KENYA COORDINATING MECHANISM FOR GLOBALFUND

OVERSIGHT FIELD VISIT REPORT:

KISUMU COUNTY 19TH TO 22ND NOVEMBER, 2018

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2. Executive Summary

The Kenya Coordinating Mechanism (KCM) provides oversight to Global Fund (GF) funding request development, grant negotiation, grant implementation and closure in the country. The core principle of oversight is to ensure that resources, both financial and human, are being used efficiently and effectively for the benefit of the country's citizens.

The Kenya Coordinating Mechanism conducted Oversight Visit between 19th and 22nd November 2018 in Mombasa and Kisumu counties. This report provides a summary of the findings and recommendations in Kisumu county.

The KCM oversight team found that overall implementation of the GF grants activities by both state and Non state Principal Recipients was proceeding well in the county. The County health leadership and management team is committed to improving the health of the population and there was fairly good coordination between the County MOH technical team, the sub-county teams, GF sub-recipients and USG implementing partners.

Health commodities were generally available, though a few challenges were noted (outlined below). The health workers assessed were found to be well-trained and implementing the relevant program interventions well. Community level interventions for HIV, TB and Malaria were being implemented well and the team was able to meet with a number of satisfied recipients of support for MDR TB patients, PMTCT and community case management of malaria.

Several key issues were identified during the visits that need to be addressed. These included the following:

- **Procurement:** there were stock outs of some key commodities at health facilities (e.g. GeneXpert cartridges) due to unavailability at KEMSA as well as reports of erratic supplies of malaria commodities and some ARVs (TDF/ 3TC and NVP tabs) in the previous 10 months in some of the sites visited.
    - KCM oversight team recommendation: The National Treasury, the national programs and KEMSA need to urgently ensure adequate stock levels of HIV/TB/Malaria commodities in all facilities.
- Presence of sizeable quantities of expired as well as short-dated commodities (e.g. TB Patient Packs, RH tabs) at the health facilities. For TB commodities, some of the expiries were reportedly due to change of guidelines while call down of consignments led to delivery of excess quantities for some of the products.
    - KCM oversight team recommendation: The National Treasury, the national programs and KEMSA to ensure better transition planning whenever Policy guidelines change to minimize wastage of procured commodities; better supply planning at national level to align call downs to the pipelines
- Faulty microscopes were found at one of the hospital`s visited. These were procured with GF funding through KEMSA by the National Treasury and National Malaria Control Programme.

- KCM oversight team recommendation: The issue needs to be investigated by an independent team established by the KCM (with a lab expert included) and addressed as soon as possible

- Renovated pharmacy store in Kisumu County Hospital was not being used for the designated purpose i.e. pharmaceutical stores; it had been taken up for storage of medical supplies and non-pharmaceutical stores eg gloves, cotton wool, patient uniforms etc.).
    - KCM team recommendation: the county and sub-county managers to liaise with the hospital management and have the renovated store put to the designated use of storage of pharmaceuticals

3. Acronyms

ACTs	Artemesinine-based Combination Therapy
CASCO	County AIDS and STIs Control Coordinator
CCC	Comprehensive Care Center
CDH	County Director for Health
CEC	County Executive Committee
CHMT	County Health Management Team
CHU	Community Health Unit
CHV	Community Health Volunteer
CMCC	County Malaria Control Coordinator
CMLC	County Medical Laboratory Coordinator
CP	County Pharmacist
CSO	Civil Society Organization
DHIS2	District Health Information System
GF	Global Fund
KCM	Kenya Coordinating Mechanism
KEMSA	Kenya Medical Supplies Authority
KRCS	Kenya Red Cross Society
MOS	Months of Stock
mRDT	Malaria Rapid Diagnostic Test
NASCOP	National AIDS and STIs Control Program
NMCP	National Malaria Control Program
NTLLP	National Tuberculosis, Leprosy and Lung Disease Program
PEPFAR	President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative
PR	Principal Recipient
RTK	Rapid Test Kit
SCHMT	Sub-County Health Management Team
SR	Sub Recipient
TNT	The National Treasury
USAID	United States Agency for International Development
WHO	World Health Organization

4. Introduction

4.1 Background Information

Kisumu county has a total population of 1,153,343; 489,392 between 0 to 15 years and 663,951 being 15 years or above [1]. The county has seven sub-counties namely: Kisumu West, Kisumu East, Kisumu Central, Muhoroni, Nyakach, Nyando and Seme.

