, Port Reitz, CPGH, Likoni, Tudor, Mlaleo, Magongo, Miritini and Kongowea

³⁴ Kilifi County Referral Hospital, Malindi Hospital, Marafa HC, Gongoni HC, Muyeye HC, Omar drop in center.

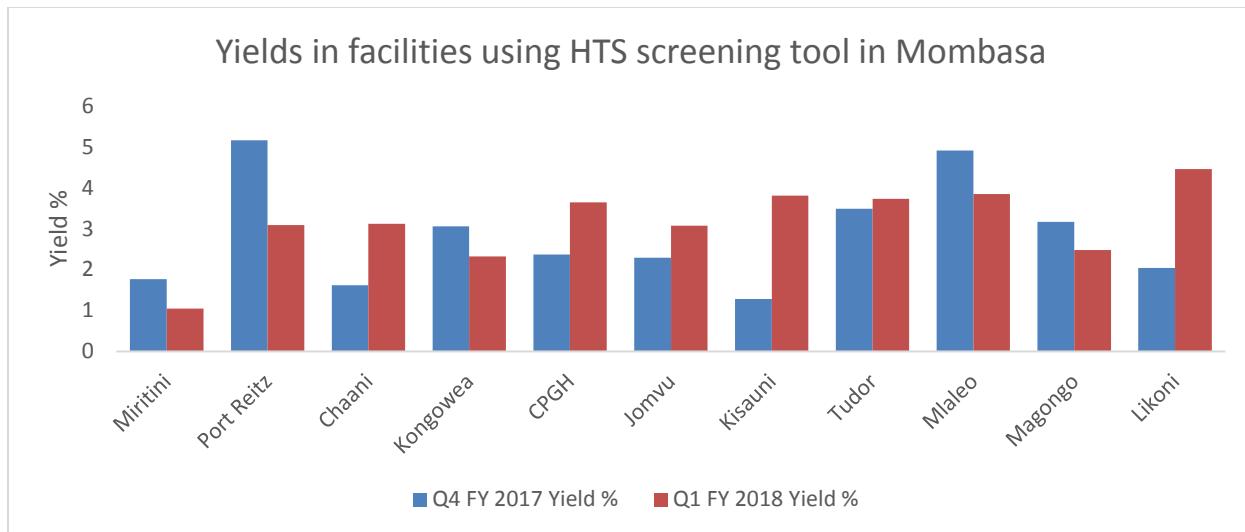


Figure 13 Yields in facilities using HTS screening tool in Mombasa

iii) Reaching Key and Priority Populations

Between October and December 2017 *Afyा Pwani* sub-grantees worked in collaboration with the Linkages Project and offered HTS to KPs and their partners during 10 moonlight activities in Ganze and Bamba Sub-Counties, reaching a total of 256 (138 M, 118 F) people above 15 years, where 1 male and 1 female were identified as PLHIV and linked to Bamba Health Center. The Project will support its sub-grantees and Linkages to optimize HTS to increase the yields and focus on sexual partners of index clients.

iv) Reaching men and sexual partners of PLHIV

Afyा Pwani conducted partner notification services(PNS) testing training for 34 HTS providers from 15 HVFs³⁵ in Mombasa County. The Project will scale up PNS trainings for HTS providers in Kilifi, Kwale and Taita Taveta Counties in the 2nd quarter of the year. The trained HTS providers have started offering PNS services targeting children and sexual partners of newly identified PLHIV and virally unsuppressed PLHIV on treatment. Extended hours testing during lunch, after hours and weekend continue to be implemented in select facilities within urban centers and near work environments (Export Processing Zones [EPZ] factories) targeting men for testing.

³⁵ Coast provincial general hospital, Likoni Sub-County hospital, Portreitz Sub-County hospital, Mbuta model health center, Mrima health center, Mlaleo health center, Bamburi health center, Kongwea health center, Tudor Sub-County hospital, Miritini CDF, Ganjoni health center, Mvita health center, Kisauini dispensary, Jomvu health center and Chaani health center.

Some of the health facilities involved in extended hours testing are CPGH, Miritini CDF Health Center, Jomvu Health Center, Portreitz Sub-County Hospital, Magongo Health Center, Likoni Sub-County Hospital and Mrima Health Center. The Project is collecting data on this strategy to monitor its coverage and yields to inform decisions on scale up or not. *Afyा Pwani* also worked with 8 volunteer HTS Counsellors in Rabai Sub-County to reach the Youth in the *Boda Boda* industry for HTS with 166 of them (all male) offered HTS Services, 1 tested HIV positive and was linked to Rabai Health Center for treatment services. To reach men in Taita Taveta, Lower Mwachabo CU and Njukini Community Health Workers Community Based Organization (CBO) conducted index client testing at Njukini Health Center, Chala Dispensary, Shelemba Dispensary, Maktau Health Center and Manoa Dispensary reaching 335 clients with 6 being positive who were all linked to nearby facilities. See Table 17 for more information.

v) Reaching infants and children

The Project also integrated HTS into routine CWC services to bridge the gap in child testing through CME sessions and on-job mentorship of the HTS providers. Of 7,040 children under 15 years were tested identifying 129 positives with a total of 105 children linked to treatment with 81% linkage rate.

Testing in Out-patient Departments (OPD)

(reported as other PITC in Data for Accountability Transparency and Impact (DATIM) have been expanded with the availability of HTS counselors in HVFs. Clinicians have been reminded on IMCI to increase the index of suspicion for HIV and offer HTS to sick children in OPD, CWC, wards and special clinics. Index client testing and PNS will also be scaled up to in Q2 to increase children testing. Child testing eligibility screening will be emphasized to improve the yields for children. See Table 18 for more detailed information.

vi) Reaching young people

Through *Afyा Pwani's* community sub-grantees, young people aged below 25 years were mobilized and tested for HIV through Peer educators and community health workers in Kilifi, Mombasa, Kwale and Taita Taveta Counties. *Afyा Pwani* continued to support Mombasa, Kilifi and Taita County health departments through sub-grantees to engage and capacity build peer educators who offer HIV combination prevention messages, treatment messages and psychosocial support to youth living with HIV. Targeted HIV counseling and testing services will continue to be offered to youth at risk of HIV in community and colleges with newly identified young people living with HIV being encouraged to bring partners for testing or give partners' contacts for follow up and invitation for testing. The *Afyा Pwani* project will intensify facility based testing of young people especially pregnant women attending ANC to ensure 100% testing in the next quarter.

vii) Self-testing:

Table 17 Index Client by Two Sub grantee in Taita Taveta County

Index Client by Two Sub grantee in Taita Taveta County						
Age Groups	<15 Years		15-24 Years		25 Years >	
	Sex	M	F	M	F	M
Clients Tested	19	34	39	32	123	88
Positive	0	1	0	0	2	2
Linked	0	1	0	0	2	2

Table 18 HTS By Age and Sex Disaggregation

HTS By Age and Sex Disaggregation				
Age	Sex	Neg	Pos	Yield
<1 Yrs.		32	1	3.0%
1-9 Yrs.		2984	75	2.5%
10-14 Yrs.	F	2325	32	1.4%
	M	1699	21	1.2%

The Project is yet to implement self-testing in the supported counties due to lack of the self-testing RTKs. In Q2, once the kits are available, partnerships will be built with the counties and other stakeholders to ensure effective rolling out and monitoring of self-testing.

b) Improving the quality of HIV Testing Services

Quality of HIV testing services is assured through proficiency testing (PT), quarterly counsellor supervision, capacity building, observed practice, job aids provision and confirmatory tests of all positive tests. In all sites, *Afyा Pwani* conducts confirmatory test on all positive individuals at the comprehensive care clinic or another service delivery point by a different HTS provider using a newly drawn sample before enrollment to treatment.

i) CME/updates:

Afyा Pwani in collaboration with Mombasa CHMT conducted a CME session on updates in new HTS guidelines to 34 HTS counselors (1 M, 33 F) from 9 HVFs³⁶. The HTS updates helped the counselors to better understand the changes in the new HTS guidelines, which include emphasis on the 5Cs of Consent, confidentiality, Counseling, Correct test results and Connection to other services. In Taita Taveta County, **40 (19 M, 21 F)** health workers from Taveta Sub-County Hospital and Moi County Referral Hospital benefitted from a similar CME session.

ii) Counselor supervision

Afyा Pwani collaborated with the County Governments in offering counselor supervision to HTS counselors in the region. In Mombasa county 14 group counselor supervision sessions were held in Likoni, Changamwe /Jomvu, Mvita and Nyali /Kisauni Sub-Counties, 89 counselors (22 M, 67 F) were reached with counselors' supervision. In Kilifi County 79 HTS counselors (30 M, 49 F) from Malindi County Hospital, Kilifi South, Kilifi North, Kaloleni /Rabai Sub-Counties were reached with counselor supervision. *Afyा Pwani* will liaise with the county government to offer counselor supervision in Malindi Sub-County and Magarini Sub-Counties in Kilifi County in the next quarter. In Taita Taveta county 18 counselor group supervision meetings were held in Taveta, Voi and Wundanyi Sub-Counties with 50 HTS services providers benefiting. The sessions focus on personal development and self-awareness, client work, capacity building and administrative briefings. The sessions foster efficacy, efficiency, personal and professional growth and development. Through supervision, counselors can deal with their own issues like; low self-esteem, poor interpersonal relationship either at work, home/family, and transference issues which can distort the therapeutic relationship. Supervision also helps counselors overcome the physical, mental and emotional exhaustion arising from repeatedly listening to client emotional issues. The supervisees also gain knowledge, updates and skills which are necessary in establishing professional counseling sessions with their clients.

iii) On Job mentorship and support supervision

³⁶ Coast provincial general hospital, Portreitz Sub-County hospital, Tudor Sub-County hospital, Likoni Sub-County hospital, Magongo health center, Kongwea health center, Jomvu health center, Mrima health center, Bamburi

Between October and December 2017, the *Afya Pwani* offered support supervision and mentorship to several select health facilities in Mombasa³⁷ (15), Kilifi³⁸ (5) and Kwale³⁹ (1) counties respectively. Mentorship and supportive supervision focused on select facilities gaps in HTS optimization, poor linkage, compliance with national algorithm and proper documentation. HTS providers also received refreshers on the new HTS guidelines which outline changes in the testing algorithm, confirmation of results by a different tester, lowering of the age of consent for an HIV test from 17 years to 15 years, retest recommendations for the general population, KPs, expectant mothers and negative partner in discordant relationships. Counsellors were also guided to provide testing in all facility service entry points, job aids for screening eligibility discussed and distributed, use of linkage tools for linkage of all testing positive. Job Aides on HIV Care and Treatment, HTS Algorithm, Nutrition in HIV, Gene Xpert Algorithm and STI Treatment were printed and supplied to Malindi Hospital, Mtwapa Health Center, Bamba Sub-County Hospital, Gede Health Center and Ganze Health Center during the reporting period. The Job aides have assisted in giving a step by step flow of performing protocols and procedures.

iv) Observed practice:

Afya Pwani also provided mentorship for HTS counselors through observed practice provided by a supervisor sit ins during HTS sessions. The supervisors observe pretest counseling, HIV test preparation and testing, interpretation of results and post counseling for a negative or positive results. A total of 10 female HTS counselors from Portreitz, Likoni and Tudor Sub-County hospitals in Mombasa County were offered observed practice. In Kilifi County three female counselors and five male counselors from Kilifi County Hospital and Malindi Sub-County Hospital were offered observed practice. They were affirmed, reassured and supported to improve in areas they perform below par. The counselors from Mombasa County were from Portreitz Sub-County Hospital, Tudor Sub-County Hospital and Likoni Sub-County hospital. *Afya Pwani* will continue to mentor more HTS counselors through observed practice in the next quarter.

v) Proficiency testing

Afya Pwani also supported Sub-County Laboratory Technologists to carry out corrective OJT for most of 232 HIV testing service providers who failed Round 16 proficiency. Between October and December 2017 corrective OJT was done in Mvita Sub-County for three nurses who were not available in the previous quarter in Mombasa County. In Kilifi County nine HTS providers (6 M, 3 F) were also offered corrective OJT in Magarini Sub-County, and one nurse in Kilifi South not available in previous quarter was also offered the same. *Afya Pwani* will support Sub-County Laboratory Technicians from Malindi Sub-County and Kaloleni Sub-Counties in Kilifi Sub-Counties to offer corrective OJT in the next quarter for the remaining HTS providers. Of note id that some of the reasons for wrong results were, failure to follow steps correct steps indicated in the PT job aids during reconstitution of the panel, cross contamination during reconstitution, incorrect incubation temperature and procedure, failure to incubate the sample overnight, failure to fill in the results correctly among other reasons. The corrective OJT participants are taken through sample reconstitution and filling in the results using the PT job aids. The Project will support printing and

³⁷ Coast provincial general hospital (CPGH), Tudor Sub-County hospital (TSCH), Likoni Sub-County Hospital (LSCH), Portreitz Sub-County Hospital, Tudor Sub-County hospital, Kongwea health center, Jomvu health center, and Magongo health center

³⁸ Kilifi county hospital, Malindi Sub-County Hospital, Gongoni health center, Marafa health center, Muyeye health center and the Omari project drop in center.

³⁹ Kinondo Kwetu.

disbursement of PT job aids. Round 17 PT has already been done in all Sub-Counties of Mombasa County (Mvita, Nyali/Kisauni, Changamwe /Jomvu and Likoni) the result sheets have been delivered to the National HIV reference laboratory. In Kilifi County Round 17 proficiency has already been done in Kilifi North Sub-County, the other Sub-Counties are waiting for the PT panels. Round 17 is also going on in Taita Taveta and Kwale Counties; *Afyा Pwani* is supporting the counties in delivering the result sheets back to the National HIV reference laboratory in the next quarter. *Afyा Pwani* will also support corrective OJT in the next quarter when the results are out. Lamu County received a total of 92 PT panels. The Sub-County laboratory managers supported by the Project are in the process of distributing the panels to specific facilities while in Taita Taveta County **244** round 17 PT panels were received and issued to the providers. A total of **196** providers accepted to do the PT, while **46** providers who are nurses refused to perform the PT and **2** panels did not have buffer. During the distribution OJT on how to perform the PT was done to the **196** providers.

vi) Staffing

This quarter under review the Project engaged 32 HTS counselors, who are counseling and testing clients in 29 HVFs to improve HTS service delivery, identify more clients to be initiated on ART, improve coverage of HTS services at entry points with high positivity rates such as the inpatient department, the outpatient department, TB clinic and the antenatal clinic and CWC. Mombasa County also engaged 13 counselors; Kilifi County- 13 counselors, while Kwale County engaged 2 counselors at Kinondo Kwetu Hospital.

Lessons Learned

1. Posting of *Afyा Pwani* facility support staff is critical to optimal HTS coverage, follow up to ensure linkage to treatment and index client family testing scale up.
2. Targeted community outreaches do not necessarily yield anticipated results of attracting men for tests and yield.
3. Physical escort of HIV positive individuals to the CCC for direct linkage to care and enrollment of HIV positive patients before discharge has proved to be a good practice which ensures that no missed opportunities in enrolling them to CCC.

Output 1.5: Tuberculosis/HIV Co-infection Services

Through strong partnerships with the County Departments of Health and *Afyा Pwani* has provided TB screening almost all PLHIV seen in supported facilities as was seen in the recently concluded SIMS assessment in Malindi, Kilifi, Likoni and Port Reitz Hospitals. HIV testing among TB patients was 97% with 98% of those found to be HIV/TB co-infected started on HAART appropriately. Surveillance for multidrug resistant (MDR) TB has been supported with 21 clients identified and all on treatment and intense follow up.

a) The 5I's: Intensified case finding (ICF)

Between October and December 2017, the Project has ensured that PLHIV are screened for TB during their clinical visits by providing mentorship and conducting OJT to health workers on the same. The Project team also printed and distributed job aides and missing ICF tools to facilities to enable clinicians to effectively conduct TB screening in line with national guidelines. In Kisauni Sub-County in Mombasa County, health service providers noted that there was an increasing trend of new TB cases being reported from schools, hotels and other institutions; to address this rise in TB cases, *Afya Pwani* worked with the SCMHT and conducted a one day sensitization and consultative meeting with 40 (26 M, 14 F) key stakeholders of the affected institutions that included managers from hotels, leaders from Kongowea market and schools in the area to prevent the spread of TB in the area. See Table 19 for more information.

Table 19 Gene Xpert Utilization per County Oct-Dec 2017

GENE XPERT UTILIZATION PER COUNTY				
COUNTY	TESTING FACILITY	TOTAL TESTED	TB POSITIVE	RIFAMPICIN RESISTANT
KWALE	Kinango	25	21	0
	Kwale	31	12	0
	Msambweni	24	14	1
KILIFI	Malindi SCH	669	70	4
	Kilifi CH	743	85	5
LAMU	Lamu CH	134	6	0
TAITA TAVETA	Moi CRH	244	3	3
	Taveta Hospital	928	4	0
MOMBASA	Likoni	240	38	0
	CPGH	1,756	293	5
	Ganjoni	277	30	1
	Bomu	1,036	153	6
	Port Reitz	14	4	0
	Shimo La Tewa	1,205	166	4
	Mtongwe	449	39	4
AFYA PWANI	13 testing facilities	4,466	424	21

During the quarter, the *Afya Pwani* team continued to engage CHVs to conduct facility and community based active case finding to help early detection of TB as part of efforts to increase access and utilization of TB/HIV health services for clients. During the reporting period, Mombasa County supported 2 active case finding activities in Kongowea Market reaching 102 people, 54 were suspected to have TB, 35 Gene Xpert samples collected and 3 were found to have TB and started on treatment. Health education was given on common signs and symptoms of TB, treatment and health education on TB prevention. In Taita Taveta County, a CME on Gene Xpert utilization was supported at Taveta Sub-County Hospital, where 25 (15 M, 10 F) health workers attended. As an action point, they agreed to screen all clients seen at the OPD and wards with at least one TB symptom. Also, all PLHIV at the CCC and MCH are to be screened using the ICF tool and those suspected to be having TB to be sent for sputum test using Gene Xpert. With the roll-out of active case finding in high volume facilities, *Afya Pwani* will partner with CHMTs to build the capacity of health workers to conduct active case finding in all departments in supported facilities. In Mombasa County, *Afya Pwani* provided mentorship to 8 (5 M, 3 F) health care workers in 3 facilities (Likoni, Tudor and Portreitz) on the use of Gene Xpert testing in TB diagnosis. Also, a Gene Xpert TWG meeting reaching 30 service providers (17 M, 13 F) was supported in Mombasa County to discuss strategies to improve the utilization of Gene Xpert test for TB diagnosis. Among the challenges that were identified included lack of knowledge on the

use of the test and breakdown of the Gene Xpert machines in Mombasa County. *Afya Pwani* will work with the County Health Department to address these challenges through capacity building and networking with CHAI and TB ARC for repair of the machines.

b) IPT coverage

To address the Low uptake of IPT,⁶ 6 meetings were supported for the SCLTCs, SCASCOs and SCHRIOS in Taita Taveta, Kilifi, Kwale, Mombasa and Lamu to discuss on the low uptake of IPT for PLHIV who were eligible. It was realized that most of the facilities report using the interim tool, as there is no official reporting tool, but the SCHRIOS do not do data entries for all facilities in the DHIS 2. It was agreed that facilities will still be encouraged to continue reporting and the SCHRIOS committed that they will do the data entry as soon as they receive the reports. Utilization of new reporting tools which is now being done will support in solving the documentation and reporting challenge for IPT. The Project will support a rapid results initiative for initiation of IPT within the next 2 months.

Table 20 PLHIV started on IPT Oct-Dec 2017

COUNTY	PLHIV started on IPT (Oct-Dec 2017)
Kilifi	345
Mombasa	367
Kwale	234
Taita Taveta	136
Lamu	56
TOTALS	1138

Afya Pwani also conducted CME sessions for health care workers on IPT to under 5s reaching 25 (10 M, 15 F) service providers in Malindi, Kilifi, Mariakani, Portreitz, Likoni, Tudor, Kisauni Hospitals and CPGH respectively. This was done as part of efforts to ensure that children of parents with smear positive TB get prophylaxis for TB prevention since they are at a high risk of developing TB due to the Immune suppression. The cadres reached were nurses, clinicians, HRIOS, mentor mothers and community health volunteers working at MCH/PMTCT/CWC and CCC service areas. To improve IPT uptake among pregnant and breastfeeding women, targeted sensitization on IPT provision to 41 (15 M, 26 F) health workers providing eMTCT services was done in Malindi, Kilifi, Mariakani, Portreitz, Likoni, Tudor, Kisauni Hospitals and CPGH respectively. In the same period, mentorship on IPT initiation was provided to 25 (8 M, 17 F) health care workers from 14 HVFs⁴⁰. Facility based CHVs also provided health talks to raise awareness on IPT amongst PLHIV as part of efforts to increase uptake and adherence of IPT amongst PLHIV.

c) Infection prevention and control (IPC)

The Project also supported facilities like Mtwapa Health Center and facilitated separate clinic days for TB patients from the HIV clinic to prevent TB infection to PLHIV. Efforts to ensure good circulation have also been done through reminding health workers to keep doors and windows open in health service delivery areas. In the next quarter, the Project will utilize QI interventions to support process mapping to reduce congestion in CCC and other service delivery points, and will also build the capacity of CHVs linked to Project sites to triage coughers in OPDs, CCC, CWC and special clinics as ways of preventing the spread of TB. During the period under review, *Afya Pwani* supported the re-establishment of IPC committees in Kilifi, Malindi, Likoni and Port Reitz Hospitals in this quarter. To ensure sustainability of these initiatives,

⁴⁰ Malindi, Kilifi, Mariakani, Portreitz, Likoni, Tudor, Kisauni and CPGH, Ganjoni, Portreitz, Likoni, Kongowea, Bamburi, Utange.

the Project will continue to focus on strengthening (and forming where there are none) IPC Committees in HVFs. At the Sub-County level the Project will also spearhead the formulation, implementation and monitoring of IPC plans. See Table 21 below for more information.

Table 21 Number of TB Clients Tested for HIV Oct-Dec 2017

County	No. of TB Clients	No. tested for HIV	No. positive	No. started on ART
Kilifi	521	514	114	113
Kwale	180	180	33	32
Lamu	88	82	9	9
Mombasa	1091	1044	268	262
Taita Taveta	102	101	25	24
Afya Pwani	1982	1921	449	440

d) Integration of HIV/TB services

HIV infection significantly increases the risk of progression from latent to active TB disease; as such integration of HIV/TB health services is a vital component of any HIV care and treatment program aimed at creating sustained and improved health and well-being for its clients, in this light the Project supported mentorship to Tudor, Likoni, Portreitz, Magongo, Kisauni, Kongowea, Bamburi, Mariakani, Kilifi, Malindi, Mtwapa, Vipingo and Bamba Health facilities on HIV-TB integration, with an emphasis on 100% testing of TB clients and a total of 51 HCW (20 M, 31 F) were mentored. In Taita Taveta County, a CME reaching 137 (58 M, 79 F) health workers from 24 facilities⁴¹ was done that focused on the 5Is of TB management. During the reporting period under review, a total of 1,921 of 1,982 (97%) TB clients were tested for HIV, 449 were found to be HIV positive and 440 were linked to ART. Seven of the nine had advanced disease on diagnosis with ART initiation delayed to reduce the risk of Immune reconstitution inflammatory response, and two clients declined ART. The Project has since followed up all these clients to ensure that they are all started on ART.

e) Immediate ART initiation for HIV/TB co-infected persons

As a standard practice in the management of TB/HIV coinfected clients, all clients whether TB co-infected or not are started immediately on HAART after diagnosis. Through TA offered, immediate HAART Initiation for HIV/TB coinfected persons has been observed to ensure quality treatment outcomes as compared to treatment of the opportunistic infection (TB) before HAART initiation. As hallmark of quality service delivery, immediate HAART initiation is advocated for to promote a holistic approach to Client Services that reduces morbidity and mortality of the co infected clients.

⁴¹ Wundanyi SCH, Mgange Nyika HC, Sangeroko Disp, Kishushe Disp, Nyache HC, Mbale HC, Werugha HC, Taveta SCH, Mwatate SCH, Wesu SCH, Moi CRH, Maktau HC, Kwammengwa Disp, Mwashuma Disp, Bura HC, Mrughua Disp, Mbagha Disp, Kighangachinyi Disp, Saghaighu Disp, Mpizinyi HC, Dembwaa Disp, Dawson Mwanyumba Disp, Manoa Disp and Modambogho Disp

f) Support to MDR Tuberculosis

To improve surveillance for MDR and the utilization of Gene Xpert machines, the Project supported 2 sensitization meetings targeting 20 (6 M, 14F) service providers at Mariakani Sub-County Hospital and Kilifi County Referral Hospital. In Lamu County, the Project supported quarterly Sub-County Laboratory Coordinators meeting which was attended by Laboratory coordinators from the following HVFs: Lamu County Hospital, Mpeketoni Sub-County Hospital, Witu Health Center and Faza Sub-County Hospital. Among Key areas discussed in this meeting included: Gene Xpert uptake and utilization. The Gene Xpert uptake and utilization is low in the County and as a strategy to improve utilization of services, health care workers were given monthly targets to meet. Clinician especially working in comprehensive care centers were advised to cooperate with lab staff to ensure the monthly targets are met.

g) Clinical review meetings

During the quarter under review, *Afyा Pwani* supported and facilitated three MDR TB clinical review meetings in Kilifi North, Wundanyi and Voi TB control zones, where a total of 10 patients were discussed. In Voi Sub-County, there are four drug resistant DR-TB cases, where one was pre-exclusively drug resistant (XDR), one is polyresistant TB (INH/E) from Kajire and two are cases of Rifampicin Resistance. In Wundanyi Sub-County 2 MDR TB patients currently on continuation phase. In Kilifi North Sub-County, there are four DR cases which are also on continuation phase of treatment. Contact tracing for the contacts of MDR clients was supported in all the counties.

Lessons learnt

1. Having a nurse in the TB clinic improves the quality of care and outcomes of TB treatment as they do triaging and offer other services like nutrition.
2. Sensitizing health workers on gene Xpert testing has improved the utilization of the machines.
3. The project has learnt that most of the reasons for low uptake of IPT are facility based and not at the higher levels. Commodities are available.
4. Rapid adoption of the new NASCOP reporting tools will help address the documentation and reporting issues with IPT and TB data.

Way Forward

- ✓ All supported facilities to be assisted to have an Infection prevention plan working in collaboration with the CHMT
- ✓ The TB clinics should have adequate ventilation; this needs to work with CHMT to ensure that is provided
- ✓ Protective gears like masks should be provided to HCW in the TB clinic

Table 22 Drug Resistant Patients Oct-Dec 2017

Drug Resistant Patients Oct-Dec 2017		
County	No.	Status
Kwale	7	On treatment
Kilifi	17	On treatment
Mombasa	19	On treatment
Lamu	0	On treatment
Taita Taveta	6	On treatment
Afyा Pwani	49	On treatment

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

Output 2.1: Maternal, Newborn and Health services

During the quarter under review, *Afya Pwani* reached a total of **9,130** new clients with Focused Antenatal Care (FANC) services in the County; this was an increase of **6,140** from **2,990** clients that were reached in the previous quarter. This increase is attributed to the end of the five-month nurses strike, the intensified community sensitization and mobilization activities, as well as facility related interventions e.g. maternity open days, integrated in-reaches supported by *Afya Pwani*. Between October and December 2017, **1,501** clients completed 4 ANC visits as compared to **748** clients that were reach in the July to September 2017 quarter; an increase of **753** clients. This increase is attributable to the above-mentioned interventions. In the coming quarter, the Project will scale up the interventions started in Quarter 1 to improve the ANC attendance.

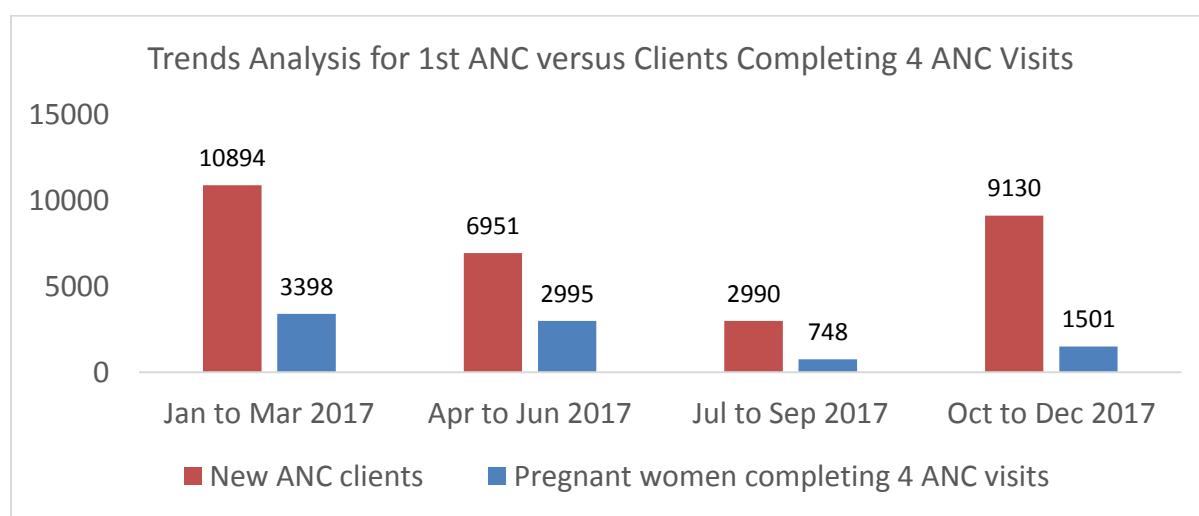


Figure14: Trend Analysis for the 1st and 4th ANC Visits Jan 2017 to December 2017

a) Increase demand for MNCH/FP services

i. Community awareness and community dialogues sessions

As per Figure 1 above, the performance of 1st ANC in July-Sept was extremely low compared to the previous three quarters of the FY 17. To address this issue, Project staff focused efforts on invested in mobilizing pregnant women that had missed their visits during the five-month industrial action. Through these efforts the Project was able to reach a total of 9,130 new ANC clients, which is an increase of 305% in the quarter currently being reviewed. Between October and December 2017, *Afya Pwani* was also able to engage five sub-grantees whose scope of work was geared towards increasing demand for MNCH/FP services. The specific interventions implemented during the quarter are detailed below:

ii. Advocacy meetings with opinion leaders

In the quarter under review, *Afya Pwani* also supported a total of six advocacy meeting with opinion leaders in Kilifi South and Magarini Sub-Counties. Additionally, *Afya Pwani* also supported and facilitated four meeting for 30 participants at Chasimba facility for opinion leader's from Bandara Salama Village in

Chonyi. During the meetings, the leaders were sensitized on the following topics: Their role in promoting good health seeking behavior in the community; the importance of FP; the need for pregnant women to start ANC early and completion of 4 ANC visits; the importance of skilled birth attendance and the need to complete childhood immunization. They were also sensitized on the need for men to take the lead in the health of their families and their role they can play in addressing retrogressive cultural practices. It should be noted that these project supported opinion leaders have so far been holding advocacy meetings in religious institutions and holding discussions with community members in small groups, as well as giving health information during Chiefs' *Barazas*.

