

**KENYA COORDINATING MECHANISM FOR GLOBAL FUND
OVERSIGHT MISSION REPORT FOR MIGORI COUNTY
5TH TO 9TH JUNE, 2017**



Acknowledgement

The Kenya Coordinating Mechanism (KCM) appreciates financial and technical support from Global Fund which enabled KCM to conduct an oversight Mission in Migori County, the KCM appreciates HIV, Malaria and TB ICCs and all partners who joined the Oversight team and made this visit a success. We thank all technical officers from the KCM Secretariat ,National Treasury, AMREF, KRCS ,UNAIDS, NASCOP, NLTP, Malaria control Programme , KEMSA, and all Sub recipients implementing GF activities in Migori County for teaming up with the Oversight team.

We sincerely thank the County Executive Committee Member for Health, the Chief Officer, and the County Health Management Team for welcoming and sharing experiences with Oversight Team.KCM extends appreciation to all health care workers ,community health Volunteers and beneficiaries in Migori County for accompanying and supporting the team during the field visit. To all other stakeholders who provided support during this mission feel appreciated. Together we can end HIV/AIDS, TB and Malaria.

Acronyms

GF	Global Fund
KCM	Kenya Coordinating Mechanism
CEC	County Executive Committee Member
CHMT	County Health Management Team
HIV	Human Immuno-deficiency Virus
AIDS	Acquired immune-deficiency syndrome
TB	Tuberculosis
PR	Principal Recipient
AMREF	Africa Medical Research and Foundation
KEMSA	Kenya Medical Supplies Agency
NGO	Non Governmental Organization
CHMT	County Health Management Team
CSO	Civil Society Organization
SR	Sub recipient
HF	Health Facility
CHV	Community Health Volunteer
CP	County Pharmacist
INH	Isoniazide
ARVs	Anti retro viral Drugs
CCC	Comprehensive Care Centre
CU	Community Unit
RDT	Rapid Diagnostic Kit
DHIS	District Health Information System

Table of Contents

Acronyms	3
Introduction.....	5
Welcome Remarks by County Executive Health.....	5
Remarks by Dr Muraah Oversight Team Leader /CEC Meru County	5
Oversight Visit Methodology &Approach.....	6
Oversight Team Members.....	6
Oversight Field Visit Findings:Strengths.....	6
Key Findings: Areas of Improvement /Recommendations.....	8

Introduction

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 Oversight team successfully conducted an oversight mission in Migori County from 5th to 9th June, 2017. The purpose of the visit was to establish the progress made in implementation of Global Fund grants in the County and recommend solutions to any challenges identified.

The Objectives of the mission were, to;

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

Welcome Remarks by County Executive Health

The CEC Health and Chief Officer welcomed the oversight team in Migori County and indicated that the County Government is appreciating support from Global Fund that has enabled the community access services and commodities for Malaria, TB and HIV. The Chief Officer informed the meeting that the County Government had allocated 25% of the county budget to support health activities .He informed the meeting that during the financial year 2017/2018 the County Government had committed to provide financial and technical support to CHVs and community health strategy.

Remarks by Dr Muraah Oversight Team Leader /CEC Meru County

Dr Muraah informed the meeting that the he represents County Governments in KCM and that the purpose of the visit was to establish the progress made in Migori County in implementing HIV, TB and Malaria activities. He informed the meeting that the visit was an opportunity to share information and experiences in relation to Global Fund grants. He informed the meeting that Global fund grants are performance based and resources should be directed where there is greatest need.

The Oversight Officer Mr. Samuel Muia presented to the meeting the approach to the Oversight Visit and sites to be visited. He informed the meeting that Oversight of Global fund

grants is one of the core functions of KCM, he emphasized that the purpose of the visit was a broad scan across grants to establish the progress made in achieving grant objectives and not a monitoring visit. He informed the meeting that the team was to visit both state and non state implementers of Global Fund grants in the County.