HIV prevalence in the 15-49 years' age bracket is 16.3% (male 15%, female 17%). Malaria remains a major health problem with a prevalence estimated at 27% [2]. The TB Prevalence rate in Kisumu is 379 out of 100,000 people which is higher than the average National TB prevalence of 223

4.2 Terms of Reference of the Oversight Team

Grant oversight is one of the core governance functions of the Kenya Coordinating Mechanism (KCM). The KCM Oversight Committee role is to ensure that implementation of grants is undertaken as planned and targeted results are realized and any challenges addressed in good time. The KCM team conducted an oversight mission in Kisumu County from 19th to 23rd November 2018. The purpose of the visit was to strengthen linkages and establish progress made in Global Fund Programming in the County and to recommend appropriate interventions for any challenges identified.

The oversight team comprised of KCM members, Oversight Committee Members, KCM Coordinator and representatives from Council of Governor's, The National Treasury, Amref Health Africa; Kenya Red Cross Society, USAID; HIV, TB and Malaria Inter Agency Coordinating Committees, KEMSA, NASCOP, NMCP, NLLTP and the County Health Department. (See annex for complete list of the oversight mission team)

4.3 Objectives of the Oversight Visit

The objectives of the visit were to:

- Share technical information and promote linkages and collaboration between KCM, Counties, PRs, SRs and local communities
- Establish progress made in implementation of Global Fund grants
- Document success stories from beneficiaries and stakeholders and document views on how to strengthen GF programming

5. Methodology

The oversight team met with the top county health leadership (CEC member for Health and County Director of Health [CDH]) and conducted a focus group discussion with members of the CHMT. This was followed by visits to health facilities and the community. During the above engagements, the following was done:

County level meeting:

- Presentation by Oversight Team and PRs on KCM overview & GF investments in the County
- Administration of the county checklist

Health facility, community and household meetings:

- Administration of health facility checklist and filling of the data collection tool
- Interviewers with beneficiaries, taking of photographs

Non-state sub-recipient meetings:

- Administration of the SR checklist

6. Findings

6.1 Entry meeting with the CEC Health and CDH

The CEC member for health, Dr Rosemary Obara, informed the Oversight team that the County Health Department had established the County Stakeholder Forum that has a secretariat and is used to enhance coordination of partners within the county in order to minimize overlaps and duplication. She indicated the following:

- Kisumu county is ready to receive direct funding from GF and implement the relevant activities. The CECMH informed the Oversight team that Kisumu County is receiving conditional health grants from the World Bank for the *Transforming Lives Project* and from DANIDA. Such funds are channeled through a special purposes account that ensures they used for the designated purpose
- The county has a monitoring and evaluation (M&E) unit and proper accountability mechanisms from the county level all the way to the community level
- There is need to enhance the county's capacity to provide oversight through support for:
    - Integration of health services: leverage on the partner-supported systems that have worked well for HIV/ TB and Malaria to benefit other areas e.g. non-communicable diseases (NCDs), maternal and child health
    - ICT solutions to facilitate tracking of health commodities at service delivery points and hence enhance accountability for these commodities
    - Supervision of health facilities
    - Capacity building of communities
- The need to align GF programming with the Universal Health Coverage (UHC) initiative; for which Kisumu is a pilot county

Ms. Jacinta Mutegi, KCM member and the leader of the oversight team introduced the team and the purpose as well as objectives of the visit which included the following: to interact with

grant beneficiaries, assess possible areas of duplication or overlap between GF and PEPFAR, and to identify any gaps requiring intervention by KCM or other entities.

Dr Dan Koros, PEFPAR-GF liaison, indicated that 52% of $560 million annual PEPFAR support goes to the four Nyanza counties through USAID, CDC and the Department of Defence (Walter Reed). He urged the DH to help coordinate all partners in order to enhance synergy and minimize duplication of efforts.

Mr. Samuel Muia, KCM Coordinator, gave an overview of GF in Kenya and outlined the visit objectives. Representatives of the GF principal recipients in Kenya ie (TNT, KRCS and Amref Health Africa) provided an overview of the activities supported by their sub-recipients. The meeting was informed that~70% of the grant goes towards procurement of health commodities (ARVs, anti-malarials, anti-TBs, test kits for HIV and malaria, GeneXpert cartridges etc.). The rest of the grant goes towards various activities including training, supportive supervision, data quality audits, renovation of health stores, school health activities contract tracing for TB cases and defaulter tracing.

