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USAID KENYA AND EAST AFRICA *AFYA JIJINI* PROGRAM QUARTERLY REPORT

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USAID KENYA AND EAST AFRICA *AFYA JIJINI* PROGRAM

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DISCLAIMER

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ACRONYMS AND ABBREVIATIONS

ACT	Accelerating Children's HIV/AIDS Treatment
AGYW	Adolescents Girls and Young Women
ANC	Antenatal Care
APHIAplus	AIDS, Population, and Health Integrated Assistance Plus
ART	Antiretroviral Therapy
ARVs	Antiretrovirals
CCC	Comprehensive Care Center
CHAI	Clinton Health Access Initiative
CHAK	Christian Health Association of Kenya
CHMT	County Health Management Team
CHV	Community Health Volunteer
CoC	Continuum of Care
COP	Chief of Party
COR	Contracting Officer Representative
CSO	Civil Society Organization
DBS	Dried Blood Spot
DCOP	Deputy Chief of Party
DHIS2	District Health Information System 2
DQA	Data Quality Assurance
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe Women Initiative
ECD	Early Childhood Development
EMMP	Environmental Mitigation and Monitoring Plan
EmONC	Emergency Obstetric and Newborn Care
EMR	Electronic Medical Records
eMTCT	Elimination of Mother-to-Child Transmission
FP	Family Planning
FSW	Female Sex Worker
GOK	Government of Kenya
GPS	Global Positioning System
HC	Health Center
HRIO	Health Records and Information Officer
HMIS	Health Management Information Systems
HPT	Health Products and Technologies
HQ	Headquarters
HRH	Human Resource for Health
HRIS	Human Resource Information Systems
HSS	Health Systems Strengthening
HTC	HIV Testing and Counseling
ICF	Intensified Case Finding
IPC	Infection Prevention and Control
LARC	Long-Acting Reversible Contraception
KEMSA	Kenya Medical Supplies Agency
M&E	Monitoring & Evaluation
MDR-TB	Multi-Drug Resistant TB
MEDS	Mission for Essential Drugs and Supplies
MM	Mentor Mothers

MNCH	Maternal, Newborn, and Child Health
MNH	Maternal Newborn Health
MOH	Ministry of Health
MSM	Men Who Have Sex with Men
NACS	Nutritional Assessment Counseling and Support
NASCOP	National AIDS and STI Control Program
NOPE	National Organization of Peer Educators
ORT	Oral Rehydration Therapy
OVC	Orphans and Vulnerable Children
PAL	Pre-Authorization/Award Letter
PLHIV	People Living with HIV
PITC	Provided-Initiated Testing and Counseling
QA/QI	Quality Assurance/Quality Improvement
QI	Quality Improvement
RH/FP	Reproductive Health/Family Planning
RRI	Rapid Results Initiative
SBA	Skilled Birth Attendant
SCHMT	Sub-County Health Management Teams
SGBV	Sexual and Gender-Based Violence
SIA	Supplemental Immunization Activities
STI	Sexually-Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TWG	Technical Working Group
UHAI Team	An IMA innovation of support teams at the health facilities
UoN	University of Nairobi
USG	U.S. Government
VMMC	Voluntary Medical Male Circumcision
WASH	Water, Sanitation, and Hygiene
WIT	Work Improvement Team

I. *AFYA JIJINI* EXECUTIVE SUMMARY

Afya Jijini is pleased to present its first quarterly report, which highlights rapid project mobilization and strong achievement toward contractual targets across all sub-purposes. *Afya Jijini* worked closely throughout inception and the first quarter with the Ministry of Health (MOH) senior management in Nairobi County, nine sub-counties, and directly with the in-charges of 56 of the supported priority health facilities (previously supported by APHIAplus). Through support to the county and sub-counties, the project was also able to reach 57 additional facilities in this quarter, bringing the total supported facilities to 113. Specifically, work included close consultations on developing and finalizing key deliverables and developing a project strategy that has laid the groundwork for successful collaboration and increased sustainability, ensuring that activities align, where possible, with MOH plans. We also created a smooth transition with Pathfinder International from APHIAplus Nairobi-Coast to *Afya Jijini*, developing key milestones to ensure seamless service delivery and capturing leading best practices that should be continued.

Qualitative Impact

IMA immediately launched a robust rapid mobilization effort for start-up during Q1, which included:

- Recruited, placed, and oriented nearly all project personnel (key and non-key) by November 2015. Only a few positions remain vacant, and these are being actively recruited, for to be filled in Q2. *Afya Jijini* also identified and equipped both temporary and permanent project office space in Westlands.
- Successfully submitted on-time contractual deliverables required for the quarter, including the 30 Day Mobilization Update, the draft Grants Manual (submitted within 45 days of contract award), the Year 1 Work Plan (submitted within 60 days of contract award, which received conditional approval on December 4, 2015), and the Monitoring and Evaluation (M&E) Plan (submitted within 90 days of contract award). The baseline assessment protocol was additionally submitted with the revised M&E Plan.
- Held a series of meetings with senior management of APHIAplus to plan the transition to *Afya Jijini*, culminating in the transfer of key assets (including vehicles, motorcycles, and staff).
- Conducted rapid site visits and assessments at 56 transitioned HIV-focused facilities and reached an additional 57 facilities (with target RMNCH and high burden populations) through support to the nine sub-counties.
- In addition to holding individual meetings with county and sub-county stakeholders, the project convened a group project introduction and accountability meeting on December 16, 2015 to share the proposed work plan, introduce project staff, and chart the way forward. This well-attended meeting included 24 representatives from Nairobi County's senior health management, sub-county representation from across the county, and in-charges and health facility workers from leading *Afya Jijini* high volume (Level 4+) sites. Participants expressed appreciation for the opportunity to see how the project had incorporated their earlier feedback.
- The project held an in-depth, three-day USAID contracts and subcontracts training for project staff and partners to lay out the detailed performance and reporting requirements for the project.

Sub-Purpose 1: Increased Access and Utilization of Quality HIV Services. *Afya Jijini* ensured uninterrupted HIV services at all project sites. In addition, it participated in the "10 days of County HIV Testing Rapid Results Initiative (RRI)" and county World AIDS Day efforts, including supporting 12 adolescent girls and young women (AGYW) from the Mukuru Kwa Njenga informal settlement to participate in World AIDS Day and become positive change ambassadors in their communities as part of the project's work under the DREAMS initiative. The project also achieved success in reaching female sex workers (FSWs) through an innovative HIV testing and counseling (HTC) strategy that placed counselors at the heart of hot spots. The project also launched the project's Voluntary Medical Male Circumcision (VMMC) activities, reaching 118 men and concentrated work identifying and supporting children living with HIV under the Accelerating HIV/AIDS Treatment (ACT) initiative.

