

Wild4Life Combined Monitoring, Evaluation and Learning Report for Binga, Lupane and Hwange Districts

“Impilo ligugu...life is a treasure”



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1. Introduction - Binga district

The Wild4Life health programme in Binga district has been operational since 2009 and in 2021 shifted focus to monitoring, learning and evaluation (MEL) to assess the major impact and lessons learnt from the years of implementing the model. This half year report focuses on the district performance on key performance indicators in line with the project plans and deliverables. The programme performance managed to register successes on some performance indicators and deliverables while other deliverables lagged.

1.1 Objectives:

1.1.1 Strengthen healthcare provider competencies to improve primary health service delivery and patient outcomes.

1.1.2 Improve quality of primary health service delivery to improve primary health service delivery and patient outcomes.

1.2 Activities to achieve the set objectives

1.2.1 Training and Mentorship

During the period under review, no training was done for mentors and HCW since the trainings were completed in year 2020. No onsite mentoring was conducted in Q1 2021 due to lockdowns and floods in Binga district which made it difficult to travel and visit the clinics as a result mentorship was done virtually via WhatsApp platform. Similarly, no VHW infield mentoring was conducted and issues arising were dealt with through WhatsApp forum.

Table 1 Process data on training and mentorship

Indicator	Number or Proportion
# of mentors trained	0
# of VHWs trained	0
Proportion of HCWs mentored	0
Nurses/RGNs, PCNs and Nurse Aides	0
Environmental Health Technicians/Field Orderly	0
Primary Counselors	0
Data Entry Clerks	0
Nutrition coordinators	0
Microscopist	0
Facility General Hands	0
Health Centre Committee Members	0
CARG Focal Persons	0
Proportion of VHWs mentored	0
Proportion of facilities receiving a mentoring visit and facility grading	0
# of facilities receiving a VHW mentoring	0
# of VHWs assessed	0
Proportion of VHWs assessed	0

Table 2. Knowledge, Skills and Issues of HCWs and VHWs

The table presents issues that came from the Whatsapp interaction and the recommended actions

<u>Facility</u>		<u>Issues identified in previous quarter</u>	<u>Actions from previous quarter completed and outstanding</u>	<u>Issues identified in current year</u>		
Facility name	Issues	Course corrections	Completed	Outstanding	Issues	Course corrections
Nurse	Incorrect labour monitoring. Wrong plotting of Feto-cervicograph	Recommended to DHE for attachment at District	Nurse was not attached to Maternity but there was a significant positive change	None	None	To continue with peer review
Simatelele						
Nurses	Low index of suspicion and bad attitude towards TB services	Attached to the Nurse in Charge to do daily peer review and advise accordingly	Not Complete	No consistent use of the TB screening tool and not adhering to set targets	Negative attitude towards TB services	DHE to enforce the use of set targets for each Nurse
Pashu						
Nurse	Incorrect Labour Monitoring and missed out Maternal observations. Wrong plotting of moulding, caput and state of membranes	Attached to the Maternity mentor for onsite and WhatsApp mentoring	Incomplete	BEMNOC guideline not used as reference on plotting feto-maternal observations	Nurses negative attitude towards Maternity services. DHE and Binga RDC still to address staffing issues and nurses attitudes at Pashu clinic	DHE and BRDC to work together in addressing the issue
Lusulu						
Nurse	Incorrect labour monitoring and wrong intervals for observations. Caput and moulding not assessed per VE and missing Partographs	Mentee was not attached to the Maternity department due to staff shortages at the facility	Not complete	Still having gaps in monitoring Labour	Previous problem carried over	Needs continued support from the Nurse in charge whilst awaiting attachment to the District Maternity department
Siadindi						
	Incorrect assessment, classification and management of <5	IMNCI mentor demonstrated and mentee return demonstrated	The Nurse with challenges was on leave	None	None	None

1.2.2 Knowledge, Skills and Issues of VHWs

Through WhatsApp platforms discussion's, VHW were assisted in various ways and issues raised via Whatsapp interactions includes inconsistent stock management by the facility, Vitamin A supplementation figures going down and that VHW are responsible for administering Vitamin A in the community. In 4 facilities namely Siansundu, Pashu, Lusulu and Sinakoma, VHWs reported that they don't have Vitamin A. In the Whatsapp group interactions, the DNO is part of the group and on the issue of unavailability of Vitamin A, she instructed the the facility nurses-in-charge to make orders for Vitamin A. VHW were reminded that Vitamin A at 6 months was only administered at the facility, as they are not allowed to approximate dose of 100 000 from the 200 000-unit capsule. Stock out of malaria commodities amongst VHW is another issue that relates to stock management, and this is a worrying issue because the malaria cases were on a rise. It was reported that the ZIP system did not deliver, however the district was trying to redistribute commodities within the district, in the meantime those without RDT kits were to refer clients to the facility or nearest VHW with test kits.

