KENYA COORDINATING MECHANISM FOR GLOBAL

FUND OVERSIGHT FIELD VISIT REPORT FOR

TRANS NZOIA COUNTY

4TH TO 9TH JUNE 2017

[

1.1 Executive summary

The KCM Oversight team successfully conducted an oversight field visit in Trans-Nzoia County from 5th to 8th June 2017 whose main purpose was to monitor, assess and appraise the performance and progress made in the administration of Global Fund grants. The oversight team successfully conducted meetings with County Director of Health Preventive and Promotive services and County Health Management team. The scope of the visit entailed visitation to Kitale County Referral Hospital, Saboti Sub county hospital, Bikeke Health Centre, Sitatunga Health Centre, Tom Mboya Health Centre, and 3 Sub Recipients namely Global Child Hope, Neighbors in Action Kenya and World Vision Kenya. Further, the team made home visits to beneficiaries and to service delivery points. The GF grant in Trans-Nzoia is managed by PRs namely; The National Treasury, Kenya Red Cross and AMREF for HIV and TB respectively.

The team observed that the county had diverse strengths and challenges that needed immediate amends in administration of GF grants to ensure value for money for the beneficiaries. Notable strengths included: Prudent management and performance of health facility e.g. Kitale Referral Hospital and Saboti Sub Sub-County Hospital which had very well run CCC clinics with over 80% linkage to care and over 86% viral suppression. In both facilities, management of drugs and supplies was superb and Saboti SCH was innovative within available resources by converting a garage into a store. The active CHVs who had been linked to the health facilities clearly demonstrated their roles in client follow-up, service provision and linkage to care.

Nevertheless, there were notable challenges that could hamper the gains made in administration of Global Fund grants. This included: non service provision to beneficiaries especially during the period of Health care workers strike, very minimal stocks of first response test kits in almost all facilities, expiry of some drugs e.g. HIV Pediatric drugs; ABC Combivir and unavailability of some drugs e.g. Isoniazid 100mg, and ALs. Other challenges revolved around staff management where almost all facility staff were transferred with no proper hand over processes e.g. Bikeke HC.

The team made various recommendations including ensuring adequate flow of supplies and commodities from KEMSA and proper commodities management by health facilities. There's need to ensure mitigation measures put in place when HCWs go on strike and to have proper staff transition processes to ensure continuity of care to beneficiaries. It was also recommended that proper nutritional support to be given to PHIVs and TB MDR patients as per the recommended guidelines. On CHVs support, it was recommended that the facilities and CHVs to lobby with county through county assembly to ensure that CHVs stipend is taken care of through county Act. Further, there's need for county to conduct routine engagement meetings with partners to streamline and leverage on resource in GF program implementation and CHMT to conduct technical support supervision visits to facilities for quality assurance.

Contents

1.3 Acronyms

GF	Global Fund
KCM	Kenya Coordinating Mechanism
CEC	County Executive Committee Members
CHMT	County Health Team
HIV	Human Immuno- Deficiency Virus
TB	Tuberculosis
PR	Principal Recipient
AMREF	Africa Medical Research and Foundation
KEMSA	Kenya Medical Supplies Authority
SR	Sub Recipient
CHV	Community Health Volunteer
ARVs	Anti-Retroviral Drugs
CCC	Comprehensive Care Clinic
RDT	Rapid Diagnostic test
NTLD-P	National Tuberculosis and Lung Disease Program
MOH	Ministry of Health
KDHS	Kenya Demographic Health Survey
LMIS	Logistic Management Information System
HCW	Health Care Workers
NHIF	National Hospital Insurance Fund
AL	Artemisinin Lumefantrine
KP	Key Population
NASCOP	National AIDS and STI Control Program
MDR-TB	Multi Drug Resistance TB
CTLC	County TB and Leprosy Coordinator
KRCS	Kenya Red Cross Society
CHEW	Community Health Extension Worker
HTS	HIV testing Services
NMCP	National Malaria Control Program
PMTCT	Prevention of Mother to Child Transmission

1.4 Introduction

Grant Oversight is one of the core governance functions of the Kenya Coordinating Mechanism (KCM). The KCM oversight committee undertakes oversight role to ensure that implementation of grants is undertaken as planned and targeted results are realized and any challenges identified are addressed in good time. The KCM oversight team successfully conducted an oversight visit in collaboration with the PRs and SRs in Transnzoia County from 5th to 8th June, 2017. The purpose of the visit was to assess the progress made in implementation of Global Fund grants and strengthen linkages between the Kenya Coordinating Mechanism and the Counties.