Sub-Purpose 2: Increased Access and Utilization of focused Maternal, Newborn, and Child Health (MNCH), Family Planning (FP), Water, Sanitation and Hygiene (WASH), and Nutrition Services. *Afya Jijini* played a leading role in investigating and addressing a reported surge of diarrheal disease among children under five in the Mathare informal settlement (Starehe Sub-County). Our work resulted in commodity distribution to contacts of suspected cholera cases (reaching 318 children ages 1-5 years); disinfection of 39 pit latrines and seven refuse heaps/damping points; clearing 13 drainage systems; and distribution of aqua tabs for water disinfection to 1,256 households with young children under five. The focus of these activities was providing Oral Rehydration Therapy (ORT) to children under five at target health facilities (while MSF and the County Government provided general cholera response support). We also contributed to successful immunization campaigns.

Sub-Purpose 3: Strengthened and Functional County Health Systems. The project met with the County Director of Medical Services, 24 Senior County Health Management Team (CHMT) members, all nine Sub-County Health Management Teams (SCHMTs), medical superintendents, and those in charge of eight hospitals to discuss *Afya Jijini's* scope. *Afya Jijini* also provided technical support for the draft HIV policy and implementation plan for Nairobi County. Finally, the project transitioned 11 health record information officers (HRIOs) from APHIAplus and seconded them to facilities.

Quantitative Impact

Afya Jijini is on track to meet targets in most activities across all sub-purposes for the year, exceeding quarterly targets in a number of areas, especially under Sub-Purpose 1. *Afya Jijini* achieved 128% of FY16 targets for HTC, reaching 28,654 clients this quarter. The project also counseled and tested 1,718 FSWs and 180 men who have sex with men (MSM), exceeding the entire annual target for FSWs in the first quarter alone. The achievement of 75% of deliveries occurring with a skilled birth attendant (SBA) indicates that supported sites are on track to meet the project's targets. Details of performance indicator achievements can be found in the Quantitative Impact section of the report.

Constraints and Opportunities

Constraints. The project experienced no major implementation challenges that would impact or change activity implementation for Q2. We are still awaiting approval for our proposed replacement Health Systems Strengthening (HSS) Advisor candidate, but activity implementation has not been stymied by the delay. Our partners are not on full subcontracts yet. However, to avoid significant start-up delays, the project issued pre-award letters (PALs) to the following partners: the National Organization of Peer Educators (NOPE), the Christian Health Association of Kenya (CHAK), and Mission for Essential Drugs and Supplies (MEDS), each of which have commenced activities. Additionally, the process of reviewing all of the project's partners' financial systems before executing subcontracts commenced. The complex internal administration structure of the University of Nairobi (UoN) has delayed the signing of their PAL. *Afya Jijini* is including UoN in the in-depth partner assessments currently being completed to determine the best way forward for engaging with this partner.

Subsequent Quarter's Work Plan

Sub-Purpose 1: During Q2, we will focus on supporting capacity building, gender (especially for antenatal care [ANC] and elimination of mother-to-child transmission [eMTCT]), conducting site-level data quality assessments, and action planning. *Afya Jijini* will further continue to support laboratory systems that are critical to achieving sub-purpose two deliverables. *Afya Jijini* will also work with the county Quality Assurance/Quality Improvement (QA/QI) unit, to establish and mentor work improvement teams (WITs) in the 23 high volume comprehensive care center (CCC) sites. The project will scale up VMMC activities and work with the LINKAGES project to finalize hot spot mapping. *Afya Jijini* will also be working with Nilinde to reach Orphans and Vulnerable Children (OVC), guided by a Memorandum of Understanding (MOU) and frequent collaboration that lays out roles and responsibilities of each project.

Sub-Purpose 2: *Afya Jijini* will support the scale-up of Emergency Obstetric and Newborn Care (EmONC) services to transitioned sites, which will involve technical mentorship and training. Equally important is supporting the scale-up of immunization services, including outreach to informal settlements. The project will further build capacity of health facilities to provide Long Acting and Reversible Contraception (LARC) in Q2. *Afya Jijini* will complete mapping of early childhood development (ECD) activities in three informal settlements and institute growth monitoring, Vitamin A supplementation, and deworming. The project will also complete review of WASH and infection prevention and control (IPC) in 23 high volume facilities.

Sub-Purpose 3: During Q2, *Afya Jijini* will support scheduled technical working groups (TWG) meetings and work with 23 high volume CCCs and 31 high volume maternities to establish WITs. *Afya Jijini* has earmarked monthly TA support to WITs through our UHAI teams and mentors. Further, in Q2 we will provide support on supplies and commodity reporting. *Afya Jijini* will also work with USAID's Capacity Bridge Project to roll out the integrated Human Resource Information System (iHRIS) at project sites.

II. KEY ACHIEVEMENTS (QUALITATIVE IMPACT)

Introduction

Afya Jijini is pleased to present its first quarterly report, which highlights rapid project mobilization and strong achievement toward contractual targets across all sub-purposes. *Afya Jijini* worked closely throughout inception and the first quarter with MOH senior management in Nairobi County, the nine sub-counties, and directly with in-charges at the 56 priority *Afya Jijini*-supported health facilities. Further, 57 facilities were reached through support to the sub-counties, with a total of 113 reached. Specifically, work included close consultations on developing and finalizing key deliverables. This strategy has laid the groundwork for successful collaboration and increased sustainability, ensuring that activities align, where possible, with MOH plans. *Afya Jijini* also transitioned smoothly from its predecessor project, the Pathfinder International-led APHIAplus/Nairobi-Coast project. Key milestones were developed to ensure seamless service delivery and capturing leading promising practices that should be continued.

Rapid Mobilization

The project met all required contractual deliverables to support rapid mobilization, being operational within 30 days of award. Other deliverables achieved included submitting the draft grants manual within 45 days of contract award, the work plan within 60 days of contract award, and the M&E plan within 90 days of contract award. The project also leased and furnished permanent project office space for all staff, centrally located and convenient for project site support. *Afya Jijini* recruited and oriented all 47 staff positions (88%) by the end of the quarter, allowing the project to initiate activities and provide technical support. The Chief of Party (COP) and Deputy Chief of Party (DCOP) began working within two weeks of award. One key personnel position (HSS Advisor) is currently vacant, but a suitable candidate has been identified and shared with USAID for approval.

APHIAplus/Nairobi-Coast Transition

Additionally, the project concentrated on ensuring a seamless transition of critical activities from APHIAplus (Nairobi component) to *Afya Jijini.* These transitioned activities included site-level data support, sample networking support, and supporting the sub-counties' and county's supervisory role for key activities, including immunization, HTC, and WASH activities. Importantly, the project ensured that proposed activities were aligned to the county's and sub-counties' existing annual work plan meeting, which ensured counterpart buy-in and through participation of sub-county managers in the development of *Afya Jijini's* proposed Year 1 work plan.