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:** The team visited beneficiaries of Global Fund Grants to establish accessibility of services and commodities and benefits realized

Annexed as appendix 2 find the oversight visit tools and itinerary

Oversight Team Members

The Oversight team consisted of KCM members, Oversight Committee members, KCM Oversight Officer and representatives from National Treasury, AMREF.HA, KRCS, UNAIDS, HIV, TB and Malaria ICCs, KEMSA, NASCOP, NMCP, NLTP, County Health Department. (*Annexed in appendix 2 find a complete list of the Oversight Mission Team*).

Oversight Field Visit Findings

The Oversight team held a successful meeting with the County Executive Member for Health, the Chief Officer and the County Health Management Team. The team managed to visit 11 sites

as per the itinerary i.e. one County Referral hospital, one sub county hospital, one health centre, one dispensary, three sub recipients and three home visits made to beneficiaries .

The sites visited included;

1. Migori County Referral Hospital
2. Onsite dispensary
3. RAPANDO –AMREF.HA SR,
4. Home visit to GF beneficiary -Komenya Community unit
5. Isbania Sub county Referral Hospital
6. Nyamaraga Health Center
7. Catholic Medical Mission Board-KRCS SR
8. Home visit to beneficiary- Nyamaraga Community Unit
9. Visit to CMMB Program Site in Suna West Sub County Care
10. Visit to CMMB Program Site Kanying'ombe Community Unit
11. Visit to COPFAM: Coalition of People Fighting AIDS in Migori

Key Findings: Strengths

- The County Government allocated 25% of the county budget to support health activities during the financial year 2016/2017.
- The County Government has committed to Support CHVs during 2017/2018 financial year
- Top management and County Health Management Team embracing team work.
- The overall stock levels for ARVs, Condoms, HIV Test Kits, first line and second line TB drugs, ACTs and RDTs was adequate.
- The County is fast tracking the 90:90:90 targets and the achievements are 1st 90 = 75%, 2nd 90= 83%, 3rd 90:= 55%.
- The TB confection rate in Migori County has reduced from 63% in 2012 to 54% in 2016.
- The County has 4 gene Xpert Machines and the utilization rate for the machine at the county referral hospital is over 100%.

- Isbania sub county Referral hospital has engaged Community Health Volunteers to manage the hospital Customer care desk.
- Motivated and hard working health workers and CHVs at Ongita dispensary and Nyamaraga Health Centre, store well arranged and managed. Despite the Country wide Nurses strike. Health workers and CHVs ensured that there was no interruption of services.

Key Findings: Areas of Improvement /Recommendations

Key Issues / Challenges	Recommendation	Responsible /Time
<ul style="list-style-type: none"> • HIV related stigma and discrimination prevent caretakers from seeking HIV testing and treatment services especially for Children e.g. in Kuria East 	<ul style="list-style-type: none"> • Strengthening peer Support groups. • Strengthening counseling and dialogue to address stigma both at community level and Facility level • Improve attitude of health care workers 	<p>CASCOS SRs, CHMTS, CHVs</p> <p>Ongoing</p>
<ul style="list-style-type: none"> • Inadequate VDRL kits 	<ul style="list-style-type: none"> • County Health Department to allocate budgets and procure VDRLs Kits (<i>Global Fund has provided some support for VDRL and STI kits for the Key population Programme</i>) 	<p>County Health Department – CHO/CASCO</p> <p>Q1 2017/2018</p>
<ul style="list-style-type: none"> • High number of adolescent/Teenage Pregnancies 	<ul style="list-style-type: none"> • Life skill education. • Comprehensive combination prevention package. 	<p>CASCO, Community Health Coordinator CHMT</p> <p>Q1&2 2017/2018</p>
<ul style="list-style-type: none"> • Early marriages 	<ul style="list-style-type: none"> • Enforce the marriage act under sexual offences. • Activate child protection committee • Community awareness to report cases • Programmes to retain girls in school. 	<p>County Health Department, SCHMT, Sub county Administrators.</p> <p>Fy 2017/2018</p>

