KENYA COORDINATING MECHANISM (KCM)
OVERSIGHT FIELD VISIT REPORT
MACHAKOS AND MAKUENI COUNTY
13TH TO 17TH MAY, 2018

GROUP PHOTO WITH KATHIANI SUB COUNTY HOSPITAL STAFF

ACKNOWLEDGEMENT

The Kenya Coordinating Mechanism (KCM) would like to appreciate the Global Fund for the financial and technical support which enabled them to conduct an oversight Mission in Machakos and Makueni County. KCM extends appreciation to HIV, Malaria and TB ICCs and Programs, National treasury, national and all partners who joined the Oversight team and made the visit a success. We thank all KCM members, technical officers from the KCM Secretariat, National Treasury, AMREF, KRCS, NASCOP, Malaria control Programme and all Sub recipients implementing GF activities in visited Counties for teaming up with the Oversight team.

We candidly thank His Excellency the Governors Machakos County and Makueni Counties, County Executive Committee Members for Health, County Directors of Health, Chief Officers of Health and the County Health Management Teams for welcoming and sharing experiences with Oversight Team. KCM extends appreciation to all Sub County Health Management Teams, health care workers, community health Volunteers for accompanying and supporting the team during the visit and the beneficiaries for sharing their success stories with the oversight team. Appreciation also goes to all other stakeholders who provided support during this mission. Together we can end HIV/AIDS, TB and Malaria.

EXECUTIVE SUMMARY

Introduction and Background: Kenya receives funds from the Global Fund to fight HIV, TB and Malaria epidemics. Implementation of the grant within the country is done by the National treasury (state principal recipient) and Amref Health Africa in Kenya and Kenya Red Cross Scociety as non principal recipients through the National Programs and Civicl Society Organizations (CSOs) termed as sub recipients respectively. Kenya Coordinating Mechanism (KCM) oversight committee mandate is oversee the implementation of the grant. This is done through a variety of activities, including quarterly review of progress reports and field visits. The oversight field visit to Machakos and Makueni County took place between 13th and 17th May, 2019.

The KCM oversight committee envisioned to achieve the following objectives;

1. Establish Progress made on implementation of Global Fund Grants/OIG Recommendations.
2. Determine the level of stakeholder engagement, share information, Promote linkages and alignment of resources.
3. Strengthen collaboration between KCM, National and County Government, Implementing Partners PRs, SRs, communities and beneficiaries.
4. Discuss sustainability arrangements for HIV/AIDS/ Malaria /TB programs / UHC Experiences Both at County and National Level
5. Document success stories with a view to complement 6th GF replenishment cycle.

Methods: 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. The oversight also developed check lists for the county health management team meetings, health facilities TB, HIV, Malaria, Pharmacy and Laboratory sections, Sub recipients, Community health volunteers (CHVs) and beneficiaries to guide the teams during the oversight visits. During the visits, A courtesy call that included a meeting with His Excellency the governor, an entry meeting with the County Executive Committees (CECs) for health, Chief Officer (COs), County Directors of Health and County Health Management Teams (CHMT) was made. Observations was also used to record the best practices and areas of concern in relation to Global Fund Programming. Focus Group Discussion (FGDs) approach was used during the meeting with CECs, COs, and CHMTs after the Oversight Team and PRs did presentations on KCM overview and Global Fund investments in the county. Visits were undertaken to health facilities, wellness centers, meeting with the community health volunteers (CHVs) Sub Recipient (SR) and beneficiaries where checklists were used as a guide to collect information. Interview of the beneficiaries was also done to establish accessibility of services and commodities and benefits realized.

The oversight team ensured that at the end of each visit to the health facilities or organizations, brief feedback was provided with key findings and areas for improvement. In addition, clarifications around the findings were sought to inform how issues were presented in the final

report to avoid misunderstandings or misrepresentations. At the end of the field visit in each county, a debriefing session was also held with the county health leadership and the county health management team where the oversight team did a presentation detailing the key findings, recommendations and the conclusions. The debrief provided an opportunity for the county and the oversight team to agree on the action points and action plan for improving implementation of Global Fund grants in the county.

Key Findings and recommendations: During the meeting with His Excellency the Governor Machakos county Dr Alfred Mutua and County Executive Committee for Health (CEC), the team found out that HE the Governor is keen on ensuring the people of Machakos access quality health care, the county thorugh his leadership also have plans to eliminate Malaria in Machakos county and strategies are being put in place to make the county Malaria free and called for investigation of the causes of increasing MDRTB cases in Machakos county. It was also noted that the implementation of Universal Health Coverage (UHC) pilot is successful as evidenced by the increasing number of people seeking services in the county health facilities. However, there is need for the counties to put in place strategies for partner coordination to ensure HIV,TB and Malaria is contained.

