KENYA COORDINATION MECHANISM

Western Region Oversight Report

18th To 24th May 2014

The oversight mission was conducted to ensure that the KCM gets feedback on the feel of the devolved system since Kenya's March 4th 2013 Democratic election that ushered in the county system. Further, in line with Standard Operating Procedure (2010), provides guidance on how to conduct an oversight visit taking cognizance of the roles entrenched in the KCM Oversight Plan (2010). Oversight aims at ensuring transparency and accountability in the implementation of Global Fund grants by assessing whether the grants are used appropriately, timely and effectively, and that work plans are implemented in timely and effective manner in order to achieve the intended intermediate and long term results.

Oversight Team Members

NOC

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Ms. Margret Mundia - KCM Secretariat

Supported by:

ICC's and programs

Dr. B. Langat : TB Interagency Coordinating Committee (ICC) (TB Programme)
Christine Mbuli : Malaria ICC (Malaria Programme)

Principal Recipients:

Mr. Stephen Muiruri: Principal Recipient (PR) (Ministry of Finance) – public facilities – HIV & AIDS, TB and Malaria Grants
Pamela Agum: PR (Care International in Kenya) – Non State implementers – HIV and AIDS grant
Hellen Cheruto: PR (Kenya Red Cross Society) Non State Implementers – HIV and AIDS grant
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Introduction

Grant oversight is a core governance function of Global Fund Kenya Coordinating Mechanism (KCM) meant to ensure that implementation of Global Fund grants is undertaken as planned and that issues and bottlenecks are identified and resolved. The oversight plan has been developed to enable KCM to carry out its oversight function in a well organized, transparent and documented manner that involves a broad range of stakeholders, including KCM members and non-members. It provides strategic framework for effective oversight by KCM and working relationship and communication with the Principal Recipients to facilitate successful grant performance.

Background

In line with the KCM Oversight Plan (2010), grant oversight is a high profile function focusing on the "big picture" of grant implementation. It is a scan across grants to identify cross-cutting issues and focuses on the broad objectives and service delivery approaches to identify and resolve issues that might hinder successful implementation of the grant. Oversight aims at ensuring transparency and accountability in the implementation of Global Fund grants by assessing whether the grants are used appropriately, timely and effectively, and that work plans are implemented in timely and effective manner in order to achieve the intended intermediate and long term results.

The KCM oversight procedures and processes are intended to enable the KCM to:

- Orient members on their oversight roles and responsibilities
- Identify bottlenecks in grant implementation and offer solutions
- Be informed of grant implementation for purposes of transparency, accountability, and the preparation of new grant proposals
- Promote stronger relationship between the PR and the KCM
- Provide a process for participation of non-KCM members in overseeing Global Fund grants

Objectives of the oversight visit **were to:**

1. Assess the work of various institutions that implemented GF programs, both public and private.
2. To visit sites- both hospital and community sites that have benefited from GF. It was also to follow up on accountability practices, address issues of implementation and monitoring.
3. Assess integrated budgetary programs for sustainable health financing; look at innovative approaches that can be implemented.
4. Assess structures in the health system: What is the capacity for County coordinating mechanism- a devolved KCM- for Global Fund at the County level.
5. Procurement system: What challenges are there with regards to drugs and commodities?; What are the areas that need strengthening and support?

Oversight typically focuses on several questions that are at the core of effective grant implementation:

- Where is the money?
- Where are the drugs, medical supplies and equipment?
- Are Sub Recipients receiving required resources?
- Are Sub Recipients receiving technical assistance?
- Are the grants being implemented as planned?
- What are the bottlenecks to grant implementation and how can they be resolved?
- Is a reprogramming of activities necessary to meet evolving country needs?
- Are the results meeting the performance targets?

Over the period, KCM has conducted various oversight visits in the country, that is Coast, Nyanza, western which was conducted in 2011. In 2013, one team visited Nandi, Kericho and Migori counties. The other team scheduled to visit Machakos and Makueni Counties in Eastern Kenya Region. This round they visited Bungoma, Kakamega and Nakuru counties in Western and Rift Valley regions.

Scope and Methodology of the oversight

This oversight visit was planned to ensure that the KCM gets feedback on the feel of the devolved system since Kenya's March 4th 2013 Democratic election that ushered in the county system. Further, in line with Standard Operating Procedure (2010), provides guidance on how to conduct an oversight visit taking cognizance of the roles entrenched in the KCM Oversight Plan (2010)

The Kenya Coordination Mechanism (KCM) secretariat was in charge of the logistics with ICC's/PR's taking lead in the areas/sites that they are in charge. The following mix of methods was used during the oversight

i) **Observation:** The team members while visiting the facility or site were observing and recording their finding in their note books and taking photographs where prior consent has been obtained especially at the facility and at community level.