<ul style="list-style-type: none"> Inadequate data capturing tools and registers e.g. register to record HIV positive infants 	<ul style="list-style-type: none"> County health department and partners in health to supplement Global Fund support in procurement and distribution of additional HMIS tools. Strengthen data analysis and information use at county level. 	<p>County Health Department</p> <p>Q1 2017/2018</p>
<ul style="list-style-type: none"> Data on Commodity consumption, quantification and ordering not comprehensively captured. Orders not timely submitted to KEMSA contributing to inadequate stocks of commodities e.g. RDT & ACTs in Isbania subcounty Hospital. Inadequate supplies of Pediatric /adult Nutritional Supplements for TB and HIV Inadequate supply of New Pediatric formulation 	<ul style="list-style-type: none"> Joint planning for commodity management to ensure availability of commodities at Health Facilities and SRs Level Establish TWGs for Commodities Security at county Level to include SR representatives KEMSA Regional Manager to work closely with the County Pharmacist and health facility in charges to ensure timely orders are submitted to KEMSA Ensure Consistency in Joint Quarterly Performance review meetings at County level Counties monthly resupply request for RTKs be based on number of tests conducted monthly KEMSA has adequate stock at central store need for Counties department of Health to make timely orders. County Pharmacist to submit timely orders to KEMSA. 	<p>County Pharmacist and In charges of Health Facilities.</p> <p>CHMT</p> <p>Q1 2017/2018</p>
<ul style="list-style-type: none"> Inadequate supply of Gene Xpert Cartridges 	<ul style="list-style-type: none"> County pharmacist and CTLC to ensure accurate and timely orders are submitted to KEMSA 	<p>County Health Pharmacist CTLC</p> <p>June, 2017</p>
<ul style="list-style-type: none"> Challenges in Tracing TB/HIV Defaulters across Tanzania and Uganda borders 	<ul style="list-style-type: none"> EAC, IGAD Secretariat/National Government/County Government to develop a framework and policy on tracing defaulters and Cross boarder issues 	<p>County Health Department</p> <p>MOH Headquarters</p> <p>Q1 2017/2018</p>
<ul style="list-style-type: none"> Underutilized gene xpert in Kihanja, Nyatike and Rongo 	<ul style="list-style-type: none"> Strengthen sample transport and referral 	<p>County Health Department</p>

<p>Subcounty Hospital</p> <ul style="list-style-type: none"> • Interruption of power supply, in adequate cartridges and Suboptimal referral system 	<ul style="list-style-type: none"> • Make accurate and timely orders for cartridges • Ensure Stable power supply eg generator/adequate fuel. 	<p>Government</p> <p>Q1 2017/2018</p>
<ul style="list-style-type: none"> • Inadequate reagents for malaria microscopy 	<ul style="list-style-type: none"> • County Government to support procurement of reagents for microscopy 	<p>County Health Department</p>
<ul style="list-style-type: none"> • Malaria coordinators not supported with airtime and laptops like CASCOS & CTLCs 	<ul style="list-style-type: none"> • NMCP clarified that all 47 County Malaria Coordinators will be supported with Laptops 	<p>NMCP Q1 2017/2018</p>
<ul style="list-style-type: none"> • Suboptimal ware housing practice in general store at the Migori County Referral Hospital - no pallets, congested store, and management of records in store manual and not electronic. 	<ul style="list-style-type: none"> • Global Fund has support to renovate one county store in 47 Counties. • Finalize designs and BQs for Renovation of County Referral Drugs store. • The hospital management to ensure that the store is well managed 	<p>County Health Department</p> <p>June,2017</p> <p>Hospital Management Team</p>
<ul style="list-style-type: none"> • CHVs at Ongita requested to be supported with enablers 	<ul style="list-style-type: none"> • Support CHVs with enablers i.e. Name tags, Smart phone for communication and reporting, Repair of CHV bicycles, Motor bike, support for income generating activities and replenishment of community based health care drug Kit. • Provide solar or electricity at Ongita Dispensary 	<p>County Health Department</p> <p>Fy 2017/2018</p>
<ul style="list-style-type: none"> • HIV outreach programmes by SRs not integrated 	<ul style="list-style-type: none"> • Diversify and Integrate health care services during Outreaches to maximize on benefits 	<p>CHMT,PRs,SRs</p> <p>FY 2017/2018</p>
<ul style="list-style-type: none"> • TB treatment outcome poor in Nyamaraga Health Center • TB Success rate 77%. • 7 deaths out 48 clients in 2015. 	<ul style="list-style-type: none"> • County Health department and CHVs to sensitize the community to embrace health seeking behaviors and avoid cultural and spiritual practices that impact negatively on health. • Mentorship and regular supportive supervision 	<p>County Health Department</p> <p>FY 2017/2018</p>