VHW raised the issue of home remedies for children with rashes, as there were sporadic cases of rash in the community. They were encouraged to first refer these children to the facility for possible measles screening and treatment. They were encouraged avoid sunlight and possible allergens. There was a concern that growth monitoring and nutritional assessment figures had dropped drastically especially in Lusulu and it was indicated that this was related to COVID-19 restrictions. Other facilities came with possible ways to continue while observing Covid-19 regulations i.e., each VHW to subdivide village by kraal heads, then allocated each kraal at least 2 days of growth monitoring per week but first they must get permission from the village and kraal heads. VHW have expressed the need for PPE to enable them to work during this COVID-19 period.

1.3 Essential medicines and other stocks

Although it was not possible to conduct medicine availability assessments at facility level – as these are conducted during on-site visits which did not take place in Q1 - all facilities confirmed receiving medicines from Nat pharm in the period under review, and no facilities reported stockouts of essential medicines during this period as reflected on **Table 3** below.

Table 3: Essential medicines and other stocks

Facility	TB	HIV Testin g	PrE P	HIV Treatme nt	AN C	Delive ry	IMNCI			OC Ps	Depo	Condo ms	Implant s
							Pne u	Dia r	Mal				
Chunga	y	y	y	y	y	y	y	y	y	y	y	y	y
Siabuwa	y	y	y	y	y	y	y	y	y	y	y	y	y
Sinansengwe	y	y	y	y	y	y	y	y	y	y	y	y	y
Sinakoma	y	y	y	y	y	y	y	y	y	y	y	y	y
Simatelele	y	y	y	y	y	y	y	y	y	y	y	y	y

Siansundu	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Tinde	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Chinego	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Pashu	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Kariangwe	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Muchesu	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Chipale	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Siadindi	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Lubimbi	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Lusulu	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Total	15	15	15	15	15	15	15	15	15	15	15	15	15
Proportion	100	100	100	100	100	100	100	100	100	100	100	100	100
AVERAGE													

Key: Y-stock of 3 months and above. N-stock of less than 3 months

1.4 Facility Performance

Since no on-site visits were conducted during this period, facility performance was not assessed in Q1 of 2021

1.5 Health outcome cascades

Tables 4.1.to 4.5 provide data on health outcome cascades for TB, HIV, ANC, and AGYW-related indicators, comparing these outcomes between Q4 2020 and Q1 2021. Future cascades will include PrEP once it is offered in the district. Overall, the district has seen improvements across all cascades in Q1 of 2021 from the Q4 2020. The quantitative performances, percentage change and qualitative highlights are described in each table.

Table 4.1: TB Cascade

Indicators	Outputs			Qualitative highlights
	Q4'2020	Q1'2021	% Change	
TB presumptive identified	301	395	31%	<ul style="list-style-type: none"> Presumptive cases increased by 31%, with facilities setting daily targets for individuals Sputum test increased by 48%, and courier services for transporting samples were consistent
Presumptive with sputum tested	201	298	48%	
Proportion of sputum tests	67%	75%	12%	
Presumptive with sputum positive	6	4	-33%	
Proportion of positive	3%	1%	-66%	
Sputum positive started on treatment	6	4	-33%	

Proportion of sputum positive started on treatment	100%	100%	0	<ul style="list-style-type: none"> All clients with sputum positive were initiated on treatment and medicines were available
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Table 4.2 HIV Cascade