Feedback from the CHMT team

No major problems have been experienced with supplies of HIV RTKs and anti-malarial medicines. However, there have been erratic supplies of some items e.g. malaria RDTs, PrEP medicines and GeneXpert cartridges. KEMSA informed the participants that the GeneXpert cartridges are now available at KEMSA and would be supplied to Kisumu county by Friday 23rd November. RDTs were also in stock at KEMSA after a stock out occasioned by reasons beyond the control of the malaria program. The stock out of GeneXpert cartridges was occasioned by new GOK rules requiring pre-inspection of medical devices prior to shipment.

Best Practices

- Close collaboration between the GF sub-recipients and the various county focal persons was noted.
- Partner coordination achieved through the county stakeholder forum that has a functional secretariat. County entry meetings are used to clearly define the scope and coverage of incoming partners
- Mapping of health facilities and hotspots had been done by the county and this information was used to assign various partners to specific geographical regions for HIV prevention in key populations
- The County Government has planned to take up stipend payments for CHVs as early as January 2019 (the stipend payments by GF will come to an end in December 2019) on condition that the funds earmarked for these payments is re-programmed to other activities within the county.

Summary of challenges identified and proposed solutions

Challenge	Recommendation
1. CEC health and CDH not fully apprised of all partner supported activities in the county	SRs and the relevant county technical persons to provide regular summary updates to the CDH and CEC Sensitize the CEC health on the structures and architecture of GF funding and the extent to which the counties can take charge of activities
2. Stock outs of some commodities due to erratic or no supply by KEMSA e.g. GeneXpert cartridges and malaria RDTs	The root causes differ for the different categories. The National Treasury and KEMSA needs to liaise with the various stakeholders to address the various causes
3. Clinical diagnosis of malaria happening in some rural health facilities that have no microscopy	The county should place an order for malaria commodities as soon as possible
4. Three GF-funded staff (2 lab techs and a clinical officer) in the county have their contracts expiring at the end of 2019. Challenges anticipated in transition of the two to the county due to funds availability[1] and the hiring process which favors entry level staff	Kisumu County to work on absorption of the 3 staff supported through GF before the end of their contracts in December 2019 .
5. Expired commodities at health facilities with uncertainty on how they shall be disposed	Strategies to be developed to mitigate further expiries; these include: - Better transition planning when implementing changes in regimens - Better management of call downs from suppliers - Improving inventory management at health facilities SOP on disposal of expired medicines and medical supplies to be developed/ updated and disseminated up to health facility level KCM to discuss with PEPFAR the possibility of utilizing the existing reverse logistics mechanism in place for ARVs to cover other commodities

[1] The counties have planned and budgeted for absorption of partner supported staff. The Budget has been submitted to the National Government and the National Treasury for disbursement of funds.

6.2 Health Facilities Visits: Summary of key findings and recommendations

#	Key findings	Recommendations/ actions	Responsible	Timeline
1.	Muhoroni Sub-County Hospital *visited on 19th Nov 2018*			
	HIV • > 1,200 patients on Rx: current VL suppression of 89% • 5 staff trained on new Rx guidelines via ECHO • Transitioning to DTG for eligible pts started & being scaled up. • Excellent community linkage; CHVs f/up defaulters, lactating mothers, adolescents, men, TB co-infected pts • Currently have adequate stocks of ARVs, HIV test kits, nutritional commodities & condoms	• Speed up transition of patients to DTG-based regimens • The inventory management module of the WebADT (ARV dispensing system) needs to be utilized; HF to get CHAI officials to assist with the relevant settings	NASCOP, CASCO CCC in charge CCC in charge	December,2018
	TB • Active case finding in place • Quick turnaround time for GeneXpert • All health workers were screened for TB using the ACF forms in Feb 2018 • Short expiry TB drugs – 19 packs (Jan 2019); 3 not yet opened.	• Screening of HCW for TB should be done every 6 months • NLLTP & KEMSA to supply TB drugs before expiry of the current stock • KEMSA to supply GeneXpert cartridges by next week	NLTP, CTLC Facility staff KEMSA/ NLLTP	December,2018