**ANNEX 1 SUCCESS STORY KENYA RED CROSS SOCIETY – HIV GRANT
NYAMARAGA COMMUNITY UNIT: SUB RECIPIENT: CMMB**

They say when it rains it pours. Such is the story of 27 year old ****Prisca (*not her real Name*)** from Nyamaraga in Suna West Sub County in Migori County. The death of her husband six years ago would change her life completely. She was inherited thereafter. Prisca, a mother of two, lives with HIV and she is in a discordant relationship.

It was not until 2014 that she would get a startling revelation that would forever change her life. In one of the home based HIV testing services organized by CMMB, she was tested with a resultant HIV positive result. CMMB is one of the Sub Recipients of Kenya Red Cross Society supported by Global Fund HIV grant in Migori County. The reality of being HIV positive weighed down on her and exposed her to the realities of living with the virus. She was enrolled into care at Nyamaraga Health Center in November 2014. In all these, Thomas Okinyi, a Community Health Volunteer (CHV) being supported by CMMB walked with her through the journey. However, even before the dust settled on her new found status, Prisca contracted Tuberculosis.

The reality of being HIV positive and learning to adhere to treatment for the same, coping with treatment for Tuberculosis and the constant urge by Thomas the CHV to disclose her status to her new found partner were just overwhelming. However, the need to make this disclosure seemed to be important, considering her deteriorating health. With the help of the CHV, she successfully did this and her partner pledged support. However, fate was not done with her yet. She became very ill and got bedridden. During this period, she experienced the greatest and most painful form of stigma and discrimination, from her late husband's immediate family. She was left for dead. Her respite came from her mother who took her back home and took care of her. In the meantime, Thomas the CHV worked towards bridging the gap by bringing the family together to make them stop the stigma.

Even when Prisca got back, though somewhat physically strong, her will was bruised. The stigma even made it difficult for her to go and pick her drugs when her appointment at the clinic were due. She would send one of her female confidant who worked at the health facility as a casual instead. To support her get over that phase faster, Thomas invited her to a PLHIV outreach which was organized by CMMB. The outreach is a one day sensitization forum where newly recruited people living with HIV are brought together to share their experience, encourage each other and be given more insight on their new found HIV status by qualified health workers from the health facility. This invitation was a turning point that helped her start dealing with the stigma. Ever since, she has accepted herself fully, embraced her HIV status and become emboldened to tackle the stigma and discrimination that she might face.

A talk with her lets you into her life that is full of life and dreams. She is Tuberculosis free and hopes two see through her sons through their education. Both her sons are free from HIV. Together with her partner, they hope to have a baby. Towards this, she passionately talks about the measures they have taken to protect his partner from getting infected and steps towards realization of their baby. Prisca is one among 265 people living with HIV that CMMB, with support from the Global Fund, supports

CHVs like Thomas to provide Home and Community Based Care to. In her group, Muto Women Group, where they practice table banking, she offers health education and encourages her fellow members to speak openly about HIV. The health facility hopes to make her one of anti HIV and AIDS stigma champions.

ANNEX 2: TEAM MEMBERS

KCM OVERSIGHT TEAM MIGORI COUNTY	
Name	Organization
1. Dr William Muraah	KCM Member /CECH Meru County- Team leader
2. Mr. Mathew Ashers	KCM Oversight Committee Member –HIV ICC
3. Mr. Erick Okoth	Malaria ICC representative
4. Mr. Sam Munga	KCM Coordinator
5. Mr. Samuel Muia	KCM Oversight Officer- Coordination of Report Writing
6. Mr. Stephen Muiruri	National Treasury
7. Mr. Miru Kamau	National Treasury
8. Dr Caroline Olwande	NASCOP
9. Mr. Patrick Mwangi	KEMSA
10. Dr Sophia Mukasa	UNAIDS
11. Mr. Mike Nduri	AMREF.HA
12. Ms Lilian Ouma	KRCS
13. Mr. Gordon Aomo	KRCS
14. Dr Elizabeth Onyango	NLTP
15. Ms Christine Mbuli	NMCP
16. Ms Eliza Owino	CASCO-Migori County
17. Mr. David Nyamohanga	CTLIC-Migori County