ii) **Focus Group Discussions:** The team members were holding discussion with the DHMT's on the progress of health program and interacting with the different DHMT/HMT's.

iii) Site verification: the oversight time was verifying the information obtained during the FGD's and KII with the records office or at the service delivery points.

iv) **Key informant interviews:** Meeting was held with key decision makers and opinion leaders in the regions that were visited. This was to get the general idea and finding on how Global Fund and health programs are progressing in the region

v) House hold visits: The team conducted the HH visit to engage the beneficiaries on the engagement with the GF program and the level of service delivery

Summary of the methods used

Method	Tally
Observation	All
Focus Group Discussions	12
Site verification	12
Key informant interviews	10
House Hold Visit	8

Health System Observation and Finding

Health Service Delivery

- Devolution of the health system was done without structures being put in place and this has caused a number of challenges. Before devolution all hospitals were managing their funds and prioritizing how to use the resources. This gave room for innovation on prioritizing of resources. With the introduction of the County government, this system has been scrapped and all hospital and health facility funds are being collected by the County government.
- Need to strengthen the laboratory systems

Medical Products Vaccines and Technology

- Orders for commodities were not well coordinated hence causing stock outs. Quantification and forecasting of commodities should be improved, this will ensure that necessary products are available when needed and user department are not hording more than required. This will reduce stock outs, overstocking, storage facilities etc.
- It was noted that coordination between KEMSA and some counties was still weak. There is need for KEMSA and County team to address issues on undelivered drugs and also strengthen their linkage for an effective relationship.
- There is need for county warehousing to ensure adequate and effective supply of drugs and commodities.

- The Counties should ensure that procured equipments have after-service warrant to enable repair when the equipment breaks down. In addition, medical engineering staff should be taken for refresher courses on equipment maintenance.

Health Workforce

- Acute shortage of technical staff in all counties was still noted. This was maybe because of exodus of staff to other counties. Due to this shortage, it was noted that the health executive teams were not

able to hire all the required staff for the facilities, and only half the required nurses had been employed.

- Lack of Human Resource Policies at county level hence creating gap in staff establishment. There is need f the counties to liaise with the Central government

Health Financing

- The counties reported that they had benefited a lot in Malaria and TB, and acknowledged the work of the Malaria Control Unit.
- Funds were not flowing easily into the Counties for the last 6 months due to issues of accountability.
- It was noted that it was important to have structures in place to coordinate GF programs in the County.
- The team was informed that cost sharing funds were being deposited in the County revenue account in some counties. In this way sufficient funds were no being disbursed to the health facilities hence funds plough back to hospitals has been a challenge. There is need to have Cost efficient strategies and better collaboration with beneficiaries
- County Government commitment to support health sector existed and overall health allocation was up.
- There were no guidelines on GF financial flows to the Counties.
- There is need to have County mechanism to coordinate Global Fund legislation to ensure safe guard of GF activities within the Counties.

Governance and Leadership

- County structures were still being created. It was also found out that there were no management structures for implementation and monitoring of GF activities. This caused very limited sharing of technical information.
- It was noted that the County government needed to map out the regions and specific sites where the organizations implemented GF programs for effective coordination and monitoring of County GF programs.
- Moreover, County Health Stakeholders Forum had not been formed and therefore there were weak linkages among PRs, SRs and SSRs in some cases.
- For the counties to achieve their targets, there is need to Involve stakeholders in all the stages; i.e. from project planning up to end of implementation
- There were no clear structures for data collection, collation and dissemination. There is need to strengthen the M&E systems at all levels in the county.

- There is need to do capacity building and team building of the county teams in all aspects of activity implementation and financial management.
- It was also noted that there was need for strengthening the linkages between the County and the National government, and this would entail strengthening the level of engagement between the 2 governments.

Health information

- It was noted that there was insufficient supply of data collection tools, especially at the community level. Sometimes they are forced to photocopy the tools and may end up losing the data. This therefore impedes the use of data for decision making at the point of use.
- The health records officers need to be increased as often they are the only one who does for the entire health facility and sub county facilities.

Community System Strengthening

- Establishment of community units in the community had been done. This had reduced time and cost to travel to health facilities. Number of community members being admitted to health facilities has reduced.
- It was noted that training on community health strategy had been done to the CHWs and disease specific trainings had equally been done e.g. malaria, TB and HIV/AIDS case management. However there was need to strengthen the community health strategy needed to be in order to reduce burden on health facilities.
- There is also good networking of the CUs with the health facilities
- Due to advocacy and community education, there has been a decrease in superstition, myth about diseases there has been a remarkable behaviour change and reduction of communicable diseases
- Most of the CUs have started IGA activities for continuity.
- Regional /quarterly meetings have been held between the PR, SR and SSR to address challenges, and this has improved the financial reports submitted by the SSRs. Capacity mapping for organizational development management systems has also been done.
- It was noted that most CHWs had travelling challenges within the villages and therefore needed to be facilitated with bicycles, to enable them make home visits.
- There is need to have consistent supply of rapid diagnostic testing (RDT) kits required for malaria.