The specific objectives of the visit were;

- Establish Accessibility of Global Fund commodities
- Establish GF Programme successes, Challenges and emerging issues.
- Share technical information and Promote collaboration between KCM, Counties, PRs, SRs and local communities
- Learn and Share experiences on domestic financing strategies by Counties.
- Document success stories/ concerns from beneficiaries and Counties.

1.5 Background information

Trans Nzoia County is located in the former rift valley Province, 380 km Northwest of Nairobi. It borders Bungoma County to the west, Uasin gishu and Kakamega County to the south, Elgeyo Marakwet to the east, West Pokot to the north and the republic of Uganda to the Northwest. Trans Nzoia covers an area of 2495.5 square kilometres. The county has a total Population of 1071026 **(Male 514093 , Female 556933)** ***Source KDHS 2017 Population Projection*** .The county is made up of 5 sub counties namely; **Cherengany, Endebes, Kwanza, Kiminini and Saboti** It is largely agricultural with both large scale and small scale wheat, maize and dairy farming. The county is referred to as the basket of Kenya for its role in food production in the country.

The Global Fund support HIV, TB and Malaria interventions in this County. This is done through National Treasury under the public, mission and private hospitals. AMREF support is channeled through World Vision Kenya with a total budget of Ksh. 8,129,069**.** Under Kenya Red Cross Society, the SRs are Global Child Hope (GCH) and Neighbours in Action-Kenya (NIAK) with a budget of Ksh 41,843,588 and 12,903,080 respectively.

1.6 Oversight Visit Methodology &Approach

The team adopted a strategic approach to conduct the assessment which was guided by four sequential steps i.e. to Gather strategic information, analyze the information, identify challenges, take action, and report on findings and results. The approach included;

- **A courtesy call:** that included an entry meeting with the CECs for health, Chief Officer and CHMT members.

- **Desk review:** Prior to the visit, desk reviews were undertaken by the KCM Secretariat and the joint Oversight planning team to ascertain components of Global Fund programming in the County.
- **Focused Group Discussions**: During the field visit teams were able to conduct focused group discussions with policy makers, County health management teams, health workers, community health volunteers and beneficiaries.
- **Observations**: During the visit members were encouraged to observe as much as possible and be able to record best practices and areas of concern in relation to Global Fund Programming.
- **Oversight Field Visit Checklist**: To ensure objectivity of the visit, the team administered KCM Oversight checklist to the County Health Department, health facilities and Sub recipients.
- **Home visits**: 3 homesteads were visited to get feedback from beneficiaries and one focused group discussion was conducted.

1.7 Meeting with CHMT

The team had an entry meeting with the County Health Management team (CHMT) before visiting the facilities. The key highlights of the meeting were as follows;

Tuberculosis

- The county has only one gene xpert machine at Kitale County referral hospital and would prefer an additional machine to be placed at Kachibora laboratory. It was agreed that the TB program should follow up the placement by end of July 2017.
- The CHMT was not aware that the LMIS training for HCWs had been implemented. The team was informed that their county pharmacists had been trained along with other pharmacists from Uasin Gishu and Nandi Counties.
- From the discussion, it was clear that there was a stock out of Isoniazid 100mg for children. KEMSA indicated that they will follow this up and distribute within a weeks' time.
- Currently 198 community units are mapped and of this 87 are trained but coverage of functionality is poor. It was agreed that the County Health Department to scale up engagements with partners, private sector and community based organizations, to mobilize more resources to support Community Health activities in the County.
- The health team needed to understand the status of payment of NHIF for MDR-TB patients. It was reported that NTLD-P is in the process of finalizing this with NHIF.
- There were concerns about that Lab Technologist supported by GF whose contracts are ending by December 2017. It was indicated that this had been factored in the funding request but there is need to look at other measures for sustainability.