No.	KEY FINDINGS	RECOMMENDATIONS
1	Provision of stipends to CHVs	The county is encouraged to continue supporting the CHVs in view of the fact that GF support for CHVs stipends is coming to an end in Dec 2020
2	Transition of Health workers employed through GF grant	The county is encouraged to absorb the current staff supported by GF grant as their support is ending in Dec 2020
3	High TB deaths 12% in 2019	Strengthen ACF, TB/HIV collaboration, early case finding and initiation of treatment and Nutrition Management.
4	High TB deaths	Investigate causes of high TB deaths through operational research
5	Shortage of nutrition supplements	Distribution is expected to take place in the next 2 months. KCM to follow up with KEMSA for additional information
6	Overstock of AL 24s	Donate excess supplies to other needy counties to avert eminent expiries
7	Lack of isolation ward for MDRTB patients	The county to plan and invest in isolation facilities in line with TB isolation policy
8	Stock out of TB Patient packs	KCM to follow up to ensure immediate delivery from KEMSA
9	Gene Xpert utilization is above 100%	KCM to follow up with the TB program to provide additional gene Xpert equipment
10	Challenges in identification of about 4,000 persons expected to be living with HIV	The county and partners to strengthen use APNs strategy to improve identification of new PLWHI

11	Erratic/short supply of Kaletra pellets and some Pis (lopinavir ritonavir)	KCM to follow up with the HIV program and KEMSA to ensure continuous supply
12	Some ART tablets look alike and frequent change of their colors'	KCM to follow up on the effect of change of color
13	Coordination of Partners	The county to coordinate partners to ensure that there is no duplication of activities.

Overall observations :

- High level commitment by Top Leadership, CHMT and health care workers in provision of quality health care; and overall support for HIV/TB/Malaria control programmes..
- Commodities for HIV/Malaria adequate; however, there is need to urgently supply TB Patient packs and Nutritional supplements.
- Need to strengthen coordination of partners to ensure alignment of resources.
- Need to Absorb all GF supported staff and support payment of stipends for CHVs.
- Need to develop clear strategies on sustainability of GF/donor supported HIV/TB/Malaria programmes and there is need for counties to establish budget line items for HIV/TB/malaria and allocate adequate resources.

- UHC pilot in Machakos county and Makueni Universal Health Care Programme well implemented.

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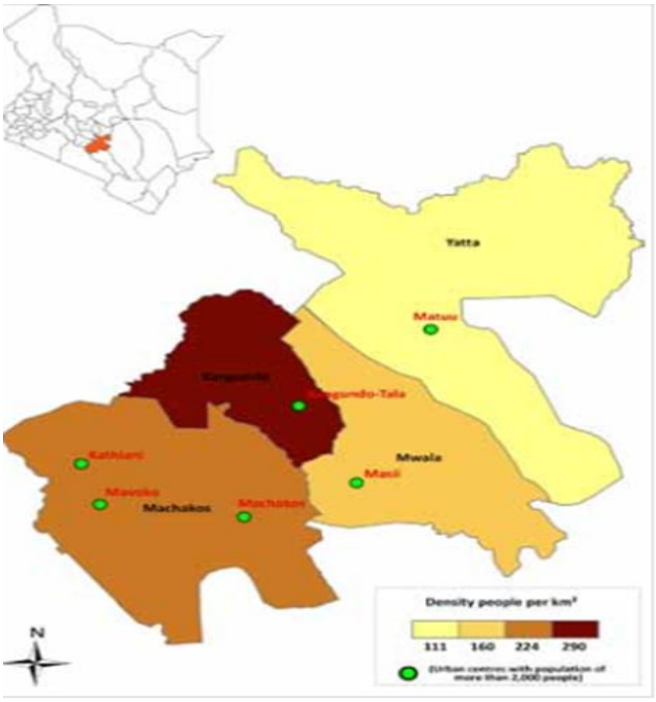
LIST OF ACRONYMS

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
KANCO	Kenya Aids NGO's Consortium
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	Isoniazid
ARVs	Anti-retro viral Drugs
CCC	Comprehensive Care Centre
CU	Community Unit
RDT	Rapid Diagnostic Kit
DHIS	District Health Information System
MSM	Men who have sex with men
NASCOP	National AIDS and STI Control Program
NMCP	National Malaria Control Program

MACHAKOS COUNTY PROFILE



Machakos County is situated in Lower Eastern Region, Kenya. The county borders Nakuru, Nairobi and Kiambu to the West, Embu to the North, Kitui to the East, Makueni to the South, Kajiado to the South West, Murang'a and Kirinyaga to the North West. The county has a population growth rate of 1.94 percent; total population was estimated at 1,098,584 with 555,446 being females and 543,138 males as at the statistics of 2012.

Kenya Red Cross Society Global Fund HIV Investment in Machakos County

Machakos County is a beneficiary of the Global Fund HIV grant implemented by 1 sub recipient (SR) HOPE worldwide Kenya (HWWK), one MSM network - Empowerment Marginalized Communities (EMAC) and 2 youth led organisations - Africa Gender Initiative (GEM) and Deaf Empowerment Kenya (DEK). The partners implement Key Populations (Men who have Sex with Men and Female Sex Workers) and Prevention Programs for Adolescents and Youth, in and out of School modules.

The grant seeks to contribute to achieving Vision 2030 through universal access to comprehensive HIV prevention, treatment and care for all by conducting HIV prevention interventions reducing new HIV infections by 75% as well as reduce AIDS related mortality by 25%.

In addition, the county has been a beneficiary of the procurement and distribution of health equipment to various health facilities, which were done in batches over the years.