Sub-Purpose 1: Increased Access and Utilization of Quality HIV Services

Output 1.1: eMTCT

Afya Jijini's UHAI Teams and technical advisors carried out 56 rapid site visits to determine (i) which facilities were offering eMTCT interventions; (ii) the status of integrating eMTCT activities in MNCH clinics; and (iii) the gaps and challenges in eMTCT provision that required urgent attention for the project in the next quarter. From these site visits, we verified that out of the 56 priority transitioned facilities, 50 (89%) of them are offering eMTCT services. However, only 13 (22%) have eMTCT fully integrated into their MNCH clinics. These facilities are: Kariobangi North Health Centre (HC), St. Florence HC, Westlands HC, Mathare North HC, Kahawa West HC, Dandora II HC, Makadara HC, Jericho HC, LungaLunga HC, Bahati HC, St. Mary's Hospital, Mbagathi Referral, and Mama Lucy Referral Hospital. The success of eMTCT integration in these facilities is largely attributed to the presence of Mother2Mothers Mentor Mothers (MM) mentorship program. Findings from the site visits were used to develop action plans for Q2 for eMTCT improvements, with a special emphasis rapidly integrating eMTCT into MNCH in high-volume sites and scaling up the MM component.

Throughout the quarter, *Afya Jijini* continued to support sample networking across all transitioned project sites by ensuring collected Dried Blood Spot (DBS) blood samples were successfully linked to the National Reference Laboratory and results delivered back to inform clinical service delivery and contribute to eMTCT. To do this effectively, *Afya Jijini* has fully transitioned a team of two motorcycle riders who visit each facility daily, collecting samples and relaying results back to the facility.

Output 1.2: HIV Care and Support Services

During this reporting period, *Afya Jijini* held introductory meetings with all nine SCHMTs under the umbrella guidance of the CHMT. These meetings provided the necessary guidance to help integrate *Afya Jijni's* proposed activities into the existing structures for provision of HIV care and support services in Nairobi. Each sub-county shared verbally its approaches to HIV care and support and priorities, as well as availed strategic plans where they existed. Activities completed in Q1 included transitioning ongoing activities from APHIAplus Nairobi-Coast to *Afya Jijini*, including sample networking for viral load testing.

Output 1.3: HIV Treatment Services

Afya Jijini transitioned two motorcycle riders to pick up samples from facilities for delivery to laboratories with CD4 testing capacity or to the KEMRI laboratory for viral load and DBS. This was part of an initial effort to strengthen care and treatment and laboratory services. Furthermore, the project supported transitioned facilities in preparing the requisite HIV treatment data for monitoring progress during the quarter, providing site-level technical support at select sites lacking adequate human resources.

ACCELERATING CHILDREN'S HIV/AIDS TREATMENT (ACT)

While Nairobi County continues to improve its adult HIV performance, pediatric HIV continues to lag behind. During Q1, the project launched its ACT work in support of closing this gap. As part of this work, Afya Jijini strengthened eMTCT (described above), an integral component of pediatric case finding and prevention. During Q1, *Afya Jijini* further identified and transitioned 26 sites for concerted support in scaling up pediatric HIV|AIDS treatment through ACT. These are: Mbagathi Provincial Hospital, St. Mary's Mission Hospital, Mathare North HC, Gertrude's Garden Children's Hospital, Dandora Health Center, Mukuru MMM Clinic, Kangemi Health Center, Kariobangi HC, St. Francis Community Hospital, Kayole II Sub-District Hospital, STC Casino, Westlands H/C, Makadara Health Centre, Kasarani Health Center, Ngaira/Rhodes, Huruma Lions, Uzima Dispensary, Amurt Health Care Center, Reuben Mukuru Health Centre, St. Joseph Mukasa, Lunga Health Center, Kahawa West Health Center, Mama Lucy Kibaki Hospital – Embakasi, Makadara Mercy Sisters, Metropolitan Hospital and Soweto Kayole PHC.

During the quarter, 86 pediatric HIV positive cases were found and initiated on treatment. This 86 cases represent 166% of the quarterly target, or 42% of the total annual target of 207. Overall 1,819 (95% of expected) pediatric clients are on treatment in the project's supported sites.

Output 1.4: HIV Prevention, HTC, and VMMC

HIV Prevention for Key Populations

Afya Jijini supported Nairobi County to actively participate in the "10 Days of County HIV Testing Rapid Results Initiative" from November 25-December 3, 2015. This event was organized as part of the run-up activities to the World AIDS Day celebration. *Afya Jijini* participated in the event by providing technical and service delivery support toward focused testing of new key population clients. This activity was carried out in Embakasi, Kasarani, Makandara, Ruaraka, and Starehe sub-counties. Part of the approach involved embedding testers in hot spots such as boarding houses/temporary lodges, to more easily reach clients and make testing more accessible and convenient. As a result, 1,718 FSWs and 180 MSM were mobilized and tested, with 39 FSWs and 10 MSMs testing HIV positive, yielding positivity rates of 6% and 3%, respectively. Condom use demonstrations, promotion, and distribution from county and facilities to the testing points formed an integral part of this initiative.

HIV Prevention for Youth including Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe Women (DREAMS)

Youth HIV prevention formed one of the central planks for World AIDS Day activities in Nairobi County this year. *Afya Jijini* staff participated in preparatory activities to streamline approaches for supporting AGYW, providing technical assistance (TA) to the county for more effective approaches. This project support included:

- 5-day "Safe Spaces and Girl Roster Mapping" training for two male and one female *Afya Jijini* staff, which provided knowledge and skills on AGYW identification and risk mapping and community resource mapping;
- 3-day Post-Rape Care of Sexual and Gender-Based Violence (SGBV) Survivors training for two male and one female staff (2 clinicians and 1 behavioral intervention officer), providing knowledge and skills on the post-rape care intervention package of services as well as documentation and reporting; and,
- Two male and one female staff participated in the PEPFAR civil society organization (CSO) engagement meeting for setting the agenda for increased CSO and AGYW community group involvement.

Afya Jijini further directly supported 12 AGYW to actively participate in the World AIDS Day 2015 commemorations. These participants were selected as positive change ambassadors from our focus informal settlement of Mukuru Kwa Njenga for their ability to serve as role models. These ambassadors of change will support youth-friendly HIV and FP/reproductive health (RH) services including mobilization of AGYW for uptake of services in succeeding quarters. Further, *Afya Jijini* initiated the planning and entry process to roll out intensified DREAMS programming in Mkuru Kwa Njenga, starting with girl roster mapping. The process of mapping and identifying beneficiary for the targeted evidence based interventions will be completed in quarter 2.