HIV

- The County had adequate stocks of ARVs but Training of MOH staff on KP is lacking. Currently the National Treasury only covers 3 counties on this intervention. The county is also lacking interventions for school going children/ adolescents.

- The County Health team to scale up engagements with potential partners that could support this intervention by December 2017

Malaria

- The county reported having adequate stocks of ALs and RDTs. They also indicated that they have benefitted from mass net distribution. The utilization is 40% though there is a national campaign to encourage use of the nets. The use IRS is not supported by GF

1.8 Key Findings

1.8.1 Kitale County Referral Hospital

a. HIV

	Findings	Recommendations	Responsibility	Timelines
1	ARVs available with 2-6 months of stock. Opportunistic infection drugs i.e. fluconazole and dapsone were out of stock. Nutritional supplements adequate but no formula milk. Viral suppression is 86% and TB screening among the HIV + at last visit was 89%. It was clear that use of EMR at point of care has made monitoring easy. The team also found some Paediatric ARVs (ABC and Combivir) that had expired, some way back in 2012	County health team to organize for disposal of expired commodities	Hospital pharmacist	Immediately
2	Determine test kits available but no First Response at the distribution point (received last supply in November). This commodity was however available at KEMSA	NASCOP to follow-up with KEMSA.	NASCOP and KEMSA	Immediately

b. Malaria

	Findings	Recommendations	Responsibility	Timeline
1.	ALs available with stocks of 4-15 months; ALs 18 not utilized with stocks of 15 months. None had expired			
2	Pharmacy store was congested with drug cartons over stacked with more than 8 levels but had a functional thermometer for monitoring of room temperature	Rearrange the store and utilise the available shelf space at a maximum	Hospital Pharmacist	Immediately
3	Patients pay Ksh 50 for BS/MPS except for the less than 5 years.			
4	The lab register does not record patient number and as a result patients who are malaria positive could not be traced to the pharmacy	County team to oversee the filling of lab malaria register is complete CHMT supervision	CHMT	Immediately

c. Tuberculosis

	Findings	Recommendations	Responsibility	Timelines
1	The facility had enough stock of anti TB dugs including MDR drugs. Currently, they have three MDR patients in the entire County who are diagnosed and under treatment			
2	No proper linkage between the AMPATH cough monitors and CHVs at the community	Harmonize CHV engagement by different partners	County	July 2017
3	The TB register is not well documented. Some information in terms of the specific location is not filled.	CTLC to provide OJT	CTLC	July 2017
4	Gene Xpert machine requires maintenance, sometimes it loses communication in the system thus giving errors. The network coverage is also not good and the printer is not	County team communicate with NTLD-P to solve problem	NTLD-P	Immediately

	Findings	Recommendations	Responsibility	Timelines
	working thus requires a tonner, UPS is old and cannot keep power longer than 5 minutes. Power fluctuation has affected the machine but they have a generator. However, the utilization of the gene Xpert machine is at 75%.			
11	Bio-safety cabinet is not functional.	County Team to follow-up	County	July 2017

1.8.2 Bikeke Health Centre, Cherengany

a. HIV

	Finding	Recommendation	Responsibility	Timelines
1	All ARVs, Nutritional supplements, and condoms were available. The ARVs were from PEPFAR, Global Fund and Government of Kenya.			
2	From January to April 2017 as a result of Health care workers strike, there was suspension of HIV services. In addition, the staff in-charge was transferred and this affected the provision of services. During this period, there was no enrollment of 9 individuals tested HIV positive and the registers for HIV was not updated. The CCC was not operational up to May 2017. Reasons for this included staff malpractice that led to staff transfers, also supplies were not available including ARVs.	During HCWs strike services for TB, HIV and Malaria should not be interrupted, County should put contingent measures to support this. The County health team should ensure that whenever there is a staff transfer the one replacing should have equivalent skills as the officer transferred with smooth the transition	CHMT	Immediately