In Magarini Sub-County 2 opinion leaders' meetings targeting 84 leaders were held in Marereni (49 M: 19 F) and Gongoni (17 M and 18 F), where participants were sensitized on the importance of seeking health care especially for pregnant women and children. Specific emphasis was put on the leaders' role in addressing cultural and religious beliefs that negatively affect health seeking behavior amongst this cohort as part of the Project's goal to increase access and availability of high quality MNCH services. During these meetings, participants were also urged to use already existing community forums like *Barazas* to help share and disseminate positive health information to community members on the importance of ANC attendance, facility deliveries, postnatal care, FP use and immunization. For more information on some of the advocacy meeting with opinion leaders supported during the quarter by the Project and its sub-grantees, please see the Table 23 below:

Table 23 Advocacy meetings with opinion leaders to discuss socio cultural barriers to the utilization of MNCH/FP services

Sub-County	People reached	Sub-Grantee
Malindi (Kakuyuni)	32 (12F, 20 M) (MOH 11YOUTH) Participants were drawn from different sectors	HERAF
Malindi (Kakuyuni, Madunguni and Ganda)	32 opinion leaders	HERAF

iii. Community dialogues

In the quarter under review, *Afya Pwani* also supported 8 targeted community dialogue sessions around the following health facilities: Msumarini Dispensary (10 M and 11 F), Mtepeni Dispensary (13 M and 14 F), Vipingo Health Center (14 M and 6 F) in Kilifi South Sub-County; Marereni Dispensary (30 M and 19 F) in Magarini Sub-County; and finally, Gede Health Center in Kilifi North Sub-County, where community dialogues were held in 4 sites (59 M and 118 F). A **total of 295** community members attended these sessions and received positive health information on the importance of ANC attendance especially the need to start clinic and completion of the 4 visits; completion of childhood immunization, importance of skilled attendance at birth and postnatal care; importance of FP especially for child spacing; and nutrition support including the importance of exclusive breastfeeding for the first six months. These community dialogue sessions also proved to be effective feedback forums, where community members also shared information on what some of the key barriers were preventing or curtailing them from accessing and utilizing health services. Some of the barriers identified during these sessions were: fear of HIV testing; vigorous palpation of the pregnancy causing discomfort; uncomfortable vaginal examination during

labour; long distance to the facility and security issues at night. Some of the proposed interventions to address some of these issues included: targeting Women of Reproductive Age (WRA) with information on the importance of ANC attendance, skilled deliveries and child spacing as well as efforts geared at quality of care to improve health worker's attitudes towards clients.



Community dialogue session ongoing at Ngomeni in Magarini Sub-County on 10th November 2017

iv. Community health information sharing through edutainment sessions

As part of efforts to increase access and availability of high quality MNCH services in Kilifi, the Magarini cultural group organized 2 edutainment sessions in Magarini Sub-County, one at Gongoni market reaching 93 people (59 M and 34 F) as well as at the Gongoni Chief's Camp which reached 62 people (40 M and 22 F). The group entertained the participants with songs composed around MNCH/FP themes. These edutainment sessions were also capitalized on by public health officers (PHOs) to give health talks to the participants and sensitize them on positive health seeking behavior more broadly. It is hoped that these interventions will prove to be useful forums for the dissemination of positive health information regarding MNCH as part of increasing access and availability of the same by communities in these areas.

v. Maternity open days

This quarter *Afya Pwani* also supported and facilitated Maternity open days where health care workers invited pregnant women from their catchment areas for tours of their respective facilities and for closed targeted group discussions to find out more about the experiences of these pregnant women in terms of seeking services. These meetings are held within the confines of the health facility to allow the pregnant women to tour the maternity unit and interact with the health care providers on one on one basis. Clients who attended these project supported maternity open days were able to ask questions about services

being offered as well as to raise any concerns they had about the same. These maternity open days were also useful forums for health workers to address and debunk any myths and misconceptions that women from the community had about delivering or seeking services at the facility. It should be noted that unlike the routine health education sessions held at the MCH where health care providers decide on the topic of presentation regardless of its relevance and preference of all clients, during the maternity open days the pregnant women/participants *suggest* issues or concerns for discussion. The photos below illustrate some of the maternity open day sessions that Afya Pwani supported during the October-December 2017 quarter that is under review.



Maternity open day in session at Rabai Health Center on 5th December 2017



Pregnant women touring maternity units at Dzikunze and Rabai Health Centers.

During the reporting period, *Afya Pwani* supported a total of six maternity open days with pregnant women at the following HVFs: Rabai Health Center and Kokotoni Dispensary in Rabai Sub-County and Dzikunze Dispensary, Bamba Sub-County Hospital, Jaribuni Dispensary and Vitengeni Health Center in Ganze Sub-County in Ganze Sub-County. Pregnant women in the surrounding communities were also invited to these health facilities and engaged in the discussions about MNCH services during these project

support open days. A total of **372** mothers attended these maternity days⁴², and it is hoped that will be able to complete their ANC schedules and subsequently deliver at these respective health facilities.

Of further note is that during these maternity open days, the first-time ANC clients were taken through the *Mama* group concept⁴³ and the benefits of being a member of that group shared with potential members as part of efforts of increasing access and availability of high quality MNCH services; the *Mama* group meetings in these facilities will commence in the second quarter of FY 18. As part of increasing access and availability of high quality MNCH services for youth, and recognizing that this cohort has a set of special needs, Afya Pwani will be establishing a special *Mama* group for the youth called the- *Mrembo group* which will take off in the next quarter. Following these open days, both pregnant women and health care workers identified potential challenges in accessing ANC services and workable solutions agreed upon. On a positive note, both participants (pregnant women and mothers) and health workers from these facilities voiced their appreciation about the Maternity Open Days and that they recommended that all first ANC clients be taken around the labour ward for familiarization since some of those attending had never delivered in health facilities due to false perceptions of the labour ward in the community.

vi. Male champions

Afya Pwani supported Male champions in Ganze Sub-County have continued to sensitize their fellow men on MNCH/FP issues during the quarter under review, with four feedback meetings being held. More specifically, these Male Champions have focused efforts on sensitizing men in religious forums, Chiefs' *Barazas*, *Mangwes*⁴⁴, motorcycle riders and youth in the community sharing positive messages that were promoting FP uptake, completing 4 ANC visits and skilled delivery. In addition, the Project supported Male Champions, also focused on encouraging and advocating for male involvement in issues of reproductive health (RH) more broadly at the community level. During the Project supported feedback meetings, the male champions shared challenges in knowledge gaps they face, calling for more information on MNCH/FP topics during discussions with their peers to increase demand for the same.

Between October and December 2017, a further 30 Male Champions were identified from Kilifi South and Kaloleni Sub-Counties and taken through a 4-day training at the Moving the Goalposts hall, Kilifi town from 29th November to 2nd December 2017.⁴⁵ These trainings focused on the benefits of ANC, importance of having an individual birth plan and skilled deliveries, looking after a newborn, FP, Postnatal Care (PNC), Post-Abortion Care (PAC), immunization, growth monitoring, exclusive breastfeeding and complementary feeding among other topics. During the training sessions, the Male Champions also had an opportunity to highlight key barriers curtailing access and availability of RMNCH in their communities; of note is that

⁴² Rabai Health Center (108), Kokotoni Dispensary (92), Dzikunze Dispensary (50), Bamba Health Center (64), Jaribuni Health Center (42) and Vitengeni Health Center (16).

⁴³ This is an initiative started by the Afya Pwani project where pregnant women are grouped together into different cohorts, where they receive positive health information on MNCH including the importance of attending 4 ANC visits, delivering at the facility, nutrition, full immunization etc...

⁴⁴ Local drinking dens

⁴⁵ These Male Champions were selected based on the following criteria: Must be a role model, willing to serve as a volunteer, have a passion and interest in sensitizing the community on Reproductive, Maternal, Neonatal and Child health (RMNCH), as well as demonstrated commitment and willingness to serve their community.

religious and socio-cultural barriers are still playing a key role at the community level in many of the communities in Kaloleni and Kilifi South respectively. Moving forward, *Afya Pwani* project staff worked closely with these Male Champions and workplans around dialogues they will carry out among themselves and with the community to demystify myths and misconceptions around FP. They will report on the number of people reached with MNCH information by end of every month and number of people referred if any. Through awareness creation socio-cultural and other barriers to accessing health services will be addressed and more clients will access MNCH services.

vii. CHV sensitization Meetings

In the quarter under review, the Project also supported 10 CHV/TBA sensitization meetings which targeted a total of 254 participants from Kilifi North⁴⁶, Kilifi South⁴⁷ and Ganze⁴⁸ Sub-Counties on the following topics: Basic antenatal/maternal health education, importance of escorting pregnant women for ANC, deliveries and post-natal services, and referrals of babies born in the community within 48 hours. Moving forward, the CHVs and TBAs who attended will focus their efforts on advocating for increased utilization of MNCH/FP services in their communities as part of efforts to increase MNCH health outcomes for the same.

Afya Pwani Sub-Grantee HERAF also supported and facilitated sensitization meetings for CHVs and TBAs to conduct household visits to refer women, children for services and act as birth companions to expectant mothers in Malindi and Matsangoni and Mtondia areas in Kilifi North, reaching 60 (19 M and 41 F, and 43 CHVs 17 TBAs); and 58 (11 M and 37F, and 32 CHVs and 26 TBAs) respectively.

b. Improve access by optimizing functional existing County health services; Faith based health facilities (including use of outreach and private sector service provision)

i. Integrated outreaches and In-reaches

Between October and December 2017, *Afya Pwani* worked with Kilifi County to conduct 3 integrated outreaches and 48 In-reaches across the County as part of efforts to increase access and availability of high quality MNCH services for hard to reach areas and communities living in the same. The Project support outreaches in the following sites Mariakani Sub-County Hospital in Kaloleni Sub-County, Vipingo Health Center in Kilifi South Sub-County and Kilifi County Referral Hospital in Kilifi North Sub-County; whilst the Project also supported the following In-reaches: Rabai (16), Magarini (20), Kaloleni (1), Kilifi South (5) and Malindi (6). The table below shows the number of ANC clients seen during in reaches, outreaches and maternity open days

Table 24 Clients Reached During In-Reaches, Outreaches and Maternity Days Oct-Dec 2017

Item	Outreach & In-reaches	Maternity open days	Total
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⁴⁶ Mtondia Dispensary (28, 12M and 16 F), Matsangoni Health Center (30, 1M and 29F); Malindi – Gahaleni Dispensary (30, 18M and 12F), Mmangani Dispensary (30, 9M and 21F), Mkondoni Dispensary (27, 13M and 14 F).

⁴⁷ Msumarini Dispensary (22, 4M and 18F), Mtepeni Dispensary (21, 11M and 10F), Kizingo Dispensary (20, 14M and 6 F), Bomani Dispensary (20, 8M and 12F),

⁴⁸ Vitengeni Health Center (26, 14M and 12F).

New ANC clients	383	217	600
Revisit clients	367	176	543
Total	750	393	1143
4th ANC Visit	58	25	83
Tested for HIV	302	284	586
Positive for HIV	4	3	7

In the coming quarter, the Project will continue to support targeted integrated outreaches after remapping and use of target allocation for MNH services, and In-Reaches for hard to reach areas.

ii. Maternity shelters

As part of efforts to increase access and availability of high quality MNCH services, Afya Pwani in collaboration with facility staff from the Kilifi County Referral Hospital organized a meeting to discuss the revitalization of the maternity shelter at KCH which had been closed. Meeting participants discussed challenges in staffing, equipment, structure and services offered in the shelter and it was agreed that clients will initially be accommodated in the amenity ward as the maternity shelter structure undergoes repairs. It was suggested that *Afya Pwani* engage retired midwives and nurses pay them an agreed upon allowance or arrange locum for nurses to help provide services for the shelter once it is up and running again.

iii. Laboratory networking for ANC profile

During the Sub-County performance review meetings for Rabai, Kilifi South and Ganze Sub-Counties held during the quarter under review, lab networking or the lack thereof was identified as a barrier to access and availability of MNCH services due to cost and its unavailability in some peripheral facilities. To address this challenge, it was suggested that laboratory networking in these sub-counties be strengthened using the following three strategies (specimen, expertise and client parameters referral). Further discussions were held with the County Laboratory Coordinator to consolidate a list of facilities that would benefit from this networking. All of which will be operationalized in the upcoming quarter.

c. Enhancing Provision of High Quality Services

i. Capacity building

Afya Pwani also supported the implementation for 9 CME sessions for a total of 165 health workers on MNCH topics from across the following facilities: Kilifi County Referral Hospital (3 CME sessions held for 89 HCWs), Mariakani Sub-County Hospital (1 CME session for 13 HCWs), Rabai Health Center (1 for 19 HCWs) and Bwagamoyo Dispensary (1 for 15 HCWs). These CME sessions focused on improving knowledge on the following topics (based on the previously identified challenges and knowledge gaps): Proper use of Partograph, management of Pre-Eclamptic Toxemia (PET), management of Antepartum hemorrhage

(APH), Active Management of Third Stage Labour (AMSTL) and use of oxytocin and use of Vacuum extraction. An additional, 2 CME sessions were facilitated by *Afyा Pwani* to orient HCWs on the provision of MNCH/FP services to women with disabilities (CHMT staff 16 and Kilifi County Referral Hospital HCWs 13).



Health workers filling a partograph during a CME at Kilifi CRH on 30th November 2017

ii. Support supervision

During the quarter under review *Afyा Pwani* supported 5 Sub-County support supervision for a total of 54 health facilities (both private and public)⁴⁹, focusing on quality of services, documentation availability of equipment and supplies, availability of IEC materials and SOPs and, staff skill for provision of MNCH/FP services.

During the support supervision visits, project staff identified the following gaps: Documentation gaps especially in PNC and FANC and lack of updates in MNCH/FP, poor infection prevention practices, and lack of emergency trays. It was also noted that most facilities had stopped morning health talks or left entirely to non-technical staff, which was discouraging clients coming early for services. Also, most facilities were giving priority to CWC while ANC clients waited longer, something that was discouraged as it had come out from the maternity open days that women do not come for fear of long waiting times. Challenges in some of the facilities supervised included: Patients in private facilities being attended to by unqualified staff; Perinatal death reviews not conducted in all facilities; Some facilities had not done vaccine forecasting for the year 2017; Some emergency trays were not complete with all the required commodities; cold chain temperature monitoring charts were not properly filled to monitor temperatures within the fridges; some facilities, especially private ones were not submitting their monthly reports to the SCHRIO; use of the partograph in monitoring of labour was not being done effectively as most of them were incomplete

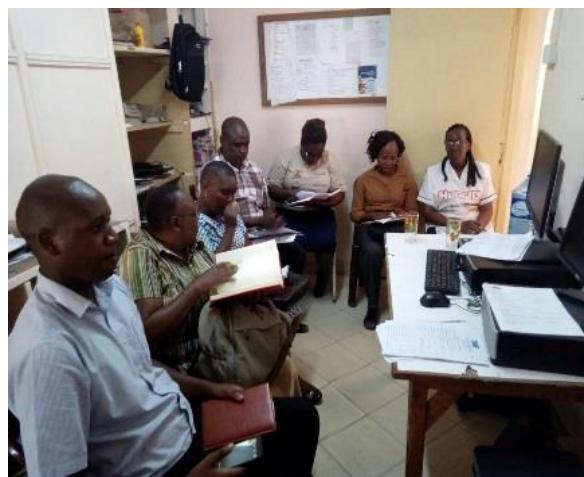
⁴⁹ **Kilifi South 10** (Mtwapa Maternity and Nursing Home, Jambo Medical Centre, St Teresa Dispensary., North Shore Medical Centre, Kanamai Health Care, Kikambala Catholic Dispensary., Maamba Medical Clinic, Oasis Medical Centre, Pumzika Medical Clinic and Swiss Cottage Hospital), **Kaloleni 8** (Hope Medical Clinic, Baobab Medical Clinic, Seaside Hospital, Gotani Health Center, St Lukes Hospital Giriama Mission, Tsangastini Dispensary, Mabati Medical and Mariakani Sub-County Hospital), **Malindi 17** (David Kariuki Medical Clinic, Ebenezer Health Care services, Maveni Community Health Care, Venoma Medical Clinic Malindi Complex, Star Hospital, St.Benedicto Health Centre, Mwawesa Medical Clinic, Mualafa Dispensary., Tawfiq Hospital, St. Mary's Msabaha Catholic Dispensary., Kakuyuni Dispensary., Ebenezer Health Care, Muyeye Health Center, Mualafa Health Care, Baolala Dispensary and Mkondoni Dispensary), **Ganze 7** (Bamba Sub-County Hospital, Jila dispensary., Paziani Dispensary., Midoina Dispensary., Ganze Health Center, Dungicha Dispensary. and Jaribuni Health Center) and **Magarini 12** (Ngomeni Dispensary, Shomela Dispensary., Gongoni Health Center, Kamale Dispensary., Adu Dispensary., Fundi Isa Dispensary., Shakahola

During the supervision, OJT and mentorship was also provided for 30 health workers on documentation, infection prevention and assembling of the resuscitation trays, as a stop gap measure before the provision of central trainings that the Project will be providing in the next quarter to address the same. During Afya Pwani's support supervision visits, project staff ensured that health workers were reminded of the importance of conducting daily health talks daily and the role that these talks play in regards to increasing uptake of health services amongst clients. Following the identification of knowledge gaps by project staff, the following action plans were developed to address the same:

Table 25 Support Supervision Knowledge Gaps and Action Plans

Identified gap	Plan of action
Unqualified staff attending to patients in private facilities	Facility administrators to employ qualified staff.
Some facilities had not done vaccine forecasting for the year 2017	Vaccine forecasting to be done and forecast sheets be displayed.
Perinatal deaths not reviewed	All perinatal deaths be reviewed at facility and report submitted to the Sub-County.
Cold chain temperature monitoring charts were not properly filled to monitor temperatures within the fridges.	Monitoring of temperatures within the fridges be done daily and TMC filled correctly.
Some facilities not submitting monthly reports	Facilities should compile their monthly reports and submit to the Sub-County office on time.
Partographs not well filled	Afya Pwani to organize for facility CMEs on partograph use.
Poor infection prevention practices in view of the prolonged health workers strike	OJT done on Infection prevention and CME sessions to be held in the next quarter on the same.

In the next quarter, *Afya Pwani* will continue to facilitate the SCHMTs teams to conduct support supervision for quality service delivery, and targeted and joint supervision.



Kilifi South SCHMT members conducting support supervision in Vipingo Health Center in October 2017

iii. Facility Quality Improvement (QI)

During the reporting period, the project also supported a follow up of QI implementation activities across 9 facilities in Rabai Sub-County⁵⁰ who had been trained on QI in the previous quarter. Of note is that two QI coaches visited these facilities to establish progress made after participants from these facilities had been taken through a 3-day QI training in August 2017. During the August 2017 *Afya Pwani* supported training, participants developed action plans which they were to implement in their facilities, during this quarter QI coaches organized site meetings with support from *Afya Pwani* to monitor progress on the implementation of these work plans. Progress reports on the same can be seen below:

- **Rabai Rural Demonstration Health Centre** is currently conducting a task analysis and updating and harmonizing their job descriptions and core competencies according to county and national standards, guidelines and competencies. It has also initiated a standards-based quality improvement process at clinical sites, and assisted in creation of action plans for all the sites.
- **Bwagamoyo and Kombeni dispensary** reported a low demand for FP. It is working to improve demand for FP by bringing information and services closer to the community, by awareness creation and spread health promotion messages and its working with community health volunteers, barber shop and beauty salon workers, and religious leaders to reach their clients and congregations to discuss misconceptions, lack of FP knowledge (especially in the postpartum period), teenage pregnancy, and healthy timing and spacing of pregnancy. The results are yet to be measured.
- **Kokotoni, Ribe, Kambe and Lenga dispensaries** are planning to carry out a demonstration project on immunization and FP integration. Their approach involves vaccinators providing a few short, targeted FP and immunization messages and same-day FP referrals to mothers who bring their infants to the health facility for routine immunization.

⁵⁰ Rabai Health Center, Makanzani Dispensary, Bwagamoyo Dispensary, Kokotoni Dispensary, Lenga Dispensary, Kambe Dispensary, Ribe Dispensary, Kombeni Dispensary, and Mitsajeni Dispensary.

- **Makanzani and Mitsajeni Dispensaries** have formed QITs but are yet to commence the situation analysis process and development of action planning mechanism and corrective actions.

In the second quarter of FY 18, *Afya Pwani* will continue to support the WITs to hold meetings to identify and address service delivery gaps, develop QI plans and track progress and achievements.

d. Increase utilization of MNH services especially emergency care by addressing existing barriers (cost) and improve coverage of services

i) Skilled birth attendance

During the quarter, a total of **4,018** deliveries occurred with SBA across project supported facilities in the seven sub-counties in Kilifi, an increase of **2,518** deliveries as compared to the **1,500** deliveries that occurred in the previous reporting period. This quarter, a total of **3,916** live births were also recorded across the seven sub-counties compared to **1,470** live births in the previous quarter; an increase of **2,436** deliveries. However, it should also be noted that there was a higher number of still births (79 fresh stillbirths (FSB) and 59 macerated stillbirths (MSB) recorded this quarter than the previous quarter (27 FSB and 22 MSB respectively). Delays in accessing skilled delivery services at the facility is attributed to the high number of FSB in the quarter, as well as a higher number of SBAs registered that. To increase uptake of SBA, *Afya Pwani* has focused efforts on supporting community as well as facility activities to strengthen service delivery including, advocacy meetings, maternity open days, *Mama* group sessions, health talks and updates for health workers (as has been discussed above). In the coming quarter, the Project will continue to scale up these interventions to minimize home deliveries, increasing the number of SBAs as part of efforts to improve the number of positive maternal health outcomes in the communities in Kilifi being supported by *Afya Pwani*. The figure below provides more information on SBA trends for the Project over the past one year.

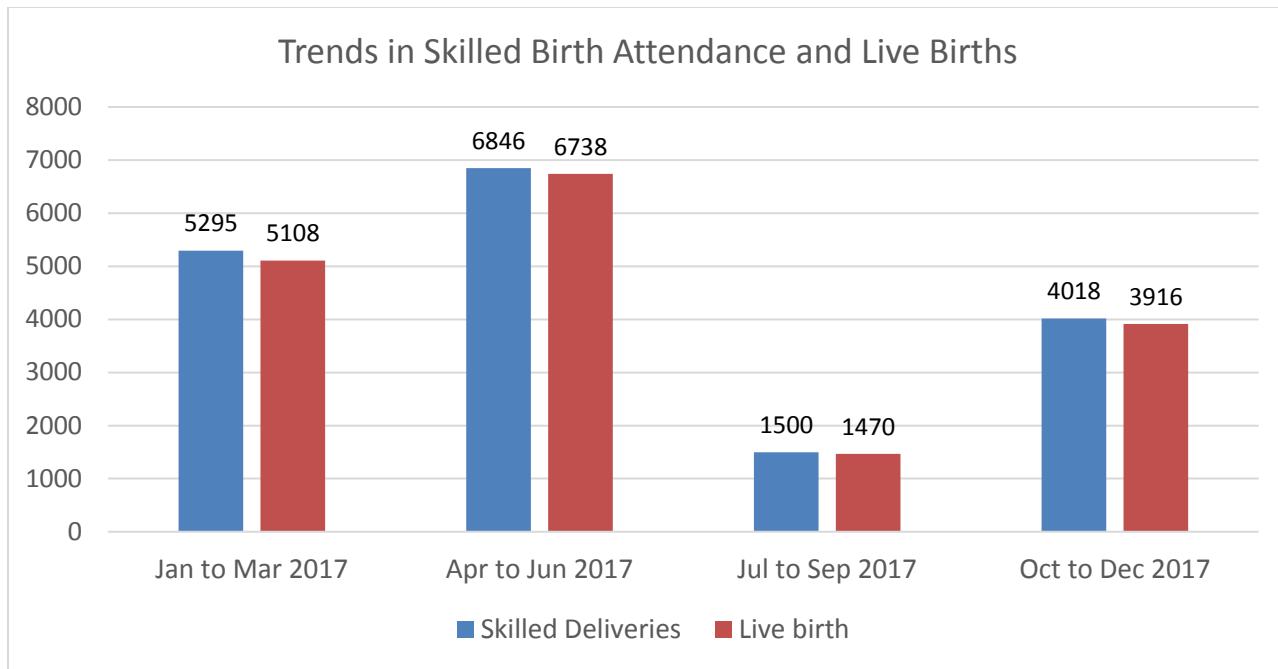


Figure 15 Trends in SBA and live births Jan 2017- Dec 2017

ii) Maternal and neonatal deaths

During the reporting period October-December 2017 there were **6** maternal deaths recorded as follows **3** from Kilifi County Referral Hospital, **1** from Malindi Sub-County Hospital, and **2** from Mariakani Sub-County Hospital. During the quarter, there were **28** neonatal deaths recorded in *Afya Pwani* supported sites, compared to **8** neonatal deaths in the previous quarter. The increase in numbers can be attributed to most women not accessing and/or completing ANC services during pregnancy because of the five month long industrial action by health care workers. Of note is that *all* the deaths recorded were audited to establish the causes and put in place measures to reduce such deaths in future. The graph below shows trends in maternal deaths, stillbirths and neonatal deaths.

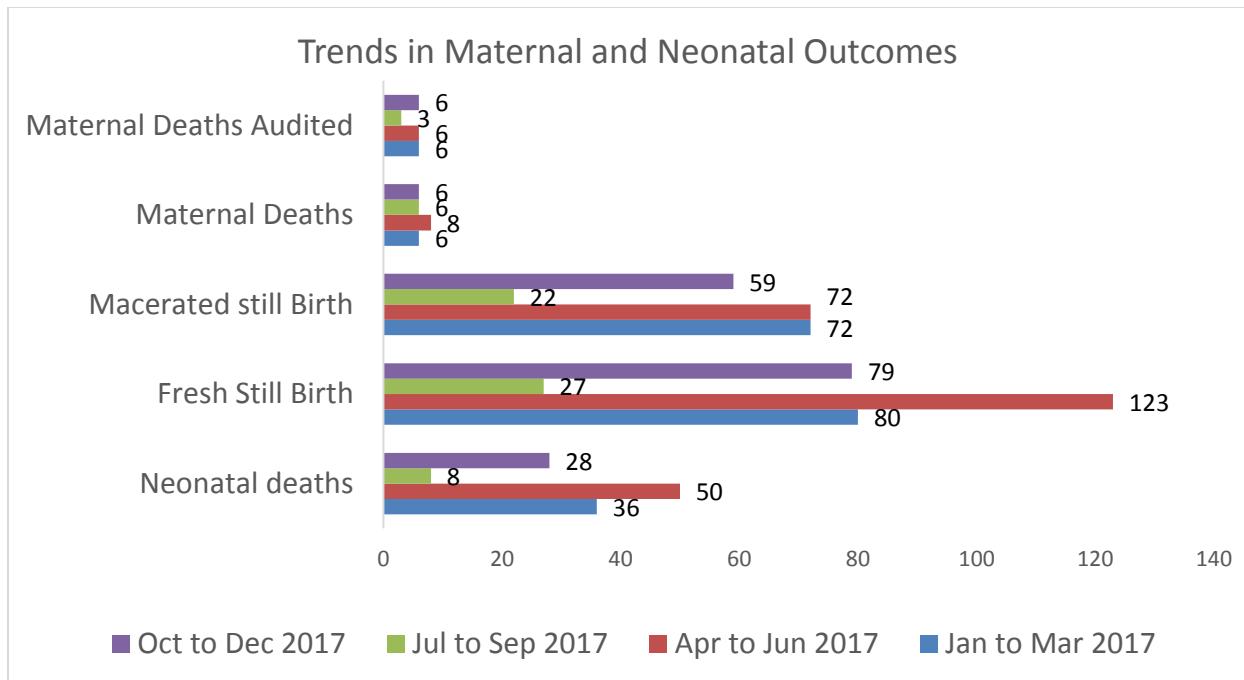


Figure 16 Trends in maternal deaths, stillbirths and neonatal deaths Jan 2017 to Dec 2017

iii. Maternal and perinatal death audits

This quarter, *Afyा Pwani* supported and facilitated five maternal and perinatal death audits as follows: Kilifi County Referral Hospital (3), Mariakani Sub-County Hospital (1) and Malindi Sub-County Hospital (1), where it was confirmed that the main causes of death were APH, PPH, ruptured uterus, and PET/Eclampsia. Moreover, it was found that the following issues contributed to these deaths: Poor documentation by both clinicians and nurses at the point of admission, lack of sufficient blood products in the laboratory and late referrals. Some of the recommendations made during the audits included but were not limited to: Improving on documentation, hold CME sessions on obstetric emergencies, increasing availability of blood & blood products in laboratory, establishment of Intensive Care Units (ICU) services at the facilities where these deaths took place.

iv. Support for Maternal and Perinatal Deaths Surveillance and Review (MPDSR) meetings

Launch of the Kilifi County MPDSR Committee

This quarter Afya Pwani also launched the Kilifi County MPDSR Committee; a total of 9 out of the 15 proposed members attended the meeting. Participants are mainly CHMT members and representatives from the major hospitals in the County, civil registration for births and deaths, medical training college, Kilifi and *Afyा Pwani*. During the meeting, members were orientated on the national MPDSR guidelines and tools with the committee officially launched by Dr Bilali, the County Director of Health. Moreover, Dr Wanjala, an Obstetrician/Gynecologist at Kilifi County Referral Hospital was also appointed the chair of the committee by the County director for Health. Some challenges were identified in relation to review on maternal deaths including: facilities doing maternal and perinatal death review though the information

was not reaching the County, the County has a challenge in entering data into the DHIS2 leading to late reporting, as well as issues pertaining to data quality in the DHIS 2.