#	Key findings	Recommendations/ actions	Responsible	Timeline
	• Total stock out of GeneXpert cartridges → ↓ no. of patients screened for TB and ↓ no. of new TB Dx • Large quantities of INH 300mg found at HF	• Ensure that TB/ HIV Impact study (utilizing INH) is initiated ASAP	KEMSA Facility staff	
	<u>Malaria</u> • Supply of RDTs has been erratic in 2018 • HF did not receive all the ALs ordered in Sep 2018 • Facility currently has RDTs, all ALs (except AL6: AL12 can be used instead) • Some facility staff not aware of how re-supply quantities are determined by the sub-county & NMCP	• Address causes of central level stock outs • HF to place a fresh order for malaria commodities. • Orientate the facility staff on orders management and rationalization	NMCP, CMC Pharmacy in charge SC pharmacist & lab coordinator	December,2018
2.	Kisumu County Referral Hospital *visited on 20th Nov 2018*			
	<u>HIV</u> • 5,563 clients on care; 19,000 ever enrolled • Good youth-friendly center (YFC); good integration of services (however space inadequate) • HIV testing kits and CD4 reagents adequate • Panel Testing for QA done on time; results satisfactory	• Utilize the renovated pharmacy store for storage of ARVs & other medicines • Consider putting up dispensing booths in the pharmacy dispensing area to enhance patient-provider interaction • KRCS to provide container to ease space constraints at the youth friendly clinic	HF management, NASCOP, CASCO KRCS	December,2018

#	Key findings	Recommendations/ actions	Responsible	Timeline
	• Lab distributes the test kits to 13 testing points using lab top up form on Mon & Thu • Clinicians at YFC not adequately trained on SRH • Lack of lubricants and female condoms • Inadequate storage space: HF cannot maintain recommended stock levels for ARVs • Inadequate privacy in ARVs dispensing area	• Clinicians at YFC needs training/ sensitization on SRH		
	<u>TB</u> • 2 GeneXpert machines: one dedicated to EID study and another to TB. • Cartridges stocked out since Oct 2018. Utilization 80% when cartridges available • 3 GeneXpert super users who have trained other users • EQA is performed as required • Currently using florescent microscopy to diagnose TB. All reagents available • 130 packs of RH tabs expired at the facility • No stock cards for TB meds; some errors in the monthly summary report	• Supply GeneXpert cartridges by next week • Use stock cards for inventory management of TB medicines • Ensure monthly reports are accurate as they will be used to inform re-supply	KEMSA, NLTP TB clinic staff TB clinic staff	December,2018

#	Key findings	Recommendations/ actions	Responsible	Timeline
	<u>Malaria</u> • Best practices observed in obtaining thick and thin blood slide smears. • Training on QA done for 3 officers • Giemsa staining reconstituted at the facility for use in other sites. • Only microscopy in use at the facility; mRDTs supplied to CHVs for CCM • All 5 microscopes procured and distributed by KEMSA on behalf of NMCP have never worked. Information on warranty period not known to the facility staff	• Engage an independent team (with a lab expert included) to investigate the magnitude of the problem in the field and the procurement process that was followed • KCM, LFA, NMCP and KEMSA to determine what corrective measures will be undertaken	KCM	February,2019
	<u>Renovated Pharmacy Store</u> • Renovated pharmacy store used also as a non-pharmaceuticals store • Renovation completed but a number of items need to be fixed or corrected including: – Lack of/ inadequate pallets – Faulty air conditioners, some were too small for the size of the store. – Missing some shelves – Painting work not completed well	• The facility must ensure the new store is used as per the intended purpose as a pharmacy store • The contractor to urgently install the missing items and to correct the defects as identified by the MOPW inspection report	County Health Department Amref Health Africa	December,2018