Amref Health Africa Key interventions under the Global Fund TB

TB care and Prevention – Screening contacts of bacteriologically confirmed TB patients and children under 5 years old with TB, Tracing TB treatment interrupters, Active TB case finding, Public Private Mix activities

TB/HIV collaborative activities - Procurement of cartridges, falcon tubes for case detection.

Multi Drug Resistant (MDR-TB) – Patient and DOT workers' social support, support for MDR TB champions

Resilient and Sustainable System for Health – Procurement of EQA panels, Capacity building of CSOs, Support Laboratory Information Systems, Sputum Networking, Community Systems Strengthening pilot on integrated HIV, TB and malaria community interventions.

Oversight Field Visit Findings each site visited

The sites visited include;

- Entry meeting with the County Health Management Teams
- Machakos County Level 5 Hospital
- Kangundo Level 4 Hospital
- Kaviani Health Centre
- Kathiani Level 4 hospital
- KANCO- Community experience (meeting with CHVs and TB champion)
- Empowerment Marginalized Communities (EMAC)
- Makueni County Referral Hospital

The following key findings and recommendations were made;

Site Name	Key findings	Recommendations
CHMT meeting (Machakos County)	Issues raised by CHMT members: **TB** • TB Case finding Jan- Mar 2019 was 728. 2018 Cohort analysis, the county had 78% Cure rate and 87% treatment success rate. • The challenge was about 12% deaths however the county has reduced not the proportion of not evaluated to 0% • MDR TB between Jan and Mar 2019 - 8 MDRTB patients diagnosed • Gene expert utilization above 100% – need additional machines • Erratic and short supply of TB medicines • Lack of an isolation ward • Support from KANCO (Amref Sub recipient) for the community activities and CHS support for the sputum shipment is only for specific health facilities. **HIV** • Still has over 4,000 people expected to be living with HIV to be diagnosed • Slow roll out of APNS • Erratic/short supply of Kaletra and some of the PIs **Malaria** • Machakos County is a low endemic zone, however, positive	TB programme to look into additional Xpert machines MOH to ensure availability of adequate TB medicines within the context of global shortage of API for rifampicin. There is need for continuous therapeutic food supply from KEMSA

	cases are still there out of 123,685 tested in 2018, 1,114 (1.5%) positive cases were identified. • Oversupply of some ALs – supplied in a pack of 30 but many facilities use much less than that. • Artesunate injection out of stock for a while **Nutrition** About 40% of the patients have low BMIs hence need nutrition support. **Laboratory** • Medical laboratory diagnostic services within the county laboratory range from specialized to routine clinical tests that are anchored on patient care by relevant clinicians from the county facilities. • The county government of Machakos, national government & partners (AMREF & CHS) have heavily invested in the supplies of laboratory equipment and consumables • Through Global Fund support Machakos County has conducted AFB refresher training for 30 lab personnel , Supplied 24 Olympus diagnostic microscopes, Set up of Malaria reference laboratory at Machakos level 5 lab, Trained 5 lab officers on malaria microscopy, Serviced and certified of biosafety cabinets in TB diagnostic laboratories, Support of Blinded rechecking in Tuberculosis EQA scheme and Genexpert machines four (Machakos level 4, Shalom, Matuu and Kangundo).	
Machakos Level 5 Hospital	**Laboratory section (HIV/TB and Malaria)** Machakos County is one of the UHC Pilot counties – since its launch the lab services and overall outpatient services workload have increased 1.5 to 2 times More surge of outpatient service demand has been witnessed in Kangundo and other sub-counties bordering Kiambu and Nairobi Diagnostic Kits and equipment for the 3 diseases was found to be generally adequate • RDTs for Malaria for peripheral facilities have been sufficient and there are stocks which may last 3 months. They have not experienced any stock outs in the recent passed • The county received 21 Microscopes of which 5 are in use at the Level 5 Referral Hospital which the balance of 16 were distributed to high volume level 4 and level	**Laboratory** • The county require additional gene Xpert equipment to address over-utilization of the 4 machines in the county. Additional equipment can be placed at Mwala and Masinga hospitals • TB program to work with the health facility to restore the online transmission of TB results visualization.

	3 in the county. All microscopes are working well accept one at the hospital which needs minor fixing • Stocks for Plasma tests for Viral load were adequate except lack materials for plasma preparation such as Centrifuge and refrigerator though the latter has been procured and awaiting installation • Due to increased workload reagents for CD4 has been inadequate and out-stocked since March 12th 2019 • The Malaria for malaria diagnostic quality assurance is operational • Gene Xpert utilization is above 100% for the existing 4 sites is above 100% Transmission of TB results using the online system (Gene Xpert alert system) has stopped working <u>HIV Section</u> • Clinic has a total of 4373 patients on treatment out of 13,680 ever enrolled. • Majority of staffs at CCC are through support of PEPFAR through CHS. • Viral load coverage is 98% (4263 out of 4373) • Excellent viral suppression of 94% in adults and 85% in children. Adolescents have the lowest at 63%. • Impressive transition to Dalutegravir based regimens – target of 2271 and achieved 2171 (95.6%). • There were some anecdotal reports of failure of implants FP methods with a total of 18 pregnancies reported among those using DTG based regimens. • Transition of patients to differentiated models of care has stalled following the MOH guidelines for closer monitoring of patients in TLD. • Currently they have adequate stocks of ARVs, HIV test kits and condoms. • Nutritional commodities are however in short supply and would last them for less than a month. • There is also complete stock out of HIV/Syphilis dual testing kits. • M&E tools are adequate Trainings: Staffs have been trained on DTG, self-testing and use of dual testing kit. Pharmacy (HIV, TB and Malaria) Comprehensive Care Clinic Pharmacy.	<u>HIV</u> • Investigate the likely causes of low viral suppression among the adolescents. Each case to be investigated and proper case management instituted for each adolescent failing. • Urgent need for resupply of HIV/Syphilis dual kits for ANC mothers • Resupply of nutritional commodities • NASCOP to consider revising guidelines on DC models to ensure majority of patients with UD viral load to be on it to reduce congestion and improve quality of care.