Moving forward it was decided that the MPDSR Committee will meet and come up with a workplan and terms of reference (TOR), and that *Afyा Pwani* project staff will work closely to support the County to facilitate data quality audits to address the issues with data quality. Furthermore, a WhatsApp group will be formed to specifically communicate about and on MPDSR matters. A follow up meeting was held on 13th December 2017 at the Kilifi CHMT offices, where a total of 10 participants discussed and worked to finalize the MPDSR Committee's TOR with guidance from the national MPDSR guidelines. Recommendations made during the meeting included organizing for MPDSR sensitization meetings for the SCHMTs from all seven sub-counties, HVFs and relevant communities. In the next quarter, the Project will support and work with the Kilifi CHMT to facilitate MPDSR sensitization meetings for the seven sub-counties.

e. Strengthen Health Information System

i. Data and performance review meetings

During this quarter, *Afyा Pwani* also supported three Sub-County data and performance review meetings in Ganze (20 participants), Rabai (30 participants) and Kilifi South (30 participants). The key issues raised were performance in relation to targets, barriers to uptake of services and recommendations for improving services. It should be noted that there was a decline in performance of ANC, SBA, FP, PNC and immunization indicators across the sub-counties. Barriers to uptake of services included: distance, cost of services, cost of ANC profiles, long waiting time, staff attitude and knowledge gap among clients on importance of ANC. Some facilities were noted to be only offering MNCH services in the mornings and on certain days. The following proposed interventions to address these challenges were made: Need for re-mapping of MOH designated outreach sites because some had reduced clientele over time, facilities to offer ANC and immunization services throughout the day and week; re-orienting CHVs and TBAs on early identification and referral of pregnant women; mapping out of pregnant women with the help of CHEWs and CHVs, holding maternity open days for pregnant women and scaling up MAMA groups. The teams also requested for support from *Afyा Pwani* to conduct client exit interviews to get views from clients on the quality of services and areas needing improvement. To address the issues of ANC profile being a barrier for pregnant women, the teams supported *Afyा Pwani*'s idea of laboratory networking to available laboratory services. Additionally, it has also been proposed that there be an inter-facility and inter-Sub-County motivational competitions for improving MNCH indicators, where teams providing mother and baby friendly services in the maternity for mothers who had delivered receive recognition for the high-quality services they provide.

These efforts were further bolstered with the help of Afya Pwani sub-grantees- MTG and Dabaso, who helped with the mapping and referral of 14 pregnant women (14 from Ganze) and 1,006 pregnant women from Gede in Kilifi North respectively.



Participants from Kilifi South following the presentation during the data and performance review meeting for Kilifi South Sub-County on 30th November 2017.

ii. Facility sensitization meetings

In the quarter under review, *Afyा Pwani* also supported a facility sensitization meeting at Kilifi County Referral Hospital for 26 health workers; the meeting focused on MNCH/FP performance, challenges to uptake of services, and ways of improving uptake of the same, this was especially pertinent in light of the fact that the uptake of services was noted to be markedly low compared to the set targets. Apart from the health workers strike, other barriers identified to uptake of services included: cost of services, long waiting time, poor staff attitude, poor documentation and inability to utilize data for decision making. Notably, most health care workers were not even aware that they were performing badly in terms of the indicators. Some of the proposed interventions to address these issues included but are not limited to orientation on access to and utilization of DHIS 2, regular facility review meetings (monthly meetings will be held from the next quarter), and supporting targeted outreaches after re-mapping of outreach sites. It was also agreed that the team will improve on documentation.



Staff in a performance review meeting at Kilifi CRH on 5th December 2017

iii. Data Quality Audits (DQAs)

As part of efforts to increase access and availability of high quality MNCH services across Kilifi County, *Afyा Pwani* project staff conducted DQAs to identify best practices and challenges in different facilities in relation to reporting and documentation. The quality of data influences successes of the implementation decisions projects make to address perceived or observed performance trends, which is why *Afyा Pwani* project staff facilitated and organized a project wide DQA to validate or invalidate the data the Project uses to report as immediate outcomes. During this quarter, a total of 16 facilities were audited in the following areas: **Kilifi South⁵¹, Kilifi North⁵², Ganze⁵³, Magarini⁵⁴ and Malindi⁵⁵.**

Out of all the maternal and child indicators, the DQA revealed discrepancies in the data reported across several indicators compared with the source documents. Of much interest was the huge discrepancy in immunization indicators where the tally sheet had different figures compared to the permanent registers in most facilities. It was realized that health care workers rely on the tally sheets to compile their monthly reports and do not cross check the data with the permanent registers. As such the project proposed for a reconstruction of the permanent registers across the facilities. Of interest, too, was the high number of teenage pregnancies reported without any evidence in the ANC registers. The observation confirmed the fears that there was double counting of clients under the MOH 711 indicator on teenagers and youths (14-24) attending ANC. Considering the above, *Afyा Pwani* supported CME sessions on MOH 711 across the affected facilities within the course of the current quarter. When it comes to number of clients attending PNC within 72 hours, the reported figures for most facilities was lower than the numbers in the registers. Some primary data collecting tools were missing, which affected data completeness in the reporting period raising questions on the data management processes in the facilities. It is good to note, there were very few discrepancies for clients reported for 1st and 4th ANC visits. It is explicit that health care workers have mastered the correct understanding of this indicators. All the facilities received feedback on gaps identified and action plans were drawn to address these gaps.

Lessons learnt

1. Targeted community dialogues where pregnant women can have their own meeting facilitates communication because the women are free to express themselves.
2. The pregnant women have different reasons for not coming for ANC visits, for not completing 4 ANC visits and for not delivering in hospital, while HCWs have perceived reasons which are different from real issues. HCWs prioritize poverty and illiteracy which are secondary and not primary issues.
3. HCWs require a healthy competition in performance since most are demoralized and don't perform well because, they feel even those who work hard do not even get recognition, leave alone rewarding.

⁵¹ Mtwapa Health Center, Chasimba Health Center, Oasis Medical Centre

⁵² Kilifi County Referral Hospital, Mtondia Dispensary

⁵³ Ganze Health Center, Vitengeni Health Center, Bamba Sub-County Hospital

⁵⁴ Mambrui Health Center, Marafa Health Center, Marereni Health Center, Gongoni Health Center

⁵⁵ Malindi Sub-County Hospital, Muyeye Health Center, Kakuyuni Dispensary, Ganda Dispensary.

4. When HCWs are shown, their performance disaggregated by Sub-County and facility level, and see how they positively or negatively contribute to overall performance, it makes meaning and triggers action unlike the blanket performance presentation where they don't acknowledge their individual contribution, hence minimal or no action to improve.
5. Some sustainable innovations to improve facility delivery include asking mothers to report to the facility with a flask of porridge when coming for delivery or someone to follow them to hospital with flask when they leave home to come for delivery.
6. Where the leadership embraces QI, it improves buy-in and the likelihood of attaining positive results in the facilities is high.

Best Practices in Maternal Health

1. Health facilities have adopted maternity unit orientation for all new ANC clients.
2. HVFs have scheduled quarterly targeted dialogue meetings with pregnant women.
3. The maternity open day performed well because all the CHVs engaged in the activity were allocated targets of the number of pregnant women to mobilize. Through this the Project shall adopt the target based approach in future engagements with CHVs except in FP.
4. Health facilities have embraced DDIU as a way of identifying gaps.

Output 2.2: Child Health Services

a) Immunization

During the quarter under review, **7,448** children under 1 year were fully immunized compared to **3,072** in the previous quarter, an increase of **4,376**. The positive results, can be attributed to the end of the five-month health workers strike, as well as accelerated community mobilization activities and In-reaches supported by *Afya Pwani* in collaboration with the various SCHMTs. The table below shows the trends in immunization for the quarter compared to other quarter (going back to January 2017). These efforts were further supported by Dabaso CBO who through their community based activities were able to identify and refer a total of 941 women with children under the age of five years for immunization in Gede in Kilifi North.

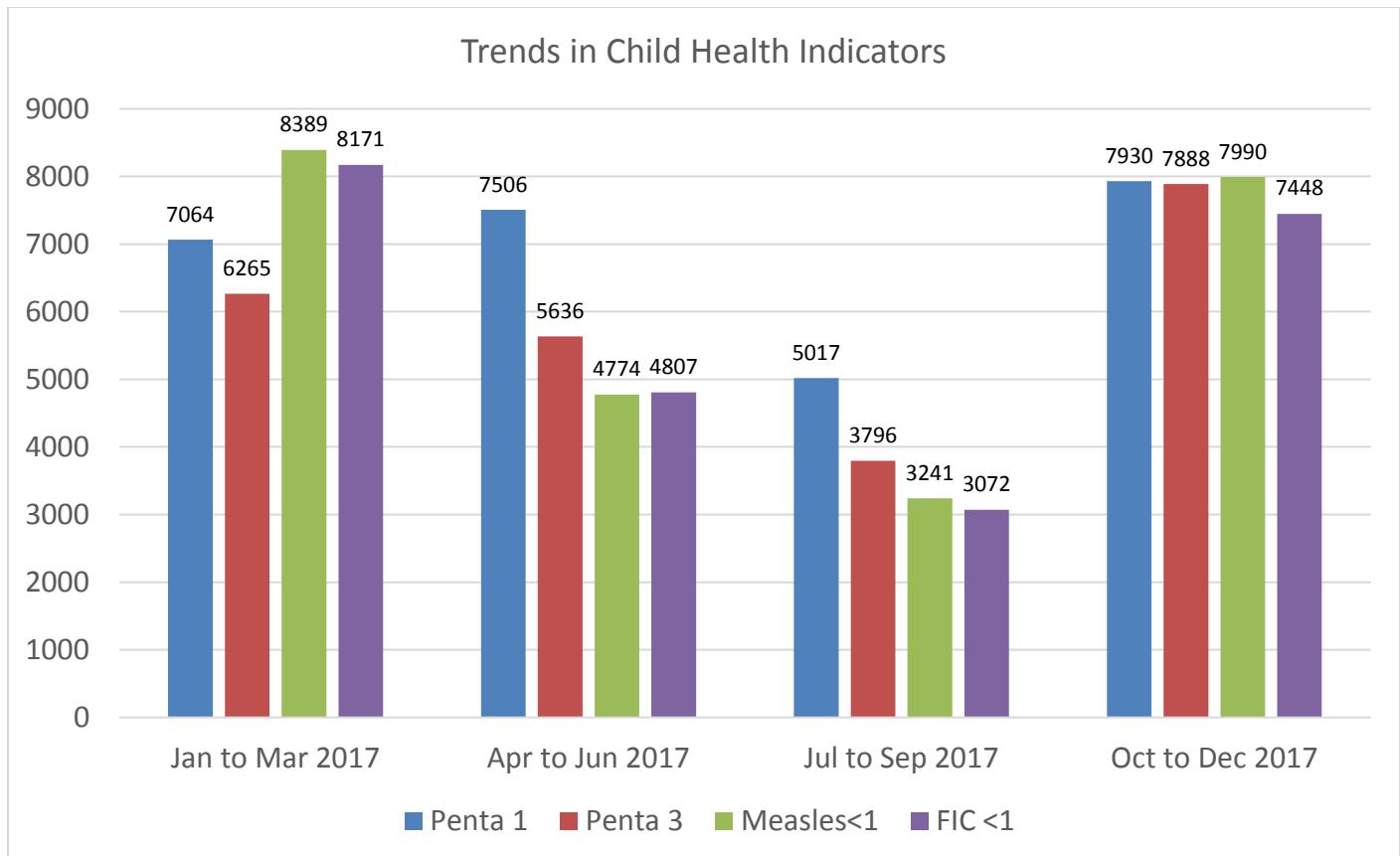


Figure 17 Trends in Child Health Indicators Jan 2017 - Dec 2017

Table 26 FIC Performance Oct-Dec 2017

	FIC PERFORMANCE	
	Annual Performance	Monthly Average
FY 17	61%	5%
FY 18	18%	6%

In Table 25 above, the current quarter had an average monthly immunization increase by 1 percent compared to previous financial year, a trend that Project staff will work on maintaining and increasing through the rest of FY2018.

i. Review of EPI

In the quarter under review, *Afya Pwani* also supported facility in charges from 3 Sub-Counties (Ganze 25, Magarini 27 and Malindi 19) to review the Expanded Program for Immunization (EPI). The key issues raised during this meeting included but was not limited to: the need for timely reporting and requesting as well as collection of antigens from the Sub-County office; revitalizing the use of the immunization permanent registers to follow up defaulters and improve FIC as a way of ensuring all children complete immunizations; clarification on the indicator definitions especially fully immunized child (FIC). It should be

noted that the immunization performance was below target for all the sub-counties, the low numbers are attributable to the following reasons: erratic supply of antigens especially measles, loss to follow-up of children who start immunization, children born at home and coming late to the clinic hence missing out on OPV 0. To address this issues and to improve performance in the next quarter, project staff will focus on utilizing the permanent register at facilities to identify and track immunization defaulters, conduct community sensitizations on the importance of FIC, re-mapping outreach sites for immunization to focus on the needy areas, scaling up In-reaches, as well as timely distribution and redistribution of antigens. In relation to antigen storage and maintaining the cold chain, there was also need to orient new nurses on the cold chain and to have contingency measures for fridge maintenance.

ii. Outreach activities

During the quarter under review, the Project supported three outreaches in the following areas: one in Vipingo, one in Kaloleni and one in Kilifi County Referral Hospital. Table 26 below shows the uptake of vaccinations during these outreaches.

Table 27 Number of Children Reached during Outreaches Oct-Dec 2017



Child receiving polio vaccination during In-reach at Kokotoni Disp. on 24th October 2017

Vaccine	Number of children immunized		
BCG	23		
OPV 0	17		
OPV	1 st dose – 12	2 nd dose – 16	3 rd dose – 16
PENTA	1 st dose – 12	2 nd dose – 16	3 rd dose – 18
PCV 10	1 st dose – 13	2 nd dose – 16	3 rd dose – 18
ROTA	1 st dose – 12	2 nd dose – 16	
Measles	9 month's dose – 8	18 month's dose – 7	

iii. In-reach activities

During the quarter under review, the program supported 48 In-reaches⁵⁶ in the sub-counties as follows: Table 27 below shows the uptake of vaccinations during these In-reaches.

Table 28 Number of Children Reached during Outreaches Oct-Dec 2017

Vaccine	Number of children immunized		
BCG	638		
OPV 0	431		
OPV	1 st dose – 486	2 nd dose – 458	3 rd dose – 452
PENTA	1 st dose – 451	2 nd dose – 500	3 rd dose – 480
PCV 10	1 st dose – 467	2 nd dose – 511	3 rd dose – 505
ROTA	1 st dose – 419	2 nd dose – 413	
Measles	9 month's dose – 388	18 month's dose – 222	
IPV	183		

b) Management of diarrhea

Between October and December 2017, a total of **5,080** children under 5 years were managed for diarrhea at *Afyा Pwani* supported facilities compared to **2,887** children in the previous quarter, an increase of **2.193**. As was mentioned previously, the five-month health service providers strike came to an end and the project also support the implementation of several outreaches and in-reaches during the quarter- all of which contributed to the increased number of managed cases of children with diarrhea. The graph below provides trends in diarrhea cases managed across *Afyा Pwani* project sites from January 2017 to December 2017.

⁵⁶ Rabai- 16, Magarini-20, Kaloleni-1, Kilifi South-5 and Malindi-6.

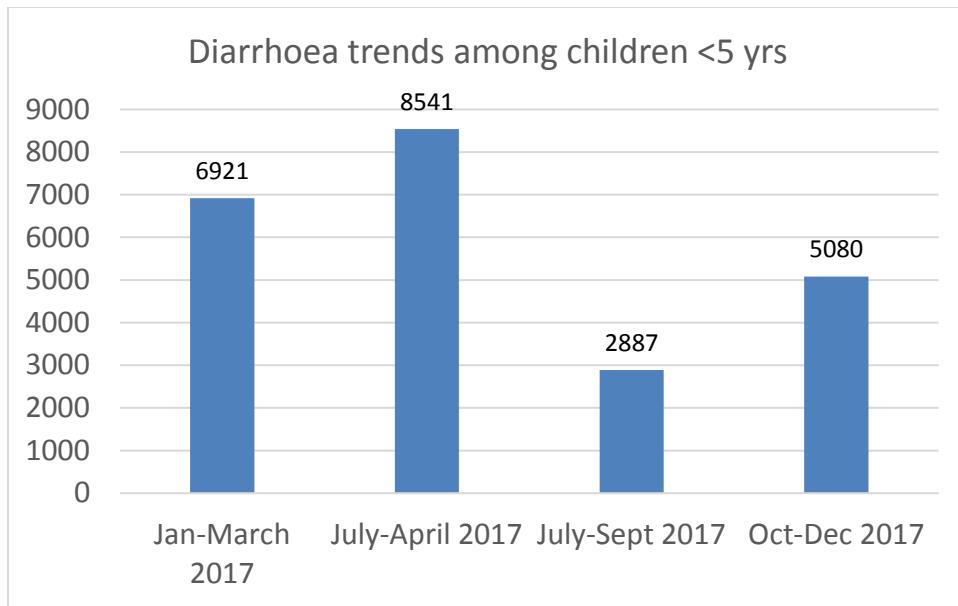


Figure 18 Trends in Diarrhea Cases Managed at facilities in the 7 Sub-Counties for Jan to December 2017

Between October-December 2017, project staff supported the provision of supervision for health workers from a total of 23 facilities⁵⁷ were visited and received positive information on Oral Rehydration Therapy (ORT) equipment, availability of Oral Rehydration Salts (ORS) and Zinc, as well as job aids were provided. Afya Pwani staff also conducted reviews of registers and records for these facilities as well; subsequently the following gaps were identified: inconsistency in documentation of children managed at the ORT corner, erratic supply of Zinc and ORS, some facilities are lacking buckets and cups, and in some cases ORS is dispensed at the pharmacy rather than it being provided at the ORT corner. Moving forward, *Afya Pwani* will work with these facilities in the next quarter and facilitate the procurement of ORT corner equipment, lobby facilities to have ORS in the Child Welfare Clinic (to minimize lost opportunities); as well as continuing to capacity building health workers on diarrhea management using OJT, CME and support supervision.

⁵⁷ : **Malindi (5)**– Madunguni Dispensary, Ganda Dispensary, Kakuyuni Dispensary, Gahaleni Dispensary, and Malindi Sub-County Hospital; **Magarini (6)** – Marafa Health Center, Marereni Health Center, Kijanaheri Medical Clinic, Garashi Dispensary, Sabaki Dispensary and Ngomeni Dispensary; **Rabai (6)** – Rabai Health Center, Bwagamoyo Dispensary, Makanzani Dispensary, Kokotoni Dispensary, Kambe Dispensary and Kombeni Dispensary; **Kilifi South (4)** – Mtwapa Health Center, Vipingo Health Center, Junju Dispensary and Bomani Dispensary; **Kaloleni (1)** – Mariakani Sub-County Hospital; **Kilifi North (1)** – Kilifi County Referral Hospital.



Equipped ORT Corner at Matsangoni HC in Kilifi North Sub-County

Lessons Learnt in Child Health

1. Supportive supervision boosts quality of service provision and uptake of services
2. Program supervision is a faster way of identifying MNCH/FP skills and knowledge gaps compared to independent gaps assessment
3. It reaches help to boost immunization coverage
4. When HCW are shown, their performance disaggregated by Sub-County and facility level, and see how they positively or negatively contribute to overall performance, it motivates them to identify gaps and address them

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

Since its inception, *Afya Pwani* has been committed to increasing access and utilization of RH/FP services in Kilifi County. During the quarter under review, the project reached **6,360 new clients** with high quality FP services which included access to and the utilization of injectable contraceptives, pills, implants, and Intrauterine Contraceptive Devices (IUCDs). There was a decrease **1,412** new clients compared to the previous quarter's figure of **7,772** which can be attributable to the fact that during the nurses' strike that ended at the beginning of November, most new clients were seen in private facilities or outreach sites, some of which were not *Afya Pwani* supported; this continued even after the strike.

In terms of the number of *re-visit clients* there was an actual increase of **3,754** clients from the previous quarter's **4,830** revisits to this quarter's figures which lie at **8,584**. It is apparent that the old clients maintained their service delivery points. Even clients who had been seen during outreaches, accessed

refill in the target facilities. The figure below shows trends in new and revisit FP clients from January to December 2017.

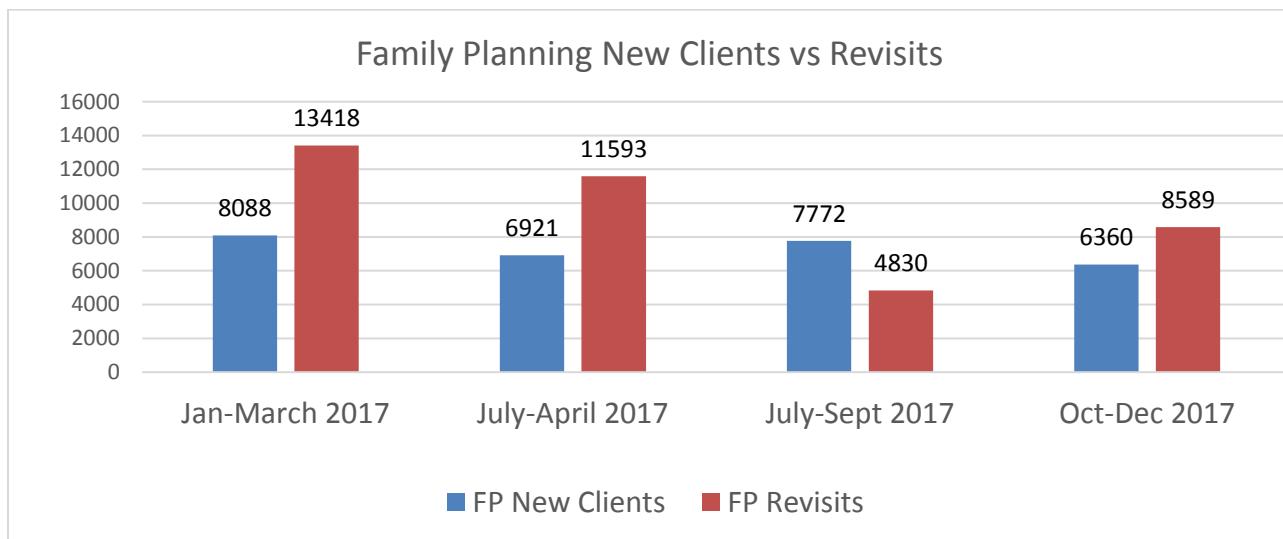


Figure 19 Uptake of FP Services, New clients and re-visits for Oct-Dec 2016, Jan-Mar 2017, Apr-Jun 2017.

As was mentioned above, *Afya Pwani* supported and facilitated outreaches and in-reaches for 48 facilities this quarter, where in addition to MNCH services, communities were also able to access high quality FP services which also contributed to the increase in FP uptake. The figure below provides more information about the trends in FP method mix across *Afya Pwani* supported facilities from January to December 2017. This quarter the most popular FP method among clients in Kilifi County, remains injectables, followed by implants and pill, a trend that was seen most of the year except last quarter, where condoms were also very popular, as compared to the other range of methods.

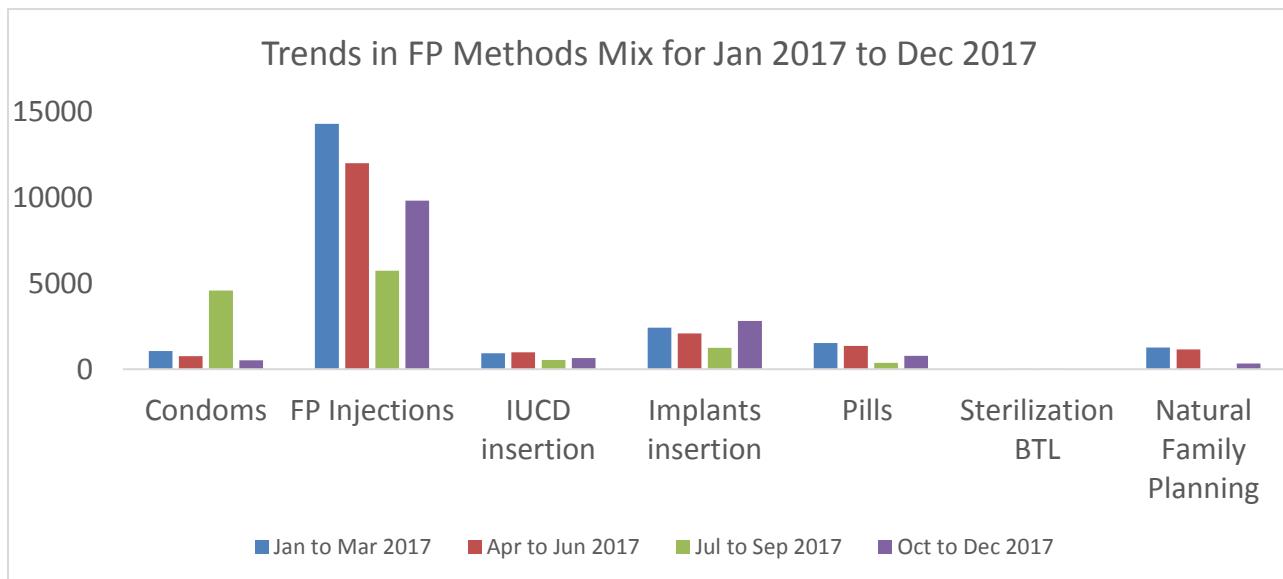


Figure 20 Trends in FP method mix for the period Jan 2017 – Dec 2017

The total number of clients who accessed FP services for the quarter is **14,944** and the total number of clients accessing Couple Years of Protection (CYP) stands at **16,378**; this compared to the previous quarter where a total of **12,603** clients were seen, contributing to a CPY of **8,720**. The increase is attributable to more clients accessing long acting FP methods especially during In-reaches that were supported by *Afya Pwani*. As part of efforts to increase access and availability of high quality FP services the Project will continue to support more In-reaches in the next quarter; working towards ensuring that clients have access to the FP method of their choice in line with USG regulations on voluntarism and consent. The figure below shows the trend in CYP for the year 2017.