#	Key findings	Recommendations/ actions	Responsible	Timeline
	<u>Renovated Laboratory</u> • Laboratory is ISO 5189 certified • Workmanship appeared to be excellent • The works seemed to have been completed but the contractor has not provided the keys to the lab to start using on the 6 months trial phase.	• Amref to immediately ask the contactor to provide the keys to the hospital for the lab to be used	County Health Department Amref Health Africa	December,2018
	Expired medicines at health facilities. Lack of clarity on how to dispose of expired medicines	Clarify and disseminate to health facilities the SOP for documenting and handling expired commodities Integrate current mechanism for reverse logistics of ARVs to cover other commodities	NASCOP, NLTP, NMCP, KEMSA, County Pharmacist	February,2019
	Inadequate/ erratic supplies of commodities by KEMSA due to stock outs at central level (e.g. Genexpert, AL6, RDTs)	Order rationalization is based on data reported in DHIS2. Need to ensure Framework agreement with suppliers to streamline the procurement process by KEMSA	KEMSA	December,2018
	The store that was renovated using GF funding is being used for storage of non-pharmaceuticals	The renovated store should be used for storage of pharmaceuticals in accordance with the grant stipulations	County Health Department	December,2018
3.	**Kusa Health Center *visited on 21st Nov 2018***			

#	Key findings	Recommendations/ actions	Responsible	Timeline
	HIV • Low volume facility: 625 clients • Site has a functioning EMR • Adequate stock level of essential commodities – ARVs, RTKs, condoms, nutritional commodities. • Reported stock out of nutritional commodities from March to August 2018 • 1 staff trained on new DTG guidelines; line listing started; No patient started yet • Satisfactory quality of care and treatment	• HF staff to expedite transition of eligible patients to DTG • The National Treasury to investigate reasons for prolonged stock out of nutritional commodities and put in place mitigation measures	Health Facility In charge The National Treasury	December,2018
	TB • Low case finding (6 cases in 2018) • Refer GeneXpert samples to Nyakach SC hospital & get results in 24 hours • Currently using light microscopy for TB dx; lab tech trained on AFB microscopy • 3 TB pt packs expiring in Jan 2019	• HF staff to scale up active case finding (ACF) • County & sub-county HMT to strengthen supervision, mentoring and OJT on ACF • NLLTP and KEMSA to ensure re-supply of TB patient packs before Jan 2019	Health Facility Incharge CHMT NLTP KEMSA	March,2019
	Malaria • 25% of OPD workload was malaria cases • Microscopy used for diagnosis	• NMCP to arrange for training of new staff on malaria CM; MICC to consider use of ECHO instead of residential trainings for capacity building of HCWs	Health Facility Management Team	March,2019

#	Key findings	Recommendations/ actions	Responsible	Timeline
	• ACTs and RDTs (for CCM) available • CHVs trained and implementing CCM • New staff at OPD: not trained on malaria case management • Improvised expired medicines register and improvised DAR at OPD	• HF staff to utilize the Malaria DAR at OPD as well • Sub-county pharmacist to supply the official Expired Medicines Register to the HF (and others)	NMCP	
4.	**Pedo Dispensary *visited on 21st Nov 2018***			
	<u>HIV</u> • Low volume facility: 125 clients in care • All 125 patients put on IPT • No stock out reported in all the essential commodities • DTG transition: Training on the new guidelines has been completed, line listing completed; however, facility yet to be supplied with DTG	• SC pharmacist to ensure that the facility is supplied with DTG • HF staff to transition eligible patients once supplies received	County Pharmacist CASCO	December,2018
	<u>TB</u> • Active case finding happening; however, sub-optimal case detection and poor documentation • Specimen transportation system is working well • No patients currently on TB Rx	• HF staff to improve case finding processes at the facility • S/CHMT to strengthen decentralization of TB treatment from the SC hospital to the rural health facilities	CHMT	March,2019

#	Key findings	Recommendations/ actions	Responsible	Timeline
	• 2 TB patient packs expiring in Jan 2019			
	<u>Malaria</u> • Good linkage with CUs & satisfactory record keeping • CHVs trained on and implementing malaria CCM; utilizing their biosafety test kits • Malaria commodities (ACTs & RDTs) in stock • Surrounding CUs not trained on CCM – Pedo CHVs bear extra load • Malaria DAR not in use for the last 2 months → inaccurate summary reports • Temperature monitoring of store not being done	• HF staff to use the DAR consistently and ensure daily temperature monitoring of the storage area • Amref Health Africa to explore training of CHVs in surrounding CUs subject to availability of funds	CHMT Amref Health Africa	March,2019
5.	**Home visits**			
	MDR-TB support (Katito sub-county) – Patient cured of TB & doing well; enrolled in NHIF, paid premiums up till Oct 2018; received stipends in a timely manner during Rx (kept her business running) **PMTCT (Muhoroni sub-county)** – 2 children (5 & 3 yrs) born HIV –ve to this client; couple living positively with HIV;	See success stories in annex 1 and 2		