	Finding	Recommendation	Responsibility	Timelines
3	The facility is supported by 150 CHV but only 20 are active. KRCs supports 10 while the other 10 are supported by IPAS and AMPATH. There is only one CHV attached to the TB clinic who follow up on treatment interrupters. The facility does not have a link desk. Have had only one meeting with the PLHIV.	For better coordination of community activities, there is need for stakeholder's forum where the partners share information. There is need to set up a link desk for the CHVs.	CHMT/KRCS/ IPAS/AMREF	July 2017
4	There is an increase in ANC attendance and delivery since the support for the Global child health through KRCS. All ANC profile available except the VDRL testing			
5	The facility has Determine test kit but very few quantity of first response (3 kits)	NASCOP to relook at the quantification of first response.	NASCOP and KEMSA	Immediately
6	Delay of proficiency test results for the lab professions Viral load and CD4 tests not done since December 2016 because of stock out of vacutainers.	Staff need mentorship and Supervision on all aspects of the 3 diseases.	CHMT	Immediately
7	TB/HIV combined clinic was small and congested	County needs to consider space for this facility with the understanding of the medical services provided.	CHMT	July 2017

b. Tuberculosis

	Findings	Recommendations	Responsibility	Timelines
1	Defaulter tracing was done by the CHVs. Have never had multi drug resistance TB. Isoniazid 100mgs is			

	out of stock.			
2	Have all reagents for microscopy. For the last one month suspended microscopy and only do Xpert test as directed from the County health team. So far this has resulted in delay of receiving results from the County referral hospital where the Xpert is performed	County should be aware that Xpert as a first test for TB may only be done at sites where there is Xpert machine. Microscopy will still be used as a first test at the periphery facilities.	CHMT	Immediately
3	Facility has no incinerator, no proper disposal methods for biohazards. There seems not to be any space to bury and burn as an option	County needs to consider space for this facility with the understanding of the medical services provided.	CHMT	July 2017

c. Malaria

	Findings	**Recommendations**	**Responsibility**	**Timelines**
1	The pharmacy store had inadequate space for both pharmaceutical and non-pharmaceutical. It had poor lighting, shelves are inadequate, AL bin cards are available and updated, pellets were available though some commodities are directly on the floor, there is no temperature monitoring. Not all items have bin cards e.g., the nutritional supplements (RUSF & Plumpy Nut). Nutrition commodities available, stock for 3 months available			
2	AL 6 is available with less than 1 months supply, AL 12, AL 18, AL 24 are all out of stock.	The facility should order ALs directly from the County referral hospital	Facility I/C and County Malaria	Immediately

	Findings	Recommendations	Responsibility	Timelines
			coordinator	
3	The facility has over 11,000 RDTs kits which expire in November 2017. The facility will not have consumed all these. Their LMIS was not working properly	The County team should review stocks of RDTs and redistribute. The county needs technical assistance on LMIS.	CHMT	Immediately
4	AL registers not updated since August 2016. Negative MPS test patients being provided with AL. No case management meetings for Malaria	CHMT to conduct supervision and mentor officers at the facility.	CHMT	Immediately
5	Health Equipment received and in use. The cryotherapy machine not in use because the skill (expert) is not available.	KRC should fast track the installation and training services for this equipment.	KRCS	Immediately

1.8.3 Meeting the CHVs at Bikeke and Situtanga dispensary

The team had a meeting with CHVs attached to Bikeke health centre and Situtanga dispensary. The findings were as follows

- There are three Community Units attached to Bikeke and the CHVs work under a CHEW.
- All the CHVs have basic training on community strategy but some are not trained in TB/HIV/Malaria
- Their scope of work includes; condom distribution, participate in national days (immunization, net distribution, WTBD, cancer screening), TB defaulter tracing, referral link, community sensitization, Nutrition.
- In both facilities, the CHVs receive incentive on achievement of task; defaulter tracing Ksh 840 from World vision Kenya, an SR of AMREF and Ksh. 200 for ANC referral from AMPATH
- In Bikeke, Dialogue days that should be held quarterly have not been held for almost one year because of lack of funds. The last was held in April 2016 and was supported by AMPATH

- In Bikeke, the CHVs submit monthly reports using the MOH M/E tool. Additionally, they meet every Thursday and practice table banking as an IGA activity.
- In both facilities, the CHVs requested for monthly stipend. It was recommended that the County should support community strategy which includes payment of stipend.
- In situtanga, the Community health volunteers requested for smart phones so that they can report to the chew through whats-up.