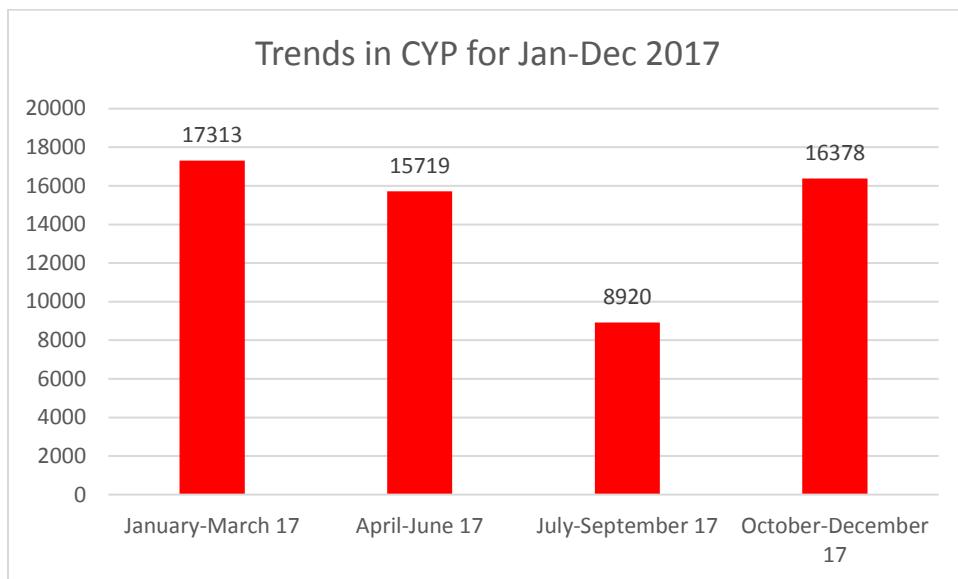


Figure 21 Trends in CYP for Jan 2017 -Dec 2017

When the CYP numbers and trends are broken down into more detail, implants, followed by IUDs and injections are the most popular methods for clients. These trends are highlighted more clearly in the graph below:

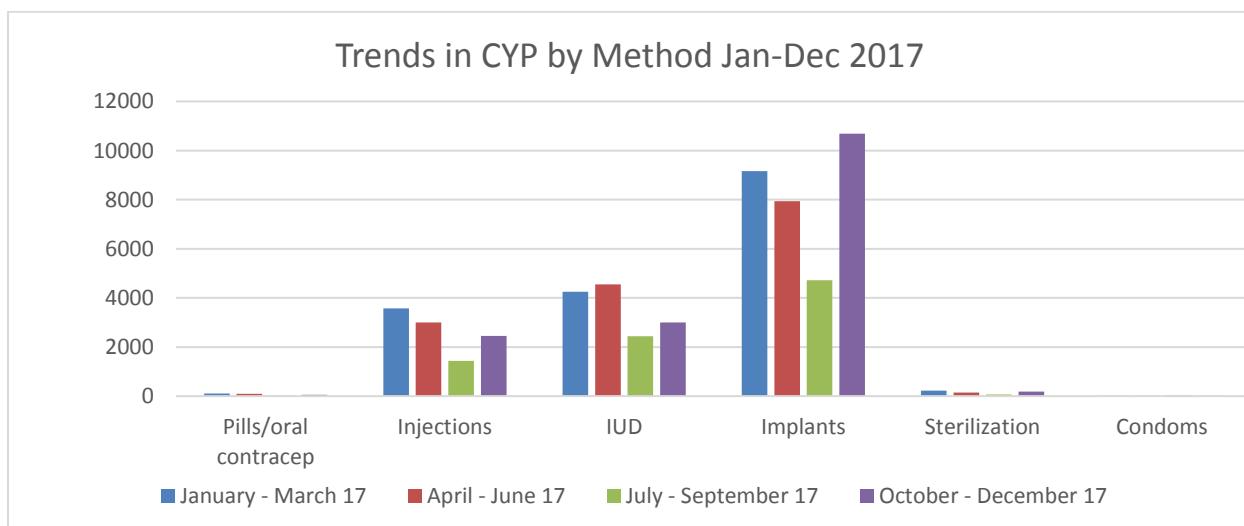


Figure 22 Distribution of CYP by Method for Jan 2017 – Dec 2017

In the next quarter, the Project will continue to provide TA, mentorship and OJT to health service providers to maintain and improve the uptake of Long Acting Reversible Contraception (LARCs) and permanent methods of FP across the seven sub-counties while ensuring that the supported facilities continue to adhere to the USG legislative and FP policy requirements of voluntarism and informed consent.

a) Capacity building for FP

i. Training of CHVs in FP

During the quarter under review, the *Afya Pwani* supported a 5-day training of 30 CHVs/Community Based Distributors (CBDs) [10 M: 20F] from Rabai Sub-County to promote uptake of long-acting methods by all women in the reproductive age group as part of efforts to meet the unmet need for the same. Compared to all the seven sub-counties, Rabai was found to have the most knowledge gaps, etc., as part of efforts to address these gaps, *Afya Pwani* supported training sessions at Ribe Primary School from 6th - 8th, 11th and 13th December 2017. The main topics discussed during these sessions were the benefits of FP, FP methods, FP Counselling and informed choice and voluntarism, as well as documentation and, referral and follow-up of clients. In addition, the CHVs were also oriented on gender and cultural issues affecting FP including men as decision makers. It should be noted that during the training, participants were also given an opportunity to propose ways of promoting FP uptake, where they suggested the following: holding community dialogues, refresher courses for CHVs on FP, and involving men in health talks within the community. After the training, the CHVs are expected to share FP information with clients through community forums and spaces like Chief *Barazas*, identify clients needing FP and referring to the health facility and, distribute pills and condoms for continuing clients. It is hoped that these interventions will help mobilization efforts and promoting uptake of FP services for clients living across the seven sub-counties of Kilifi County.

b) FP outreaches and In-reaches

i. Integrated Outreaches

During the October-December 2017 quarter, *Afya Pwani* supported three integrated outreaches offering clients an opportunity to receive FP information and services. A total of 42 clients received FP counselling, with 17 clients receiving injectables, 36 received implant and 88 were able to access cervical cancer screening (as illustrated by the table below).



CHVs Practicing use of Cycle beads during the FP CBD training at Ribe Primary School on 6th - 13th December 2017.

Table 29 Number of Clients who access FP/RH Services during Outreaches Oct-Dec 2017

Item	Number of Clients Who Accessed Services
Total number of clients counselled	42
Number of clients who received injectable	17
Number of clients who received Implants	36
Number of clients done Cervical Cancer screening	88

ii. In-reaches

As was reported under the child health section of this report, *Afyा Pwani* supported 48 In-reaches across the following sub-counties Rabai (16), Magarini (20), Kaloleni (1), Kilifi South (5) and Malindi (6). The table below provides more information on the numbers of clients were able to receive FP counselling, and the full range of FP methods. The most popular FP method during the In-reaches was implants (737) followed by injectables. See below for more detailed information.

Table 30 Number of Clients Reached During Integrated FP In-Reaches Oct-Dec 2017

Item	Number reached
Total number of clients counselled	1287
Number of clients who received Pills	82
Number of clients who received injectable	331
Number of clients who received Implants	737
Number of clients who received IUCD	43
Number of clients done Cervical Cancer screening	809
Number of implant removals	148
Number of IUCD removals	17

Of note is that, out of the clients reached during In-reaches, 190 were in the age bracket 15-19 years while 398 were in the age bracket 19-24 years, an indication that there is extensive unmet need for FP services amongst these cohorts in Kilifi County. Moving forward Project staff will continue to support integrated in-reaches that are youth friendly as well.

c. Youth FP support group

During the outreaches and In-reaches, it was noted that there was a high number of teenage mother seeking MNCH/FP services; this observation was noted more in Magarini Sub-County. Subsequently, the *Afya Pwani* team decided to have a FP support group to assist these teenagers with FP information and support their method of choice. It is hoped that these teen mothers could also act as FP champions for their peers. *Afya Pwani* team members talked to at least 17 teen mothers (both married and unmarried) in Marereni Health Center about forming the support group and they were positive. Moving forward, *Afya Pwani* will work to support and facilitate group meetings to sensitize these group members on FP, its benefits, methods etc...



WRA patiently queue for Reproductive health services during integrated In-reach at Kokotoni Dispensary on 24th October 2017

d. Meetings with reformed TBAs

This quarter, *Afya Pwani* also supported 2, 1-day meetings for 90 TBAs (1 M and 89 F) in Marafa Health Center (45) and Gongoni Health Center (45), who are linked to 6 health facilities⁵⁸. The TBAs were sensitized on the danger signs in pregnancy, labour, delivery and postnatal periods and, the importance of seeking care early to reduce complications. These TBAs were also taken through the NHIF scheme as a way of addressing cost barriers and as part of efforts to increase access and availability of health services for communities. The main message communicated to the TBAs was to help the facilities in identification of pregnant mothers in the community and accompany them for ANC, delivery and PNC services as well as the FP counselling. One of the issues that came up during the meeting was that these TBAs do not intentionally conduct deliveries; rather clients come at night when labour is advanced or clients and their relatives insist on being delivered at home. There was also an issue about clients complaining that the delivery beds in the health facilities were small, too high and generally uncomfortable. They also said that men were the drivers of home deliveries mainly out of ignorance and cultural influences. Moving forward,

⁵⁸ Marereni Health Center, Gongoni Health Center, Marafa Health Center, Sabaki Dispensary, Ngomeni Dispensary, and Mjanaheri GOK Dispensary

Afya Pwani will: support targeted community dialogues to sensitize communities on skilled deliveries, ANC attendance and FP use; engage TBAs to strengthen identification referral of clients to the health facilities for care (accompanying clients where possible); increase outreaches and In-reaches as a way of taking services closer to the people.



Reformed TBAs pose for a photograph during the I- meeting at Marafa Health Center on October 5, 2017

Dabaso CBO

also supported and facilitated door to door campaigns to increase uptake of FP in Kilifi North Sub-County during the quarter, reaching a total of 970 women with services. In the quarter these demand creation focused interventions will play a key role in increasing uptake of FP in the County.

e. Integration of FP into other services

Afya Pwani staff have worked towards supporting integration of FP and HIV services, with the former being offered at HIV delivery points across project supported sites. During the quarter under review, project staff visited Kilifi County Referral Hospital and Malindi Sub-County to review FP integration and especially documentation of FP services in the CCCs. Gaps identified were: poor counseling FP for HIV positive clients, inconsistent documentation of FP data in the registers and client cards, and lack of FP related IEC materials. To address some of these gaps, *Afya Pwani* supported the supply of Tiahrt charts, FP method demonstration kits, and adolescent cue cards. Additionally, the project (in collaboration with HIV team) supported 2 CME sessions for CCC staff in Kilifi County Referral Hospital (for 12 participants) and Malindi Sub-County Hospital (12 participants) on FP/HIV integration and documentation of the same. MCH staff at these facilities were sensitized on including CCC FP data when summarizing the monthly FP report as part of efforts to increase the quality of integrated FP/HIV services in Kilifi County. During the next quarter, the Project will conduct program supervision for CCCs in other HVFs to strengthen FP integration and more CME sessions will be conducted for CCC and MCH staff on FP integration.



Linda of Afya Pwani demonstrating the use of Adolescent CUE cards to CCC staff at Kilifi County Referral Hospital.

f. FP Commodity Reporting

i. Commodity reporting

Between October and December 2017, the Project also facilitated the provision of airtime for internet bundles for the County and seven Sub-County pharmacists to be able them to upload commodity data into DHIS 2 in a timely and effective manner to prevent stock outs of vital RH/FP commodities. It should be noted that due to the health workers strike, there has been delayed reporting into DHIS2. The table below shows the Facility Consumption Daily Report and Request (FCDRR) reporting rates December 2016 – November 2017, where the trends indicate that despite the drop-in reporting rates in June 2017 (beginning of the Nurses nationwide strike) the reporting rates have been increasing slightly over time. A trend that project staff will work on supporting throughout FY 2018. Lastly, during this quarter, DWS (Afya Pwani sub-grantee) was also able to engage youth peer educators to support CBD of FP commodities in Kilifi South, reaching 18 young people (10 M and 8 F) and 472 community members at large (223 M and 249 F), as part of efforts to increased uptake of FP in Kilifi County.

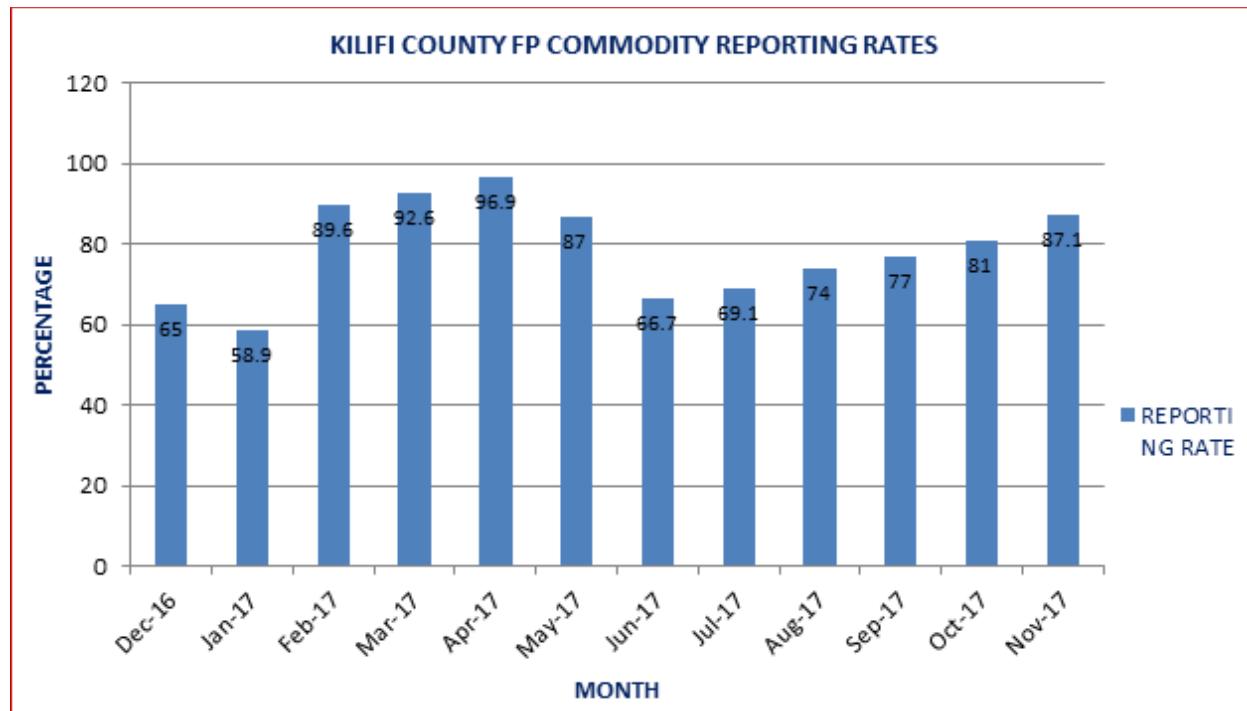


Figure 23 Contraception commodity reporting trends (Jan 2017 - Dec 2017)

Lessons learnt

1. Integrated in reaches are a promising strategy for uptake of long acting FP methods.
2. Engagement of reformed TBAs as social mobilizers for Family Planning, cervical cancer screening, immunizations and SBA promotes acceptance of the services.
3. During mobilization, target setting for ANC attendance for CHVs has more results than when it's done as routine as evidenced during maternity open days.

Output 2.4 Water, Sanitation and Hygiene (WASH)

a) Improved access to safe and adequate water for drinking, domestic and animal use

Since its inception, the *Afya Pwani* project has worked closely with the communities in Kilifi and the S/CHMTs to ensure access to safe water for drinking and domestic use as well as realize the prevention of waterborne illnesses among communities and school children. During the reporting period, the following interventions were accomplished;

i) Improving access to safe water for schools and health facilities

To realize this, the Project explored opportunities for clean and safe water supply to HVFs, primary schools and neighboring/catchment communities for drinking and domestic purposes. More specifically, during the period under review, the Project collaborated with the relevant technical department at the County level (MOH-Public Health, Water and Education) to conduct a water needs assessment in 9 HVFs and 10

target primary schools in Ganze, Magarini and Kaloleni Sub-Counties⁵⁹. Following the assessment, the water needs for these areas were identified and *Afya Pwani* worked towards procuring and installing rain water harvesting plastic tanks and pipeline extensions to address the same. Following the technical assessment, the water pipeline extensions has been proposed for Fundi-issa, Mambrui Dispensary and neighboring communities respectively. The installation will include purchase and distribution of plastic tanks, plinth construction and guttering system. The assessment has informed the development of Bill of Quantities (BoQs) for the specific works for each facility and school. To address the water storage needs/gaps for the identified sites, the project helped to purchase 20 plastic tanks (5000 liters capacity) and delivered them to the target schools and health facilities in readiness for the installation in the following sites.

Table 31 Water Tank Distribution List

Beneficiary site name-school or health facility	Number of tanks	Capacity of tank in liters	Estimated Beneficiaries'
Adu Dispensary	1	5000	500
Marikeni Dispensary	1	5000	1500
Sabaki Dispensary	2	5000	1000
Mambrui Dispensary	1	5000	2300
Tsangatsini health center	2	5000	3100
Chalan dispensary	1	5000	1000
Bamba Sub-County Hospital	1	5000	3000
Dida Dispensary	1	5000	590
Dzikunze Dispensary	1	5000	493
Chalani primary	1	5000	785
Lwandani	1	5000	252
Danicha	1	5000	361
Maojo	1	5000	255
Mwesa Moyo-	1	5000	336
Mutoroni	1	5000	362

⁵⁹ The assessment was conducted in Adu, Marikebuni, Sabaki, Mambrui, Tsangatsini, Chalani, Dida, Dzikunze and Bamba health facilities and Lwandani, Danicha, Maojo, Mwesa Moyo, Mtoroni, Kirosa, Barakajembe, Chalani, Walea and Miyani primary schools.

Kirosa	1	5000	299
Barakajembe	1	5000	236
Walea	1	5000	566

ii) Promoting multiple uses of water services.

This quarter *Afyा Pwani* also focused on reducing malnutrition levels at the household level by supporting small scale garden irrigation demonstrations to grow fast maturing nutritional crops through productive use water in selected communities. During the period, the Project embarked on the installation of demonstration of small gardens at selected water points with irrigation kits to support production of high value and fast maturing crops. As part of efforts to ensure this initiative was a success, the project also support the Procurement of two shade nets for the setting up of small demonstration gardens. This intervention will continue in the next quarter with the training of the groups that will benefit from the gardens and the installation as well as demonstration as part of the Project's commitment to promote multiple uses of water services for communities living in Kilifi County.

Lessons Learnt

1. The demand of access to safe water at community and institutional level is high due to prolonged drought and few protected water sources. Provision of storage facilities and extension of water pipeline extensions to institutions will grantee protection of girl child by supporting related personal hygiene during Menstrual Hygiene Management.

b) Improved access to and use of improved sanitation at community and institution level

i) Scaling up CLTS/SLTS in targeted communities and institutions

Improving access to sanitation at both community and institution level ensures that the environment that *Afyा Pwani* beneficiaries live, is safer and healthier with proper disease transmission barriers in place. The promotion of safe use of sanitation facilities for disposal of feces is one of the key intervention that *Afyा Pwani* is using to contribute to the realization of the rural ODF Kenya roadmap by 2030 using the CLTS approach as the key strategy.

During the reporting period, *Afyा Pwani* continued to accelerate the uptake of the CLTS approach in the county and enhanced sanitation and hygiene status in additional communities around HVFs that *Afyा Pwani* operates in order to realize improved health status for the communities. The Project, with the support from Kilifi County conducted a training for 34 (20 M: 14 F) community based CLTS promoters on CLTS triggering and monitoring to ensure ODF status in Jaribuni Ward in Ganze Sub-County. As a result of improved capacity of the CLTS promoters in facilitating the CLTS, these actors were not able to effectively work with the respective ward PHIs to roll out and trigger 28 additional villages. The Project supported the trained Community Based CLTS promoters to carry out community led total sanitation triggering in 28

communities⁶⁰ in Jaribuni ward. The baseline latrine figures for the villages triggered have been captured to inform the outcome that will be realized, a total of 518 Households were found to have toilets in the triggered villages. Each village has an action plan to ensure all households construct and use latrines through the support of respective CLTS committee that are taking lead in the monitoring and post triggering follow ups. A total of 1,537 (698 M: 839 F) people participated in the triggering sessions and got sensitized on the dangers of open defecation and resolved to build and use toilets.

The USTADI Foundation (*Afya Pwani* sub-grantee) also initiated their project activities during the quarter, successfully managed to identify and sensitize the small water entrepreneurs from the County that will be trained on water supply as per the water quality standards. Moreover, USATADI was also able to successfully conduct consultative meetings with the Sub-County to plan for the activities they will be supporting in *Afya Pwani* supported sites. Another sub-grantee-SPEKE also had initial engagement meetings with the County this quarter for the purposes of planning of their project activities in readiness for roll out. All of the activities above were supplemented by sensitization meetings supported by SPEKE in target communities on the important of ODF and sanitation more broadly.

iii) *CLTS follow up and review meetings*

This quarter, *Afya Pwani* also supported and facilitated review meetings with each Sub-County to assess their progress on the adoption and implementation of CLTS amongst cluster communities. These meetings were also used to offer supportive mentorship for CLTS champions from already triggered communities as part of the Project's efforts to increased access and availability to WASH services for communities living in Kilifi County⁶¹. These activities were further supplemented by close monitoring and follow ups in triggered villages to assess uptake of CLTS per village during joint review meetings. More specifically, the Project working closely with the Sub-County public health department and supported follow up meetings at Chisamba, Vitengeni and Mwahera locations in Chasimba and Sokoke wards respectively to assess their progress on CLTS. Positively, the follow up meetings confirmed that the communities from the 12 villages mentioned above, have constructed 268 latrines which are already in use, as a result, a total of 1,946 (875 M: 1,071 F) now have access to improved sanitation. Reinforcement of installation of hand washing facilities was also done during this follow up to encourage households to practice hand washing at critical times and thus achieve a true ODF status before verification is done.

iv) *CLTS verification for self-claim villages*

With support by Sub-County Public Health Officers (SCPHOs) and WASH focal person 13 ODF claiming villages were identified for Sub-County for the verification process in Kilifi South and Ganze Sub-Counties which the *Afya Pwani* project supported with the triggering and follow up. The villages claiming ODF will

⁶⁰ Chinyume, Muungaro, Sosoni, Marere, Kadzandani, Ndunguni, Mwarema, Ezamoyo A, Esamoyo B, Esamoyo C, Mikuluni, Boyani, Majengo A, Majengo B, Mbudzi, Jaribuni, Sosomakumba, Mkwajuni, Lutsangani, Bandarasalama, Lutsangani, Maya, Mtepeni, Mtsunga, Mbaoni, Mwapula/Jimba and Vikwatani and Mayowe villages.

⁶¹ Follow up was done in the following 12 villages: Mwele, Galanema, Mwahera, Dida, Mnarani, Mihuhuni, Darajani, Vitengeni, Kafuloni, Mchekenzi, Ngamani and Nzovuni Villages.

be verified as ODF by the Sub-County PHO team in January 2018. Please see the table below for the full list of the villages awaiting confirmation of their ODF status in the next quarter.

Table 32 List of ODF Villages Awaiting Confirmation

No.	WARD	LOCATION	SUB LOCATION	VILLAGE
1.	Junju	Junju	Junju	Junju A, Mapawa, Bomani Palepale, Bomani Kireme, Gongoni Central, Mwembe Tsungu, Bomani Timboni, Chidongo, Sirini (9)
			Kuruwitu	Mikaoni, Lutsangani, Mgandini, Forozani (4)

v) Sanitation marketing formative assessment and sanitation marketing strategy development

Successful provision of sustainable sanitation in communities where CLTS has been implemented depends on the effective sanitation marketing strategy implementation. Effective sanitation marketing is informed by formative research/assessment with the drivers and barriers affecting uptake of improved sanitation systems. During the quarter, the *Afya Pwani* team completed the sanitation marketing formative assessment and developing of the sanitation marketing strategy in Kilifi County. The report and the strategy will inform the Project on what key aspects will be considered during the rolling out of the sanitation marketing activities to ensure sustainable access to sanitation. Validation of the report and strategy will be finalized for adoption and implementation in the current quarter.

vi) Rolling out of the school led total sanitation

Improved practices among school children has a positive effect on their health and that of their families. School led total sanitation (SLTS) approach is an effective way of ensuring all school environments and their catchments become safe and clean to minimize disease transmission. This is part of the comprehensive school health approach that the project is using to ensure uptake of good hygiene and sanitation practices among school going children who are also good change agents at the household level influencing behaviour change. This quarter, *Afya Pwani*, in collaboration with the MOH and MOE rolled out SLTS initiative in six primary schools⁶² during the period, all of which will act as pilots and provide initial learning on the same. Of note is that a total 771 (423 boys: 348 girls) pupils participated in the SLTS triggering exercise on hygiene and sanitation. The roll out of the SLTS has since resulted in the installation of hand washing stations (Tippy taps) in these schools and has gone a long way in improving sanitation. School children are particularly influential in ensuring their parents put up latrines and related hygiene facilities for promoting sanitation. Through these concerted efforts it is anticipated that the prevention of diarrheal illnesses among school children can be realized.

⁶² Mwahera, Kwadadu, Maojo Garithe, Rasi and Kasimani in Ngomeni Sub-location of Ganze and Magarini Sub-Counties

vii) World toilet day and global hand washing celebration

During the quarter, *Afya Pwani* also focused on working with Kilifi County and other partners to mark the global hand washing day to increase awareness on the effectiveness of hand washing practices in prevention and control of diarrheal and related illnesses. At the same time, the Program actively participated in the County planning and preparation for the World Toilet Day celebrations, which was successfully marked on November 22nd at Dida primary school grounds in Sokoke ward in Ganze Sub-County. The theme for the event was “WASTE WATER”, and the day was characterized by the dissemination of positive health information on WASH amongst other activities.

C) Improved hygiene behaviors to prevent childhood diarrheal diseases

i) Implementation of hygiene promotion activities at community level

Hygiene promotion and its prioritization in communities requires constant engagement to ensure improvements in hygiene practices for prevention of diarrheal illnesses. These are realized through community dialogues. During the quarter, the Project implemented 12 Community dialogues⁶³ that reached a total of 414 (184 M: 230 F) people with hygiene and sanitation promotion messages on household water treatment and making of Tippy Taps for hand washing. The community dialogues are proving a good avenue where communities engage openly on the health issues affecting them and action taken collectively or individually at household.

ii) Inter departmental supportive visits on hygiene and sanitation

Regular support supervision for the hygiene promotion champions in communities ensures quality assurance and realization of outcomes in the expected manner. The support supervision exercise entails the checking of the outputs realized by the community hygiene champions and assess their quality and at the same time conduct on job mentorship sessions. During the period under review, the Project facilitated two intersectoral field visits on hygiene and sanitation in Kaembeni Sub-Location in Ganze Sub-County for CLTS and Ngomeni Sub-Location in Magarini Sub-County for hygiene promotion support supervision.

The support supervision indicated that the communities visited have realized notable improved sanitation and hygiene practices because of the influence of Hygiene champions. Most of the households visited have constructed improved latrines and mounted hand washing stations. The Hygiene champions conduct regular follow ups and demonstrations on good hygiene practices. The visits were done by the County PHO, County Community Health Strategy (CHS) focal persons, WASH focal persons, local leaders and *Afya Pwani* staff.

⁶³ These dialogues took place in: Maryango, Mwele, Galanema, Mnarani, Dzikunze, Borasalama North, Kaziani, Mugamuni, Bilakule, Garithe and Rasi in Ngomeni and Mwahera Sub-Locations of Ganze and Magarini Sub-Counties and Galanema Village in Kilifi South Sub-County.

Output 2.5 Nutrition

a) Improved provision of nutrition services for Pregnant and lactating mothers, children under 5 and PLHIV

The *Afya Pwani* project works to ensure nutrition services are provided to special cohorts within the communities with an effort to improve their nutritional status; where pregnant and lactating mothers and children under 5 as well as PLHIV are special cohorts that require special nutrition services. It should be noted that worm infestation is a major contributing factor to malnutrition to young children especially preschool age children in the County, where deworming in children is a key intervention that ensures that nutrients that children access are not lost and depleted. During the period under review, *Afya Pwani* support the successful implementation of the following interventions:

i) Deworming of children in and out of schools and vitamin a supplementation

To improve the quality of health of pre-school age children the frontline health workers conducted joint outreaches to children at early childhood centres to do deworming for the children. As a result of this, 2,576 boys and 1,894 girls (Ganze Boys-1,001: Girls-819: Magarini Boys-1,575 Girls- 1,075) were dewormed and given Vitamin A supplementation. This activity was conducted by frontline health workers in conjunction with CHVs. The activity targeted hard to reach locations within the County, was accompanied by health talks to the children to enable them understand appropriate hygiene practices at an early age.

ii) Train and support HCWs on BFHI self-assessment in the health facilities

To promote optimal breastfeeding practices in Kilifi County, the Project also worked with 30 health care workers trained on Management of Infant and Young Child Nutrition (MIYCN) in FY17 the previous quarter, to champion baby friendly hospital initiative (BFHI) at their respective health facilities. The Project sensitized the 30 (8 M: 22 F) healthcare workers from 22 health facilities within Kilifi County on the BFHI self-assessment process. In the next quarter, *Afya Pwani* project staff will build on this and will collaborate with the nutrition department to conduct a training for the HCWs from the identified facilities and thereafter roll out the initiative. The BFHI champions will be expected to take lead in transferring of the BFHI benefit to the communities, additionally work with the same communities to identify the enabling factors and barriers to breastfeeding and other maternal, infant and young child feeding practices.

iii) Nutrition counseling with community health volunteers and care givers

In order to facilitate and promote nutritional education messages to targeted populations during the quarter, *Afya Pwani* also supported CHVs to carry out anthropometric assessments and nutrition education in various health facility catchments. A total of 11 sessions were facilitated by *Afya Pwani* in the following areas: Vipingo (2), Mtwapa (2), Gotani (3) and Vitengeni (2).

iv) Facilitating integrated nutrition interventions

During the period under review, *Afyा Pwani* also supported the implementation of integrated nutrition interventions that reached a total of 126 F and 26 M in Bamba and Ganze Sub-County. To ensure quality of service offered to the community, the Project also supported two supervision sessions by SCHMT which has led to an improvement in community health volunteer's referral to Supplementary Feeding Program (SFP) and Occupational Therapy (OT) Programs, geared towards improving nutrition status of children.