GFATM Specific Finding

In additional to the above general observations, the mission made the following observation in respect to the GFATM programs.

Description	HIV	TB	Malaria
Where is the money?	National Treasury, Care and KRCS	National Treasury and Amref Health Africa in Kenya	National Treasury and Amref Health Africa in Kenya
Where are the drugs, medical supplies and equipment?	**Successes** • There were enough supplies of ARV's for Clients • Integration of services at the CCC to include cancer and TB screening. • **Challenges** • Supply of drugs and commodities: prescriptions forms/books were not available at the time, and therefore the staffs were using paper. •	**Successes** • Screening done • **Challenges** • MDR drugs not available • Paediatric doses were not available • Erratic supply of TB drugs for the last 3 months. There is a serious fear of stock out in the short term	**Successes** Consumption of anti malarias have gone done due to the 3T's policy, CHWs trained on malaria treatment and management **Challenges** • The adherence to the 3T's policy is not followed leading to dispensing of commodities to non positive clients • Accepting the results from the laboratory for negatives • Lack of data collection tools • RDT's stock out in the area
Are Sub Recipients receiving required resources?	• All resources are received when they are available, except where there is stock out, delays in disbursement or distribution by the various actors. The delays and stock outs are reported and short term measures are taken to avoid disruption of services to clients	• All resources are received when they are available, except where there is stock out, delays in disbursement or distribution by the various actors. The delays and stock outs are reported and short term measures are taken to avoid disruption of services to clients	• All resources are received when they are available, except where there is stock out, delays in disbursement or distribution by the various actors. The delays and stock outs are reported and short term measures are taken to avoid disruption of services to clients
Are Sub Recipients receiving technical assistance?	• The region has Three PR's and a number of SR's as indicated in annex1 of the report. • There TA activities that are usually carried out through the PR	• The region has two PR's and a number of SR as indicated in annex1 of the report. • There TA activities that are usually carried out through the PR	• The region has two PR's and a number of SR as indicated in annex1 of the report. • There are TA activities that are usually carried out through the PR

	program management activities such as supportive supervision, on Job training for diagnostic especially on laboratories and training for current policies • Community sustainability of intervention especially for the grants that were about to end. This will ensure sustaining the gains by the community	program management activities such as supportive supervision, on Job training for diagnostic especially on laboratories. • There is need for support the county especially on MDR cases in the region • There is no clear link between the SSR and the SR's especially for the Ministry of Health and county sub counties	program management activities such as supportive supervision, on Job training for diagnostic especially on laboratories and current policies • Community sustainability interventions are encouraged.
Are the grants being implemented as planned?	• The implementation is on track	• The implementation is on track	• The implementation is on track
What are the bottlenecks to grant implementation and how can they be resolved?	• Legislation to ensure safe guard of GF activities within the Counties; Need to have County mechanism to coordinate Global Fund in order to avoid poor flow of resources into County due to accountability issues. • Conditional grants should be continued for hospitals to ensure sustainability. • There is need for KEMSA and County team to address issues on undelivered drugs and also strengthen their linkage for an effective relationship in order to minimize delayed delivery of drugs and commodities • Need to harmonize the system on usage of resources e.g. cartridges (GF, World Bank and USAID grants • Avail reporting tools such as MOH 513 and IEC materials in the community • Strengthen systems such as laboratory and M&E for better performance of the activities. • The community health strategy needs to be strengthened in order to reduce disease burden on health facilities • Economic stimulus program should continue to assist on staffing. • There is need to establish sustainable IGAs for the support groups		
Is a reprogramming of activities necessary to meet evolving country needs?	There is need to reprogram some of activities to meet evolving country needs	There is need to reprogram some of activities to meet evolving country needs	There is need to reprogram some of activities to meet evolving country needs
Are the results meeting the performance targets?	The results are meeting the performance targets	The results are meeting the performance targets	The results are meeting the performance targets

Annex

1.1. County GF Support

This is a summary table of GFATM support in the County of Bungoma County

Disease	PR	Quantified Value of support
Malaria	National Treasury (R4 & 10)	
	Amref Health Africa in Kenya (R10)	
HIV/AIDS	National Treasury (R7 and 10)	
	CARE Kenya (R7)	
	KRCS(R10)	
TB	National Treasury (SSF)	
	Amref Health Africa in Kenya (SSF)	

This is a summary table of GFATM support in the County of Kakamega

Disease	PR	Quantified Value of support
Malaria	National Treasury (R4 & 10)	
	Amref Health Africa in Kenya (R10)	
HIV/AIDS	National Treasury (R7 and 10)	
	CARE Kenya (R7)	
	KRCS(R10)	
TB	National Treasury (SSF)	
	Amref Health Africa in Kenya (SSF)	