HTC Services

During Q1, the *Afya Jijini* UHAI teams visited and provide direct mentorship on HIV project activities for the transitioned facilities. This included ensuring facilities are providing testing at vital service delivery points especially ANC, the tuberculosis (TB) clinic, and outpatient department, among others) through the various evidence-based approaches, including provider-initiated testing and counseling (PITC) and couples and partner HTC. This continuation of direct site-level support was an essential part of the steady transition from APHIAplus to *Afya Jijini*, ensuring no gap in support to facilities and Nairobi County. During this period, a number of APHIAplus staff working on these activities transitioned to our UHAI teams. The activity has so

far achieved 128% of annual targets by providing quality HTC to 28,654 clients this quarter. The project UHAI teams supported accompanied supervision with the SCHMT examine the quality of HIV testing services and other key areas at sites during Q1. Some of their key observations were:

- 19 high-volume facilities are missing data clerks and CCC staff after the Capacity Bridge project supported staff were absorbed by the county and re-allocated to other facilities. This impacts sites' ability to report HTC and other data regularly and with high quality.
- CCC staff are able to fill most data forms required. However, support for data use at the facility level will help proper decision making and also minimize inaccuracies. The project should establish strategies, working with the county, to build capacity in this area.

Afya Jijini supported the nine sub-county HIV coordinators and the respective sub-county laboratory coordinators to conduct supportive supervision during the key populations HIV testing RRI. The team focused on documentation and data capture, as well as compliance to the testing protocols and guidelines.

VMMC

Afya Jijini's VMMC activities started relatively late due to the process of target setting and clarifications, with a final target of 4,058 for FY16. Activities focused on re-initiating support to facilities that had historically been active in the provision of VMMC services, especially within informal settlements that have a higher proportion of non-circumcising communities. Supported facilities included Mathare North Health Center, Korogocho, Kariobangi North, Reuben Medical Center, Kayole II, Soweto Primary Health Center, Jericho Heath Center, and Mbagathi Hospital. Furthermore, the project has identified four dedicated facility-based VMMC teams (one within each of our four UHAI cluster), each composed of a circumciser/surgeon, one assistant, and one hygienist to rapidly roll out VMMC efforts. These teams will work in the aforementioned facilities and further support VMMC outreaches to the targeted informal settlements. These teams will be further supported periodically by community health volunteers (CHVs), who will mobilize the clients monthly for service delivery. Given the slow start of VMMC support, the project will support this as continuous activity in the preceding quarters. In this initial step of restarting VMMC activities, the sites referenced above were able to circumcise a total of 118 men, thanks to intensive community mobilization activities from the project that encouraged VMMC uptake. The project supported the purchase of non-pharmaceutical supplies (such as linen, gauze, and other consumables) to enable VMMC (lidocaine was excluded, as the project was awaiting approval to procure).

Output 1.5: TB/HIV Co-Infection Services

In this reporting period, *Afya Jijini* UHAI teams undertook rapid site visits to assess the status of TB/HIV co-infection services in 23 high volume CCCs as part of the project's initial work in Sub-Purpose 1. Key findings, which lay the groundwork for future interventions (which will occur during Q2), include:

IPC Committees: Transitioned facilities have already been trained on IPC. However, most have not yet developed IPC plans. As such, *Afya Jijini* will focus on working with the facilities to develop, implement, and monitor these plans.

Intensified Case Finding (ICF): ICF is mainly happening at CCC with limited integration at other service delivery points, especially at MNCH and outpatient clinics. However, overall TB screening is still low, at 22%. This may be mainly a result of poor data quality, with the activity not always being documented even when it was conducted. Addressing data quality will be a key activity in Q2.

Immediate Antiretroviral Therapy (ART): Nairobi County and *Afya Jijini*-supported facilities are currently at 92% of existing TB/HIV patients being initiated on ART.

Multi-Drug Resistant TB (MDR-TB): MDR-TB case detection stands at 61% in Nairobi County facilities, while the national target is at 83%. GeneXpert utilization among project sites is at 64%. The project will address MDR-TB intensively, scaling up GeneXpert and MDR-TB review, beginning in Q2.

Additionally, *Afya Jijini* continued to transition sample networking for sputum samples in Q1 from supported sites to the facilities with GeneXpert machines (Mama Lucy Hospital, Rhodes Chest Clinic, Mbagathi Hospital, and Mathare North HC). During Q2, the project will engage a third rider to support specifically GeneXpert sample networking. Overall the project findings in this first quarter indicate a need to strengthen both TB quality of care and data at site level. Establishing facility-based WITs with monthly support from *Afya Jijini* UHAI teams will be a core activity in Q2 and beyond.

Sub-Purpose 2: Increased Access and Utilization of focused MNCH, FP, WASH, and Nutrition Services

Output 2.1: Maternal and Newborn Health (MNH) Services

Afya Jijini undertook two key MNH activities during the quarter. *Afya Jijini's* UHAI mentorship team's established initial contact with facilities, developing rapport and initiating the basis for future support, with the 56 transitioned sites from APHIAplus. The project working with the county and sub-counties also identified an additional 22 facilities with maternity services that require support to improve maternal and newborn services and included them into planned support starting with provision of EmONC equipment and QI. *Afya Jijini* also participated in the National Maternal and Perinatal Death Surveillance and Response meetings held at the Silver Springs Hotel on December 10, 2015. One of the outcomes of this meeting was defining the significant role that *Afya Jijini* will play in ensuring facility systems promptly report and respond to maternal and perinatal deaths, as adopted at the county level and escalated down to the sub-county and service delivery level. Additionally, the project supported senior management introductory meetings with the sub-county medical officers across the nine sub-counties. During these meetings, *Afya Jijini* shared its proposed MNH activities with the facilities and sub-counties so that they are embedded into their planning schedule.

Output 2.2: Child Health Services

Afya Jijini supported supplemental immunization activities (SIA) by working with all nine sub-counties in Nairobi County from December 5-9, 2015 to carry out the national polio immunization campaign. *Afya Jijini* also supported a total of 90 CHVs in Kasarani, Ruaraka, Westlands, and Embakasi sub-counties to conduct mobilization for immunization uptake. Furthermore, *Afya Jijini* supported vaccine distribution from sub-counties immunization sub depots and sites. Additionally, the project assisted Nairobi County and the nine sub-counties to carry out supportive supervision throughout the immunization activity. As a result of the SIAs, a total of 828,685 children were vaccinated for polio, representing 126% of the Nairobi County target for the national campaign. County stakeholders were pleased that the project contributed to this successful vaccination effort.