Lessons learnt

1. Joint outreaches enhance integrated service provision and enhance efficiency. It also promotes cohesiveness among stakeholders and minimizes competition among partners implementing similar interventions in communities.

b) Improved community nutrition practices and household food security at the community level

Improving access to nutritional foods at household level has a positive impact in reducing malnutrition levels in children and improved maternal health. Initiatives that enhance household food security range from simple and replicable initiatives that are easily adopted and provide ready foods as well as use of kitchen gardens and demonstration gardens where fast maturing vegetables are produced at low cost for household consumption. During the period under review, the following were the achievements realized under this result area;

i) *Supporting community groups to promote good nutrition practices and nutrition education in the community.*

Three mama groups spearheaded the establishment of kitchen gardens in Ganze, Mariani village where 139 kitchen gardens were established (Tumaini-49, Safi 27, Angaza/Mwangaza 63): A total 54 Men and 280 women participated in the trainings for the demonstration and establishment of the kitchen gardens which took the form of storey gardens and small gardens to grow kales, tomatoes and other vegetables for household consumption.

Afyा Pwani also worked closely with a community support peer group called *Tushauriane* in Gongoni, with support from the health care workers and agricultural extension officers, to implement a nutrition education program during the quarter. The key nutrition messages shared during this initiative focused on the benefits of continued breast-feeding, timely introduction of complementary foods and consistency of complementary foods, dietary diversity, feeding sick children, responsive feeding, family nutrition and hygiene practices. In addition, during the quarter under review, the group has established demonstration kitchen garden and members have scale up the approach to their homes. Of further note is that Kitchen demonstration gardening at the health facility level for replication at household level was also accomplished during the quarter. Additionally, the *Tushauriane* support group, continued to attract

visitors on their kitchen garden demonstration site at Gongoni health facility. This site is also serving as a site for nutrition education for patients attending both the ANC and HIV care clinics.

C) Enhanced County Capacity to prioritize nutrition initiatives

In order to support the County, improve its capacity in prioritizing nutrition interventions and be more responsive to the needs in nutrition, *Afya Pwani* works closely with the nutrition department in facilitating CME sessions and other capacity development activities. CMEs help address key issues and gaps affecting nutrition service provision among health care workers and enhance integration of services so that they can be offered at one point by one health care worker increasing efficiency in service delivery. Integrating IFAS supplementation of nutrition services such supplementation of IFAS at ANC and FBP supplementation is also an important aspect that *Afya Pwani* is working on to realize to improve nutrition service delivery. During the quarter the following achievements were realized under this result area:

i) Facilitate quarterly CMEs with health care workers

The *Afya Pwani* team facilitated an intergraded CME for HCWs drawn from selected health facilities; of note is that this was the first initial CME session that is aimed at addressed most of the program issues in addition to nutrition. Moving forward, the Project is planning to facilitate more nutrition specific CME sessions in the subsequent quarters to enhance the integration of nutrition services as expected.

ii) Nutrition stakeholder's forum and Knowledge, Attitude and Practice survey.

During the quarter, *Afya Pwani* also participated in a county stakeholder workshop that involving all stakeholders in health and nutrition at the County level as part of efforts to help chart the way forward to reducing the stunting rate in Kilifi County which stands at the third highest (39%) in the country⁶⁴. Partners were also taken through a process to develop a problem tree on nutrition where a plan of action and county strategic committee were formed to spearhead activities in the next quarter. In addition, between October-December 2017 *Afya Pwani* also supported the County to undertake the nutrition knowledge attitude and practice (KAP) survey for Kilifi County. The findings of the survey are currently being finalized and will inform the Project and other partners on effective interventions that will realize improved nutrition services for communities. Priority setting in nutrition interventions.

SUB-PURPOSE 3: STRENGTHENED AND FUNCTIONAL COUNTY HEALTH SYSTEMS

Output 3.1 Partnerships for Governance and Strategic Planning

a) Strengthen planning and budgeting process in the sector

I. Support five counties in strategic, annual work planning and budgeting process

The release of county budget circulars between August 24th – 31st, 2017 marked the onset of the Medium-Term Expenditure Framework (MTEF) process across counties. The circular outlines budget preparation guidelines that need to be followed by all county departments during the preparation of their three-year

⁶⁴ UNICEF County Nutrition Report-2017

rolling budgets. To facilitate adherence to the requirements of the circular, this quarter *Afyा Pwani* supported Kilifi, Mombasa, Lamu and Taita Taveta to set up sector working groups (SWGs) and generate draft sector reports which are used to align sector allocations to priority target areas during the strategic planning and budgeting processes.

The draft sector reports highlight the resource gaps based on provisional ceilings provided in the county budget review and outlook paper (CBROP) and justify the need to increase investments in health. With continued support from *Afyा Pwani*, it is anticipated that through these reports, the department of health will demonstrate its MTEF performance, and articulate more effectively future health sector priorities to the county treasury for funding within the set timelines.

During the reporting period, *Afyा Pwani* also facilitated meetings in Taita Taveta to sensitize the CHMT on the budget circular timeline. The Project also supported engagements between the newly elected members of the County assembly (CA) committee on health, treasury and CHMT. The meeting was organized to discuss the contents of the health sector working group report and the departmental priorities in the next MTEF period starting FY 2018/2019 to FY 2020/2021. This meeting was also used to target and orient the CA members on program based budgeting (PBB) and their role in budgetary support to the department to ensure increased allocations and resource mobilization.

Of note is that the CA members commended the active role played by *Afyा Pwani* and requested the Project to continue coordinating similar stakeholder's engagements between the CA, treasury, health department and other stakeholders to ensure synergy during the planning and implementation of the health programs. The engagement is anticipated to identify new funding sources and map strategic partners to supplement the health department's resource envelope. *Afyा Pwani* will continue supporting the stakeholder's discussions including engagements with members of county assembly prior to the finalization and submission of the sector reports to treasury.

II. Development of County Strategic and Investment Plan Review 2013-2017

Afyा Pwani supported Kwale and Lamu counties to review the sector performance for the period 2013-2017 and commenced development of the Sector strategic plan for the period 2018-2022. In Kwale, the Project supported the establishment of a 15-member team which was tasked with consolidating a draft strategic plan based on inputs identified during the end-term review process. *Afyा Pwani* will continue to provide TA and coordination to the county team throughout the development process.

In Lamu County, the review process pointed to mixed results for some key performance indicators attributed to lack of tracking tools and inconsistent monitoring. It was suggested that the County adopts county-specific indicators in addition to the national indicators to enhance responsiveness to existing and emerging health needs. The County also discussed the possible impact of splitting the health department into two; public health and environment and natural resources. If adopted, the separation will affect the planning, budgetary and allocation processes. In the next quarter, *Afyा Pwani* will support Lamu in disseminating the review results to the county leadership and other stakeholders (planned for January 2018).

b) Strengthen stakeholder coordination and collaboration

Afya Pwani held an inter-sectoral update meeting with the newly appointed Kwale County Executive Committee of Health (CEC) and other stakeholders. The Project highlighted priority areas and activities implemented to date. In this meeting, the health department also shared performance across the health system building blocks. As a way forward, the stakeholders agreed on improving coordination and collaboration to improve identification of priorities for health investment and implementation. The Project will provide guidance in institutionalizing the stakeholder fora by formulating terms of reference (TOR) and support to organize quarterly, semi-annual and annual stakeholder meetings where defined thematic issues will be discussed and possible solutions proposed and plans for implementation agreed upon.

Output 3.2: Human Resources for Health (HRH)

- a) Provide TA to support CHMTs to undertake HRH assessment/data analysis to determine individual county HRH needs**

The *Afya Pwani* also worked closely with the Msambweni County Referral Hospital staff establishment and critical staffing gaps effort was directed in the technical review and editing of the final reports in preparation for printing and dissemination. Finalized documents were forwarded for review and design for readiness for printing. The report once printed will be shared with the County leadership team so that the staffing needs identified are factored in the FY2018/2019 budget to inform HRH decision making in the facility.

The Kilifi County Health Department was also given TA during the quarter and are currently in the process of determining county health department critical staffing needs. The process of determining the critical gaps involved an assessment of health facilities current workloads in line with facility staffing levels. During the process, County planned investments in the health sector were also considered in determining the critical need for staffing. Also, considered during the process was the geographical location of health facilities and infrastructural challenges unique to each facility.

During the quarter under review, Kilifi County Human Resources for Health (HRH) Strategic plan was developed. The plan was developed based on the findings of the County Health Department situation analysis that had been conducted. Based on the findings of the situation analysis report the County defined several interventions and strategies that were incorporated in the strategic plan. HRH strategic plan will be used as one of the important decision support tools for the county health department.

Memorandum of Agreements (MOA's) between the Project and County governments of Kilifi, Taita Taveta and Kwale were also signed during the quarter during which both parties (County government and project team) agreed on an action plan to pave way for the recruitment of facility based contract health workers. Recruitment processes for the three counties is moving forward and recruitment advertisements published in local dailies and county websites.

- b) Collaborate with national mechanisms to support capacity development of CHMTs in leadership, management and governance**

During the quarter, the *Afya Pwani* team also worked with the Mombasa County Health Department in setting up plans to roll out the revised performance management tools to facilities and S/CHMTs. Plans are currently underway to train performance assessment tool (PAS) champions in HVFs and SCHMTs.

Output 3.3 a): Health Products and Technologies (HPT)

a) Strengthen county commodity management oversight

During this quarter, *Afya Pwani* supported Taita Taveta and Lamu CHMTs to review commodity supervision tools and develop an integrated template for commodity supervision. The teams consisting of pharmacists, laboratory and nutrition staff from the sub-counties⁶⁵ also developed a list of tracer drugs to be assessed during quarterly commodity supervision. Equally, a draft commodity supervision tool was developed for use by SCHMTs during routine commodity mentorship with help from the Project.

As a follow, up to the commodities forecasting and quantification exercises conducted during the first year of the Project in Taita Taveta, Lamu and Kilifi counties, *Afya Pwani* also initiated a process to undertake a study to review the supply chain management process including budget development, allocation, procurement and distribution of health commodities to health facilities. The study will also assess the counties' commodities budget absorption rates and budgeting and procurement prioritization. From this study, *Afya Pwani* will develop supply planning strategies that are responsive to specific county needs to improve the efficiency of commodity supply systems.

HIV Test Kits Forecasting and Quantification

Following the decentralization of HIV test kits forecasting and quantification processes by NASCOP to the County level, *Afya Pwani* continued to support TWGs and specifically the AIDS coordinators and laboratory managers to ensure effective quantification, timely ordering and redistribution of these Kits. Additionally, during the quarter, the Project also supported Kwale county laboratory coordinators to conduct a review of RTKs stock status.

⁶⁵ Voi, Wundanyi, Mwatate, Taveta and Lamu West

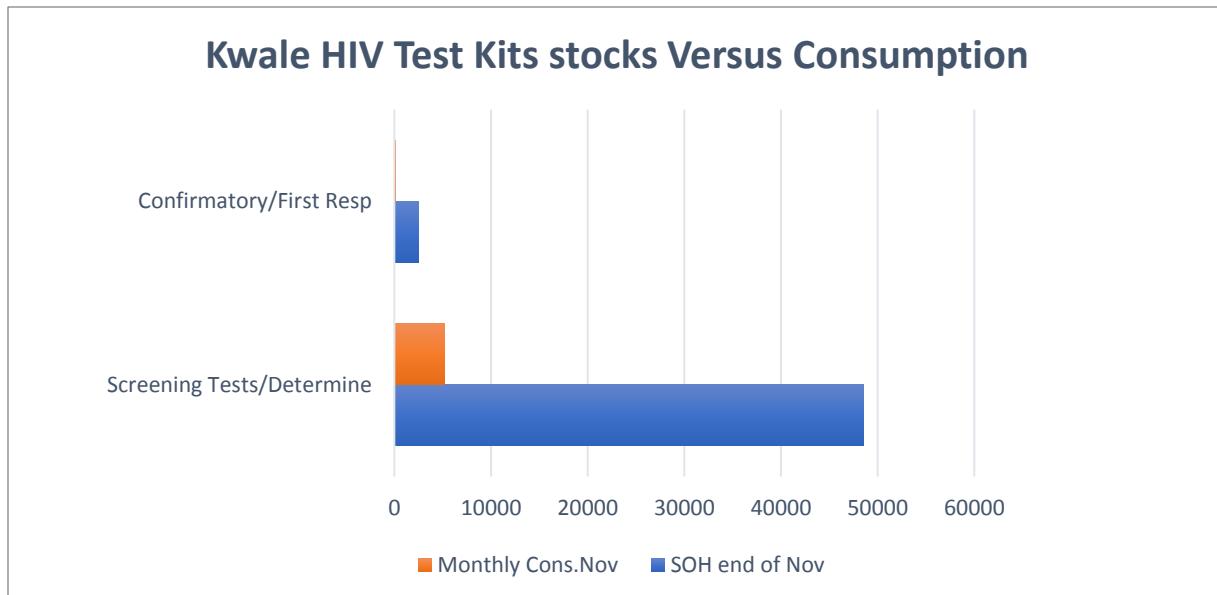


Figure 24 Kwale HIV Test Kits Stocks Versus Consumption

As shown in figure above, consumption of test kits in the county was low with some consignments expiring in February, June and August 2018. To address this issue, *Afya Pwani* worked with the county to develop a redistribution plan to off load the excess test kits from Kinango and Matuga Sub-Counties and agreed to facilitate a comprehensive tests kits allocation review meeting in January 2018 to scale down on quantities ordered.

b) To strengthen Pharmacovigilance

The Project also conducted a commodity management training in Lamu targeting 28 health workers from various health facilities⁶⁶. The training focused on pharmacovigilance concepts and framework for medicines quality assurance. The guidelines for assessment, documentation and reporting of adverse drug reactions and poor quality medicines were also demonstrated to participants. To further support pharmacovigilance reporting, the participants were also oriented on electronic reporting of adverse drug reactions and poor quality medicines.

c) To improve commodity data quality and availability

Between October and December 2017, two very HVFs: CPGH and Kilifi County Referral Hospital were identified and prepared for migration to the IQCare supply chain module. The Project also supported the hospital pharmacy staff to develop action plans for migration. The plans highlighted key activities including stock taking, training of facility staff on the module and physical networking and installation of the pharmacy module and continuous troubleshooting, activities the project supported during the quarter to ensure successful transition to and uptake of the module. It is anticipated that the full adoption and utilization of the IQCare pharmacy module will largely improve commodity management data and by extension HIV Patient management.

⁶⁶ Lamu CH, Faza, Witu, Kizingitini, Mokowe, Mpeketoni, Pablo Hortsman, Siyu

Further, IQCare pharmacy module training was conducted for 22 HVFs in Mombasa, Kilifi, Taita Taveta, Kwale and Lamu counties reaching 27 health workers (18 M: 9 F). During the training, *Afya Pwani* also supported the development of a pharmacy module standard operating procedure which will serve as a reference for all facilities/health workers using the module.

d) Capacity building of CHMTs and SCHMTs on commodity management

Afya Pwani conducted a *three-day* training on commodity management, appropriate medicines use and pharmacovigilance in Lamu County. The training targeted 28 health workers (10 M: 18 F ratio) including nurses, nutritionists, clinical officers, supply officers, pharmaceutical technologists and laboratory technologists. During the training, participants were supported to develop action plans to address the challenges experienced in their respective facilities. The objectives outlined for intervention were drawn from the commodity management challenges expressed by the participants at the onset of the training.

As a priority for Year 2, *Afya Pwani* will support SCHMTs to undertake quarterly integrated commodity management support supervision/mentorship. So far, the Project has mentored 27 health workers (15 M: 12 F) on the commodity support supervision concept in Taita Taveta. The health workers were sensitized on the code of regulation for public servants and human resource, how to provide support supervision and mentorship as well as commodity management. Further, participants from Sub-Counties were also oriented on the commodity support supervision checklist and each Sub-County assisted to develop a supervision plan.

Consequently, four teams consisting of SCHMT members from Voi, Mwatate, Wundanyi and Taveta were subsequently supported to undertake commodity support supervision in a total of 51 facilities of Taita Taveta County. The facilities were assessed using a standard checklist on commodity management capacity by staff, the storage practices, inventory management at the facility level as well as use and availability of tools and reference materials. The teams further provided mentorship and set targets for improvement in the visited facilities in the respective facility supervision books. The supervision teams also used the activity to undertake redistribution of excess commodities and to distribute vaccines. *Afya Pwani* will disseminate the findings of the supervision to the county health commodity technical working group for use for further follow up.

Lessons Learnt

1. During an induction meeting in Taita Taveta County, the county health administrator and human resource personnel demonstrated that there was a need for a strong link between the technical performance, Human Resource and administrative issues in supervision. Considering the above, there is need for leveraging on other administrative departments in the health department to support activity implementation and enforcement of action plans.

Output 3.3 b): Health Products and Technologies- Facility Report

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

During the quarter under review, the *Afya Pwani* project focused efforts on **17** high volume facilities⁶⁷ where staff focused on providing commodity management supportive supervision. More specifically, *Afya Pwani* staff provided OJT on the following commodity management topics: Proper inventory management, good storage practices, logistics management information systems and pharmacovigilance was done to **ninety-one** health workers from different cadres⁶⁸ (42 M: 49 F). Job aids were also distributed during these visits to further equip the health workers with knowledge and skills on good commodity management in the different departments⁶⁹ handling commodities. *Afya Pwani* staff also revised, printed and distributed SOPs on how to make emergency orders of medicines and how to properly dispense commodities at health facilities.

In addition to support supervision, the *Afya Pwani* project also facilitated County and Sub-County officers were supported with airtime for upload of commodity data into DHIS2 and Health Commodities Management Platform (HCMP). Redistribution of commodities was enhanced via the Pwani Commodity Managers WhatsApp group where information can be easily shared. Data analysis to guide redistribution of HIV Rapid Test Kits was done for Mombasa, Kwale and Kilifi Counties and it was discovered that there were enough test kits within the counties and thus no need to place an emergency order.

The figure below provides more detailed information on the impact that some of the activities have had on commodity management across Project supported facilities.

⁶⁷ Bamburi Health Center, Diani Health Center, Ganjoni Health Center, Gede Health Center, Gongoni Health Center, Kinondo Kwetu Clinic, Kwale Sub-County Hospital, Likoni Sub-County Hospital, Lunga Lunga Sub-County Hospital, Magongo Health Center, Malindi Sub-County Hospital, Marafa Health Center, Mikindani MCM Dispensary, Muyeye Health Center, Port Reitz Sub-County Hospital, Tiwi Health Center and Tudor Sub-County Hospital.

⁶⁸ Pharmaceutical Technologists, Pharmacists, Nurses, Registered Clinical Officers, Nutritionists, Laboratory Technologists, Laboratory Technicians and Support Staff

⁶⁹ Pharmacy, Medical Stores, CCC, MNCH/FP Clinic, Nutrition Clinic, TB Clinic and Laboratory

Commodity Management Indicator Analysis For Facilities Visited Twice (N=31)

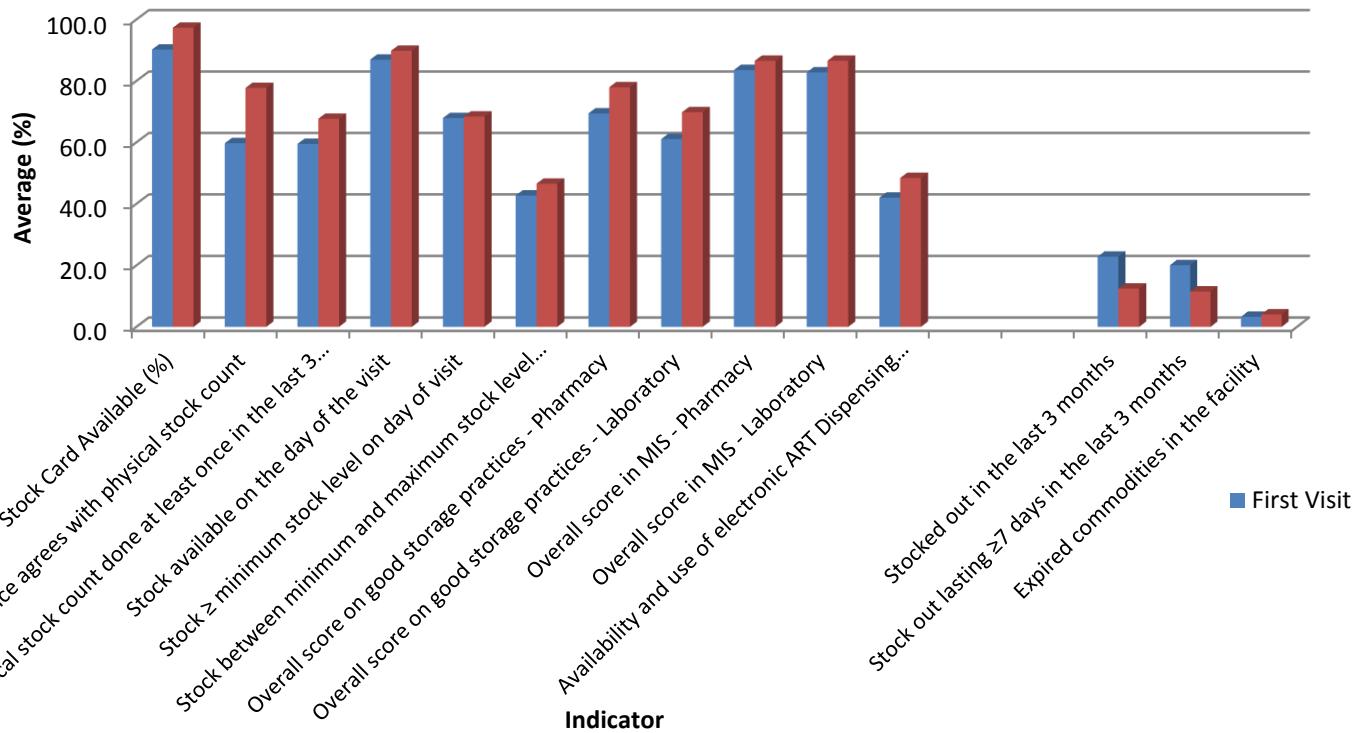


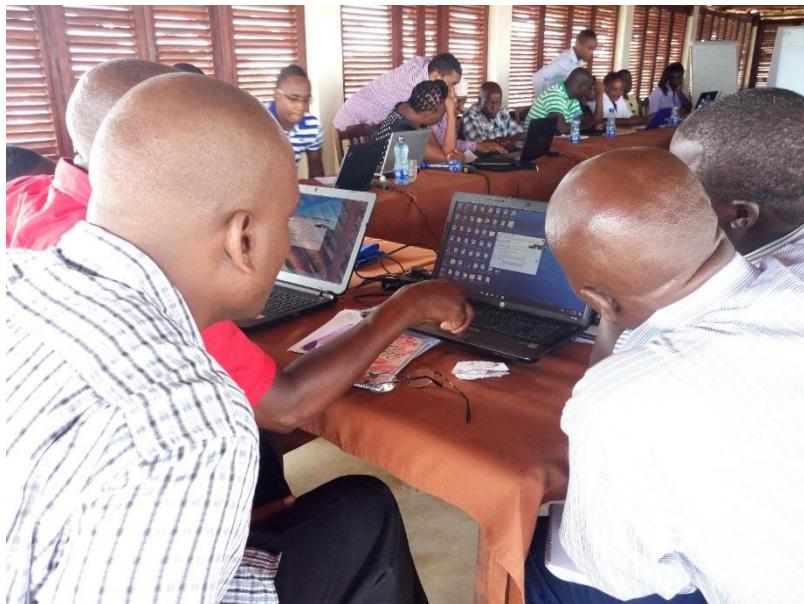
Figure 25 Comparative Commodity Management Indicator Analysis for Afya Pwani Facilities Visited Twice (31)

Figure 25 above provides the comparative commodity management indicator analysis for *Afya Pwani* facilities that were visited by project staff and received support supervision on commodity management. The indicators to the left are supposed to increase over time while the ones to the far right are supposed to decrease over time. Previously there was a trend where output indicators were increasing but outcome indicators for example stock status indicators either stagnating or decreasing. This seems to have reversed with even the outcome indicators registering and improvement for example stock between minimum and maximum stock levels. This shows that improved commodity management practices for example better inventory management have started paying dividends. If other factors, for example allocation of money by the County Governments for procurement of commodities and the procurement cycles remain adequate and favorable, there is hope that overall stock availability and access will improve leading to better health outcomes. Another important factor is availability of commodities at the Kenya Medical Supplies Authority (KEMSA) warehouses since it affects the fill rate when commodities are ordered. The expired commodities have not been disposed and the results are cumulative (showing a slight increase). Program commodities remained largely available except for FP commodities whose supply seems to be not streamlined.

Output 3.4: Monitoring and Evaluation Systems

a) Institutionalize data use at facility and S/CHMT levels for decision making

Data Demand and Information Use (DDIU) Trainings



Lamu County DDIU Training

Meeting and tracking performance of indicators over time. The DDIU trainings have so far been conducted in four counties namely; Lamu, Kwale, Taita Taveta and Kilifi.

In addition, *Afyा Pwani* and USAID's HIGDA projects co-facilitated a data analytics and Geographic Information System (GIS) Workshop during the quarter where CHMT teams from Kwale, Mombasa and Kilifi counties were trained on advance data analytics, GIS, outcome measurements, data mining from DHIS2, data visualization and spatial data exploration. County teams were then tasked with developing graphs and GIS maps on HIV positivity by County, Sub-County and by ward.

I. DDIULite Analysis & Data Use

This quarter, the *Afyा Pwani* team also conducted DDIULite analyses and provided strategic information on HIV care and treatment to the service delivery teams within the Project, counties and facilities in Taita Taveta Kilifi, Kwale and Mombasa counties. These analyses provide a "non-standard" reporting approach using patient line data and is geared towards driving focused interventions at regular intervals. Of note is that the DDIULite analyses is geared towards providing relevant and targeted information that captures more than the routine M&E reporting.

More specifically, the DDIULite analyses focused on VL IQCare documentation, IPT IQCare documentation, use of IQCare to track missed appointments, defaulters and attrition. Comparison of MOH 731 reports from District Health Information System (DHIS2) and Electronic Medical Record (EMR) generated data,

Afyा Pwani conducted DDIU training in Lamu county targeting SCASCOs, SCHRIOS, facility in-charges, CCC clinicians and facility-based health records and information officers. Participants were trained on the DDIU framework, navigating IQCare, IQTools, and use of excel for analysis and data presentation. The expected output is that facilities will be conducting in-depth data analysis and use available data for decision making as well as develop facility dashboards, for review during quarterly data review

showed great progress towards increasing number of facilities that can generate MOH 731 reports from IQCare and reduced discrepancies between the two reports this is demonstrated by the figure below.

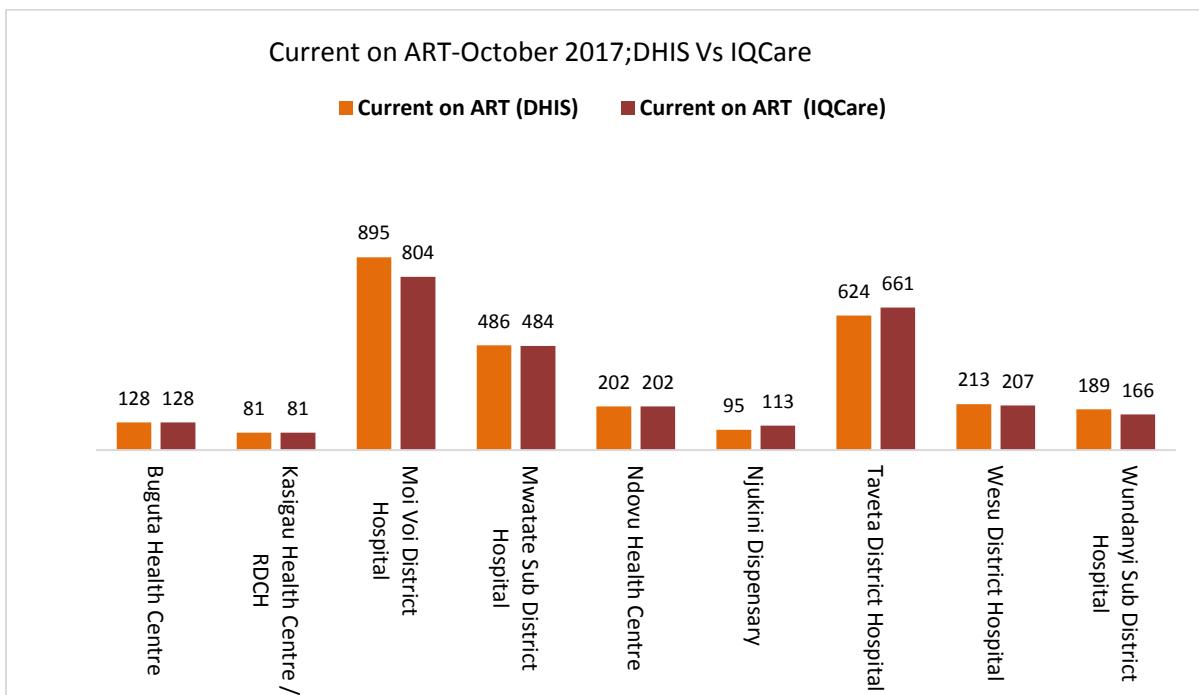


Figure 26: Comparison of Current on ART indicator in Taita Taveta County

Further analysis of viral load data in facilities within Mombasa County showed proportion of active patients missing VL documentation in some sites as shown in Figure 3 below.