1.8.4 Saboti Sub County Hospital

a. HIV

	Findings	Recommendations	Responsibility	Timeline
1	**HTS** The estimated positivity rate is 1.03% (Total tested were 770 and total positive were 8) The facility had enough of determine HIV test kits but very minimal amount of first response. Proficiency testing done in January 2017 and the results came back in April 2017 with a satisfactory report. The records were well done and kept. It was easy to track the HIV positive patients from HTS to the CC clinic. This can be traced from the HTS register	The positivity rate was low (1.03%) and as a result there is need for targeted HIV testing	NASCOP and County	July 2017
2	**Laboratory** Samples for viral load and PCR are collected at the lab and taken to AMPATH Eldoret. The results are received within 2 weeks to one month. CD4 samples are also collected in the lab and sent to Kitale County hospital. The results are received within 48 hours. Full heamogram not being done since the	The county should ensure that there is supply of reagents. This should be supplied immediately by the County	County	Immediately

	Findings	Recommendations	Responsibility	Timeline
	machine broke down. Clinical chemistry was also not being done since some reagents were not available. Additionally, HB was not being done due to lack of HB cuvates All the patients tested in the lab were counselled in the same venue. Both pretest and post test. The personnel in the lab participated in proficiency testing and the results came out as satisfactory.			
3	**PMTCT** PMTCT services are integrated and all mothers are followed up for a period of 24 months. Testing for pregnant mothers is done at the PMTCT clinic. In May 2017 the two mothers who were identified HIV positive in Labour and postnatal, were enrolled in care at the PMTCT clinic. One of the nurses at the PMTCT had not participated in Proficiency testing.	There is need for mobilization of pregnant mothers at the community so that they are identified early and started on HAART. CMLT should ensure that all officers testing participate in proficiency testing.	County	Immediately
4	**Comprehensive care Clinic** Total number of patients in the clinic were 605 patients and 527 were virally suppressed. There was no evidence that defaulter tracing is updated.	There is need for a follow up on defaulter tracing by the Facility and County office.	County	Immediately
5	**Pharmacy** Most of the ARV's drugs were available at	On Job training of	CHMT and	

	Findings	Recommendations	Responsibility	Timeline
	the pharmacy. The pharmacist at the facility was new and had not been handed over during transitioning. Additionally, he looked new to HIV care and management.	the pharmacist at the facility. When transitioning staff, there is need to ensure smooth transfer of services.	County Pharmacist	Immediately
6	All the GF equipment were received and are still unpacked except the bed which also looks small and is not in use	KRC to investigate. County to inaugurate these equipment to initiate use in the County	KRCS and County	July 2017

b. Malaria

	Findings	Recommendations	Responsibility	Timeline
1	All ALs were out of stock but the oversight team was able to organize delivery from Kitale County Hospital.	KEMSA will be forwarding a consignment of ALs for the whole County facilities within a week's time.	County and KEMSA	Immediately
2	RDTs 8000 kits available. This stocks are high and may not be utilized	NMCP should supervises all sites to establish the excess amounts and make a plan for re-distribution. Community malaria case management should expand beyond the GF sites	NMCP	July 2017
3	The facility did not have AL registers (monthly summaries were available)	Order for malaria commodity register	County	Immediately
4	About 35% testing negative for malaria are receiving AL.	CHMT to provide support supervision to ensure	NMCP and County	Immediately

	Findings	Recommendations	Responsibility	Timeline
		malaria guidelines are followed		
5	For malaria the PH meter is not installed, field stain is being used for malaria yet the reagents are inadequate	Malaria program should plan for installation	NMCP	July 2017
6	Store space inadequate, was formerly a garage, is clean, pellets available, bin cards not available for all commodities. Essential drugs excess including Erythromycin, Diazepam, Diclofenac and Methyldopa. When the doors of the store are open some drugs are exposed to direct sunlight. Some drugs still in cartons, expiry dates may be missed	The pharmacist to take stock of all drugs and redistribute excess commodities. Additionally, remove all drugs from cartons	Hospital and County pharmacist	July 2017
8	Had all nutritional supplements, well stored, bib cards updated however they need more pellets. Currently, 200 patients receiving supplements and their data is update	Nutritional commodities should be issued by prescription and should only be for the patients.	County	immediately
c. Tuberculosis				
1	Very few TB patients referred by CHV, only 1 CHV trained. 47 TB patients registered in 2016. Smear (PTB+) positivity rate 44%. Both microscopy and Xpert are used for diagnosis.			
2	Isoniazid for Adult and Paediatric available (INH 300 mg and 100mg) however there were expired TB drugs (RH for children).	For disposal to follow SOPs	Hospital pharmacist	Immediately