Indicators	Output			Qualitative highlights
	Q4'2020	Q1'2021	% Change	
HIV tested and received results	5503	5104	-7%	<ul style="list-style-type: none"> Q1 2021 saw a 7% drop in HIV tests conducted, and no tests were done at outreaches during the period under review. The number testing positive increased by 7%, and the proportion of positives increased by 1% The total number of ART initiations increased by 2%. While retention on ART 12 months after ART initiation dropped slightly, it remained at greater than our 90% target Viral load sample collection remained low and this was due to Covid 19 restrictions and limited stocks of DBS bundles However, of those tested the proportion virally suppressed remained high at nearly 90%
Tested HIV positive	72 (1%)	77 (2%)	7% (1%)	
Initiated on ART	66	70	6%	
Total on ART	6121	6250	2%	
ART retention at 12 months	97%	92%	-5%	
Viral loads tests	530	595	12%	
Viral loads results received	315	343	9%	
Viral load less than 1000 copies	291	298	2%	
Proportion virally suppressed	92%	87%	5%	

Table 4.3. PrEP Cascade

PrEP Cascade indicators	Output			Qualitative highlights
	Q4'2020	Q1'2021	% Change	
# at risk	0	0		PrEP services are not yet offered to clients in Binga District and when offered, it will be measured on these indicators
# offered PrEP	0	0		
# started PrEP	0	0		
# Continuing on PrEP	0	0		
# who seroconverted	0	0		

Table 4.4. ANC Cascade

ANC Cascade	Output			Qualitative highlights
	Q4'2020	Q1'2021	% Change	
New ANC booking	1373	1488	8%	

ANC booking at before 16 weeks	496	657	32%	<ul style="list-style-type: none"> There was an increase of 8% of new ANC bookings, 44% of which were before 16 weeks (compared to 36% in Q4). Facilities to continue engaging the community on the importance of early booking The proportion of facility and home-based deliveries remained constant, and Nurses were encouraged to investigate each home delivery to continue to support communities to shift to deliveries by skilled cadres Labour monitored correctly remained at greater than 80% There were 2 maternal deaths, 1 facility and the other were a community death. There were 3 still births recorded during the quarter
Proportion of early bookings	36%	44%	22%	
#HIV tested in ANC	1324	1426	8%	
Proportion HIV tested in ANC	100%	100%	0%	
Deliveries by skilled cadre at Facility	545	643	18%	
Home deliveries	104	122	17%	
Proportion of deliveries by skilled cadres	84%	84%	0%	
#/% Deliveries monitored correctly by partographs	472	535	13%	
Number of maternal deaths	0	2	200%	

Table 4.5.IMNCI

IMNCI cascade indicators	Output			Qualitative highlights
	Q4'2020	Q1'2021	% Change	
Children presented with a cough	567	1040	83%	<ul style="list-style-type: none"> There was an improvement by 4% for pneumonia and 7% for diarrhoea in correct assessment, classification, and management of under 5 Nurses grasped the concept and are following the IMNCI guidelines
Children properly assessed, classified, and managed	518	988	91%	
Proportion correctly managed	91%	95%	4%	
Children presented with a loose stool	468	479	2%	
Children properly assessed, classified, and managed	412	457	11%	
Proportion correctly managed	88%	95%	7%	
Children with MUAC of less than 12.5cm	27	33	22%	5% increase for management of malnutrition
Children with MUAC of less than 12.5cm managed properly	24 (diagnosed by MUAC only)	31	29%	
Proportion correctly managed	89%	94%	5%	

Table 5 AGYW-related outcomes

- Number of HIV tests went up, but number of positives identified went down

Indicators	Output											
	10-14 years			15-19 years			20-24 years			Total		
	Q4'2020	Q1'2021	% Change	Q4'2020	Q1'2021	% Change	Q4'2020	Q1'2021	% Change	Q4'2020	Q1'2021	% Change
AGYW HIV test	68	89	31%	831	724	-13%	729	896	23%	1628	1709	5%
AGYW clients tested positive	4	4	0%	9	0		1	9	8%	17	10	-41%
AGYW Initiated on ART	4	4	0%	9	0		1	9	8%	17	10	-41%
AGYW using PrEP	PrEP not yet available in Binga District.											
AGYW FP, by contraceptive type	<16 years			16-24 years					Total			
	Q4'2020	Q12021	% Change	Q4'2020	Q1'2021	% Change			Q4'2020	Q1'2021	% Change	
OCPs	37	20	46%	379	435	15%			416	455	9%	
Injectable	1	11	10%	105	135	29%			106	146	37%	
IUD	0	0	0%	126	18	-86%			126	18	-86%	
Implants	8	4	-50%	361	188	-48%			369	192	-48%	
Any use	46	35	-24%	971	776	-20%			1,017	811	810	
AGYW Pregnancies	32	43	34%	656	731	11%			688	774	12.5	