#	Key findings	Recommendations/ actions	Responsible	Timeline
	LLINs in use in the household to mitigate risk of contracting malaria **Malaria (Jimo West CHU)** – LLINs properly hung in the house – Client has in the past been tested & treated for Malaria by a CHV			
6.	**MSM Outreach in Kondele**			
	Key Findings • Safe spaces identified with community participation • Good coordination of outreach activities was observed • Comprehensive services provided including health education, HTS, STIs screening, condoms provision, risk-reduction counseling • Availability of essential commodities: condoms, lubricants, STI medications, medical supplies Challenges • High levels of stigma preventing access to services; • Reading materials can only be used at the center set up by the SR	- SR to make provision for home-based services as necessary for those unwilling to go to the safe spaces - SR explore provision of additional reading materials that clients can take home	KRCS	March,2019

#	Key findings	Recommendations/ actions	Responsible	Timeline
7.	**Engagements with CHVs**			
	• Appreciation of the role and work of CHVs in the community; CHVs receive stipends on time • KCM Oversight team commended the County for the plan to absorb the CHVs • Biosafety kits available • CHV bags light duty and easily worn out; • Reporting tools not adequate; photocopies in use • The registers & tools big, bulky & heavy: not easily portable • Reported inappropriate management by health worker of a case of a needle prick by a CHV while using malaria RDT	• Consider adjustment of stipend amount considering cost of living, enhanced responsibilities & length of service • Amref Health Africa to provide heavy duty CHV bags and include gumboots, umbrellas, torch etc. in the CHV starter pack • Amref to expedite printing and distribution of reporting tools • Consider printing lighter/ smaller-sized registers and summary tools; explore deployment of mobile tools for CHVs • Amref to assess knowledge on injection safety, PEP, universal precautions and re-train CHVs if necessary	CHMT Amref Health Africa	March,2019

7. Appendices

7.1 Success Story: MDR TB Social Support

Background

Agnes (not her real Name) is a 35-year-old lady who was treated for MDR TB between May 2016 and February 2018 at Katito Health Centre. She is a resident of Katito, Nyakach sub-county.

MDR TB Treatment

She was on both community and facility-based modes of treatment. For the first three months of treatment, she was on community-based model where a dot nurse came from the facility to inject her. The rest of the period she was on facility-based model.

Social Support

At the time treatment commenced, the patient was bedridden and could not afford to sustain herself and her dependents. The disease took a toll on her making her unable to continue with her trading business which was her main source of income. The patient benefited from the MDR Social Support program by Amref Health Africa in Kenya, Global Fund Tuberculosis project in which she received Sh. 6,000 per month during the period she was on treatment. This cushioned her from incurring devastating costs from out of pocket payments for health services, she was enrolled on NHIF and the premium fully paid for by the National TB program the duration of treatment.

Agnes successfully completed her treatment regimen for MDR TB and was able to regain her health. She has since resumed her trading business at Katito market. She is now able to do her business and take care of her needs. In addition to this, she continues to pay for her NHIF monthly premium. She is grateful for the support from Global Fund through Amref Health Africa in Kenya who made the long treatment process bearable.

7.2 Making a Headway: Success story of direct beneficiary of Global Fund Program in Muhoroni Sub County

Asha (not her real name) is a resident of Muhoroni Sub County in Kisumu County and a direct beneficiary of the treatment, care and support program supported by the Global Fund in Kisumu County. Her husband Dave (Not his real name) works in the sugar cane plantation while Asha is a housewife. She is aged 25 years old and a mother of 2 girls aged 3 years and 3 months. The couples are living positive and are aware of their HIV status. The family lived in Kisumu town before moving to Muhoroni after the husband moved due to work related roles.

Asha and the Husband were diagnosed HIV positive in the year 2014 in Kisumu and was initiated on treatment at Kisumu County Hospital. She later defaulted when the husband left her in Kisumu in for job search. Her husband having successfully secured a temporary job with the sugar plantation in Muhoroni, she was transferred to Muhoroni County Hospital to live together as a family, she was tested and initiated on ART immediately as her viral load was high due to defaulting. Asha narrates how she was welcomed at the facility well and at the same time she was pregnant for her first born. She attended the clinic well, delivered at the facility and practices exclusive breast feeding through supervision of CHVs and the facility. Asha is proud that her first born baby girl has been discharged and is negative.