	Findings	Recommendations	Responsibility	Timeline
	TB lab reagents were inadequate however the lab register show that there is minimal internal quality control. The facility has no incinerator	Lab Sub County Hospital should prepare their reagents. They should be empowered	County	July 2017
3.	Stopped doing CXR on the HIV positive because of support from AMPATH ended and Xpert is used for HIV positive.	County explore ways reducing cost of digital x-ray for TB screening	County	July 2017
4.	Some CHVs are monopolizing TB assignments yet there is a pool of CHVs available.	Utilise established structures. Any training to take place should be on need based	County	Immediately
	1.8.5 Community Unit Tom Mboya Health Centre			
1	Have 50 trained CHVs but only 12 are currently active. Scope of work includes TB/HIV/Malaria community days. One CHV handles all TB related assignments. He had handled 22 contact tracing cases. The CHVs do not receive monthly stipend, only receive trainings	County should utilise all trained CHVs and avoid assigning duties to only one CHV	County	Immediately
2	The team met 1 MDR TB patient diagnosed in 2016, Has adverse side effects. Has only received patient support for 6 months out of the 12 months of treatment.	NTLD-P and AMREF should fast track payment of patient support. KCM should constitute a team to evaluate MDR TB patient support.	NTLD-P, AMREF and KCM	July 2017
3	Records were not available and as a result the team could not verify the following; - Regular dialogue meetings	The CHEW and the county community strategy focal person to ensure there is documentation of all	County	immediately

	Findings	Recommendations	Responsibility	Timeline
	- Action day minutes - Trainings	community activities		
4	Requests from CHVs; to be trained for community malaria	County malaria coordinator to follow-up	County	July 2017

1.8.6 Sub Recipient Neighbours in Action –Kenya (KRCS)

	Key findings	Recommendations	Responsibility	Timeline
1	Have a total of 1439 FSW who seek various services in the facility Had enough determine test kits but limited supply of first response. The HTS register was well filled and signed however the number of test done did not tally with the report submitted. The report was under-reported. In addition, the HTS counsellor was not participating in proficiency testing.	Ensure accuracy of report as generated in the data. There is need for this counselors to participation proficiency testing	NIA-K County and NIA-K	July 2017
2	The facility has two MSM who are in care but not captured in the files. From the total number of files, they only capture female sex workers.	There is need to reach out to the MSM in Trans Nzoia County. Additionally, the PR should provide information on transition and closure.	KRCS	July 2017
3	The SR confirmed that they do not have challenges receiving commodities from the County i.e. ART, Test kits, TB.			
4	The SR did not conduct nutritional assessment and had not ordered for	Nutritional assessment should be done thereafter	NIA-K, KRCS	July 2017

	Key findings	Recommendations	Responsibility	Timeline
	nutritional supplement, this was discussed and agreed that nutritional status should be assessed and those who qualify should receive the supplements.	order nutritional supplements based on the need.		
5	Sometimes the peer educators face harassment from the law enforcement officers when they are found in the dents. There is need to follow up on defaulters.	There is need to have peer educators' identification badge. Fast track the sensitization of law enforcement unit	NIA-K	July 2017
6	There is engagement of the facility with the County team. This has improved delivery of services. The County has allowed one of their staff to support the facility two days in a week. The facility is not in the list of distribution from KEMSA.	The facility should be included in the list of facility for supply by KEMSA	CHMT	July 2017
7	One of the PLHIV FSW was in prison and is not currently on treatment.	Follow up with the CASCO	County and NIA-K	July 2017
8	**SR expenditure** The presentation by the SR had an expenditure for three counties being supported by KRCs yet the KCM required information on Trans Nzoia County. On average, it takes about 14 days for disbursement to reach the SR from the PR.	The SR should separate the budget and expenditure for Trans Nzoia County and share with the KCM.	NIA-K	June 15th 2017