Family planning services were predominantly affected by stock outs of oral contraceptives. Generally, women in rural clinics prefer oral contraceptives over other forms of contraceptives as they feel they have much control on their fertility when using such methods. Reduced outreaches due to lock down measures also affected access to family planning especially in hard-to-reach areas. During lock down many young people were lying idle for most of the time and this could be also another reason for these pregnancies.

Table 6. Community follow-up

Indicators	Proportion	Qualitative Highlights
Proportion of TB clients appropriately followed up by VHWs	2/2 (100%)	<ul style="list-style-type: none"> Of the 10 clients on DOTS only 2 had defaulted appointments and were followed by VHWs as part of the community care. The rest are seen at health facility. 63% of defaulters were successfully followed up and linked back to care. While the rest are still under follow up with final outcomes not ascertained yet.
Proportion of HIV/ART clients appropriately followed-up by VHWs	10/16 (63%)	
Proportion of PLWHIV in care, involved in CARGS	3718/6250 (60%)	

1.6 Data quality and completeness

No data quality assessment visits were conducted during the quarter and only 1 facility reported on time. The clinics had transport challenges due to heavy rains received during the quarter

Table 7. Data completeness and quality

Indicators	
Data compiled and sent to MOH on a timeline manner	Q4'2020=71% Reporting on time (DHIS: MRF) Q1'2021=5% Reporting on time (DHIS:MRF)
Data variance <5%	Variance margin will be assessed in Q2'2021

1.7 Client satisfaction

N/A for Q1 2021

Objective 2: Strengthen leadership, effective management, and coordination of health services in the district.

Table 8. DHE and HCC Processes

Indicator	Performance Proportion
# of DHEs trained	
# of HCCs trained	0
Proportion of DHEs trained	0

Proportion of HCCs trained	0
Timely procurement of services and goods	
Proportion of combined mentoring visits	0
# of HCC Meetings/Year	20
Proportion of HCC Meetings/Year	133%

Qualitative highlights:

New HCCs were elected to office as the term expired for the previous committees for some facilities. Hand over for transitioning has been started, though the new executive is still to be trained.

Table 9. Facility management, community health issues and actions: HCCs

Topic area	Topics Discussed per topic area	Issues and gaps identified	Actions agreed/recommended
Facility Maintenance	At Chunga they discussed on facility and staff cottage renovations	The paint of the facility had faded and flacking, roofing asbestos and doors at the cottages needed replacing	Agreed to purchase 3 asbestos, 2 doors, a windowpane, and oil paints to work on the required renovations.
	At Lubimbi discussed on staff cottage building and renovation of the existing structure, electric tubing of staff cottages and roofing of maternity waiting home.	Staff cottages are without electricity, the walls are cracked, one has been condemned, leaky roof at maternity waiting home	Agreed to budget and purchase these during the year.
	At Siadindi they discussed about Building toilets and bathrooms for MWH.	Needed each village to participate and supply quarry stones, river sand, bricks, building stones.	Villages were each given a task to supply the discussed material
	At Muchesu, the y discussed completion of toilet project that stall due the lock down.	Cement delivery	The builders to start as soon as the cement is delivered.
Patient Advocacy	Nutrition challenges for maternity waiting mothers.	Nutrition garden for maternity waiting mothers, demonstration of livelihoods for adolescents on ART support group	Agreed to purchase the fencing material for the project.
Addressing Stockouts	At Kariyangwe they discussed shortage of psychiatric and epileptic medication.	No supply from the ZIP system	Agreed to purchase the psychiatric and epileptic medicines as the priority
Health Mobilization	All HCC were involved in sensitizing community on COVID-19 vaccination for teachers, and chronically ill clients.	Myth and misconception about the vaccine. The target population was not clear.	Information shared with schools and community, and target population was vaccinated their 1 st dose of sinovac.