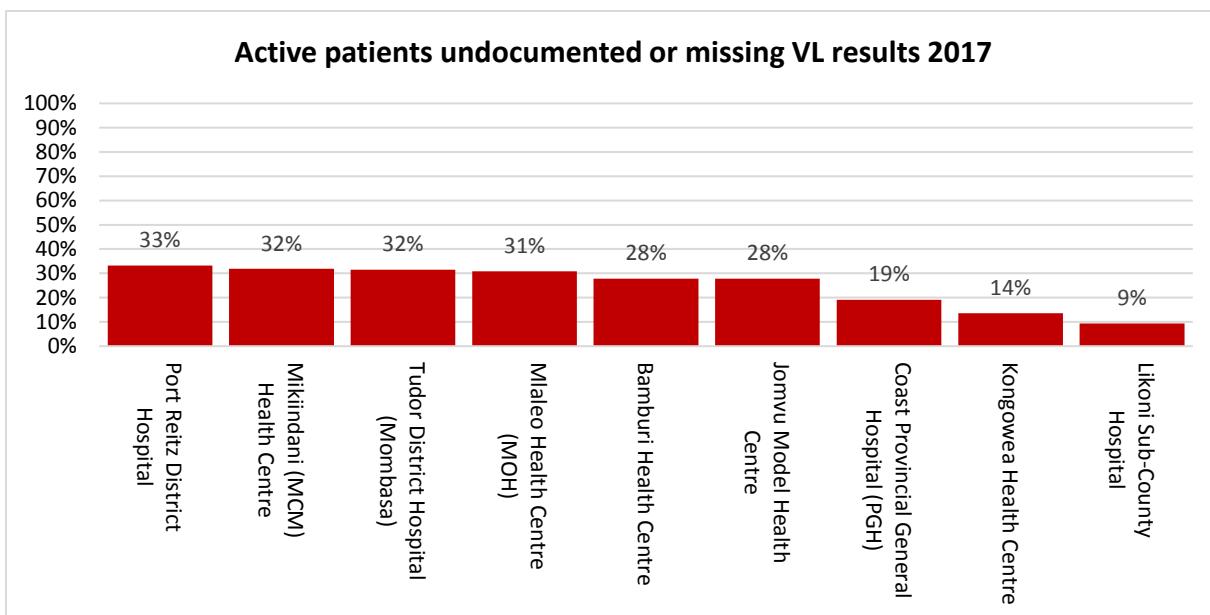


Figure 27 Analysis of VL suppression rates Mombasa County

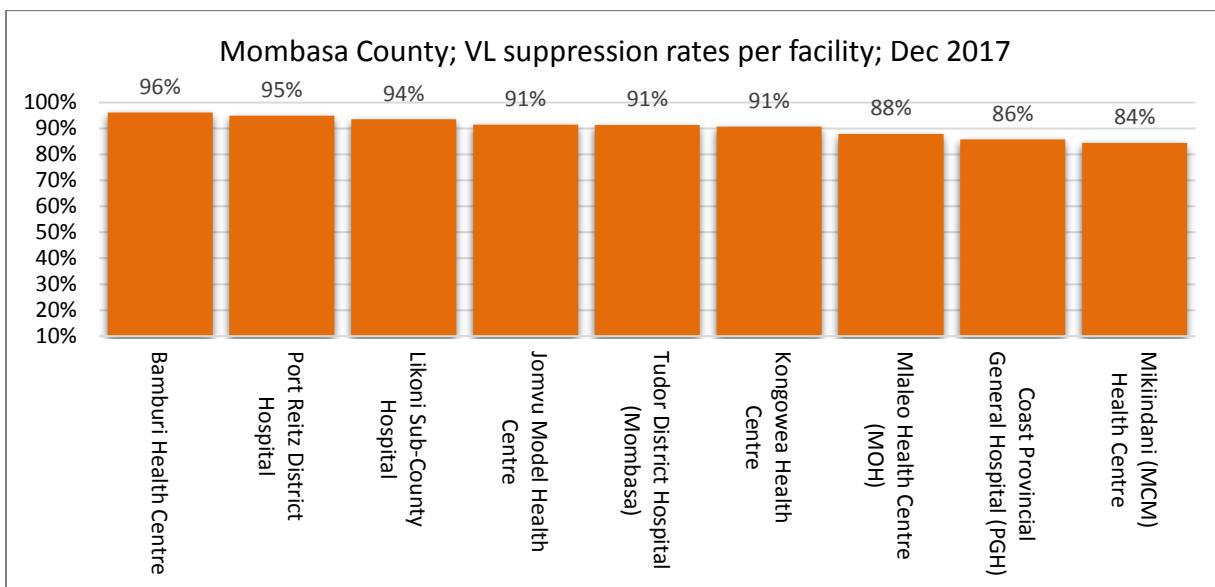


Figure 28 Mombasa County; VL suppression rates per facility; Dec 2017

As the figures above highlight, an average of 30% of active patients are missing viral load results in IQCare EMR. Further investigations indicated that some of the results are in the hard copy files and have not been updated in the EMR while some patients have not had viral load tests done. Line lists were provided and mentorship provided to the facilities to ensure viral load testing and documentation in IQCare for effective follow-up.

- b) Strengthen the use of data collection tools including EMR to enhance patient management and ease reporting.**

II. Strengthen Operationalization of EMR in High Volume Facilities

During the quarter, the *Afya Pwani* team also conducted IQCare upgrades and troubleshooting in 23 health facilities in Kwale, Mombasa, Kilifi and Taita Taveta counties⁷⁰. These sessions focused on upgrading IQCare and IQTools to the latest version 1.0.0.4 which has the capacity for decision support tools aligned to the ART guidelines for enhanced service delivery. The team also sensitized the healthcare workers on the new versions of IQCare and IQTools to ensure that they could use the new tools effectively.

The team also successfully transitioned Kilifi County hospital and CPGH to point of care EMR implementation; all of which has enabled health care workers to take advantage of systems decision support tools to better care for patients.

⁷⁰ Mwatate Sub-County Hospital, Moi Voi hospital, Buguta, Kasigau, Wesu, Wundanyi, Njukini, Taveta, Ndovu, Rabai, Mariakani, Kilifi, Malindi hospital, Waa, Kwale, Port Reitz, Tudor, Likoni, CPGH, Kisauni Health Center, Lunga, Msambweni Sub-County Hospital, Tiwi Health Centre.

During the quarter under review, the *Afyा Pwani* team also continued to support facilities to use EMR generated line lists, to ensure patient viral loads are monitored for effective patient management. The line lists on defaulter tracing are generated and used by the CHVs to ensure follow-up of patients and their return to care. Further, investments have been made to optimize the use of the Short Message Short Message Service (SMS) reminders to improve adherence to appointments. The consent forms have been distributed to the facilities and health care workers trained on the feature, as the *Afyा Pwani* team works on logistical issues i.e. procurement and distribution of modems and airtime. Optimal use of the SMS reminders is expected to be realized by end of next quarter, and this will help compliment the defaulter tracing efforts.

Output 3.5 Quality Improvement

a) Strengthening QI at County and Sub-County levels

During the quarter, *Afyा Pwani* undertook quality improvement (QI) sensitization meetings in Mombasa and Taita Taveta counties. The two meetings brought together 60 participants drawn from the S/CHMTs⁷¹ and Sub-County hospitals⁷². Further, the Project also facilitated and helped to establish County, Sub-County and Hospital⁷³ quality management structures and teams as part of efforts to strengthen QI at both the County and Sub-County levels.

In Mombasa, the Project supported development of an action plan which will guide the roll out of QI to health facilities like: Likoni, Port Reitz, Tudor, Kongowea, Jomvu model, Miritini CDF, Bamburi, Ganjoni and Mlaleo as well as the public health and substance abuse departments. *Afyा Pwani* staff also worked with Mombasa CHMT to set up a QI technical working group (TWG) which will be headed by the Chief Officer of Health with members drawn from the County, Sub-County and Hospital quality improvement teams (QITs). Of note is that the County QI team will be mentored and supported to conduct series of QI trainings at the facility level with the help of the Project in the upcoming quarters. *Afyा Pwani* will also support the County team to establish and/or reactivate QI teams in the selected facilities to embark on other QI initiatives.

In Taita Taveta, the QIT also selected facility-level teams to spearhead QI projects and continuous mentorship. As part of the county's QI institutionalization process, the QIT will be formally appointed through the office of the director of health. *Afyा Pwani* will support the development of terms of reference (TOR) and performance indicators to further streamline QI processes in the county.

In addition, *Afyा Pwani* supported the Kwale County QI quarterly review meeting. The review process targeted QI teams including facilities; Msambweni County Referral Hospital, Lunga Sub-County Hospital, Kwale Sub-County Hospital and Kinango Sub-County Hospital all of whom are currently implementing QI programs. Equally, the County was supported to hold its QI technical working group meeting. The meeting

⁷¹ Likoni, Mvita, Changamwe, and Kongowea/Nyali.

⁷² Likoni, Tudor, Port Reitz Sub-County Hospitals, Moi Voi County Referral Hospital, Taita Taveta Sub-County Hospital, Mwatate Sub-County Hospital, Wesu Sub-County Hospital.

⁷³ Moi Voi County Referral Hospital, Taita Taveta Sub-County Hospital, Mwatate Sub-County Hospital, Wesu Sub-County Hospital.

brought together partners; *Afya Pwani*, NASCOP and GIZ that are working on QI in the county. The TWG agreed to harmonize work plans to ensure synergy of efforts towards QI and avoid duplication. This meeting provided *Afya Pwani* with an opportunity to study Kwale County's administration of client satisfaction and employee satisfaction surveys for adoption in other counties.

In Lamu, *Afya Pwani* conducted a QI training targeting the CHMT and health facility managers from King Fahad County Referral Hospital, Mpeketoni Sub-County Referral Hospital and Faza Sub-County Hospital. The County has since set up a County QIT and is being facilitated to establish QI and work improvement teams (WITs) at the facility level.

b) Strengthening QI at Facility Level

During this quarter, *Afya Pwani* trained 28 facility workers from Taita Taveta on QI where participants were drawn from facilities and Sub-County Teams on QI sciences. During the training, the Project provided TA by supporting the facility and Sub-County Teams develop QI indicators for HIV, MNCH and other sectors identified from the customer satisfaction survey. Moving forward, the facilities will be supported to report monthly to enable tracking of ongoing QI projects through quarterly progress reviews which will take from the next quarter.

Lessons Learnt

1. Client representation in QIT remains a challenge; this has resulted reduced client input on QI activities and eventually client responsiveness by the QI systems. To address this challenge, there is a need to incorporate patient representatives into QITs at both the facility and County level. Suggestions include co-opting from the facility management boards to fill in the gaps.

III. ACTIVITY PROGRESS (QUANTITATIVE IMPACT)

Please see Attachment II for the full performance summary tables.

IV. CONSTRAINTS AND OPPORTUNITIES

Table 33 Summary of Challenges and Recommendations for Jan-Mar2017

What were the challenges encountered during the quarter?	How were these challenges addressed?
Sub-Purpose 1	
In adequate supply of RTKs stocks especially for HTS outreaches in Kilifi and Mombasa counties.	<ul style="list-style-type: none">• Support the SCMLTS to do correct quantification, reporting, forecasting and ordering of RTKs.
Not all health care workers have been updated on the New testing and ART guidelines.	<ul style="list-style-type: none">• Updates and trainings will be done now that nurses are available after their strike ended.

Nurses' strike impeded service delivery in many facilities	<ul style="list-style-type: none"> The project supported task shifting to mentor mothers and referred the mother-baby pairs to clinicians and pharmacy for prescriptions and drug refills. In other facilities, mothers were given drugs for longer periods and requested to call the Sub-County or Afya Pwani when they needed any help before the strike ended. Support group meetings were continued during the strike.
Irregular county support for Integrated ART outreaches at Mpeketoni, Witu and Lamu County Hospital	<ul style="list-style-type: none"> Lobby for regular support from the county government and other stakeholders.
Most facilities have not been sensitized on the Differentiated care models for service delivery	<ul style="list-style-type: none"> Facilities being supported to have CMES and QI to improve on knowledge and skills
Tools for DC available	<ul style="list-style-type: none"> The project photocopied and distributed to all the high-volume sites
Roll out of Differentiated Care has been slowed down by staff shortage and high turnover due to transfers and departmental rotations.	<p>Through Health Systems Strengthening, the project is working towards having proper management of county staff and rationalized postings.</p> <ul style="list-style-type: none"> •
Not all health care workers are updated on the revised guideline.	TOT training on the Revised ART guideline was done in December. OJT and mentorship on progress
Limited space for consumable storage at the Coast PGH Lab.	Bulky consumables transferred for temporary storage at Afya Pwani main Offices.
Frequent breakdown of one of the Abbott machine.	New systems installed by service engineers.
Incomplete documentation of VL and EID requests forms by health workers	<p>The project printed and distributed the newer version of the requests forms to through all the SCMLTs and mentored them on complete filling of the requests forms</p> <ul style="list-style-type: none"> •
Some clients are started HAART after 2 weeks or even a month after diagnosis, going against the recommendation of TEST and START as in the ART guideline	<p>Strengthened patient education on current guidelines, health talks on importance of starting ART early, support groups and individual counseling.</p> <p>Continuous capacity building of health workers on the ART guidelines</p>
Stigma created amongst patients hinders infection prevention and control initiatives like putting on masks.	Health education to TB patients and other clients in health facilities is ongoing.
Poor documentation by service providers in the facility treatment registers and IPT registers due to lack of reporting tools for IPT	<ul style="list-style-type: none"> The project is collaborating the CHMTs to roll out the use of the new NASCOP HIV tools which have provisions for reporting of IPT.

Erratic supply of DR TB drugs and IPT	The problem was on the ordering of IPT. Afya Pwani has strengthened the supply chain systems to ensure adequate and regular supply of commodities.
Frequent break down of gene Xpert machines	<ul style="list-style-type: none"> Networking with TB partners has reduced the response time after break down of the machines.
Most facilities do not have Infection prevention plans in place, no protective gear like masks, some rooms are not well ventilated	<ul style="list-style-type: none"> Work with CHMT to ensure they are in place
Reliance on government staff to conduct testing results to sub-optimal testing, lack of commitment to guided HTS service provision	<ul style="list-style-type: none"> The project hired HTS counselors though these were not adequate to cover all high yielding sites
Index client testing of school going children is low during the term when children are going to school.	<ul style="list-style-type: none"> The project will support targeted home testing for children of index clients during school holidays
Very few HTS providers have been trained on PNS	<ul style="list-style-type: none"> The project will orientate HTS providers on the modality and provide mentorship for its scale up.
The strike by nurses affected HTS uptake in facilities that are served by nurses only or in departments that HTS was provided by nurses.	<ul style="list-style-type: none"> Task shifting was encouraged and supported where other cadres were also trained or refreshed on HTS.
Reliance on government staff to conduct testing results to sub-optimal testing, lack of commitment to guided HTS service provision	<ul style="list-style-type: none"> The project hired HTS counselors though these were not adequate to cover all high yielding sites
Index client testing of school going children is low during the term when children are going to school.	<ul style="list-style-type: none"> The project will support targeted home testing for children of index clients during school holidays
SUB-PURPOSE 2	
Long electioneering period delayed identification of health facilities for water interventions	<ul style="list-style-type: none"> Frequent consultation and planning meetings
Change of priorities by stakeholder staff's due to many festivals in the quarter	<ul style="list-style-type: none"> Multi-sectoral planning with the communities
Long electioneering period delayed identification of health facilities for water interventions	<ul style="list-style-type: none"> Frequent consultation and planning meetings
Most health facilities/schools especially in Ganze don't have adequate water supply as a good enhancer to sustain hand washing practice	<ul style="list-style-type: none"> Support installation of rainwater harvesting storage tanks and pipeline extension to strategic areas for domestic use.
The electioneering slowed down the progress of implementation	<ul style="list-style-type: none"> Liaise with stakeholders and reschedule activities to convenient periods

Delayed implementation of nutrition activities /postponement of activities due to key GOK partners pressing priorities.	<ul style="list-style-type: none"> Continued joint planning and review meetings.
The erratic supply of water in Magarini limits households from establishing kitchen gardens.	<ul style="list-style-type: none"> Need to support extensions of water systems through other program to promote establishment of kitchen gardens and ensure sustainability.
There a few nutrition officers employed by the county government to support field programs. High qualifications required for recruitment of nutrition officers.	Encourage the County government to employ more nutrition officers like in other health departments and absorb certificate level graduates from accredited institutions.
SUB-PURPOSE 3	
Nurses strike – it led to a distortion of consumption trends of commodities e.g. HIV test kits and this led to under-ordering in some HVFs. Redistribution covered the gaps though.	<ul style="list-style-type: none">
October 2017 elections – tension and uncertainty before and after elections also going on leave during the election period hindering movement to visit facilities	<ul style="list-style-type: none">
Weak linkage between quality improvement approaches to a rewards and sanctions system	Development of a rewards structure by the counties to assist in driving of the quality improvement agenda
Lack of structured systems on QI performance management for facility managers	<ul style="list-style-type: none"> Development of structures and systems for institutionalizing QI at the facilities.

V. PERFORMANCE MONITORING

During the October-December 2017 *Afyा Pwani* continued to support activities that were geared towards maintaining and attaining standards of quality care and utilization of services as per the national and international guidelines. More specifically, the *Afyा Pwani* worked towards attaining and maintaining standards in data quality, reporting, and proper documentation of services delivered in the various quality care packages of individual service delivery. This quarter, the Project's M&E team focused on capacity building of health care workers on areas that had been identified during DATIM data collection, SIMS assessments, and previous field visits. To achieve this the SI team focused more on conducting CME sessions in HVFs, OJT and mentorship across all *Afyा Pwani* supported facilities. Additionally, the Project also supported and facilitated monthly clinical data review meetings and routine EMR Data Quality Audits (DQAs) which were conducted to improve and maintain data quality. Notable best practices identified by

project staff during the quarter include but is not limited to: Data entry done at facility level which has helped reduce data entry errors in high-volume facilities and HVF HRIOs have been mentored by the SI team on developing performance trends in form of graphs for different service delivery rooms.

During the quarter, Project staff also provided TA through OJTs to health workers across supported sites on updating registers (ART and HEI) to promote easy knowledge transfer; additionally, health workers were also assisted in the reorganization and standardization of the filing areas for easy retrieval of files and information as part of the Project's commitment to increase quality of care for clients seeking services at these sites. During these visits, project staff also identified that health care workers have been experienced challenges when they are extracting data from registers to reporting tools. As such, the Project has invested in thorough audit of reports before the data is uploaded to DHIS2. Project staff also organized visited facilities during clinic days to provide support in proper documentation during the same. By supporting these interventions, it is hoped that by providing practical opportunities to health workers on a one to one basis, documentation and data quality will improve at the facility level to address the data gaps in real time.

It should be noted that health workers across *Afyा Pwani* sites often deal with heavy workloads (especially in critical departments); cognizant of these realities, the Project also worked with these health providers to ensure that their relevant registers were up to date. Some facilities reported large gaps in ART registers, which has not been updated because many health care workers were away from their duty stations for the Christmas period, often leaving only one health worker to attend to all clients in all departments. To minimize the impact of this vacuum, *Afyा Pwani* helped update these registers as well as patient folders where some files did not have updated ICF cards when screening PLHIV. At the same time, the *Afyा Pwani* team also supported health care workers audit client's files and separate non-active files from filing area to create more space for new files, as well as helping these facilities arrange client files in a straight numerical filing system for easy file retrieval.

1. CAPACITY BUILDING AND TECHNICAL ASSISTANCE:

Between October and December 2017, a total of 63 facilities⁷⁴ were visited by the *Afyा Pwani* team, where health care workers received TA and capacity building on the following HIV service areas: PMTCT, HTS and HIV Care and Treatment.

⁷⁴ **Kilifi county:** Kizingo Health Centre, Rea Vipingo Dispensary Mariakani, Kokotoni, Viragoni, Dagamra, Kinarani, Rabai, Union, Tsangatsini, Giriam, Kombeni, Ribe, Lenga. Mgamboni, Gotani, Challani and Bwagamoyo. **Taita Taveta County:** Mwatate Sub-County Hospital, Moi Referral Hospital, Buguta Health Center, Kasighau Health Center, Mwambirwa Sub-County Hospital, Kwa Mnengwa, Mwashuma, Ndovu, Ndome, Ghazi, Bura Health Center, Wesu and Taveta Hospital. **Kwale County:** Msambweni County Referral Hospital, Diani Health Centre, Kwale Sub-County Hospital, Lungalunga Sub-County Hospital, Kinondo Kwetu, Tiwi Health Center, Kinango Sub-County Hospital, Samburu Health Centre, Vanga and Kikoneni. **Mombasa County:** CPGH, Likoni, Tudor, Port Reitz, Kongowea, Bamburi, Chaani, Bokole Miritini, Jomvu, Mikindani, Magongo, Mvita, Ganjoni, Mlaleo, Kisauni, Mrima and Utange Dispensary. **Lamu County:** Lamu County Hospital, Shela, Mokowe, Mpeketoni, Witu Hindi and Faza.

I) PMTCT

During the period under review, Project staff focused on supporting the following achievements for all facilities mentioned above: ANC register available and in use at MCH; ANC register well completed per guidelines; More than 90% of fields filled per guidelines; All New visits were clearly indicated in the register with a red ink; Where page summaries were not complete, project HRIOs provided support to completing the same and emphasized the need for making summaries; Post-natal register available and in use in most facilities (however *Afyा Pwani* HRIO noted that in Kombeni Dispensary the PNC register was already filled up and was properly filled in as per national guidelines). In response, the HRIO delivered another register in the course of the quarter. Moreover, for all the facilities mentioned above, project staff noted that consistent PMTCT reporting was done throughout, registers had been updated appropriately and data cleaning support provided by the team. Lastly, the team also made sure that the HEI registers had been updated in facilities like Mwambirwa Sub-County Hospital (SCH) which had previous challenges in documentation.

II) HTC

In terms of data collection and reporting for HTC, for all facilities mentioned above, *Afyा Pwani* project staff ensured that: HTC register available and in use. However, some facilities like Giriama Mission Dispensary had knowledge gaps on completing the test kit details. In response, *Afyा Pwani* provided supported in filling the test kits details; i.e. expiry date and test kit name. It was also found that the name of the health care providers doing the tests were not being included at Giriama Mission Dispensary, so project staff provided TA on the same, emphasizing the need to indicate name as per national guidelines. For all facilities, *Afyा Pwani* also made sure that the HTC page summaries were done, HTC registers filled per national guidelines.

III) HIV CARE AND TREATMENT

Lastly, in regards to HIV Care and Treatment data collection and reporting, Project staff also ensure that during the quarter under review, that Pre-ART and ART registers were available and in use across all ART sites. Where ART registers were not up to date, in some facilities like Rabai Health Centre and Tsangatsini Dispensary, Project staff provided TA to ensure that this was updated. As was mentioned previously, *Afyा Pwani* also provided and facilitated support to facilities in helping to arrange appropriate filing systems for clients, per age groups for ease of reference. It was noted that Daily Activity Reports (DAR) were in use but some facilities like Gotani Mission Dispensary, not all clients were captured in the DAR especially when the facility HRIO was absent. To address this, challenge the Project team facilitated an audit of all active clients by doing file to file checks on the same. Following the identification of this gap, *Afyा Pwani* followed up with TA on the need to document all clients in DAR which captures daily work load for the health care providers. Of further note, is that ICF cards were up to date in most facilities, however at Rabai Health Center, some clients were noted to have not been screened for TB using the ICF tool. The facility Clinical Officer in charge was then briefed and promised to deal with that matter immediately.

Lastly, during the quarter, *Afyा Pwani* staff also focused how patients were being monitored using the MOH 257 card; it was found that this was not sufficiently being done in some facilities like Ndovu Health Centre where only 46% of the patients had their viral load in the patient files and 66% had nutrition status indicated. The trend was also observed in facilities like Bura Health Center, Mwatate Sub-County Hospital

and Moi Voi County Referral Hospital. Project staff provided TA on the correct practice and all clinicians updated on the same.

IV) MNCH

In regards to improving access and availability of quality MNCH services in Kilifi County, the Afya Pwani project team worked focused on strengthening PNC by ensuring that the Post-natal register was available and in use in the facilities mentioned above. Of note is that the PNC register at Kombeni Dispensary was filled up and the HRIOS based their tasks with replacing the same, during the quarter. Other notable observations are that PNC registers for the facilities mentioned previously were aptly completed per the national guidelines on the same and that there was consistent reporting done. In terms of ANC, *Afya Pwani* ensured that all ANC registers were available and in use across project sites (listed in the footnote above) and that all new visits well indicated in the register with a different ink. Positively, project staff also reported that during the quarter there was data consistency in ANC register and MOH 711 report respectively, an indication of the efficacy of the technical support that the project has been providing to health workers across project supported sites not only during the quarter being reviewed, but since the inception of the Project in June 2016. Maternity registers have also been available and remain in use, with all registers being completed as per the national guidelines.

V) FP, WASH AND NUTRITION

During the quarter being reviewed, *Afya Pwani* staff also ensure that FP registers were available and in use and that FP register page summaries were aptly filled in and the data complete in line with national guidelines on the same. Lastly, in regards to WASH and Nutrition, *Afya Pwani* focused efforts on the availability and whether nutrition tools at project supported facilities were being filled and completed correctly. It was found that for several facilities many nutrition tools were not being filled in appropriately. When asked, Sub-County Nutritionists made it clear that emphasis has been made on few registers. It was also noted that in some cases, ORT registers were available and in use but there was no specific ORS corner in most facilities. In response to these issues, *Afya Pwani* worked with the HRIOS linked to these facilities and advised that facilities need to set a functional ORT corner and do proper documentation on the same.

2. Electronic Medical Record (EMR) Implementation:

As the demand for information grows, the role of EMR systems in meeting the information gaps cannot be underlined. During the quarter under review, *Afya Pwani* continued to support staff in facilities with EMR sites in Kilifi, Kwale, Mombasa, Lamu and Taita Taveta Counties to maintain the use of the EMR system. The support included continuous mentorship, report generation support, continuous data cleaning and system configuration and upgrade. Some of the outcomes of the strengthened EMR system include: Timeliness in reporting, where all required reports were now available on time because of ease of generating data from IQ care; Data Accuracy because of the EMR system which can generate more accurate and reliable reports due to continuous data cleaning support provided by the team; Defaulter tracing has been made easier through the IQ care as facilities can now identify defaulters easily and implement measures for follow up. This has improved appointment management and the number of clients currently active has steadily been increasing.

During the visits to facilities this quarter, key issues that were noted by project staff included but is not limited to: Knowledge gaps on IQ care use among the clinicians especially because they were new appointees or had been recently posted from a non-EMR to an EMR site and in the HVFs, many files that had not been updated into IQ Care. This necessitated an orientation on EMR for the clinicians on EMR and IQCare use, as well as the provision of mentorship and TA on the utilization of EMR e.g. the new green card more so generating line lists that can inform the facility in the quality management of the patients and use of EMR to help line listing of clients due for viral load thus creating demand for data use. This is evident on the DDIU lite for Kwale which will also be a priority this quarter. The team also helped in clearing the backlog for the same. In selected facilities in Taita-Taveta County, there has been consistent trend in reporting on Current on ART numbers, which has been because of continuous mentorship and TA following the positive embracing and utilization of EMR by health workers and clinicians. More recently, Taveta Sub-County Hospital, which had gone paperless, also reported challenges in documentation of patient records this quarter, but Afya Pwani project staff were able to step in and provide mentorship on the use of EMR to provide quality care to patients- which has resulted in marked improvements at the facility.

3. Quarter 1 FY 18 Reporting

During the quarter under review, Project staff successfully collected and uploaded the necessary HIV and Non-HIV data for the Annual Program Review (APR). Having observed discrepancies in DHIS 2/MOH 731 and DATIM reports in the past, the team was keen on data quality and scrutinized the data thoroughly including comparing with DHIS2 to ensure any discrepancies were well addressed. During data collection, there were some facilities whose data had discrepancies in their MOH 731 and the source documents. The Project team supported health care workers responsible for reporting in the affected facilities to populate revised MOH 731 and facilitated the submission of the reports to Sub-Counties for correction in DHIS 2. Out of 94 supported sites in Kilifi, there were only 11 that had data quality issues in the reports submitted in the quarter. Some of the affected facilities include St. Theresa Medical Centre, Junju Dispensary, Kizingo Health Centre and Rea Vipingo Dispensary respectively. As a routine practice to ensure timely and complete reporting in DHIS, project staff supported select HVFs, County and Sub- County HRIOs and CASCOs with internet data bundles for data entry, analysis, submission and use in a timely fashion. The reporting rates for most reports have increased significantly over the last three quarters in Kilifi as shown in the table below;

Table 34 Afya Pwani Supported Facility Reporting Rates Jan-Dec 2017

	Jan to Mar 2017 (%)	Apr to Jun 2017 (%)	Jul to Sep 2017 (%)	Oct to Dec 2017 (%)
MOH 731-3 Care and Treatment Reporting rate	90.5	92.3	90.6	96.6
MOH 731-2 PMTCT Reporting rate	94.8	93.3	88.5	96.3
MOH 731-1 HIV Counselling and Testing Reporting rate	94.8	91.5	86.9	93.7
MOH 711 Integrated Summary Report: Reproductive & Child Health, Medical & Rehabilitation Services Reporting rate	88.5	88.9	82.9	91.5

MOH 710 Vaccines and Immunization Reporting rate	92.8	87	77.5	89.5
MOH 717 Service Workload Reporting rate	87.9	75.7	78.5	86.9
MOH 643 F-CDRR for Lab Commodities Reporting rate	47.5	43.8	56.4	71.5
Facility Contraceptives Consumption Report and Request Form Reporting rate	85	91.5	84.5	75

In Taita- Taveta, the team also engaged the SCASCOs and SCHRIOS to visit the facilities whose staff were on strike, which had affected 16 out of 38 ART sites in terms of missing reports for the month of October 2017. This has been rectified in the last two months of the quarter.