1.8.7 Sub-Recipient Global Child Hope (KRCS)

	Key findings	Recommendations	Responsibility	Timeline
1	The SR works in Kiminini sub- county in 5 facilities; They support 10 CHVs per facility through payment of monthly stipend of Ksh. 2000. None of the CHV have dropped out. They hold monthly and quarterly review programmes, meetings held at facility level and they implement 3 modules; 1.Prevention for general population 2. PMTCT 3. Treatment, care and support			
2	The SR had received their 4th disbursement since start of implementation. In the 1st quarter, there was delay in disbursement because SR had not opened a separate bank account as recommended by GF standards and also the Sub- recipient had requested revising of HR budgets So far their absorption verses the budget is 53% owing to the fact that the SR started implementation in October in 2016. The annual budget is Ksh. 12 million but the SR had received Ksh. 8 million and utilised Ksh. 6 million The do cash requests at a band rate of 75%.	The RR Should discuss with PR for possible re-allocation to utilise savings.	Global Child Hope/KRCS	July 2017
3	Reports indicated that the SR had tested a total of 80 for HIV, 31 were first testers and others were repeat tests The youth who are HIV positive and are in boarding school have no follow–up for adherence, side effects, and nutrition.	NASCOP and County should engage teachers to support this assignment. Eg use the school nurses Department in MOH that handles School health education to also be engaged.	CASCO and Global Child Hope	July 2017

Annex 1- Success story

TB Patient from Kapasara, Cherengany, Trans Nzoia

Mr XX had been coughing for several weeks towards the end of 2015 when he started to seek for health care. He visited various providers for almost 2 months before he was diagnosed with TB at the Kitale County Referral Hospital. All along before diagnosis his condition was worsening and he could not perform his work as usual resulting in the family income reducing. Having previously been diagnosed with HIV infection he had so far diligently adhered to the ARV therapy with the support of his wife who was his treatment buddy. His wife who is also HIV infected seemed more stabilized health wise compared to him yet they were taking the same prescription of HAART and he wondered why. On being diagnosed with TB he received one to one health education talk from the CHV attached to him and also from the health care worker at the health facility of treatment. Some of the information he remembers from this talk were the prevention messages about TB including; his house should be well lite with good ventilation, that he should adhere to the treatment prescribed including the follow-up schedules otherwise TB may re-occur and also that he should stop taking alcohol for better treatment to take place. When we visited Mr XX at his house, he was happy to talk about his experience on TB treatment. He completed his treatment towards end of 2016, he received support and encouragement from his wife and the CHV who stays next to him. He or his wife picked his TB medication faithfully on the days appointed to him and he confessed that he stopped taking alcohol from the moment he started TB treatment. We observed a well ventilated and lite house. Mr and Mrs XX continue their HAART which they pick form the Kitale County Referral Hospital, being the treatment site that is most convenient for them to pick their medication and for follow-up. Apart from medication they continue to receive nutrition support. Mrs XX reported that her husband's health had drastically improved and that he could be able to do some of the casual jobs that he used to do, though not fully but the situation is better than before. She attributes this to the TB treatment he received and the stopping of taking alcohol by him. The couple fully understand that they have to adhere to their ARV treatment which so far has improved their quality of life. This case situation demonstrates that after diagnosis of either TB or HIV there was adequate care with community support and health education.

Annex 2 – KCM oversight mission team for Trans Nzoia County

	KCM OVRSIGHT MISSION TEAM 2-TRANS NZOIA	
No	**Name**	**Organization**
1	Ms Dorothy Onyango (OGW)	KCM- **Team Leader**
2	Dr Jane Rahedi Ong`ang`o	TB ICC- **Coordination of Report Writing**
3	Mr. John Kihiu	KCM Member
4	Ms Margaret Mundia	KCM Secretariat
5	Dr Dan Koros	PEPFAR
6	Ms Brenda Opanga	NASCOP
7	Mr. Titus Kiptai	AMREF.HA-TB grant
8	Mr. Ishmael Irungu	KRCS
9	Mr Collins Owek	KRCS
10	Mr. Silas Kamureen	NLTP
11	Mr Robert Mwaura	NMCP
12	Dr George Walukana	KEMSA
13	Dr Bernard Langat	National Treasury
14	Ms Margaret Ndubi	National Treasury
15	Mr Tonny Wambua	World Vision Kenya
16	Mr Alfred Kivisha	CHMT