Procurement Prioritization (RBF funds)	At Kariyangwe they discussed shortage of psychiatric and epileptic medication.	No supply from the ZIP system	Agreed to purchase the psychiatric and epileptic medicines as the priority
Promoting Transparency			
Community Sensitization	All HCC were involved in sensitizing community on COVID- 19 vaccination for teachers, and chronically ill clients.	Myth and misconception about the vaccine. The target population was not clear.	Information shared with schools and community, and target population was vaccinated their 1 st dose of sino-vac.
HCC Exchange	No exchange visits were conducted		

Table 10. DHE Coordination and performance

Indicator	Number
# of DHE Meetings/Quarter	2

Table 11. Topics identified and addressed: DHE

Topic area	Topics Discussed per topic area	Issues and gaps identified	Actions agreed/recommended
M&E	Reporting	Late submission of reports	Clinics to utilize the courier services to send their reports on time
Community Programs	Covid 19 Vaccination	Vehicle shortages to conduct the activity	Wild4life to second a vehicle and 1 member of staff to support the program
EPI	Low coverage	Facilities delaying in making fuel acquittals	DNO to follow up on the acquittals and submit on time
Stocks	Medicine management	Non equitable distribution of ARVs to facilities by Nat Pharm	Wild4life redistributed the ARVs to facilities in need
DHE Coordination			

Table 12. Coordination and Performance Assessment

Indicator	Yes	Somewhat	No	Comment
At least one review meeting per quarter	Yes	N/A	N/A	
Timely procurement of goods and services				
>80% achievement against district targets				
>80% of staff complements				90%

Objective 3: Contribute towards improved demand for health services by rural communities.

3.1. Community Processes

Chipale clinic conducted their dialogue and came up with following resolutions:

- All mothers-in-laws would strengthen their relationship with daughter-in-law to encourage them to book early and to go to the maternity waiting home in time for facility delivery.
- Husbands to be encouraged to try and come for booking with their wives before crossing borders, it's not about HIV test but the education about the whole situations and the needs to be met during ANC and delivery periods.
- The village heads will provide letters for all women whose partners are in diaspora or unknown. Penalties were increased for any home delivery and late booking. These to be used by HCC in developing the facility.
- All women who would have been referred to deliver at the district but are short of money to come and wait at the facility so that she may be transported through partnership with other organisation. This will ensure that she is safe even when labor begins the facility nurses can help her while waiting for ambulance.

Table 13. Summary of Community Dialogues

Indicator	Number or Proportion	
# of Community Dialogues/Year	1	
Topics of community dialogues	Home deliveries, Late booking, Partner involvement	
# of community dialogue participants	49	
# of female participants	28	
# of male participants	21	
Age of participants	M	F
<10	0	0
10-15	0	0
16-19	1	3
20-24	4	5
24-35	7	8
36-45	4	7
46-55	3	4
56-65	2	1
65+	0	0

Table 14. Changes in community Knowledge, attitudes, and behaviors

Topic area	Topics Discussed per topic area	Issues and gaps identified	Actions agreed/recommended
MCH	ANC booking, Male participation on maternal health and home deliveries	Late ANC booking. Persistent occurrence of home deliveries.	Community engaged in a dialogue and following was recommended: Increasing penalties for late booking and home deliveries. VHW and Village heads to work together in providing women with partners out of villages with letters.

			Family harmony and support by in-laws for pregnant mothers encouraged. HCC to work with VHW to provide information to village and kraal heads regarding those who fail to adhere to expectation.
HIV	VMMC	Low uptake of the program in the district due to culture (not circumcising)	To continue mobilizing through VHW and circumcising the converted especially now that each facility has trained circumcisers. Parents to provide consent to young boys who wish to be circumcised.
PMTCT	Male participation	Poor male participation in maternal health and PMTCT	All man were encouraged accompany their wives at list once during ANC especially on first visit so that they can also be tested for HIV and syphilis.
Adolescent Health	Provision of family planning services. VMMC	Lack of youth friendly services poor access FP Parent not willing that adolescent girl use FP for fear of promoting early sexual debut. Increased teenage pregnancies and possibly forced/underage child marriages Parents not granting consent to boys willing to circumcise	Need for nurses to be trained in ASHR. Advocate for Peer educators training and support to improve FP knowledge. To continue engaging parents in dialogues about FP and realities of current sexual behaviours of adolescents. VHW to work with case care workers, child protection committees or call police victim friendly unit, where child abuse is suspected or perpetrated. Parents to provide consent to young boys who wish to be circumcised.
M&E			
Community Programs	Covid-19 Vaccination	Vehicle shortages to conduct the activity	Wild4life to second a vehicle and 1 member of staff to support the program