The team visited the CCC pharmacy and looked at three tracer drugs; Tenofovir Lamivudine and Efavirenz 300/300/400mgs (TLE), Tenofovir Lamivudine and Dolutegravir 300/300/50mgs (TLD) and Abacavir Lamivudine 120/60mgs.

The Facility had at least one month of stock for each tracer drug and had recently distributed to their satellite sites. The facility is expecting a resupply from KEMSA before the end of the May 2019. In this regard, there is no risk of stock out.

Below is a summary of the stocks at hand;

S. No	Description	Number of PLHIV on the regimen	Stocks at Hand	Months of stock
1.	Tenofovir Lamivudine and Efavirenz 300/300/400mgs	1468	2066	1.4
2.	Tenofovir Lamivudine and Dolutegravir 300/300/50mgs	2190	2458	1.1
3.	Abacavir Lamivudine 120/60mgs.	101	194	1.9

Machakos County referral Hospital is a central site supporting 18 satellite sites. It was noted that two facilities (Kyawalia and Katitu dispensary) had not been submitting their monthly reports and thus not received commodities for some time.

The team also noted that the facility was stocked out of Nevirapine suspension and had submitted an order to KEMSA. This should be delivered before the end May 2019.

Pharmacy store

At the pharmacy store, the team was able to verify availability of condoms. They had enough stocks of Condoms that the supply to the satellite sites and the condoms had an expiry of 2021 thus no rick of expiry.

Malaria Commodities at the Main pharmacy.

The focus was on ALs (6's and 24's).

AL 6's were not available at the facility whereas Als 24's were overstocked. The commodities were received in March 2019 and October 2018 and had an expiry of June 2019. The County is planning to redistribute to Homabay County to avoid expiry.

Pharmacy (HIV, TB and Malaria)

- County health management team to follow up on the two facilities (Kyawalia and Katitu dispensary) and ensure that they report as required so as to get the necessary commodities in order to provide quality care to PLHIV.
- The county to fast track redistribution of commodities (Als 24's) to Homabay and other needy county as proposed to avoid expiry.

	The facility does not stock RDTs because they use microscopy for diagnosis of Malaria. TB Clinic Commodities: The team confirmed inadequacy of patient packs for children, Rifampicin, pyrazinamide, IPT for TB however HIV clinic has, short expiry for clofazimine, Rifampicin, pyrazinamide and Capreomycin. Flow of Patients: Most screening done by casualty, MCH, Outpatients, wards, CCC, inpatients, direct patients, private hospitals. Data Collection tools: The facility have enough tools except inadequate lab request forms and community TB reporting tools. The TB Contact register is not been filled completely by the HCWs. There is need to ensure correct information is picked from the patient for ease tracing of information. Include the contact and non-contact particulars at TB register. Integration of Services; CCC and HIV have been integrated however the facility still has a challenge in tracing of treatment interrupters. This is as a result patient migration or lack of communications especially those who live in urban set up. Provision of wrong names as the CHVs rely on the two names or three names provided	• Fast track the distribution of patient packs to ease the issue of inadequacy of drugs in future. • Relook at the practicality of the patient registration policy.
Kangundo Level 4 Hospital	Laboratory section Lab Commodities • TB diagnostic Gene Expert machine was working in good serviceable condition while Testing material supplies have been in good in good supply ordered monthly and 2 months' stocks were available • Gene expert utilization was observed to be above 100 percent in this facility. Expected to do 320 samples a month • TB Samples transfer from peripheral facilities through rider network was reported to be efficient • Supplies for Rapid Diagnostic tests for HIV was reported to be good with a 3 months' stock levels. No stock outs have been experienced • Malaria Microscopy testing was good with good supply of reagents. Test Positivity rate was reported to be below 1 • The primary health care facilities malaria RDTs are usually managed from this facility. However, it was reported that there has been a stock out from July 2018 and thus no	