In 2017 October, Asha conceived with her second baby and started attending her ANC in Muhoroni County Hospital. At this point, Global fund new funding model program through OGRA Foundation recruited CHVs for the current program at MCH after client profiling with pregnant women being one of the criteria for selection of PLHIVs to be enrolled. During enrolment Pauline a CHV was linked to Asha attached to Muhoroni East community unit. Pauline knew her well since she had supported Asha before as a CHV. Asha explained how she has been benefiting on several services Pauline has been giving her since she conceived the second time and enrolled to Global fund HIV program.

"*Having been informed during my clinic visit that Pauline (CHV) was a trained on HCBC I was open and welcomed her into my home she has been of great help conducting home visits on a monthly basis and to provide psycho-social support, adherence counselling support, to support me in attending ANC on a monthly basis, hygiene, use of mosquito nets all the time, motivation, how to reduce re-infection by use of condoms, practice of small gardening and immunization services.*" Said Asha.

Asha narrates that through support from CHVs she has been able to attend her all ANC clinics, delivered at the facility again, practices exclusive breast feeding, reduced stigma associated with HIV and can encourage her fellow mothers when they meet during clinics and support groups organized by OGRA through facility. She thanks Pauline for standing with her always during the visits.

Asha and her husband Dave are proud parents again as their 3 months' girl has gone through first PCR and turned negative. She promised to keep on with her medication and was optimistic that her husband too has learnt the importance of adherence. Asha is happy with her husband for being open to her and supported her in the treatment. *"We have alarm set that remind us on the time of taking our medication that is 9am and 9pm every day. I always remind*

my husband and pack for him drugs while going for work since he leaves by 7am". She said. Asha is hopeful that after 2 years her baby will also be discharged negative.

Asha is thankful for the program and will want to be a PMTCT champion in the community and facility to support her peers who still suffer from stigma and lack of knowledge on PMTCT. The Global Fund through OGRA Foundation will continue to support Asha and other enrolled PLHVIs (Defaulters, pregnant/ lactating mothers, adolescents, Men, co-infected and newly HIV diagnosed) in MCH through CHVs intervention during home visits.

Figure 1: Asha narrates her story during the home Visit

Figure 2: KCM Oversight Team conducts a home visit

7.3 List of Participants

Name	Organization
1. Ms. Jacinta Mutegi	KCM Member, FBO Constituency **(Team leader)**
2. Mr. Taib Abdulrahman	KCM Member, Key Populations
3. Dr. Victor Sumbi	KCM OC Member*, Malaria ICC (**Rapporteur**)
4. Ms. Rose Kaberia	KCM OC Member, HIV ICC
5. Dr. Dan Koros	KCM OC Member, PEPFAR-GF Liaison Officer
6. Dr. Herman Weyenga	KCM OC Member, TB ICC **(Coordination of Report writing)**
7. Mr. Samuel Muia	KCM Coordinator
8. Ms. Deborah Ikonge	National Malaria Control Program
9. Mr. Aiban Rono	NLLTP
10. Mr. Anthony Miru	PR1-The National Treasury
11. Mr. Jared Oule	PR2-Amref Health Africa-Malaria Grant
12. Ms. Lilian Manyonge	PR2-Amref Health Africa-Malaria Grant
13. Ms. Gloria Wandeyi	PR2-Amref Health Africa-TB Grant
14. Mr. Gordon Aomo	KRCS
15. Ms. Jane Onteri	NASCOP
16. Ms. Meboh Abuor	Council of Governors
17. Mr. Timothy Malika	CTLC-Kisumu
18. Ms. Eunice Kinywa	CASCO-Kisumu
19. Ms. Lilyan Dayo	CMCC-Kisumu
20. Dr Kenneth Bukachi	KEMSA
21. Mr. Graham Smith	KCM Consultant - GIZ/ IHAA