3.2 Outreaches

Table 15. Summary of Outreaches

Indicators	Output			Qualitative highlights
	Q4'2020	Q1'2021	% Change	
# of outreaches conducted	26	28	7%	<ul style="list-style-type: none"> No integrated outreaches were conducted in Q1'2021 due to Covid 19 restrictions and Facilities managed to reach out to 3477 children using motorcycles. Wild4life supported the clinics with fuel
# of integrated outreaches conducted	42	0	-100%	
Number of clients served through outreaches	9382	3477	-63%	
Types of services offered	All listed below			
Types of services accessed				
OPD Consultations	2128	0		

HIV Testing	577	0		
Family planning	972	0		
Expanded program on immunization	3944	3477	-12%	
Dental	1591	0		
Human papilloma virus immunization	84	0		
Viral load and sputum samples collection	86	0		
Others	0	0		

3.3 Health Seeking Behaviour

N/A for Q4 2020, to be carried out Q3 2021 N/A for Q1 2021

Objective 4: Generate evidence demonstrating effectiveness of W4L interventions

Table 16. Data utilization

Indicator	Comments
CQI improvements at facility level	Facilities managed to order Malaria commodities based on their data and Chipale managed to conduct 2 community dialogues in 2 villages based on the data they produced at the facility
Decisions at quarterly review meetings related to W4L data presented	No review meeting was held
Changes to program based on program evaluation	None

Hwange District

W4L Hwange Jan-Jun 2021 MEL Report

The Wild4Life health programme is “light touch” support, and the MEL reports focuses on outcome indicators and the engagements with the DHE to track indicator slippage and plan targeted interventions/engagements to address these issues and these includes:

1a. Strengthen healthcare provider competencies to improve primary health service delivery and patient outcomes.

1b. Improve quality of primary health service delivery to improve primary health service delivery and patient outcomes.

1.5 Health outcome cascades

Table 1. TB Cascade

Indicators	Outputs			Qualitative highlights
	Average 2020	Jan-Jun 2021	% Change	
TB presumptive identified	226	228	1%	<ul style="list-style-type: none">Presumptive case identification and testing remains low and there is little consistency in using the TB column in the T12. Need to engage the DHE on ways of increasing the presumptive rates through setting up of facility targets7% increase in sputum testsNo clients tested positive for TB in 2 quarters.Courier services were available, and no challenges were noted.
Presumptive with sputum tested	137	147	7%	
Proportion of sputum tests	61%	65%	4%	
Presumptive with sputum positive	5	0	0	
Proportion of positive	4%	0	0	
Sputum positive started on treatment	5	0	0	
Proportion of sputum positive started on treatment	100%	0	0	

Table 2. HIV Cascade

Indicators	Outputs			Qualitative highlights
	Average 2020	Jan-Jun 2021	% Change	
HIV tested and received results	4785	5059	6%	<ul style="list-style-type: none">Slight increase in HIV testing despite Covid 19 restrictions and no outreaches; however, there was a decline in positives identified and clients initiated on ARTRetention on ART remained at 100%Low viral load testing due to sporadic shortage of DBS cards and Covid 19
Tested HIV positive	153	142	-7%	
Initiated on ART	153	142	-7%	
Total on ART	6711	6868	2%	
ART retention at 12 months	100%	100%	0%	

Viral loads tests (DHIS2)	1702	1323	-22%	restrictions, with only 19% of tests conducted
Viral loads results received (DHIS2)	1425	910	-36%	
Viral load less than 1000 copies (DHIS2)	1215	833	-31%	
Proportion virally suppressed	85%	92%	7%	

Table 3. PrEP Cascade

PrEP Cascade (DHIS2)	Outputs (All sites)			Qualitative highlights
	Average 2020	Jan-Jun 2021	% Change	
# at risk	17	37	118%	<ul style="list-style-type: none"> Rural clinics have started giving PrEP and this has boosted the clients accessing the service No clients have seroconverted
# offered PrEP	17	37	118%	
# started PrEP	17	37	118%	
# Continuing on PrEP	23	88	283%	
# who seroconverted	0	0	0	