Output 2.3: FP Services

Afya Jijini transitioned FP services from APHIAplus to *Afya Jijini* in Q1. Specifically, the project assumed an APHIAplus program assistant who previously supported this output area to *Afya Jijini*, thus ensuring retention of institutional memory between projects. Additionally, one of the team members of each UHAI Team will oversee the implementation of RH/FP services at all *Afya Jijini*-supported facilities. *Afya Jijini* also recruited an advisor for RH/FP services to support project activities. The selected candidate has more than 20 years' experience in RH/FP, with 10 years' at the national MOH, Reproductive and Maternal Health Services Unit.

Output 2.4: WASH Services

Afya Jijini supported several WASH coordination activities with the county and sub-counties in Q1. Initial support involved conducting an outbreak investigation into a reported surge of diarrheal disease affecting children under five in the informal settlement of Mathare in Starehe Sub-County (reported in part through project sites). The project lent support to the initial response by providing transport logistics and participating in coordination meetings with other partners to identify the impact on children under five.

A second coordination meeting was held with the sub-county and partners to address the suspected cholera outbreak at the Mathare North HC and Kayole II HC by mapping partner assistance to the sub-county-led response. *Afya Jijini* provided TA for the response activity, as well as transport for the response team and commodity distributions (ORT for young children under five). The overall generalized cholera response was led and funded by the GOK and MSF. Through this support, commodity distributions to contacts with suspected cholera cases reached 318 children aged 1-5 years. Project health facilities were supported to provide oral rehydration therapy for children under five with cholera among our catchment populations in Starehe and Kasarani. Furthermore, 39 pit latrines were disinfected with chlorine, seven refuse heaps and damping points were disinfected, 13 drainage systems were cleared, and aqua tabs were distributed to 1,256 households. In Q2, the project has earmarked support for facility-based WASH activities, develop and operationalize IPC plans, and, importantly, support MNCH clinics' ORT corners.

Output 2.5: Nutrition Services

During Q1, the Afya UHAI teams focused on integrating Nutritional Assessment Counseling and Support (NACS) into CCCs and outpatient clinics to support nutrition. Further, ECD centers were identified as an important avenue to reach children under five for NACS, with the added opportunity to target guardians with critical messages to improve nutritional practices, particularly in informal settlements. ECD centers also offer an entry point for identifying children under five at risk of stunting. Based on these discussions, the project began to map out ECDs in/around facilities located in informal settlements. Additionally, the project held initial planning meetings with USAID's new OVC project, Nilinde, to discuss areas of collaboration in nutrition and OVC activities that will enable us to further expand our reach and coverage of children in Nairobi and avoid duplication. In Q2, *Afya Jijini* will also support NACS integration at site level and provide TA to the county and sub-county nutrition teams in their supportive supervision role.

Sub-Purpose 3: Strengthened and Functional County Health Systems

Output 3.1: Partnerships for Governance and Strategic Planning

Driving improvements in governance and strategic planning will form the central component of *Afya Jijini's* sustainable assistance to Nairobi County. To initiate these activities and ensure county and sub-county level buy-in from the beginning, *Afya Jijini* held several introductory and initial planning meetings with:

- County Director of Medical Services
- 24 Senior CHMT members
- SCHMT (which included all 9 sub-counties); and,
- Medical superintendents and those in-charge of the facilities of eight hospitals.

These meetings occurred during a three-day joint work planning session in October 2015 to discuss, present, and incorporate the county's and sub-counties' work plans into *Afya Jijini's* Year 1 work plan. A meeting between *Afya Jijini* COP (Dr. Ernest Nyamato) and IMA's Vice President for International Health programs (Dr. Dragana Veskov) and the County Director of Medical Services was also held.

Additionally, *Afya Jijini* joined the County and other partners in November 2015 in reviewing the draft HIV policy and implementation plan for Nairobi County by providing critical technical drafting support. These ground laying activities will form a strong basis for future capacity assessment and strengthening plans at the county and sub-county levels. The formation of WITs at the health facility level will also contribute to additional future governance and strategic planning work at project health facilities.

Output 3.2: Human Resources for Health (HRH)

In Q1, *Afya Jijini* held consultative meetings with key HRH stakeholders, including USAID's Capacity Bridge project leadership, county leadership, and the County Public Service Board. Outcomes of the meetings included:

- The project developed a list of former Capacity Kenya project's 77 employees, which includes their current location in Nairobi City County (see Attachment 1). Conversations and surveys with former employees showed that reported delays in salary payments for the county-absorbed staff due to the enrollment process for the county HR payroll system and a need for harmonization of the transfer processes.
- *Afya Jijini's* HRH Advisor met with the County Health Sector Chief Officer, during which time the HRH Advisor was introduced to the Administration and HR departments that support the health sector for orientation on ongoing projects and activities.
- *Afya Jijini* convened meetings with the County Public Service, County Human Resources Management department, and other departments. During these meetings, participants identified their preferences on how to collaborate with the project and how it should support the county best on HRH-related issues. *Afya Jijini* will continue to collaborate and involve the three units as a way of leveraging and supporting the health sector staff in Nairobi County.
- The project conducted a desk review of health sector HRH initiatives in Nairobi County/national resources to identify current HRH initiatives and opportunities for engagement and collaboration, such as the national staffing norms, MOH Training Needs Assessment of August 2015, and the Nairobi City County Health Sector Strategic and Investment Plan.
- Developed an HRH assessment tool to collect data on current staffing levels and health workforce gaps in supported facilities (see Attachment 2). This data will be used during the project baseline assessment.
- The project directly supported one sub-county leader to start the Strategic Leadership Development Program through the Kenya School of Government, which is now ongoing.
- 11 HRIOs transitioned from APHIAplus to *Afya Jijini*, and remain seconded to government health facilities.

Output 3.3: Health Products and Technologies (HPT)

In December 2015, *Afya Jijini* attended Nairobi County's health workers sensitization meeting and outlined the objectives of the project's Health Supply Chain Management component, including key service delivery and TA areas. *Afya Jijini* recruited a Supply Chain Advisor and organized a meeting with the County Pharmacist and County Laboratory Coordinator to plan for the roll out and implementation of project activities. Planned activities will be rolled out in the next quarter, as outlined in Attachment 3.

Output 3.4: Strategic M&E Systems

Activities conducted under this output are further detailed in *Section V: Performance Monitoring*. In summary, *Afya Jijini* developed, submitted, and revised the project M&E Plan. Further, the project was able to transition direct support for data and reporting from APHIAplus to *Afya Jijini* at the site level, including transitioning the 11 HRIOs, who provide direct support to facilities to record and report on data and complete and enter data into District Health Information Software 2 (DHIS2). Increased M&E HSS capacity building activities will commence further in Q2.