	MRDT testing has been going on in all primary health care facilities • The facility received one new microscope which is good serviceable working condition Workload and Operation Space • The facility undertake quarterly client satisfaction survey which has always return a result of long Turnaround time for lab testing services • The TB and HIV Defaulter rate was reported to be low attributed to effective follow-up through CHVs at CU level • The facility has a high laboratory workload attributed to expansive catchment and a policy of minimum tests including screening for some NCDs. On average it was reported that each case send for diagnostics takes 4 tests • The Staff level was observed to be low compared to workload where currently only 8 laboratory staff are deployed as opposed to estimated need of 18. • It was observed that operating space for lab services was limited thus challenges of workstations and storage and preparation space. N/B: • All tests are undertaken free of charge to the beneficiary as part of the UHC benefit package • This facility's catchment goes beyond the sub-county and County to include Eastern part of Nairobi. This is attributable to UHC and good services at the facility <u>HIV:</u> • Clinic supports a total of 1896 patients of which 111 are children under 5 and 1795 are adults of 15. There is a total of 81 adolescents in the program. • The CCC has integrated services such as FP, lab and pharmacy. • Different clinic days for pediatric and adolescents, viremia clinics, co-morbidities and general clinics. • Over 97% of patients eligible have received at least 1 viral load test in the last 6 months of which 77% of children under 15 have suppressed and 91% of adults have suppressed. Specifically for adolescents – 63% of males and 65% of females have suppressed. • Poor suppression among adolescents has been caused by poor adherence to treatment caused by lack of disclosure,	<u>HIV:</u> • Investigate the likely causes of low viral suppression among the adolescents and institute proper case management instituted for each adolescent failing. • Utilize the available support from GF under KRCS through Deaf empowerment Kenya to address issues of stigma, poor adherence in schools, etc. • More effort is needed to mobilize ANC mothers to take self-testing kits to their partners. • Scale up APNS because it has a higher yield in identifying new positives. • Resupply of dual test kits to ANC

	stigma and no proper support structures at boarding schools. • PMTCT: All ANC mothers offered HTS, all positive are initiated on treatment immediately. • Self- testing: Facility has adequate stock of test kits intended for partners of antenatal mothers. There is however very little effort towards mobilizing mothers to take the kit. Only 10 clients had been provided with 2 bringing back the kits claiming that the partners refused to use them. • HTS: The facility has 6 HTS providers providing all modalities of HTS. Current positivity rate is 1.5% in PITC. • APNS: The facility has rolled out APNS with a total of 5 positives identified in April (30% positivity) as compared to 1.5% from PITC. • Trainings: GF supported trainings on adherence counselling, dual testing, DTG, and self-testing. • M&E tools – Adequate • Commodities – All available and within recommended stock status except dual testing kits that expired last month. TB **Background:** The sub county notifies between 320 and 393 patients annually. All TB patients are registered at points of diagnosis. In 2016, 2017 and 2018, 264, 322 and 366 patients were notified showing continuous annual increase with decrease in the number of lost to follow up to up to 5% in 2018. TB death at 12% in 2018 attributed to malnutrition where most patients have acute malnutrition (below 16.0) continue to lower down the gains in TB control. The treatment success rate for 207 and 2018 was 85%. The case finding for the children has increased from 2% 2017 to 16% in 2018. **Commodities Supply:** The facility experience inadequate patient pack supply, the last time they received patient packs was in November 2018 recent supply was 1st week of May, this has resulted in dismantling of packs risking the RH consumption and challenge in monitoring of the same. The isoniazid syrup for children not supplied though the facility has 100mg isoniazid tablet. There is also erratic and inadequate supply of nutrition commodities within the sub county. **Tools:** The facility has all the required community reporting tools however some of the filling of contact management and	TB • There is need to ensure adequate and continuous supply of the nutritional supplements. • Strengthen IPC through screening of the HCWs • Strengthen the use of data for decision making by involving all the HCWs in review of the treatment outcomes for tuberculosis. • Strengthen contact screening to ensure that all (adults and children) the household contacts are screened and followed up. • The facility can work closely with the county health management team and partners to ensure that the operation research in various aspect affecting implementation of activities or the treatment outcomes. • The county to consider adding an additional nurse to support the TB/HIV clinic. Additionally, the county should put in place plans to absorb the clinician

	the presumptive registers is not complete. **HRH:** The team found out that the facility has 1 clinician supported the Global fund and 1 nurse only to support TB and HIV patients. Considering the high work load, the facility requested for an additional nurse to support the current staff. **Successes:** The facility has implemented infection prevention policy at the health facility through screening of HCWs and support staff where 199 were screened and two cases identified. The utilization of the 4 modular gene Xpert machine is at 104%. There are 28 trained CHVs who support in community based activities and the facility has traced all defaulters except one who has not returned to treatment. The team also identified research topics within the health facility. **Pharmacy and pharmacy store** Well organized pharmacy with bin cards against each drug however the space is not adequate. **HIV commodities** Have adequate commodities (TLE 400, TLD and ABC/3TC 120/60mgs). The months of stock for this commodities were as follows; • TLE 400- 3 Months of Stock (MOS) • TLD – 2.5 MOS • ABC/3TC 120/60mg – more than 3 MOS. No condoms available at the store however there were condoms available at the dispensing area. **TB commodities** The facility had 80 packs of RHZE, 24 packs of RHZ and INH 300mgs 94,107 tablets. RHZE is not enough for the facility and the satellite sites. In addition, since there has been shortage of this commodity, most of the packs have been shared among patients and needs to be aligned in order to ascertain the stock status. **Malaria Commodities** AL 6's available expiring in December 2019 whereas AL 24's	supported by the Global Fund since the support is coming to an end by November 2020. • The TB program to consider additional gene Xpert machine for the county. Redistribute ABC/3TC 120/60mg Request condoms from Machakos level five and KEMSA. Align patient packs to determine stock status. KEMSA and TB program to follow with the supplier to fast track deliveries of Patient packs. Monitor consumption of ALs and redistribute appropriately.