Annex 3- Photos

Figure 1- Meeting with Saboti sub County Hospital team

Figure 2- Photo with some of the County health management team members

Annex 4 – Trans Nzoia County itinerary

ITINERARY FOR KCM OVERSIGHT MISSION TO TRANZIOA COUNTY -TEAM 2 4TH TO 9TH JUNE ,2017		
Day/Time	**Activity/Event**	**Venue**
Sunday 4th June, 2017	**Travel to Kitale**	
Monday 5th June, 2017 09.00am-12.30 pm	Courtesy call on the Governor Meeting with Trans Nzoia County Health Executive Team/CHMT/Partners in Health • Presentations by KCM/County Health Department • ***Overview of KCM/Global Fund Grants***	Trans Nzoia County Headquarters
01.00pm-02.00pm	**Lunch break**	
2.00pm- 4.30pm	**Site visit - Kitale County Referral Hospital** • TB Clinic (Equipment/MDR/Drugs/Defaulter Tracking & Tracing of Contacts. • CCC (HIV/AIDS) Outpatient and inpatient services/ Situation and management of GF commodities/equipment/infrastructure • Reporting tools, data quality and use of DHIS • Linkage between HF & Community. • Feedback with hospital management team	Kitale County Referral Hospital
5.00pm – 5.30 pm	Recap of Day's Activities	
Tuesday 6th June, 2017 8.30 am to 12.30 am	Site Visit **Bikeke Health Centre** • HIV/TB/Malaria Outpatient and Diagnostic services • Situation and management of GF commodities & equipments • Reporting tools, data quality and use of DHIS • Linkage between HF & Community. • Feedback with health facility management team	**Sub county**
01.00pm-02.00pm	**Lunch break**	
2.00pm-4.30pm	**AMREF HA TB grant SR** – World Vision Cherangany Health Centre – Cherangany CU • Tracing of TB interrupters, contacts of smear positive TB patients and contacts of children under 5 years • Home Visit-Success Story/concerns from Beneficiaries	**Trans Nzoia East Sub County**
Wednesday 7th June ,2017	Site visit **Saboti Sub County Hospital** • TB Clinic (Equipments/MDR/Drugs/Defaulter Tracking & Tracing of	**Sub County**

ITINERARY FOR KCM OVERSIGHT MISSION TO TRANZIOA COUNTY -TEAM 2 4TH TO 9TH JUNE ,2017		
Day/Time	**Activity/Event**	**Venue**
08.00 am- 12.30pm	Contacts. • CCC (HIV/AIDS) Outpatient and inpatient services/ Situation and management of GF commodities/equipments/infrastructure • Reporting tools, data quality and use of DHIS • Linkage between HF & Community. • Feedback with hospital management team	
1.00pm- 2.00pm	**Lunch break**	
2.00pm- 4.00pm	**AMREF HA TB grant SR** – World Vision- Tom Mboya Health Centre-Bondeni CU • Tracing of TB interrupters, contacts of smear positive TB patients and contacts of children under 5 years • Focused Group Discussion with beneficiaries.	Saboti sub county
05.00pm-06.30pm	Recap/report writing	
Thursday 8th June, 2017 8.00 am- 2.00 pm	**Neighbours in Action-Kenya (NIAK)** Visit to KP Program in Trans Nzoia 1. Visit to Trans-Nzoia DICE 2. KP Mobile/DICE outreach **Site visit KRCS SR Global Child Hope** • HIV Prevention Programs for the General Population, PMTCT, Care and support ,Youth programs: SHUGA Outreaches	**sub county**
2.00 pm- 3.00 pm	**Lunch break**	
3.00 pm- 5.00 pm	• Finalize report& Debrief meeting with the CEC, Health-Trans Nzoia	
Friday 9th June, 2017	**Departure for Nairobi**	