Output 3.5 Quality Improvement (QI) Systems

Led by the county QI unit, *Afya Jijini* held consultative meetings with the CHMT to identify the current status of QI at the facility level. During these meetings, it was noted that although transitioned supported facilities experienced a promising uptake of QI, these improvements eventually plateaued due to a lack of QI coaching and mentorship. As a result of these meetings, a joint proposal was developed with the strategy of

reinvigorating the WITs in maternities, ANC, and CCCs, by ensuring component coaches are properly trained, mentored, and deployed. This joint proposal informs the project's planned activities in Q2.

Lessons Learned

Q1 implementation provided a number of valuable lessons learned that will be useful for Q2 implementation and onward. Project leadership and partners are currently integrating these into their operational plans and approaches. Key lessons include:

Top-level leadership support for the project paves the way for successful implementation. In Q1, the project focused on developing relationships with top-level leadership at the county, sub-county, and facility-levels, which included presenting the project's scope and engaging them for feedback. Overall, government buy-in for *Afya Jijini*, at all levels, is off to a good start and there is strong stakeholder buy-in. The sub-counties in particular expressed appreciation that they were being engaged more substantively than projects have in the past. *Afya Jijini* will continue nurturing this nascent relationship, which forms a key component that will determine project success, sustainability, and exit planning. *Afya Jijini* senior management team will have a quarterly briefing with the senior CHMT.

Data quality needs improvement at multiple levels. Data challenges at the county, sub-county, and facility-level continue to affect the clarity of the county's overall performance on many indicators. For example, the project's findings that only 22% of patients were screened at health facilities may reflect a mix of both poor data as well as actual performance. Investment in hardware (computers, electronic medical records [EMR], etc.) may have a limited impact on overall data availability and quality if it is not matched with trained and adequate numbers of staff to collect and manage the data. This challenge is aptly depicted by the fact that although 14 health facilities were previously equipped with EMR infrastructure, they have yet to start using it given they lack dedicated human resources for data entry and analysis. Strong investment in data support infrastructure, including weekly support visits by the transitioned HRIOs from *Afya Jijini*, and support for the county and sub-county HRIOs to conduct quarterly data quality assurance (DQA) will therefore be a key to *Afya Jijini's* success. It is a core pillar of the project's sustainability strategy, which is being shaped from the onset. Improving each facility's ability to enter its data on-site, both timely and accurately, will be a pivotal part of the project's data improvement support activities moving forward and will further enable the program to support the sites to conduct rapid site-level verification before entry.

No facility-level footprints on quality improvement exist. The county has established a QA/QI unit. However, this approach has yet to cascade down to the sub-county and site level, which is critical for process improvement. Supporting this unit to establish improvement processes and mentorship in supported sites has started and is ongoing. To address this gap, *Afya Jijini* will reinvigorate the improvement teams in maternities, ANCs, and CCCs, and ensure component coaches are properly trained, mentored, and deployed to sites.

Technical support infrastructure should engage health facilities and sub-counties. County technical support infrastructure is largely concentrated in high-level TWGs and supportive supervision, with site-level coaching and technical mentorship remaining a missing link. *Afya Jijini* will therefore begin working to rejuvenate regular site-level technical mentorship, which will go hand-in-hand with supporting quality of care improvement. *Afya Jijini* is deliberately anchoring this support within the newly-established QA/QI unit at the county. This provides an avenue for long-term sustainability and is central to the projects exit strategy.

HRH gaps should be addressed. Although the county succeeded in absorbing 77 staff previously employed under the Capacity project, some of these staff have been moved from the sites they were supporting, especially those posted in high-volume CCCs in faith-based health facilities. For example, 31 clinicians have been moved to different facilities, which is likely to re-open staffing gaps in their former facilities. *Afya Jijini* has initiated discussions with the county on this matter to ensure they are retained or agreement on how this critical HR gap will be filled. This process is still ongoing.

III. ACTIVITY PROGRESS (QUANTITATIVE IMPACT)

The table below provides a high-level snapshot of data-based performance during the past quarter. Additionally, an expanded performance table is included in Attachment 4. The project is on track to meet its contractual targets across a majority of the technical areas, despite the challenges of start-up in the first quarter. Because ANC-based HIV testing was 92% of what was expected, scaling up ANC testing, especially beyond the facility level (integrating ANC into immunization outreaches), will be critical to driving up this target for eMTCT. Additionally, VMMC performance was very low, due to the delay in receiving targets for this activity and initiating VMMC efforts. As such, we will concentrate on Q2 on refining and rapidly scaling up VMMC work through a combination of specific site targeting, locum teams, and community mobilization.

Facility-based delivery is critical to safe guarding the life of mothers and newborns. The achievement of 75% of deliveries occurring with an SBA shows that the supported sites are on track to meet the project's targets, though will require continual reinforcement with community mobilization. Another concern is the quality of care provided to mothers on-site, including the provision of respectful care, which drives uptake of facility-based deliveries. In Q1, *Afya Jijini* began establishing the quality improvement infrastructure to specifically document and address quality of care. Additionally, although immunization coverage in the county is documented to be at above 80%, this may not be uniform. Immunization coverage, especially in informal settlements, may be much lower. Beginning in Q2, *Afya Jijini* will target its support to scaling-up immunization outreach efforts to informal settlements around each supported facility. The project will also support technical capacity building for new vaccines as they are rolled out.

Table 1: FY16 Q1 *Afya Jijini* High Level Performance Indicators

Service Area	Key Indicators	Oct – Dec 2015		
		Target	Quarterly Achievements	Performance (%)
HTC	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results	22,402	28,654	**128%**
HTC	IDENTIFIED who received Testing and Counseling	860	1,726	**201%**
C&T	Number of adults and children newly enrolled in Care	1,726	1,619	**94%**
C&T	Number of adults and children with advanced HIV infection newly enrolled on ART	1,397	918	**66%**
TX New Peds	Number of children with advanced HIV infection newly enrolled on ART	52	86	**166%**
C&T	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]	34,494	32,778	**95%**
C&T	Number of children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]	1,910	1,819	**95%**
Clinical care	Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load	37,656	44,522	**118%**