	not available. The facility experiences very minimal number of people diagnosed with Malaria.	
AGYW KANGUNDO	Held FGD with 8 AGYW (2 in primary school, 2 in high school and 4 who have finished high school). During the meeting with AGYW some of the challenges highlighted facing them were: - • ARVs package is not friendly to them it should change. • A lot of time is spending in the health facility during the visit time. • Some of the parent fear to inform their children their HIV status in which they feel it's not good because they have the right to know why they are on treatment. • Attitude of health care worker which they feel is unfriendly to them. • Lack of youth center or free spaces where they can meet and have their own discussion. • There is high stigma among teacher within the learning institution.	• School time table should be worked on to accommodate time that AYLHIV are taking their drugs. • School matrons trained on HIV relevant sessions.
EMAC SSR	• EMAC is a SSR to KRCS providing interventions to MSM in Machakos County. • Signed contract and commenced work in June 2018 with targets of 900 which were surpassed. • Given increased targets and more funding from 2019 of 1100 of which they have reached 911 by end of quarter 1. • Have a total of 32 HIV positive MSMs of which all are in treatment and 31 are virally suppressed. • Have adequate peer educators that meet the client ratio standards. • Disbursements of funds is within 2 days of requisition from the SR • Challenges: o stock out of lubricants from July 2018 o stock out of STI drugs	• KCM ,MOH and KRCS to look for a permanent solution to the issue of stock outs of lubricants and STI drugs.
Kaviani Health Centre	Laboratory Commodities • Most commodities for testing of the 3 diseases are available; however, stock outs of some materials were reported e.g. buffer • Report of some HIV rapid test kits likely to expire in June 2019	Laboratory • Provide Microscope to the facility • Address stock-outs of the reagents • Redistribute short expiry test kits which may not be

	• The facility utilizes a borrowed Microscope from Kathiani level 4 for microscopy • Stocked out intermittently particularly on reagents Staffing and workload and equipment • Only one laboratory staff member for this facility which is inadequate • On average receive 50 clients per day for all the three diseases • Routine tests for the 3 diseases are undertaken in the facility but cannot increase the scope of the tests due to limitations of staffing • Undertake microscopy for malaria and Rapid tests occasionally when the lab person is away, do viral load and CD4 Count samples collected • The one staff has only received training on malaria case management but never from the TB and HIV and Malaria Microscopy • Challenge of safety within the laboratory Operating space is very limited TB Clinic Kathiani sub county statistics 2018. The case notification was 43%, treatment success rate 88% while cure rate was 85% death rate was 9% and 33 children were enrolled on IPT. The 2019 quarter 1 cases on treatment were 49 cases of which 45 are new cases. Diagnosis at the health facility is done through microscopy. Reporting tools: Adequate except the from the community level TB reporting tool (Contact investigation form) which has resulted to the facility using old version. Active Case Finding is fully functional at the health facility. Nutrition: Adequate nutrition supplements for the TB patients though some of the clients are not willing to take the supplements due to stigma and the test of the food. Commodities: Inadequate patient packs leading to the facility dismantling patient packs for adults and syrups for children borrowed from HIV clinic. Trainings: 1 Nursing officer trained on MDR and 3 CHVs trained on defaulter tracing and contact tracing <u>HIV:</u> • A medium volume facility with 300 patients currently on treatment. 14 are children under the age of 14 and 10 are adolescents 15 -19.	utilized before expiry • Make efforts to provide additional laboratory staff • Explore mechanisms to provide updates and training on the diagnostics for the three diseases TB • KCM to follow up with KEMSA and TB program to ensure the distribution of commodities has been done • TB program and the county to consider supporting the staff to attend MDRTB and Pediatrics trainings. • Amref to follow up and ensure current community reporting tools are distributed <u>HIV</u> • Investigate the extremely low viral suppression among adolescents • Institute case managers for each adolescent not suppressing virus • Work with MOE to ensure adherence to treatment in

	• Total viral suppression rate is 86% but that of adolescents is 37.5% - only 3 out of 8 adolescents tested were virally suppressed.
	• TLD &TLE optimization is with schedule.
	• <u>HTS:</u>
	    o There is one HTS counsellor for the entire facility serving all departments including MCH.
	    o Total tests done in April 231 out of which 2 were positive (0.86%).
	    o APNS – None tested through this strategy since Feb 2019
	    o Self-testing – None of the 30 kits been taken up by the clients since they were introduced.
	    o Dual testing kits – currently out of stock
	• M&E tools – adequate
	• Trainings – Revised guidelines, PNS, Self-testing, dual testing training conducted.
	• Nutrition- RUTF available but FBF and RUSF are out of stock
		boarding schools.
		• Additional HTS staff
		• Scale up APNS and self-testing