* *Representing the MICC*

7.4 Oversight Visits Program

THE KENYA COORDINATING MECHANISM PROGRAM: OVERSIGHT MISSION : KISUMU COUNTY: 19TH TO 23rd NOVEMBER,2018		
Day/ Time	**Activity/ Event/ Tentative Discussion Points**	**Venue**
Sun 18 Nov	**Travel to Kisumu**	
Day 1: Mon 19 Nov 09.00 - 10.00	**Courtesy call on the Hon. Governor** • GF Support to the County • Objectives of the visit. • Question and Answer session	**County Headquarters**
10.00 - 12.00	**Meeting with CEC/COH & CHM & Partners** • Overview of KCM& Global Fund • Presentation on GF investments and achievements by PRs, TNT, Amref Health Africa and KRCS • County feedback on GF Support (HIV/TB/Malaria) ▪ HIV/TB/Malaria Burden ▪ Overall situation of HIV/TB/Malaria commodities. ▪ Performance of GF Sub recipients in the County ▪ GF Supported trainings, ▪ GF Supported commodities and Equipment • Question and Answer session	**CHD Offices**
13.00 - 14.00	**Lunch break**	
14.00 - 16.30	**Site visit - Muhoroni County H/C** • Availability of HIV/TB/Malaria commodities • Status: Health care worker's trainings MDR/ART/TB/Malaria case management • Availability and Functionality of Gene Xpert Machine/Microscopes/ laboratory supplies, • Adherence to HIV/TB/Malaria guidelines • Data quality for HIV/TB/Malaria Programmes. • Status of support for DQA and support supervision by Amref • Linkage between HF & Community.	**Muhoroni**
17.00 – 17.30	Recap of Day's Activities	
Day 2: Tue 20 Nov 09.00 - 11.00	Site Visit **Kisumu County Referral Hospital** • HIV/TB/Malaria Outpatient and Diagnostic services • Progress on the renovation of County Pharmacy store • Situation and management of GF commodities & equipment • Status: Health care worker's trainings MDR/ART/TB/Malaria case management • Adherence to HIV/TB/Malaria guidelines • Data quality for HIV/TB/Malaria Programmes. • Status of support for DQA and support supervision by Amref Health Africa. • Reporting tools, data quality and use of DHIS • Linkage between HF & Community.	**Kisumu**
13.00 - 14.00	**Lunch break**	
14.00 - 17.00	**Visit to KRCS** • Completeness of service packages for KPs • Assess quality of services DICES • Availability of commodities (STI drugs, condoms, lubricants) • Feedback from community members.	wellness center & MSM Out Reach

THE KENYA COORDINATING MECHANISM PROGRAM: OVERSIGHT MISSION : KISUMU COUNTY: 19TH TO 23rd NOVEMBER,2018		
Day/ Time	**Activity/ Event/ Tentative Discussion Points**	**Venue**
	• Completeness of service packages for KPs • AYP Programme	Services ,Kodele
Day 3: Wed 21 Nov	Site visit to **Kusa Health Centre** • HIV/TB/Malaria Outpatient and Diagnostic services • Situation and management of GF commodities & equipment • Status: Health care worker's trainings MDR/ART/TB/Malaria case management • Status of support for DQA and support supervision by Amref Health Africa. • Adherence to HIV/TB/Malaria guidelines • Reporting tools, data quality and use of DHIS. • Linkage between HF & Community.	**Nyakach**
13.00 -14.00	Lunch	
14.00 - 16.30	**Amref TB SR – Our Lady of Perpetual Support (OLPS)-Katito Health Center.** Review CHVs activities for TB under Amref: • Active contact tracing- targeted screening of bacteriologically confirmed case and children under 5 years, Tracing of TB treatment interrupters). • Status of CHV & CHEWS training • Meeting with CHVs and CHEWS • Visit to Beneficiaries-MDR (NHIF Support, monthly social support)	**Nyakach**
Day 4 Thu 22 Nov 08.00 - 13.00	Home visit –LLIN Utilization-TNT Amref TB & Malaria SR (CINCO) – Community activities 1. Nyakach sub county: Pedo dispensary – Jimo west CHU 2. Kisumu Central Sub county: Kisumu county hospital – Township CHU	**Kisumu**
13.00 - 14.00	**Lunch break**	
14.00 - 17.00	• Debrief meeting with the CEC, Health	**CHMT Office**
Day 5: Fri 23 Nov	**Departure for Nairobi**	

7.5 Photos

Mr. Michael Oriah –CHV at Jimo west CHU, Nyakach sub county: Pedo dispensary, demonstrating how to conduct a malaria test using rapid diagnostic test kit.