PMTCT	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	18,679	17,107	**92%**
PMTCT	Number of HIV Positive pregnant women	790	758	**96%**
PMTCT	Number of HIV positive pregnant women who received antiretroviral to reduce risk of mother to child transmission	758	663	**87%**
MNCH	Number of children who have received measles vaccine by 12 months	15,567	11,038	**71%**
MNCH	Number of children less than 12 months of age who received DPT3 from USG-supported programs	15,567	9,510	**61%**
MNCH	Number of children who have received the third dose of Pneumococcal conjugate vaccine by 12 months of age	15,567	9,510	**61%**
MNCH	Number of deliveries with a skilled birth attendant in USG-assisted programs	14,455	10,784	**75%**
MNCH	Number of pregnant women attending at least 4 ANC visits	14,325	9,379	**65%**
MNCH	Number of children under five years old presenting with diarrhea who received Oral Rehydration Therapy (ORT)		8,436	**N/A**
MNCH	Number of children under 1 year receiving BCG	15,567	10,928	**70%**
FP/RH	Couple Years of Protection (CYP) in USG-supported program at project-supported facilities		21,993	**N/A**
Nutrition	Number of children under 5 years of age who received Vitamin A from USG-supported programs	55,036	20,669	**38%**
VMMC	Number of males circumcised as part of the minimum package of VMMC for HIV prevention services	1,015	118	**12%**
Key Population	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	598	1,898	**318%**

** Please review the Performance Data Table annex for a full detailed report of target achievement across project indicators.*

IV. CONSTRAINTS AND OPPORTUNITIES

Constraints

The project experienced no implementation challenges that would impact or change activity scheduling and planning for Q2. PALs were issued to NOPE, CHAK, and MEDS, all of which have commenced activities. Additionally, the process of reviewing all of the project's partners' financial systems before executing subcontracts with each of them has commenced. However, it is notable to point out that given the bureaucratic nature of the UoN, the project has yet to issue a PAL. *Afya Jijini* is including UoN in the in-depth partner assessments currently being completed to determine the best way forward for engaging with this partner, which was specifically intended to support key population activities and operational research. To avoid delays in implementation, including initiating key population activities, the project recruited a Key Population Assistant to ensure this work occurs.

Opportunities

Committed county and sub-county teams: The project noted the obvious commitment of the county and sub-county HMTs to work with *Afya Jijini* to deliver quality health services, and, in the process, meet project deliverables

and county and sub-county targets. The management teams have demonstrated strong leadership and have provided the facilitation needed to ensure all proposed activities are incorporated into the various sub-county work plans. At the policy level, the county established a QA/QI Unit, which has enabled the project to anchor its QA/QI support within a structured and formalized system.

Commitment at the facility level. Likewise, through meetings with project-supported facilities' senior management, convened by the sub-county management teams, the project was able to brief those in charge on targeted support that the project will provide. Given that each facility has a set target for each service area, the senior management committed to participating in the project, guaranteeing buy-in at the facility level.

V. PERFORMANCE MONITORING

During Q1, *Afya Jijini* focused on setting up the project's M&E framework, securing HRH, developing the project's M&E plan (including the baseline assessment protocol and tools), collecting data for reporting purposes, and bridging data gaps by redeploying 11 HRIOs who transitioned from APHIAplus.

Initial rapid site assessments revealed that 10 facilities are EMR ready and an additional 13 facilities have computers dedicated for data and reporting, indicating that they could easily upgrade to EMR capability. The preliminary mapping also indicates that the reasons for inconsistent EMR functionality include a lack of dedicated personnel, system user gaps, and other competing systems, in addition to incomplete networking infrastructure to fully support EMR functionality at full capacity.

Afya Jijini initiated data support to supported facilities by deploying the project's UHAI teams, as well as seconding the transitioned HRIOs to each of the facilities to support data reporting. The project also conducted rapid comparisons between the aggregate tools (731 and 711), DHIS2, and the HTC and MNCH registers as part of site-level support. This data triangulation revealed discrepancies between the three data sources. To address this gap, the project initiated discussions with facility health staff to identify the cause of the discrepancies and to harmonize the data sources.

VI. PROGRESS ON GENDER STRATEGY

During Q1, the project began planning a baseline gender analysis, meeting with the USAID Contracting Officer's Representative (COR) to discuss the activity. The Afya team, working with IMA headquarters (HQ), is developing a plan for a gender analysis to be shared during Q2. This will help the project hone its specific gender-sensitive approaches and strategies for achieving gender equity. During the *Afya Jijini's* analysis of overall Q1 activities, the project identified gender areas to focus on in Q2. Key gaps included:

1. Although 1,178 FSWs were reached with evidence-based HIV prevention information and tested in Q1, only 108 of the male sexual clients were reached. This represents an opportunity to reach a high-risk population.
2. Most project health facilities did not have clearly targeted strategies to increase male involvement in ANCs, maternity wards, or during the post-natal continuum-of-care (CoC).

The project proposes the following strategies to address these issues:

1. Organize family HIV testing to target children and spouses.
2. Develop a male-friendly package of services to encourage male involvement in ANCs, maternity wards, and post-natal CoC, and recruit young men as peer educators. They will provide information and link clients to services for male-related non-communicable diseases, nutrition assessments, blood-sugar monitoring, male-related cancer screenings and referrals, sexually-transmitted infection (STI) screening and treatment, and TB screening and treatment.

VII. PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING

During Q1, *Afya Jijini* completed and submitted its environmental mitigation and monitoring plan (EMMP). Although no site-level activities were supported this quarter, all supported facilities will have quarterly assessments completed that will complement the regular site support supervision and will identify and mitigate the impact of any activities identified as having potential to cause adverse environmental effects.

VIII. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

As part of project start-up, *Afya Jijini* met with other USAID implementing partners and identified synergies with these projects. In each meeting related to service delivery, we have begun clarifying which services are provided by each project, and how bi-directional referrals and other collaborations should occur. We held regular meetings with APHIAplus Nairobi-Coast that allowed for smooth planning and a rapid transition of supported activities. Through a competitive interviewing process, *Afya Jijini* selected three APHIAplus personnel to join the UHAI teams, with one placed in each of the three teams. This approach ensured institutional memory and a transitioning of ideas noted to have worked well in the predecessor project. Key among this approach was to retain the bond already created at the sub-county and facility level. With **TB-ARC**, *Afya Jijini* participated in the TB TWG and had consultative meetings with the TB-ARC focal person for Nairobi County. The project also attended the quarterly partner coordination meeting. The project had planning discussions with **AfyaInfo**, especially concerning the transition of county-level health management information support (HMIS) support. An initial meeting with **CHAI** was held to discuss how to support sample networking in the county. Initial planning meetings have also been held with the OVC project, **Nilinde,** with a full strategy/MOU and collaborative meeting planned for Q2 that lays out specific roles and responsibilities in relation to service delivery and training. Finally, initial discussions were held with the new global **AIDSFree** project, of which IMA is a partner of the consortium and implementer of a pilot study on a public-private partnership on pediatric HIV care and treatment. Additional meetings on collaboration we held with the M2M program, Catholic Relief Services, and Capacity Bridge project.