	Pharmacy and pharmacy store **HIV commodities** The facility had adequate stocks of ARVs except Nevirapine syrup where the last drug was administered by 10th May 2019. The stocks level of ABC/3TC 120/60mgs was estimated at 9.4 Months of Stock (MOS). This is high at the facility level and possess a risk of expiry. Condoms were available that could last for atleast two months.	Redistribute ABC/3TC 120/60mg to Machakos County referral hospital.
	TB commodities The TB drugs were also available in minimal amounts. RHZE available not adequate for a month, only had 1 pack of RHZ to initiate treatment for a child dianosed with TB however they had adequate stocks of Isoniazid 300mgs.	KEMSA and TB program to follow with the supplier to fast track deliveries of Patient packs.
	Malaria Commodities The facility has not had Al 6's since 2015 but had enough stocks of AL 24's. Since they have few malaria cases,	

	consumption of the Als need to be monitored closely.	

Kathiani Level 4 Hospital	HIV:
	• High volume facility with a total of 875 patients currently on treatment
	• High viral suppression of 89% with that of adolescents between 10 to 19 years at 94%.
	• Excellent TLD/TLE optimization with 310 on TLD and 333 on TLE.
	• HTS:
	  o 3 HTS providers in the facility
	  o A total of 384 tests done in April with 7 HIV positive individuals identified (1.8%).
	  o APNS: 5 clients tested with 1 positive identified (20%)
	  o RTKs – Adequate determine. Fast response – Expires in 30th may but have 3 months of stock (26 tests)
	  o Dual kit and Self testing kits out of stock
	• Nutrition- Adequate RUTF and FBF but lacking RUSF
	• Trainings – All done
	• M&E tools – Adequate
	
	Laboratory
	Commodities
	• Commodities for diagnostics for HIV/TB and Malaria were found to be generally adequate
	• Gene experts samples are collected and referred to Machakos for testing where on average they collect 5 samples per day
	• Turnaround time for gene expert result has been about 2 weeks
	• HTS testing of HIV undertaken but a miss match of supplies where they receive more of first response kits and less of determinate kits.
	  o First response kits of short expiry in October in stock
	Staffing and workload
	• Test on average 20 malaria cases, collect 10 TB samples per day
	• 6 hospital staff and students serve in the laboratory
	• 4 have been exposed to Malaria, TB and HIV training but
		HIV
		• Redistribute Fast Response test kits that are about to expire
		• Scale up APNS
		• Resupply of self-testing kits and dual testing kits that are currently out of stock
		
		Laboratory
		• Explore deployment of Gene expert machine at the facility to offload workload form Machakos level 5, improve on turnaround on results and serve nearby facilities
		• Improve on projections, quantification and supply of HIV rapid test kits
		• Redistribution of short expiry excess First response kits to avoid expiry in stock
		• Training for the 2 new staff and refresher for the 4 old staff members
		• An additional staff to back up due high workload

	require refresher. 2 new staff need complete exposure to diagnostics of the 3 diseases Laboratory space was observed to be adequate **TB Clinic** At the TB clinic, the team was able to get the experiences from the MDRTB patients and success story was documented from on MDRTB champion (annex 1). Out of the other 2 MDR patients interviewed one who completed treatment in April 2019 and the other one was still on treatment. The patients confirmed receiving social support from Amref of KES 6000K per month and NHIF paid for by the program. The two attested having received sufficient support from the TB nurse, SCTLC and food supplements which they attributed to their increased weight from 40kgs and 61kgs to 54kgs and 70kgs respectively. One of the patient is healed whereas the other is in the second last month of treatment. **Pharmacy and pharmacy store** The pharmacy is well organized with adequate space for storage and dispensing of drugs. The bin cards were updated. **HIV commodities** The facility had adequate stocks of ARVs except Nevirapine syrup which is stocked out. Condoms were also available that could last for atleast three months. **TB commodities** The TB drugs were also available in very minimal amounts (RHZE-2 packs, RHZ-9 packs). Isoniazide 300mg was adequate for atleast three months. **Malaria Commodities** Have enough stocks of AL (AL6's and AL 24's) however the consumption need to monitored closely. The pharmacy team expressed that they have high worload and would require additional staff to support them.	NASCOP and KEMSA to fast track the distribution of Nevirapine syrup.
KANCO (a Sub	The team met CHVs supported by KANCO at Kathiani level 4	The county and partners to

Recipient for Amref health Africa in Kenya Implementing TB grant) - Community Experience	hospital. Out of the 2 CHVs one doubles up as a peer Educator while the other is also supported by the county under UHC. The CHVs have been trained by CHAK (2017) and KANCO (in 2019) on community TB based activities. The CHVs understand their work very well and are supporting in tracing TB treatment interrupters and Contact screening. They refer both the presumptive TB cases and children under five years for diagnosis and initiation of IPT respectively. One of the CHVs is a TB champion having contracted and treated for TB in 2007. This has made the CHV passionate about her work as she tries to help other people. The CHVs have a good working relationship with the HCWs in the TB clinic and facility at large. They are supported with KES 840 per household visited by KANCO. Challenges faced: • Patients being locked up within their households and denied treatment. • Faith Healing interfering with treatment • TB mistaken for witchcraft hence traditional healers taking advantage. • Stigma associated with food supplements as people associate with HIV and AIDs hampering adherence to nutrition treatment. • Patients giving wrong locators making it difficult for contact tracing and trace when they miss their appointments. • Lack of identification for CHVs making entry to the community difficult	provide identification cards for the CHVs

MAKUENI COUNTY

The team was well received by the county chief officer of health and the county health management team at county referral hospital conference room. The team thereafter visited the four departments (Laboratory, Pharmacy, HIV and TB clinic) in the county referral hospital. Below are the discussions with the county health management team.