4. Data Quality

In the quarter under review, *Afya Pwani* spent the first ten days of each month supporting the validation of the MOH 731 and 711 registers and Immunization Report- MOH 710 before data entry. The team worked closely with MOH SCHRIOS to complete data entry before the 15th cut-off date for reporting. Some facilities had notable challenges in populating the MOH 731, especially low volume facilities. When reporting on the uptake of maternal and infant prophylaxis, some facilities also failed to include the KPs in the total positive and HAART. Subsequently, *Afya Pwani* project staff visited these facilities to address these gaps and shall continue to do so in the next quarter to ensure that all health care workers involved in reporting are able to report accurately through mentorship and OJT. Some of these sites that experienced these challenges include but are not limited to the Mission Medical Dispensary, Mtondia Medical Dispensary and Mijomboni Dispensary respectively. In the next quarter, *Afya Pwani* will hold monthly short forums to review facility reports before data upload to DHIS 2 to minimize errors. The errors identified shall be addressed in the best way possible to prevent future occurrences. In addition, to institutionalize EMR DQA, *Afya Pwani* also

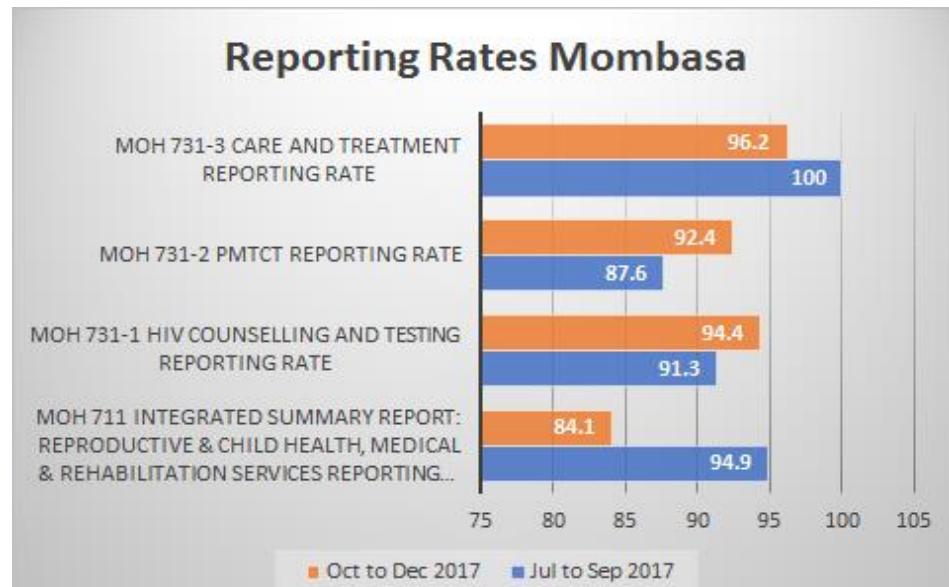


Figure 29 Reporting Rates for Mombasa County Oct-Dec 2017

Dispensary respectively. In the next quarter, *Afya Pwani* will hold monthly short forums to review facility reports before data upload to DHIS 2 to minimize errors. The errors identified shall be addressed in the best way possible to prevent future occurrences. In addition, to institutionalize EMR DQA, *Afya Pwani* also

visited *all* HVFs for DQA and mentorship, the figure below provides information on the achievements for Mombasa County respectively⁷⁵.

5. Routine Data Quality Audits

Routine Data Quality Audits (RDQA) were also done in *Afya Pwani* supported HIV care and treatment sites. In follow up to the RDQA, CPGH, Likoni Sub-County Hospital, Tudor Sub-County Hospital, and Port Reitz Sub-County Hospital were targeted with TA from project staff, where health workers from these sites were supported in implementing corrective action points identified from the RDQA, and a plan and outcome of the same documented and filed.

On the same note the team made a follow up on the actions plan to address the gaps arose during the previous RDQAs conducted in Msambweni Referral Hospital, Diani Health Centre, Kwale Sub-County Hospital, Lungalunga Sub-County Hospital, Kinondo Kwetu, and Tiwi Health Center where gaps were identified and action points developed at the facility.

6. Performance Review Meeting

To ensure data use in decision making, *Afya Pwani* supported quarterly data review meetings in with facility in charges in Kilifi, Kwale, Lamu, Mombasa and Lamu Counties respectively. During the review meetings facilitated this quarter, *Afya Pwani* project staff also participated and actively reviewed the Project's indicators; this review has since enabled staff to effectively discuss and identify the factors that have contributed to the under-performance of some of the Project's indicators- solutions and suggestions to improve performance have been put forward and will be operationalized in the next quarter.

In Kilifi County, *Afya Pwani* supported Annual Data Review forums to help stakeholders to take stock of investments and outcomes of FY2017. During the data review, it was realized Kilifi Sub-Counties did not meet their annual targets in most of the indicators and priorities for the future should be around those indicators. In terms of poor performance in regards to FIC, the following reasons were put forward by review participants: No defaulter tracing is done to account for children missing appointments; Poor documentation at facility level (but through the support of *Afya Pwani* staff, Sub-County HRIO and the Sub-County team present this will be addressed in the next quarter); Inconsistent integrated outreaches- It was realized that not all locations in Ganze are covered by CUs so not all hard to reach areas are effectively reached. In terms of the underperformance of the 4th ANC indicators, data review meeting

⁷⁵ Please note that for **Mariakani Sub-County Hospital** the following indicators were assessed: Starting ART, current on ART, TB screening, Nutrition assessment. The facility had migrated to point of care (POC) since data entry was done as the clinician attends to the clients. This was a good practice since if the facility is graduated to full paperless, no much challenges will be experienced. Most of the indicators assessed were well performed. However, it was noted that TB screening was poorly done. For **Rabai Health Centre** the following indicators were assessed were: Starting ART, current on ART, TB screening, Nutrition assessment. The facility was noted to experience challenges in updating EMR due to high turnover of health care workers at CCC. The facility had not embraced POC fully since it was found that only some staff are dedicated to POC. The facility Clinical Officer in charge has promised to put emphasis on the same and demand a lot of accountability from the part of health care workers on duty at CCC.

participants highlighted that: Poor socioeconomic status of communities being supported in Kilifi is low and thus many pregnant women cannot make it to the facility for every visit as they need to use *boda bodas* to and from; Poor health worker attitudes; Changes of MCH department working hours where by service is given during only the morning hours has meant that many clients seeking services from far away villages cannot make it in time for clinic; Low staffing in Ganze Sub-County (County team has been requested to employ more staff and post them to facilities in Ganze Sub-County more specifically.

Lastly, in regards to low FP uptake that was identified in some sub-counties in Kilifi, the following reasons were given: *Mwenye* syndrome whereby the man must give consent for mother to take any family planning method; Myths and misconceptions about FP methods among the community still persists and curtail uptake and religious groups continued to condemn use of FP.

It should be noted that in all counties being supported by *Afya Pwani* during the quarter, project staff have supported, conducted and participated in facility data review meetings which were integrated with OJT and mentorship on data collection, analysis, reporting and use. *Afya Pwani's* TA package has focused on the following: correct use and complete documentation in the service registers, use of EMR, proper and complete documentation in patient files, and reporting using the MOH 731. Notably, staff placed significant emphasis on complete documentation as part of efforts to enhance DDIU, especially to improve quality of care.

7. Maternal and HEI Cohort Data Analysis

During the quarter, *Afya Pwani* staff also worked to effectively collect data related to maternal and HEI cohorts supported by the Project to assess the extent to which mothers and infants were being retained in care during the period of follow up in PMTCT. The team also focused on ensuring that all HEI registers were updated and maternal ART registers established and updated before the summary forms were filled. A follow up to CCC was also done for HEI positive audit. The team also updated the EMTCT Dashboard in the facilities. There were some indicators facility was not performing very well like viral load uptake at MCH and women completing the 4 ANC visits. Through this the team encouraged the health care workers and managers to use the data for informed decision making.

8. M&E Technical Working Group (Kilifi County)

During the quarter under review, *Afya Pwani* project staff continued to support the M&E TWG for Kilifi County that was formed in the July-September 2017 quarter as part of efforts to improve DDIU for the County. More specifically, project staff worked with TWG participants to ensure that the TORs have been set, secretariat and the stakeholders identified and the official launch to happen in the January-March 2018 quarter.

VI. PROGRESS ON CROSS CUTTING THEMES: GENDER AND YOUTH

1. Gender

a) Improved Gender Norms and Sociocultural Practices

Mombasa, Kwale and Taita Taveta County:

In Mombasa County four (4) sessions orienting health workers on gender norms and the management of sexual violence at facility level commonly referred to as PRC (Post-rape care), were conducted at health facilities affiliated with the *Afya Pwani* Project this quarter. Orientation topics included: Integration of youth appropriate services at various service delivery points within the facilities; Minimum package of services for adolescents and youth, Different service delivery models, Equity and non-discrimination at community and health facilities. A total of 107 (41 M: 66 F) health workers were reached with information on PRC services for gender based violence (GBV) survivors at the facility with a focus on history taking, evidence collection, tests and referrals for other services referencing the National Guidelines on the Management of Sexual Violence in Kenya – 2016 edition. Discussions around the challenges commonly encountered in service provision for GBV survivors ranged from evidence preservation packaging to the expensive reagents required for some laboratory tests. Each of the four facilities oriented now have one or two staff who have participated in a full PRC training facilitated through the efforts of the Mombasa County Health Management Team as follows: one nurse in Mlaleo Health Center, two nurses in Likoni District Hospital, and one nurse in Tudor Sub-County Hospital. National guidelines and job aids on Management of Sexual Violence and Youth Friendly-Services (YFS) were distributed to the health facilities reached during CME sessions as follows: Rabai Sub-County Hospital, Malindi Sub-County Hospital, Mlaleo Health Center, Likoni District Hospital, Tudor Sub-County Hospital and Port Reitz Sub-County Hospital. In the coming quarter, the guidelines and SOPs will continue to be disseminated in line with scheduled CME sessions.

This quarter 23 CHVs were identified and trained on GBV referral and support for survivors per the National Framework for Response to Sexual and Gender Based Violence; more specifically the following topics were covered during the training: health, legal, psychosocial, safety and security sectors. Confidentiality, consent and follow up services (such as Post-Exposure Prophylaxis (PEP)/ Pre-Exposure Prophylaxis (PrEP) were emphasized during the three-day training. Participants were selected from the following Community Units (CUs) and support groups: Mwakitalu, Bura, Mwatate, Kidaya, Mwashoma, Mondambogho, Umoja, Mwachabo, Dingai, Manoa and ‘Together we can’ support group. Training was conducted by three facilitators from the Department of Health, Mwatate Sub-County.

Community awareness sessions were also conducted with the support of Administrative Area Chiefs in three locations namely: Kamtonga, Dighai, and Mkingereni. Topics discussed focused on support for GBV survivors, points of PRC services including service details and available security services e.g. the police and the chiefs. Other health challenges discussed were in relation to HIV and TB stigma in the community which hinders demand for HTS and TB services. The importance of accessing both services was also emphasized to encourage community members to access HTS and TB services. Networking with like-minded organizations/personalities on the ground regarding multi-sectoral issues (such as drug and substance abuse and legal services through trained paralegals and CHVs), were discussed at length as a means of empowering the community to address their health-related challenges. The Project also worked to build the capacity of Mentor Mothers and PMTCT Ambassadors to provide information on PMTCT, stressing the importance of early antenatal clinics (ANC) for all pregnant women.

Kilifi County

i) Capacity building for Health Workers and Community Health Volunteers

During the quarter, two CME sessions on the Management of Sexual Violence; stigma and discrimination were held in Rabai and Malindi Sub-Counties reaching a total of 54 health workers (23 M: 31 F). The objective of the orientations was to increase health facilities capacity in case identification, documentation, knowledge, skills, and attitudes to effectively manage SGBV survivors. The challenges of PRC service provision were also discussed. Twenty-five (25) health care workers (8 M: 17 F) were also reached in Rabai Sub-County at Rabai Health Center with participants drawn from 10 health facilities namely: Rabai Health Center, Bwagamoyo Dispensary, Kokotoni Dispensary, Makanzani Dispensary, Kambe Dispensary, Mitsajeni Dispensary, Kombeni Dispensary, Ribe Dispensary, and Uwanja wa Ndege Dispensary. Focal persons were identified to champion SGBV, gender and youth work at health facility level. In Malindi Sub-County Hospital, 29 (15 M: 14 F) staff were reached. Recommendations from the session include: the assignment of a clinician to attend to survivors of sexual violence owing to the long waiting time and strengthening communication for referrals made between the counseling room and laboratory.

ii) GBVRC and Support Groups

In the last reporting period, the Project reported having supported the establishment of a support group for survivors of sexual violence attached to Kilifi County and Referral Hospital. The objective of the support group was to provide comprehensive psycho social support (PSS) to the survivors where the group was categorized in the following cohorts: Children aged 3-12 years (5), adolescents 12-18 years (5), and their care givers (5). The support group follows a model known as the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) conducted over a 10-week period which focusses on encouraging survivors to express themselves and become aware of their emotions as a key to their healing. This group completed the ten-week program and graduated within this reporting period. Next quarter, the Project will support establishment of more support groups in the county. In addition, *Afyah Pwani* will support procurement of dignity kits (comprising sandals, sanitary towels, bathing towels, lesos, hair combs, lady's underwear/panties and basins), avail reporting tools and pediatric speculums.

b) Events to mark International Days

i) The sixteen Days of Activism against Gender Violence from 25th November to 10th December, 2017

Mombasa, Kwale and Taita Taveta:

In Mombasa County, the Project is a member of the Pwani GBV network based in the County. This year the Project supported a 16 Days of Activism event that was held at Mtopanga Primary school in Bamburi – Kisauni where there were several cases of teenage pregnancies at the school. The Project support of the event included chairs, tents and water for the participants where 219 participants (81 M: 138 F) were in attendance. Messages disseminated focused on referral and support for GBV survivors, teenage pregnancies and the implications according to the law and the role of the community in curbing GBV.

At the CPGH Youth Zone, the Project supported sensitizations focusing on the referral pathway of GBV cases with Young People Living with HIV (YPLHIV) and their guardians as target audiences. This activity

was conducted in collaboration with other partners supporting GBV services within CPGH. The intention was to build the capacity of our YPLHIV on gender issues and their caregivers in supporting the Adolescents and Youth Living with HIV (AYLHIV) through supported disclosure group meetings for AYLHIV and defaulter tracing to non-adhering and treatment failure cases.

The meetings coined **Youth- Parents symposium** were organized, coordinated and facilitated on 4th, 5thand 6th December 2017 to mark the 16 Days of Activism Campaign. During these forums, *Afya Pwani* supported and facilitated transport reimbursements for parents, and provided snacks and milk to all participants. This set up was made to create a safe and healthy environment for debates between teens and parents over the three days. Invited guests facilitated and moderated the sessions between parents and teens on the three separate dates with a guest speakers from the Law Query on Day 1, an anti- GBV activist on Day 2 and a nurse from the Gender Based Violence Recovery Center (GBVRC) in CPGH on Day 3. The Youth Zone staff cut across the entire event facilitating on; Communication, effective parenting and relationships.

In Taita Taveta County, *Afya Pwani* project in collaboration with the Njukini CHVs marked the 16 days of activism against gender violence by mobilizing community members for a sensitization on support for GBV survivors and the referral network. HTS services were also offered during the sensitization with over 502 people reached with prevention and support services for GBV and HIV services; 198 of whom were tested for HIV/AIDS on voluntary basis; all of whom tested negative for HIV. Individuals reached were grateful for the health information received regarding services provided at Njukini Health Center including PRC and HTS.

Kilifi:

The 16 days of gender activism are commemorated annually from 25th November to 10th December. The theme for the 2017 event was "**Together We Can End GBV in Education!**" The Project participated by supporting planned county level activities as follows:

In Kilifi County, some of the activities undertaken included: the launch of the 16 days of gender activism held at Karisa Maitha Grounds in Kilifi town. Stakeholders on board included the Ministry of Interior and Coordination of National Government represented by the Assistant County Commissioner, the area chief as well local police, and the Kilifi County Government represented by the Children's Department and the Youth, Sports and Gender Departments. The *Afya Pwani* team together with youth from Moving the Goal Posts marched around Kilifi town sensitizing residents on prevention of SGBV and response and where to access PRC.

An opinion leaders' dialogue meeting on promoting male involvement in and support for gender related issues was held in Chonyi for 28 leaders (25 M: 3 F). In Vipingo, a community meeting was called to discuss and highlight the problem of teenage pregnancy and school dropout rates. The latter meeting was held with stewardship from members of the interagency youth social address group comprised of the area chief, a clinician and nurse from Vipingo Health Center and youth representatives among others. Parents were challenged to be more present in their children's lives, as incidences of teenage pregnancy, defilement and school drop-out continue to remain issues of concern in the area. Messages for youth on being proactive in addressing and voicing gender issues in Kilifi were shared during a sporting event at

Vidani beach with area youth who were also introduced to several Toll-Free telephone hotline numbers for reporting SGBV issues such as: (116 – ChildLine); to get information on SRH (1190 – LVCT); National GBV hotline (1195) and the Police hotline (999/112 gender desk).

As part of activities undertaken during the 16 days of gender activism, USAID Afya Pwani supported 3 MOH staff from Mariakani Sub-County Hospital on December 2, 2017 to reach over 100 Kenya army personnel stationed at 15 Care Battalion, Kenya Defense Forces quarters in Mariakani. KDF staff present received basic information of gender and were encouraged to be proactive in mitigating negative gender practices including SGBV, by virtue of the position they hold in society. In Magarini, the Project held a meeting at Magarini Cultural Centre on 22nd November 2017 with male champions and CHVs to discuss promotion and messaging on gender.

ii) International Day of the Girl Child (October 11, 2018)

During the quarter, the *Afya Pwani* Project among other stakeholders supported activities to mark the International Day of the Girl Child. The years' theme was: "**Girls Progress is Equal to Goals Progress: What Counts for the Girls**". A total of 400 people attended the event – [206 boys and girls] and [48 M and 158 F] - drawn from various institutions in Kilifi County. Activities undertaken included: prevention of sexual violence and support for GBV survivors, menstrual hygiene education, football drills and training on life skills. Participants were expected to share information disseminated during the event with their respective institutions.

c) The Vipingo Youth Social address forum.

Between October and December 2017, seven meetings were supported by the *Afya Pwani*, where five of the latter meetings were held at Vipingo Health Center and attended by the various stakeholders including; the MOH, Children's office, chief, and administrator, youth group officials, police, community paralegal representatives, Sub-County education officers, school heads, and implementing partners; Each meeting was attended by 15 stakeholders. These meetings provided apt platforms to discuss ways of addressing youth issues in the area including teenage pregnancy, school dropout rates, early marriages and rising cases of SGBV. Proposed interventions to address some of these issues included: holding dialogues with community members; use of school Parents' Days as platforms to share information on key issues affecting youth with parents and teachers; and MOH and partner support for youth related activities.

Two of the referenced meetings were held with community members. The first meeting at Vipingo social hall reached 26 persons (15 M: 11 F) whilst the second event at the chief's camp reached 69 persons (24 M: 45 F). Among issues discussed were: post-pregnancy education; the Sexual Offences Act of 2006; sensitization of parents on parenting skills especially during school holidays; sharing of Helplines (toll free) numbers for various services e.g. ChildLine (116), the National GBV Hotline (1195), Police GBV desk line (112/ 999), and the LVCT Youth Hotline (1190). It was agreed that i) the area Chief would be proactive in following up parents/guardians who subjugate their responsibilities; and, ii) the community would exercise collective responsibility for their children.

During this quarter, project staff also leveraged on the Rabai Sub-County performance review meeting that took place at the Mnarani Club to update participants on (S)GBV documentation and reporting at facility level; the meeting was attended by 30 participants and the following issues were discussed: staff shortages, lack of reporting tools, inadequate following recommendations CME sessions for staff on (S)GBV and availing of reporting tools will need to be conducted in the next quarter, and information on referrals and follow-up of survivors will need to be shared and disseminated.



The area chief demonstrating a point on SGBV at a community meeting at Vipingo hall, Kilifi on 10th November 2017.

1. Youth

a) YPLHIVs support, Age-appropriate PHDP/Health Literacy and disclosure.

Through the support of *Afya Pwani*'s community health team, the Project has been supporting CPGH - Youth zone PHDP/ health literacy sessions during holidays and weekends which target adolescents and youth in and out-of-school who are HIV positive. Sessions on health literacy and disclosure using the national curriculum developed by NASCOP were also undertaken targeting guardians of young HIV positive adolescents. During the December 2017 school holidays, **157 adolescents and youth (72f and 85m)** all of whom were in-school youth were reached with messages on PHPD and disclosure. Fifty (50) parents/ care givers (16m, 34f) who had accompanied some of these adolescents were reached separately. Adolescents and youth aged 10 – 19 years made up the bulk (104) of the total number reached, with those aged 20–24 years numbering 53. The YPLHIVs were divided into different age appropriate groups and youth peer educators engaged to tackle individual issues. Other topics covered during the sensitization were ART adherence, disclosure and empowerment of adolescents with accurate information to achieve viral suppression. Participants actively engaged with and interacted with their peers to received required support, as well as caregivers were involved during problem/challenge sharing sessions in the formulation of strategies to support AYPLHIV. Adolescents and youth facing outstanding challenges likely to affect ART adherence were also booked for further counselling. Stigma in schools - especially by teachers - was raised as a challenge affecting ART adherence by school-going adolescents and youth which they cited as a contributing factor to most adolescents defaulting in ART.

An 18-member adolescent and youth support group for AYLWHIV at *Afya Pwani* affiliated **Njukini health Center** in Taita Taveta, also conducted its support group meeting this quarter to discuss PHDP topics and challenges of disclosure-the success to which illustrates the concerted effort that *Afya Pwani* is making in regards to increasing access and availability of high quality HIV health services for adolescents and youth across project supported sites.

During this quarter *Afya Pwani* staff in Mombasa County have noted EMTCT mother's interest/enthusiasm in Project facilitated health awareness sessions (these talks provide much needed information on assorted health literacy topics). As such, all ANC/MCH mothers have been sensitized on various health topics while awaiting to be attended at the waiting bays. Topics covered include: nutrition, EMTCT, importance of HIV testing, HIV prevention, FANC, birth preparation, patient and gender rights in access to health services e.g. the right to access free PRC services at any health facility, the right to access RH rights, and all services in general, as stated in Article 43 of the Bill of Rights in the Constitution of the Republic of Kenya (2010).

Magongo Health Center and **CPGH** have been started couples support groups to enhance male inclusivity, engagement and support as an essential part of PHDP. During health talks, family testing, HIV status disclosure and psychosocial support systems/circles/groups are encouraged. One consequence of these interventions is that several male partners have joined the two support groups as new members. (ref: *community health component – Mombasa report for details*).

Of note is that during this quarter the *Afya Pwani* has continued to support **8 adolescent and youth (AY) support groups**⁷⁶ as part of its commitment to increasing access and availability of high quality HIV services for these cohorts of clients. Moving into the next quarter, the Project will continue to facilitate support group meetings and TA as and when needed. Noteworthy, is that two caregivers of the above AY support groups are currently located at CPGH (1) and Kongowea (1), respectively; both of whom work closely with Project staff to support the running of these groups.

b) USAID Afya Pwani K-YES collaboration in Kwale County

A collaborative meeting between USAID *Afya Pwani* and RTI K-YES was held on 21st November, 2017 at their project office in Diani – Kwale county, and the following issues discussed:

The *Afya Pwani* project team agreed to share the list of 65 facilities which they supported in Kwale county with the K-Yes team to enable existing local K-Yes youth mobilizers link and expand youth-responsive services to adolescent clients to maximize on the mobilization for services owing to some unique characteristics of the facilities and the populations they serve and not be limited to the previous twelve facilities. Participants agreed that mobilizers should be sensitized on HIV to ensure that they had correct and updated information. Further, it was agreed that youth can also be mobilized and served from their vocational institutions; *Afya Pwani* will facilitate health education talks to the Youths on different Health topics.

Afya Pwani will follow up with S/CHMTs to ensure that introductory meetings occur to ensure that momentum is maintained. Updates on meetings will be shared within the month/quarter by the team as

⁷⁶ Likoni-I, Utange-I, Portreitz-I, CPGH-3, Ganjoni-I and Kongowea-I.

progress is made - on a case by case basis. Matuga Sub-County may likely be the first intervention site based on the high rates of teenage pregnancies reported in the last quarter of year one of the *Afya Pwani* Project. For purposes of sustainability, the *Afya Pwani* team was encouraged to work closely with the K-yes mobilizers - all Kwale community residents - when they start mobilizing youth for services as these young community resource people will remain available to community youth, even after *Afya Pwani* project ends.

c) USAID Kenya and East Africa RMNCAH/FP/Nutrition and WASH Implementing Partners (IPs) Meeting, Malindi, Kilifi county (Nov 12-17, 2017)

The *Afya Pwani* project team assisted USAID through logistics and human resources (HR) to support convening and hosting of the referenced annual event in Kilifi county, as members of the meeting planning committee. Over 120 USAID CAs attended the four-day meeting whose 2017 theme was: "A 360-degree lens for Adolescent and Youth Health". Meeting objectives were to: i) Share Adolescent and Youth Sexual Reproductive Health (AYSRH) state-of-the-art technical updates, ii) Share best practices from the field, and, iii) Develop tailored, county-specific frameworks for adolescent and youth-sensitive services that create journeys for AYSRH programs/projects under USG assistance, enhance young people's lives and move them from dependence to independence. Youth participation was promoted and efforts made to highlight youth voices throughout the proceedings by engaging them in various roles/capacities e.g. as session co-facilitators, groupwork team leaders, presenters and panelists. Meeting activities included market place/gallery walks, presentations by public and private sector stakeholders on health (including drug and substance abuse, WASH, nutrition), leveraging the private sector to benefit adolescents and youth, health care financing), education, economic empowerment/financial literacy (KCB), IT (Safaricom Foundation) and social protection for adolescents and youth through multisector approaches to AY programming (for Orphans and Vulnerable Children [OVC] and in Kisumu, Migori, Kilifi, Kisumu and Turkana counties), group work, panel discussion, plenary sessions and field trips to *Afya Pwani* supported sites in Kilifi promoting integrated AYSRH services at community and facility levels. Meeting deliverables for USAID: i) Implementing Partners (IPs) were required to refine their existing work plans to incorporate adolescent and youth issues for submission to USAID ii) in June 2018 a USAID evaluation meeting for all IP technical persons will assess actualization of the specific adolescent and youth actions developed in November 2017. USAID Afya Pwani project's Kilifi county AYSRH workplan submitted to USAID is attached.

d) Capacity building of Health Providers – Kilifi County

Afya Pwani also supported the conduction of one CME for 30 health workers at Kilifi County Referral Hospital, where participants were oriented on the following aspects: integration of youth appropriate services at various service delivery points within the facilities; the minimum package of services for adolescents and Youth, different service delivery models and equity and non-discrimination at community and health facilities. During the discussion, it was noted that youth are not reached with services because the services are not youth appropriate. Cognizant of these challenges, the Project focused efforts on supporting the following youth groups:

i) The Tumaini youth support group-

Support group of 60 HIV positive youth attached to Mariakani Sub- County Hospital); With the support of the community health team, the Project supported two support group meetings by the group within the quarter. Activities during the meetings included life skills training, talent building, games and counselling on positive living. This group is enriched through the active engagement of the teens by four volunteer University of Nairobi (UON) students who support the meetings by offering psycho-social support and nurturing talents of these young boys and girls. The following were the highlights of the discussions during the meetings: Positive living- accepting the positive HIV status; Dealing with stigma in the community; GBV and the multisector coordination response as well as importance of girl-child education.



Some of the Tumaini youth support group teens doing beadwork

Performing arts by the teens through drama, skits, poems and songs which they learnt through the university students were also used as means of sensitization, emphasis and skill-building sessions. An extra volunteer is teaching the teens the art of making bracelets, jewelry and ornaments as an income generating activity as indicated below.

ii) Teen mothers support group- A support group for 15 HIV positive teenage mothers at Kilifi County Referral Hospital); The Project supported four meetings addressing issues around malnutrition, proper breastfeeding, self-awareness and entrepreneurship, the importance of FP to prevent future unplanned pregnancies (since 90% of them had babies from unplanned pregnancies), the importance of exclusive breastfeeding, self-awareness and entrepreneurship. In the coming quarter, the Project will continue to work with S/CHMTs to establish and strengthen youth support groups addressing MNCH/FP issues. Plans are currently underway to initiate a teenage *Mama* group (*Mrembo* group) attached to two health facilities and a FP support group to promote FP uptake among youth.

e) FP Services in Kilifi County

During the quarter under review, 48 in-reaches were supported by the Project where several services were offered including immunization, FP, Cervical cancer screening, ANC services among others. A total of 588 adolescents and youth accessed FP services this quarter under review- please see the table to get a more detailed breakdown of how many clients from different age groups accessed services. Adolescents and Youth accessing these services are broken down as follows:

Table 35 Adolescents and Youth Accessing FP Services Oct-Dec 2017

Age	Number
10-14 years	0

15-19 years	190
20-24 years	398

Lessons learned

1. Community-based inter-agency groups are key to addressing gender social and cultural barriers affecting uptake and patterns of health services.
2. The parenting role is not a main concern for the community in terms of health care and therefore, community sensitizations on the social and health implications are required to be incorporated in other activities to address this.
3. Networking through local organizations in the response to sexual and gender based violence creates sustainability and ownership of the networks and continuous flow of information thereby reducing dependency and cutting costs for those involved.
4. Mentors in support groups provide additional motivation especially to adolescents and youth to keep attending and participating in meetings.