KCM OVERSIGHT MISSION TO MIGORI COUNTY -TEAM 1- ITINERARY
5TH TO 9TH JUNE ,2017

Day/Time	Activity/Event	Venue
Sunday 4th June, 2017	Travel to Migori- Departure from Afya House 10.30am	
Monday 5th June, 2017 09.00 am-12.30 pm	Courtesy call on the Governor Meeting with Migori County Health Executive Team & CHMT HIV/TB and Malaria partners <ul style="list-style-type: none"> • Presentations by KCM/PRs & County Health Department • <i>Overview of KCM& Global Fund</i> 	Migori County Headquarters
01.00 pm-02.00 pm	Lunch break	
2.00 pm- 4.30 pm	Site visit - Migori County Referral Hospital <ul style="list-style-type: none"> • TB Clinic (Equipments/MDR/Drugs/Defaulter Tracking & Tracing of 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 	Migori County Referral Hospital
5.00 pm – 5.30 pm	Recap of Day's Activities	
Tuesday 6th June, 2017 8.30 am- 1.00 pm	Site Visit Ongito Health Centre <ul style="list-style-type: none"> • 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 	Uriri Health Center
1.00 pm- 2.00 pm	Lunch break	
2.00 pm--5.00 pm	Visit to AMREF HA Malaria Grant SRs -RAPANDO , Komenya Community unit <ul style="list-style-type: none"> • Net use and promotion(community/schools),Incentives for Community Health Workers & Community Malaria Case Management • Home Visit-Success Story/concerns from beneficiaries 	Uriri Sub County
Wednesday 7th June, 2017	Site visit to Isbania. GOK Level 4 Hospital <ul style="list-style-type: none"> • HIV/TB/Malaria Outpatient, inpatient and Diagnostic services • Situation and management of GF commodities & equipments • Reporting tools, data quality and use of DHIS • Linkage between HF & Community. • Feedback with hospital management team 	Sub county
1.00 pm-1.30 pm	Lunch	
1.30 pm-3.30 pm	KRCS SR -Catholic Medical Mission Board Visit to Program Site in Suna West Sub County Care, Treatment and	Suna West Sub County,

**KCM OVERSIGHT MISSION TO MIGORI COUNTY -TEAM 1- ITINERARY
5TH TO 9TH JUNE ,2017**

Day/Time	Activity/Event	Venue
	Support Module Program Activities (<i>Nyamaraga Community Unit, Nyamaraga Health Center</i>) <ul style="list-style-type: none"> • Community Unit linkage with HF– Nyamaraga Health Center • PLHIV Outreach experience, Home Visit-Beneficiary 	
3.30 pm-5.30 pm	KRC SR -Catholic Medical Mission Board) Visit to Program Site in Rongo Sub County Hospital, Kanying’ombe Community Unit Prevention Programs with General Population <ul style="list-style-type: none"> • Stop over at the Sub County MoH’s office for a courtesy call. • Interaction with Module Beneficiaries • Visit to and sit in in a Shuga Session in progress. • Pass by at a HTS site to have a feel of the HIV Testing intervention among young people. 	Rongo Sub County, Rongo
05.30 pm- 06.30 pm	Recap/report writing	
Thursday 8th June ,2017 8.00 am-01.00 pm	KRC SR- COPFAM: Coalition of People Fighting AIDS in Migori :PMTCT and Care and treatment activities to be visited in Saro Community Unit <ul style="list-style-type: none"> • Visit to 2 support group for children and adolescents to know their involvement in the program, successes and challenges. • Home visit of to 2 PLHIV clients at Saro community unit. 	Saro Community unit; Saro Dispensary
1.00 pm- 2.00 pm	Lunch break	
2.00 pm- 5.00 pm	• Finalize Team report& Debrief meeting with the CEC, Health-Migori	
Friday 9th June,2017	Departure for Nairobi	