Table 4. ANC Cascade

ANC Cascade	Outputs			Qualitative highlights
	Average 2020	Jan-Jun 2021	% change	
New ANC booking	1074	1012	-6%	<ul style="list-style-type: none"> ANC bookings remained consistent and a significant improvement in ANC early booking because of continued engagement of women of childbearing in dialogues by the village health workers. Institutional deliveries were maintained at greater than 90% and women are using the Maternity waiting and home deliveries increased by 3%
ANC booking at below 16 weeks	442	522	18%	
Proportion of early bookings	41%	52%	11%	
#HIV tested in ANC	957	911	-5%	
Proportion HIV tested in ANC	100%	100%	0%	
Deliveries by skilled cadre at Facility	544	474	-13%	
Home deliveries	39	40	3%	
Proportion of deliveries by skilled cadres	93%	92%	-1%	
#/% Deliveries monitored correctly by partographs	No data	No data	No data	1 Maternal death was reported at Dete clinic and the other 5 occurred at the bigger Hospitals
Number of maternal deaths	1	0	-100%	

Table 5. AGWY Outcomes

				Output								
Indicators	10-14 years			15-19 years			20-24 years			Total		
	Average 2020	Jan-Jun 2021	% change	Average 2020	Jan-Jun 2021	% change	Average 2020	Jan-Jun 2021	% change	Average 2020	Jan-Jun 2021	% change
Proportion of AGYW clients with. HIV test	91	108	19%	583	614	5%	782	910	16%	1456	1632	12%
AGYW clients tested positive	1	2	100%	3	6	100%	15	22	47%	19	30	58%
AGYW Initiated on ART	1	2	100%	3	6	100%	15	21	40%	19	29	53%
Using PrEP	1	0	-100%	5	10	50%	26	18	31%	32	28	13%
Received FP, by contraceptive type	<16 years			16-24 years						Total		
DHIS2(Whole District)	Average 2020	Jan-Jun 2021	% Change	Average 2020	Jan-Jun 2021	% Change				Average 2020	Jan-Jun 2021	% Change
Oral contraceptives	11	2	-82%	307	328	5%				318	330	4%
Injectable	6	7	17%	149	186	25%				155	193	25%
IUD	0	1	100%	19	14	26%				19	15	21%
Implants	2	2	0%	189	159	-16%				191	161	-16%
Pregnancies	27	38	41%	927	891	-4%				954	929	-3%

Qualitative Highlights

- The HIV testing slightly increased by 12% and all were facility based. There was generally an improvement in Family planning service uptake for young women and pregnancies for young girls remained high. The facilities need to revive the youth friendly activities to empower the girl child

1.6 Data quality and Completeness Reporting on time dropped by 43% because of poor clinic coverage and this led to late compilation of reports. No onsite data verification was done to assess variance margins

Table 6. Data completeness and quality

Indicators	Comments
Data compiled and sent to MOH on a timeline manner	2020=77% Reporting on time (DHIS:MRF) Jan-Jun 2021=34% Reporting on time (DHIS: MRF)
Data variance <5%	Not assessed

1.7 Client satisfaction

N/A for Q1 2021

Objective 2: Strengthen leadership, effective management, and coordination of health services in the district.

2.1 District Health Executive and HCC Processes

Table 7. DHE and HCC Processes

Indicator	Number or Proportion	Qualitative Highlights
# of DHEs trained	3	The district nursing officer, district environmental officer and the district health services administrator were trained on quality supportive supervision
# of HCCs trained	0	
Proportion of DHEs trained	3/8	Only relevant DHE members were targeted.
Proportion of HCCs trained	0	
Timely procurement of services and goods	yes	All facilities have active HCC that are adequately trained to do procurement
Proportion of combined mentoring visits	Nothing was done	
# of HCC Meetings/Year/quarter	0	
Proportion of HCC Meetings/Year	0	

Conclusion

The year 2021 was characterised mixed performances on indicators with some performance indicators reaching and or surpassing targets while other indicators performed way below targets. Despite the continued programme disruptions due to Covid-19 lockdowns and restrictions, the W4L programme continued to support health facilities staff and reaching out to clients virtual and or observing Covid-19 protocols.