CHALLENGES

1. In Kilifi, some facilities do not have Post Rape Care forms for documentation, however this is being addressed through advocacy with the county team as well as in-house printing
2. In Taita Taveta, Shuga sessions to AYLIV to provide HIV education information as a youth friendly platform was not done as the activity was planned to be held at Ndilidau health center which has the highest number of adult youths living with HIV/AIDS. The main facilitator, who is the CHA (Community Health Advisor) who was on leave, mobilization was a challenge. In other facilities, such as Mahandakini, the 2 Adult youths intended to conduct the sessions could not be reached at the planned time during the Christmas holidays. Health officers were already on Christmas/December holidays as well and were therefore unreachable.

VII. GRANTS

In the last reporting period, *Afyा Pwani* received approval from USAID to commence formal engagement of grantees to support demand creation activities at community level. During the quarter, *Afyा Pwani* formally engaged 19 organizations out of the approved 20 organizations. Formal engagement with one grantee is pending due to unanticipated internal challenges in submitting the required documentation to facilitate contract signing, the grantee is working towards fast tracking the process to facilitate contractual engagement.

To facilitate smooth implementation of activities and ensure the project is compliant to USAID rules and regulations, *Afya Pwani* held a two-day orientation meeting where grantees were introduced to various contractual compliance and financial & program reporting requirements additionally, introductory meetings to relevant county and Sub-County stakeholders were held where stakeholders were sensitized on the grantee's scope of implementation and how their role complements the various *Afya Pwani* initiatives at community level. These processes paved way to kick off implementation of activities. The specific activities implemented by the grantees during the quarter have been reported under each sub purpose in this report. *Afya Pwani* will continue to monitor progress on implementation of activities and provide technical and capacity building support where necessary for improved service delivery.

To address some of the barriers to quality service delivery at facilities, the project will provide support to select facilities as 'Partner Implemented Projects' (PIPs) that will be administered through Memoranda of Understanding (MOUs) signed with the facilities. This MOUs allows the project to pay directly for all budgeted and allowable costs. The support will largely compliment the support provided by the *Afya Pwani* project staff to increase the quality of HIV Care and Treatment Services at the facilities while working towards achieving the UNAIDS 90:90:90 HIV/AIDS targets.

During the quarter, the project identified 18 facilities to be supported through this grant mechanism; 7 in Mombasa and 11 Kwale in counties. Consultations are ongoing with the relevant stakeholders in Kilifi and Taita Taveta Counties to identify more facilities to be supported under this mechanism. The identification of facilities largely focused on *Afya Pwani* Supported high volume facilities which have crucial gaps affecting service delivery to clients. Specific activities to be funded were informed by existing gaps to provision of quality HIV care and treatment for each facility. The project is finalizing the contractual process with the facilities with an aim of starting activity implementation in the next quarter.

VIII. PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING

Please see **Appendix I** which contains the detailed Environmental Mitigation and Monitoring report for the October-December 2017 quarter.

IX. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

During the October-December 2017 quarter under review, *Afya Pwani* staff continued to work closely with other USAID supported implementing partners. During this quarter, *Afya Pwani* participated in the USAID Coast Implementing Partners Meeting which took place on the 8th of November 2017 at the *Afya Pwani* Training Center in Mombasa. The meeting focused on the dissemination of *Afya Pwani*'s Year 2 Work Plan, so as to ensure all partners were up to speed on the same. Key issues raised during the meeting included the urgent need to effectively address Pediatric HIV, and the transition of services for adolescents and youth. Disclosure of HIV status to affected children was also highlighted as a major challenge that the participants needed to address. Participating partners also presented on potential areas for collaboration and request for detailed specific activities and clarification was provided as needed. Other key issues that were discussed during the meeting included limited use of data at facility level for planning and decision making has been realized. Health workers have been trained on use of data for decision making and planning but could have stopped this practice due to unsupportive management system after devolution.

There is need to strengthen QIS teams at health facilities. It was also mentioned that the current health work force is aging and needs to be encouraged to mentor the younger workers. Partners also agreed to the need to engage with the new Members of the County Assembly (MCAs) to push specific health policy agenda at the County level. It was mentioned that MCA's in Kilifi and Mombasa Counties were now more aware of the need to equip current health facilities before opening of new one. Kilifi County will be concentrating of clearing current debts and finishing stalled projects before they embark on new development projects

X. PROGRESS ON LINKS WITH GOK AGENCIES

During the quarter under review, *Afya Pwani* staff continued to work closely in partnership with the CHMTs from all five counties, as they Project works towards increasing access and utilization of HIV, MNCH, RH/FP, WASH and Nutrition health services, and health systems strengthening. As has been mentioned in the previous sections, Project staff partnered closely with the County teams to successfully support 16 Days of Activism, World AIDS Day 2017 as well as *Malezi Bora* Week activities, which saw several communities and marginalized groups get access to high quality MNCH health services and positive health information. In terms of supporting Health Systems Strengthening, the *Afya Pwani* team continued to actively engage all the five counties-Kilifi, Mombasa, Kwale, Taita-Taveta at the level of County Health Executive, Chief Officer of Health and County Director of Health. Notably, the nationwide nurses strike came to an end this quarter, the effect to which has been seen across all sub-purposes being supported by the *Afya Pwani* project.

XI. PROGRESS ON USAID FORWARD

During the October-quarter, *Afya Pwani* successfully engaged 20 local organizations to implement demand creation activities and outreaches at community level ultimately contributing to the overall project goals and targets. More specifically a two-day orientation meeting was held during the quarter, where sub-grantees were taken through key compliance and reporting requirements as they commenced implementation of their activities in the quarter. These orientation sessions provided a benchmark on the different capacities and capabilities of each of these grantees in terms of finance, reporting, programming as well as communications helping project staff identify potential knowledge gaps that will be addressed in the forthcoming quarter through continued capacity building. During the quarter under review, *Afya Pwani* staff continued to utilize innovative strategies using Geographic Information Systems (GIS) to implement targeted innovations; moreover, Project staff were also able to successfully orient S/CMHTs on the same as part of promoting GIS for improved decision making.

During the period under review, project staff also drafted and developed an AYSRH Framework as an addendum to *Afya Pwani's* work plan as part of efforts to ensure that the project is able to effectively increased access and availability of high quality health services for Adolescents and Youth in Kilifi County. By operationalizing this framework, the Project is working toward ensuring it is meeting the specific health needs of this particular vulnerable and marginalized cohort in the hope of improving the health outcomes for the same in the long term. It is hoped that these positive outcomes supported by the Project will extend beyond the life of the Project.

XII. SUSTAINABILITY AND EXIT STRATEGY

To ensure sustainable impact and continued improvement of high quality HIV, MNCH, RH/FP, WASH and nutrition health service delivery in the five coastal counties, *Afya Pwani* successfully engaged sub-grantees in all the 5 counties to work with our health care service delivery and their activities will enhance increase in demand creation during the October-December 2017 quarter under review. More elaborate information on sub-grantees is captured in the *VII. GRANTS* Section. During the quarter under review, project staff have worked towards ensuring that all activities implemented have been in: 1) Full alignment with national policies and guidelines; 2) Focused on supporting the implementation of targeted and tailored TA, OJT and mentorship to address the specific needs of health workers, CHVs and S/CHMTS to ensure that the Project is providing tangible and measurable value addition, 3) Strengthen community networks for service delivery through CHVs and facility referral networks to ensure a continuum of service delivery for vulnerable and marginalized clients (including KPs, adolescents and youth).

Whilst focusing on strengthening referral systems and linkages between health facilities and surrounding communities and vice versa. This has enabled *Afya Pwani* to reduce the risk and numbers of loss to follow-up and defaulting clients. Significant improvements have been achieved to the laboratories across the coastal counties subsequently improving viral load testing as per the project's mandate. *Afya Pwani* has also facilitated and supported the systematic involvement of *all* key actors and stakeholders including collaborating with other USAID funded mechanisms like **NILINDE** and **LINKAGES**, promoted local buy-in and ownership by holding joint activities with S/CHMTS and the MOH all of which has fostered an environment that places sustainability at the core of how the *Afya Pwani* team does business. In the next quarter, with all partners and sub-grantees expected to have been selected, *Afya Pwani's* project activities will be in full swing and all efforts focused on strengthening and improving access to and utilization of high quality health services for the betterment, health and wellbeing of all the communities and Kenyans living in all five of the *Afya Pwani* supported counties. Sustainability and capacity building of S/CHMTs, health service providers, peer educators and CHVs working directly with intended beneficiaries, especially those most at risk, is a priority for the Project as it works toward increasing ownership and sustainability of interventions of project activities. By supporting capacity building of these stakeholders, *Afya Pwani* is ensuring that the positive outcomes resulting from its interventions extend beyond the life of the Project. The devolution of health care services, with the MOH linked to County Governments, Sub-counties and health facility levels through which the HIV/MNCH/FP/WASH/NTRITION response can be monitored and delivered is essential. It allows effective collaboration with project staff at similar organizational levels. Achieving operational sustainability in a resource-limited setting is practical and feasible. The *Afya Pwani* project develops and institutionalizes a QA/QI system as the basis of attaining graduation and sustainability of services. Use of national standards, guidelines, existing health system structures, logistics and information management are vital for ensuring sustainability.

Lastly, in terms of *Afya Pwani* sub-grantees, To facilitate smooth implementation of activities and ensure the project is compliant to USAID rules and regulations, *Afya Pwani* held a two-day orientation meeting where grantees were introduced to various contractual compliance and financial & program reporting requirements additionally, introductory meetings to relevant county and Sub-County stakeholders were held where stakeholders were sensitized on the grantee's scope of implementation and how their role compliments the various *Afya Pwani* initiatives at community level. These processes paved way to kick

off implementation of activities. The specific activities implemented by the grantees during the quarter have been reported under each sub purpose in this report. *Afyा Pwani* will continue to monitor progress on implementation of activities and provide technical and capacity building support where necessary for improved service delivery and to promote the sustainability of these organizations in the long term.

XIII. SUBSEQUENT QUARTER'S WORK PLAN

Table 36 Subsequent Quarter's Work Plan

Planned Actions from Previous Quarter	Actual Status this Quarter	Explanations for Deviations
STA care and Treatment attended TB meeting in Machakos for Active Case Funding.	Was sensitized on active case finding for clients visiting our supported facilities to increase case detection for active TB patients. Collaborations with Mombasa County to scale up active case finding and IPT documentation were the main take home action points from the meeting.	The project was not aware of the planned learning session by the TB program. Active case finding is still a new concept unlike the intensive case finding that we are used to.
Conduct two regional HIV TWG meetings at the training center	The teams identified their performance gaps and joint action plans with Afya Pwani teams were developed that included rolling out of new HIV tools, accounting for every HIV patient that is lost and every infant that tests positive in EID.	The CHMTs and Afya Pwani saw it fit to encourage cross county learning and keeping each other accountable. It is one of the ways of improving accountability and governance for the project.

Program review meeting with four CHMTs at the Training Center in December.	The teams identified their performance gaps and joint action plans with Afya Pwani teams were developed that included rolling out of new HIV tools, accounting for every HIV patient that is lost and every infant that tests positive in EID.	The CHMTs and Afya Pwani saw it fit to encourage cross county learning and keeping each other accountable. It is one of the ways of improving accountability and governance for the project.
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XIV. ACTIVITY ADMINISTRATION

Serenics navigator not changed so far. In terms of staff, the team is currently working on looking for a replacement for the M&E Specialist position.

XV. SUCCESS STORIES

See below.

Like other rural women, the typical woman in Kilifi County is the heartbeat of her family. Apart from tending to her children, her daily activities involve walking distances to fetch firewood and clean water. She is also responsible for cleaning and preparing meals for her, in some instances, extended family. For most women, juggling different home care roles is a way of life.

Although these women seemingly ‘bear the bigger burden’ taking care of their families, most of them have little or no say on key decisions regarding their family’s health! In fact, a middle-aged woman with two small babies, one swaddled on her back, the other on the front with two other toddlers walking by her side to a health facility will quickly reject any FP options suggested to her with two words; ‘*Mwenye Kenzi*’.

To most women, ‘*Mwenye Kenzi*’ (Giriama for the owner/(man) doesn’t want/approve) is an assertion of the authority their men have. The statement is however, what has cut out a path for one MwaBakari Tsuma, a community health volunteer (CHV) and male champion for family planning (FP) in Tudor village, Kilifi County.

For forty-year-old Tsuma, his quest to empower communities to make informed health choices began 11 years ago when he started working as a CHV at Dida Health Centre. He says his experience as a CHV working with 780 households and family background prepared him for his new role; FP male champion.

“Growing up, I did not enjoy quality or abundance. My widowed, unemployed mother could barely afford our basic needs,” Tsuma stated.

Unlike most men of his age in his village, Tsuma’s three children were planned for, a conscious decision he says he and his wife made to enable them provide quality upbringing to their children. He adds that they consult on key family health issues and he gets involved in his family’s day to day activities including chores. “My support to my wife goes beyond family planning. I take part and charge of duties my community consider to be the ‘woman’s work’. This is my way of sharing the burden of raising a family with my wife,” he added.

In addition to using his personal experience to educate other men on the importance of male involvement in FP, Tsuma has been utilizing the knowledge he acquires through *Afya Pwani* capacity building sessions to improve the impact of his work. He notes that ‘*Mwenye Kenzi*’, myths and the general lack of understanding on the benefits of the practice are the most common barriers to FP services utilization. “I spend a lot of time in ‘mangweni’ (local brew selling points), *boda boda* shades and shopping centres talking to other men. I encourage them to get more involved in making choices on their families’ health especially family planning because I know we carry authority and are best placed to influence positive health choices in our families,” he said. Determined, Tsuma hopes that men will become family planning ambassadors to their wives and champions for healthy living in their families. His greatest achievement, he says will be the neutralization of the ‘*Mwenye Kenzi*’ syndrome and eradication of negative masculinity to improve access and utilization of health services in his community!



Figure 30 Men have a role to play: Tsuma sharing his experience during the World Contraceptives Commemoration Day

'MBOGA ZA AFYA PWANI'; SETTING THE PACE FOR KITCHEN GARDENING IN KILIFI COUNTY

The Kenya Demographic and Health Survey 2014 ranked Kilifi County third among the counties with the highest proportion of malnourished and stunted children with an average of 39%. The bulk of the reported malnutrition cases mostly affect children, women and people living with HIV/AIDS. This has been further worsened by overreliance on farming under unpredictable climate; contributing to a vicious cycle of poverty, food insecurity and malnutrition.

It is in this context that *Afyा Pwani* has been supporting community support groups' like *Tushauriane* through the Department of Health to promote good nutrition through kitchen gardening and address the dietary inadequacies for the vulnerable groups.

Based at the Gongoni Health Centre, Kilifi County, *Tushauriane* support group has evolved over time to remain relevant to its original cause; provide psychosocial support to its more than 25 members. Since its establishment, the group has continued to embrace new ideas including implementing various income generating activities to generate supplementary income.

Registered in 2009, *Tushauriane* first ventured into silk worm farming in 2011, an initiative that attracted support from USAID through the AIDS, Population and Health Integrated Assistance (APHIAplus Nairobi-Coast) and set the group on an entrepreneurial journey. For *Tushauriane*, venturing into business provided its group members with a 'new' source of income which for some members, improved access to basic needs including daily meals. The shift, from the onset also expanded the support group's focus, giving individuals a platform and opportunity to engage and deliberate on ways of improving quality of their lives.

In response to the changing group's priorities, the Gongoni Health Centre management supported

Tushauriane to set up kitchen gardening in May 2017. The support group was provided with farming land to establish the now flourishing 'kitchen gardening demonstration farm' whose produce is commonly also referred to as '*mboga za Afya Pwani*'⁷⁷.

In session: A section of the Gongoni demo farm (L) Nutrition support and farm strategy session (R)



⁷⁷ Vegetables for good health in the coast

"I have been working closely with the facility nutritionist and the agricultural extension worker to empower members of this support group to make nutritionally sound choices," Ms. Sabina Mwangangi, a mentor mother stated.

Ms. Mwangangi adds that significant efforts have gone into educating *Tushauriane* on practical and appropriate kitchen gardening technologies and food processing and preservation methods among others. She also notes that support group's determination has largely contributed to revitalization of HIV care and support among support group members. She adds that better understanding of their HAART clients' needs and social determinants of health by the health workers in Gongoni has also had direct impact on the design of psychosocial support systems in the health facility.

Tushauriane has been receiving USAID's Afya Pwani project support to hold bi-monthly meetings which tackle among them the nutritional aspect of positive living. In addition to empowering the members on proper nutrition, *Afya Pwani* and Gongoni HC are using the 'demo farm' to impart knowledge and skills on kitchen gardening to other individuals seeking health services.

Per Ms. Mwangangi, the 'mboga za Afya Pwani' project was very timely and practical for group members. she adds that kitchen gardening is playing a crucial role in expanding the sources and increasing adequacy of household food security thus improving adherence and quality of psychosocial support.

Importantly, the support group allows members to pick vegetables for consumption. Excesses are sold and monies saved in the group's savings kitty. The support group hopes to use its profits to further increase the farm's outputs and the 'demo farm's' capacity to empower support group members to produce their food.

"Ten of our support group members have already replicated the concept in their homes and it is our hope that many more people in our community will embrace kitchen gardening as a source of income and/or food," Ms. Mwangangi remarked.

Given the county's vulnerability to climate change, it is expected that kitchen gardening/mboga za afya Pwani will provide opportunities for individuals, particularly women, to own successful kitchen gardens abundant with nutrient-rich indigenous foods. Further, *Afya Pwani* is scaling up this food-based approach by triggering caregivers to modify local recipes, plan and prepare healthy meals for themselves and their families.

AFYA PWANI MENTOR MOTHER FIGHT FOR ZERO NEW HIV INFECTIONS

Thirty-year-old Stacy Anyango is a single mother of two. She is HIV positive and a proud mother to HIV negative children! Ms. Anyango has also been working as a mentor mother at the Port Reitz Sub-County Hospital since 2012. She prides herself in having helped more than 500 HIV positive mothers prevent transmission to their children during pregnancy and after delivery.

For Anyango, being a mentor mother was never her dream. It is a career she proudly says chose her!

"I tested positive when I was expecting my second child. I didn't recognize it immediately, but the moment I got my test result was the start to my current career," she said.

Pregnant and newly confirmed HIV positive, Anyango expected a life of misery and despair. Lost, was the only feeling she could identify with until she landed in the care of two mentor mothers, women she says changed the course of her life.

"They '*held my hand*', showed me the way until I found strength to '*live again*'. They gave me hope to fight for my life and that of my child," Ms. Anyango added.

Although she struggled with stigma and fear, Anyango admits that her journey to motherhood was made easier by her mentors. Having women, she could relate to and share openly with made acceptance and adherence journey less of a burden.

"Having a healthy baby was my dream. When I did, it became apparent that there was a lot I could do to avail the support I was granted to other HIV positive women," she remarked.

For five years now, Anyango has been actively involved in counseling HIV positive mothers and providing Prevention of Mother to Child Transmission (PMTCT) education. She also provides referrals for various health and support services to ensure each one of her clients get quality care during pregnancy and after delivery.

From her experience, Anyango notes that many HIV positive mothers are afraid to disclose their status to their partners. In fact, most of them keep their status a 'secret' and bear the burden of PMTCT on their own. She adds that the lack of partner support in PMTCT often has negative impacts on the mother's health and in some cases the child's.

"I dedicate a lot of my time on such mothers because I can relate to the 'weight on their shoulders'. Male partners should be sensitized on the importance of their involvement in antenatal care (ANC) and post-natal care to improve health outcomes for both HIV positive mothers and HIV exposed infants (HEI) and prevent HIV to infection in discordant cases," Anyango added. Ms. Anyango currently runs two PMTCT support groups at Port Reitz hospital. She says that the groups currently being supported by USAID's Afya Pwani project, are exactly what HIV positive mothers in her community need. She adds that the project's support including her recruitment as a full-time health worker and capacity building has rejuvenated her zeal to do everything within her means to ensure more mothers access PMTCT support and that no child is born HIV positive under her watch!



Stacy Anyango (seated) attending to a PMTCT client at Port Reitz Sub-County Hospital

LIST OF ANNEXES & ATTACHMENTS

ANNEX I: Schedule of Future Events

ANNEX II: USAID *Afyा Pwani* Organogram

ANNEX III: List of Tracer Commodities in the Supportive Supervision Checklist

ANNEX IV: USAID *Afyा Pwani* October-December 2017 Supportive Supervision Checklist Detailed Analysis

ANNEX V: USAID *Afyा Pwani* Project Monitoring Plan

ANNEX VI:

APPENDIX I: USAID *Afyा Pwani* EMMP Report for October-December 2017

ATTACHMENT I: USAID *Afyा Pwani* SIMS Reports and Corrective Actions Plans October-December 2017

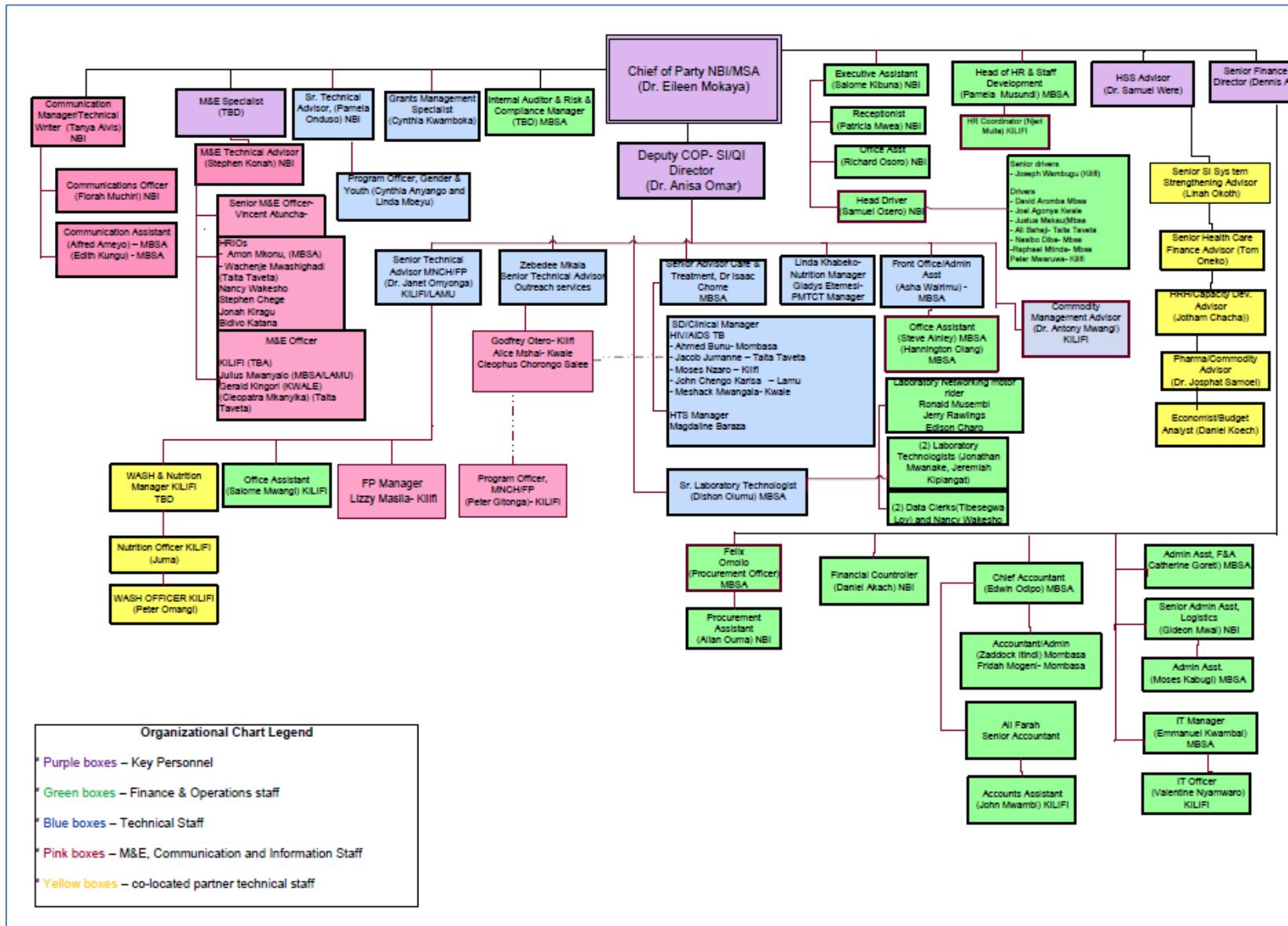
ATTACHMENT II: USAID *Afyा Pwani* AYSRH Framework and Workplan

ATTACHMENT III: USAID *Afyा Pwani* Work Plan for January-March 2018

ANNEX I: SCHEDULE OF FUTURE EVENTS

DATE	LOCATION	ACTIVITY
March 2018	Kilifi	Mama Group Members Graduation
Feb/March 2018	Mombasa/Kilifi	Baseline Report Dissemination

ANNEX II: USAID AFYA PWANI ORGANOGRAM



ANNEX III – LIST OF TRACER COMMODITIES IN THE SUPPORTIVE SUPERVISION CHECKLIST

Amoxicillin caps 250mg
Cotrimoxazole Susp. 240mg/5ml
Sulphadoxine Pyrimethamine tablets
Ferrous Sulphate 200mg tablets
Folic Acid 5mg tablets
Oxytocin Injection
Magnesium Sulphate Injection
Zidovudine/Lamivudine/Nevirapine 60mg/30mg/40mg Paed. FDC
Isoniazid 300mg tabs
Ready to Use Therapeutic Food (RUTF) Satchets
Artemether/ Lumefantrine tabs 20mg/120mg (24's)
Cotrimoxazole tabs 960mg
Implants 1 Rod
Zinc Tabs/ORS packs
Paracetamol tabs 500mg
TB Patient Pack
Tenofovir/ Lamivudine/ Efavirenz300mg/150mg/600mg tabs
HIV Rapid Test Kits (RTKs)- Screening
HIV Rapid Test Kits (RTKs)- Confirmatory
DBS Filter Papers
Abbot Amplification Kit Viral Load
Cobas Ampliprep Reagent Viral Load
Malaria Rapid Diagnostic Tests (RDTs)

ANNEX IV: USAID OCTOBER-DECEMBER 2017 SUPPORTIVE SUPERVISION CHECKLIST- DETAILED ANALYSIS

USAID AFYA PWANI OCTOBER - DECEMBER 2017 COMMODITY SUPPORTIVE SUPERVISION CHECKLISTS DETAILED ANALYSIS																			
COMMODITY MANAGEMENT PRACTICE	INDICATOR	BAMBURI HC	DIANI HC	GANOONI HC	GEDE HC	GONGONI HC	KINONDO KWETU CLINIC	KWALE SCH	LIKONI SCH	LUNGA LUNGA SCH	MAGONGO HC	MALINDI SCH	MARAFIA HC	MIKINDANI MCM	MUYEYE HC	PORT REITZ SCH	TIWI RH+TC	TUDOR SCH	AVERAGE
INVENTORY MANAGEMENT	Stock Card Available (%)	100	100	100	100	100	100	100	100	90	88.9	100	100	89.5	100	100	95.2	100	97.9
	Stock card balance agrees with physical stock count	78	65	100	66.7	70	90	81	45	85.7	38.9	85.7	95.2	66.7	66.7	84.2	38.1	57	71.4
	Physical stock count done at least once in the last 3 months and recorded	39	80	61	52.4	90	80	95.2	67	66.7	11.1	95.2	57.1	27.8	23.8	100	14.3	19	57.6
STOCK STATUS	Stock available on the day of the visit	100	95	100	76.2	85	95	100	95	94.7	94.4	81	76.2	88.9	76.2	94.7	85.7	90.5	89.9
	Stocked out in the last 3 months	0	5	0	23.8	25	10	4.8	5	5.3	11.1	19	23.8	11.1	28.6	5.3	19.04	9.5	12.1
	Stock out lasting ≥ 7 days in the last 3 months	0	5	0	23.8	25	10	4.8	5	5.3	11.1	19	23.8	11.1	28.6	5.3	19	9.5	12.1
	Stock ≥ minimum stock level on day of visit	94.4	75	83.3	47.6	50	40	71.4	85	84.2	56.3	52.4	57.1	81.2	52.4	84.2	85	85.7	69.7
	Stock between minimum and maximum stock level on day of visit	61.1	25	50	47.6	45	30	52.4	50	52.6	31.3	33.3	42.9	50	42.9	47.4	45	66.7	45.5
	Expired commodities in the facility	5.6	5	0	0	5	0	4.8	0	0	5.6	23.8	9.5	0	4.8	0	4.8	0	4.1

ANNEX VI: LIST OF FACILITIES TO BE SUPPORTED AS ‘PARTNER IMPLEMENTED PROJECTS’ (PIPS)

County	Name of Facility
Mombasa	Tudor Sub-County Hospital
	Portreiz Sub-County Hospital
	Coast Provincial General Hospital
	Likoni Sub-County Hospital
	Ganjoni Dispensary
	Magongo MCM Health Centre
	Bokole Dispensary
Kwale County	
	Msambweni County Referral Hospital
	Diani Health Centre
	Kikoneni Health Centre
	Kinango Sub-County Hospital
	Kwale Hospital
	Lunga Lunga Sub-County Hospital
	Mazeras Dispensary
	Mkongani Health Centre
	Samburu Health Centre
	Tiwi Health Centre
	Vitsangalaweni Dispensary