IX. PROGRESS ON LINKS WITH GOK AGENCIES

As articulated above, *Afya Jijini* conducted strategy and planning meetings at both county and sub-county levels in Nairobi. The project also organized an initial meeting with the **National AIDS Control Program (NASCOP)**, which included a briefing on *Afya Jijini*. Given the proximity of Nairobi to NASCOP, the high number of people living with HIV (PLHIV) in Nairobi, and specifically the high number of key populations, this meeting initiated dialogue around county-level circumstances within the devolved policy environment. *Afya Jijini* attended the formal launch of **Kenya Medical Supplies Agency (KEMSA)'s** new USAID project, (KEMSA/USAID Medicines and Commodities Programme-MCP). KEMSA will be a critical partner for *Afya Jijini* for ensuring the availability of commodities at the facility level. And the project held a meeting with the **Kenya School of Government** to explore areas of collaboration and management, at which potential programs for capacity building of county/sub-county HMTs, such as the Strategic Leadership Development Program, were identified.

X. PROGRESS ON USAID FORWARD

The structure of *Afya Jijini*, including the all-local project team and the all-local consortium, consisting of CHAK, MEDS, UoN, and NOPE embodies the objectives of USAID Forward. *Afya Jijini* is in the process of finalizing subcontracts for these organizations. During Q1, initial partner assessments for all four of our local partners were completed. At the same time, in order to not delay the process of engaging our partners, PALs

with these partners were executed to begin start-up activities and participate in work planning activities. As these initial partner assessments were completed, it became evident that because none of our partners had worked on a USAID contract or subcontract before, more capacity building was necessary than originally anticipated to ensure that they had the systems in place to successfully manage a subcontract under Afya. As a result, *Afya Jijini* provided a three day USAID contract and subcontract training in November 2015 to our field team and our partners that provided an overview of USAID contracts, subcontracts, requirements, rules, and regulations. Based on the discussions during this training and the meetings held with each individual partner, the project determined that a more in-depth assessment and capacity strengthening were required before executing subcontracts with our partners, and we are in the process of initiating these activities.

XI. SUSTAINABILITY AND EXIT STRATEGY

To ensure sustainability from the beginning, *Afya Jijini* has developed a four pillar exit strategy. These pillars include 1) an engaged leadership and governance structure; 2) invest in a robust technical support infrastructure; 3) focus on QI with a systems approach; and, 4) ensure reliable and informative data systems that can be used locally.

Engaged leadership and governance structure. Afya Jijini has started and will continue having scheduled quarterly briefing and joint planning meetings with Nairobi County senior management. This will enable the project to advocate for core health system support issues that the county needs to work on, especially HRH and health financing, among others. These meetings will also involve relevant political leadership, especially the county parliamentary committee for health. Direct training on leadership and governance has started through Sub-Purpose 3 activities.

Robust technical support infrastructure. Providing generic support to TWGs and support supervision is unlikely to lead to sustained site-level improvement. Therefore, *Afya Jijini* has started supporting the county to additionally invest in onsite technical mentorship, especially in highly-skilled areas like EmONC.

QI with a system approach. Afya Jijini's exist strategy is highly invested in building a culture of conscious attention to process of care. *Afya Jijini* launched a QI strategy that supports the county technical units and the county QA/QI units. The project has started establishing improvement teams at the site-level and capacity building for improvement coaching has begun.

Reliable and informative data system. Afya Jijini has started engaging the county under this pillar. The project goal is to ensure that each facility is able to enter its data on-site. This will make it feasible for the facilities to conduct site-level DQA and increase data use.

XII. GLOBAL DEVELOPMENT ALLIANCE

Not applicable.

XIII. SUBSEQUENT QUARTER'S WORK PLAN

Afya Jijini's Year 1 work plan received conditional approval on December 4, 2015, with suggested changes incorporated and a revised work plan re-submitted on December 24, 2015 and January 20, 2016. For Q2, *Afya Jijini* will dive into deeper site-level implementation, while increasing our county and sub-county TA.

Afya Jijini Q2 Activities

Attachment 3 articulates the status of activities proposed in Q1 (planned vs. actual status) and upcoming activities for Q2 for each sub-purpose and output area.

Sub-Purpose 1: Increased Access and Utilization of Quality HIV Services

In brief, Q2 activities under this sub-purpose will focus on supporting capacity building, gender (especially for ANC-eMTCT), data support (including site-level data quality assessment), results monitoring, and action planning. *Afya Jijini* will further continue to support laboratory systems that are critical to achieving Sub-purpose 2 deliverables. We will continue to support HIV testing services including among the key population and youth. To scale up scale-up TB services and especially GeneXpert sample networking, *Afya Jijini* will engage a third motorcycle rider. To address data gaps and quality of care issues, the project is rolling out support for WITs in each of the high-volume CCCs. The project will also ensure the scale up and roll out of DREAMS and ACT activities per the work plan.

Sub-Purpose 2: Increased Access and Utilization of Focused MNCH, FP, WASH, and Nutrition Services

The project's Q2 planned activities will support the scale-up of EmONC services to transitioned sites. This will involve technical mentorship, coaching, and didactic trainings. Equally important is supporting the scale-up of immunization services, including outreach to informal settlements on a rolling, monthly basis. FP, especially capacity building for LARC, is an area the project has earmarked for support in Q2 as well. We will continue supporting nutrition at the facility, focusing on integration of NACS. Further, and at community level we have earmarked to support activities on Vitamin A supplementation, deworming, and growth monitoring, with a specific focus on ECD centers in informal settlements.

Sub-Purpose 3: Strengthened and Functional County Health Systems

Sub-Purpose 3 activities in Q2 will include supporting the TWGs, rolling out QI at the facility level (working with facility in charges to establish the WITs, working with the county and sub-counties to identify and assign mentors to the improvement teams, and monthly logistic/transport support to the coaches to be able to travel to the facilities for coaching). Further, we will continue providing support on supplies and commodity reporting for HPT and working with the USAID national HRH project, especially to start rolling out iHRIS at project sites.

XIV. FINANCIAL INFORMATION

XV. ACTIVITY ADMINISTRATION

XVII. GPS INFORMATION

Attachment 5 contains the GPS information for activities conducted this quarter.

XVIII. SUCCESS STORIES

Afya Jijini has attached two success stories to the Q1 report. The first success story is about the AGYW Ambassadors of Change from the Mukuru Kwa Njenga informal settlement in Nairobi County (see Attachments 6, 8, and 9). The second success story describes the project's VMMC activities (see Attachments 7, 10, and 11). Further, we have attached four photos that accompany these success stories. These can be found in Attachments 8-11.

ANNEXES & ATTACHMENTS

Annex I: Schedule of Future Events

DATE	LOCATION	ACTIVITY
TBD	Nairobi	Project Launch

Annex II: List of Deliverable Products