This is a summary table of GFATM support in the County of Nakuru

Disease	PR	Quantified Value of support
Malaria	National Treasury (R4 & 10)	
		N/A
HIV/AIDS	National Treasury (R7 and 10)	
	CARE Kenya (R7)	
	KRCS(R10)	
TB	National Treasury (SSF)	
	Amref Health Africa in Kenya (SSF)	

1.2. Summary of Sites visited by the oversight mission

Day	**Site**	**People met**
Day 1	Bungoma County Health Office	County health team including the Minister for Health
	DHMT's & Bungoma County Hospital management	Tour of the hospital
	AMREF Health in Africa - Boew	KANCO officials

	Tamulega dispensary	Health facility in-charge
	AMREF Health in Africa - Tamulega and Sitabicha CUs	CHCs, CHEWS, CHWs
Day 2	Kakamega County Referral hospital	County Health team, departmental heads
	CARE Kenya - FASI	Visited FASI office
	Koyonzo Youth Friendly Resourse Centre (Yfrc)	Youths
	CARE Kenya - Eshimuli Youth Bunge Group	Youths
	CARE Kenya- Eshimichini youth bunge group	Youths
	KRCS- Eshisiru CU	CHWs at Emusanda HC
Day 3	Ministry of Health - Kakamega	Kakamega County Executive Team
	Kakamega County Governor	Governor
	Amref Health Africa in Kenya - CABDA	Visited CABDA office
	KRCS - Elwesero Men's Support Group	Group members
	CARE Kenya- Elwesero CU	At Elwesero H/C
	Amref Health Africa- National Empowerment Network of People Living with HIV & AIDs in Kenya (NEPHAK)	Visited at Shinyalu Health Centre
Day 4	Nakuru County Ministry of Health	Nakuru County Executive Team
	Nakuru Provincial General Hospital	Hospital Management Team
	CARE Kenya - Jitegemee Youth Group	Visited at Kaptembwa
	CARE Kenya- Manyani Youth group	Nakuru Town East (Kivumbini)
	Amref Health Africa in Kenya - Egerton University School of Health Sciences	Visited at School of Health Sciences town campus
	KRCS - Hope Worldwide	Visited the Wellness Centre at Nakuru town
Day 5	Amref Health Africa in Kenya - Strengthening People's Engagement & Advocacy in Kenya (SPEAK)	Visited at Gilgil Town
	KRCS- Kijani Community Dispensary	Visited at Kijani
	KRCS -Kijani CU	Visited at Kijani disp
	KRCS -Kijani home visits	visited Rebecca's home (Mama Uhuru)
	Karagita Dispensary	At Karagita
	Karagita CU	At Karagita Dispensary
	Report writing	

Guidelines for KCM Oversight Site Visits

Site visits can be to a PR's office, an SR's office, or project implementation sites. The size of the team visiting a field site should be 4-8 people's maximum, including KCM members, technical experts, PR representatives, and observers.

There are three types of site visits: to provide general orientation, to increase awareness of grant implementation and maintain relationships, and to address a specific issue raised during a CCM or Oversight Committee meeting.

The recommended guidelines for carrying out site visits are summarized in the table below. See the Standard Operating Procedures section on Oversight for further details.

The principles of transparency, cooperation, and support underlie every site visit: there are no surprise visits by KCM members. In addition, the purpose of site visits is neither to address day-to-day management issues (a PR role) nor to "audit" regular reports (an LFA role).

Careful planning is key to effective, helpful oversight visits. The KCM team should have clear information on program deliverables prior to a visit. The PR should assist in providing this information and in advising on issues that the KCM team should be aware of before proceeding to the site. Thus, allowing time for preparation means that the KCM team will not waste time asking questions for which answers have already been provided in written reports or for which clarifications can be easily given by the PR without a visit. In addition, careful planning means that PR staff will be available and prepared to respond to KCM questions. Planners need to set time limits for the visit to avoid making excessive demands on the PR and SRs; and visitors need to stick to those time limits. The limits on time require careful planning to ensure key issues are addressed.

KCM Role	PR Role
• Plan visits with PR: no surprise visits. • Understand program deliverables. • Be familiar with PU/DR or dashboard reports. • Have clear objectives for visit. • Abide by policy for conflict of interest • Maintain confidentiality. • Set and stick to realistic time limits. • Address highest-priority issues first. • Draft report to Technical Committees • Send feedback to the host site, SR, and PR.	• Work with KCM to choose appropriate sites. • Assist KCM to understand program, including implementation issues. • Facilitate a positive environment for visit. • Assure staffs are available to answer KCM's questions. • Assure information requested by KCM is available.