Table 1: Makueni County Level 5 Hospital Findings

Site	Key Findings	Recommendations
Laboratory services and Malaria	**Malaria diagnostics** • Malaria Microscopy services taking place well • Out of 19 staff only 1 has been exposed to malaria Microscopy training • Require additional Microscope • Malaria incidence markedly low and mainly along the Nairobi Mombasa highway and at County Head Quarters **HIV Testing** • Facility well stocked with test kits as besides GF, partners also support • Challenge of short expiry determine kit expiring in June 2019 • A mismatch of the expiry dates for the Kits and the buffer reported April 2019 for Buffer and June 2019 for Kits • Low consumption of the kits apart from short expiry, is attributed to the policy of nurses not allowed to test • Long turnaround time on reverse logistics (withdrawal) for expired commodities thereby impacting negatively on storage space for new stocks **TB** • Diagnostic commodities generally in good supply • High utilization rate of the Gene Xpert technology (160%) • Limited supply of Cartridges compared to consumption –(500 against consumption of 1,100) • Long turnaround time on calibration of equipment (1yr) • Lack of proper service contracts for the equipment and power backups • TB Microscopy training required for the staff **Cross Cutting findings**	**Malaria diagnostics** • Refresher training to all Lab personnel including those in other facilities too **HIV Testing** • Redistribution of Short expiry kits to other high volume facilities • Supply Kits and Buffer of same expiry dates • Timely processes for withdrawal of expired commodities **TB** • Find Strategy to offload more work for the Gene Xpert • Undertake Regular calibration of the equipment • Establish a good service contracts for the equipment • A Training plan for the staff • Improve quantification of needed supplies and matching supply to need

	• Good best practice for the sample referral using a well-coordinated and networked system of riders including results feedback • Commodity networking system for Lab personnel which helps to address stock outs and expiries	Cross Cutting findings • Keep up the good practices and continue innovations
Pharmacy and pharmacy store	• Well organized pharmacy with bin cards against each drug. • Adequate storage facility both for the facility and the County because they have separate stores for the facility and the County. HIV commodities • The facility had adequate stocks for all the ARVs (TLE 400, TLD and ABC/3TC 120/60mgs). • It is the only facility visited that had Nevirapine syrup that they had received a week before the visit however no patient had missed their medication. • They had enough supply of condoms at various stores i.e. facility main pharmacy store and the County store. TB commodities • The facility did not have any patient packs at the main pharmacy however they had 10 packs in the TB clinic that had not been opened. • They had enough RHZ Paediatric formulation and isoniazid for adult. Malaria commodities • AL 6's available (13 doses) but did not have AL 24's. This facility also experiences minimal number of patients diagnosed with Malaria.	KEMSA and TB program to follow with the supplier to fast track deliveries of Patient packs Need to order additional stocks of anti-Malaria
TB Clinic	• The facility is both diagnostic and treatment site. • The county has functioning gene Xpert machine with over 100% utilization. • The county has procured a digital X-ray machine and they use CDs and a computer procured but Global Fund an read the images. • The facility is implementing ACF where they use linkage	TB program to follow up and ensure the HCW allowances are paid

	assistants to screen patients at outpatient and thereafter follow up of presumptive cases by health care workers • There is robust patient management system where all contacts of bacteriologically confirmed cases have been screened during home visits by CHVs. • Trainings: the facility staff have been trained on IPC and MDR TB however they complained that their allowances have not been paid. • Contact screening and tracing of treatment interrupters is done well by the CHVs supported by TAC Health Africa (a sub recipient for Amref) with lunch and transport	

Conclusion

- High level commitment by Top Leadership, CHMT and health care workers in provision of quality health care; and overall support for HIV/TB/Malaria control programmes..
- Commodities for HIV/Malaria adequate; however, there is need to urgently supply TB Patient packs and Nutritional supplements.
- Need to strengthen coordination of partners to ensure alignment of resources.
- Need to Absorb all GF supported staff and support payment of stipends for CHVs.
- Need to develop clear strategies on sustainability of GF/donor supported HIV/TB/Malaria programmes and there is need for counties to establish budget line items for HIV/TB/malaria and allocate adequate resources.
- UHC pilot in Machakos county and Makueni Universal Health Care Programme well implemented.

ANNEX 1: SUCCESS STORY

MDRTB CHAMPION

"I got MDRTB from Machakos prison" Boniface ***(Not his Real Name)*** says as he narrated how he ended up being an MDRTB champion. In 2016, Boniface a village elder by then, was arrested, taken to Machakos prison and remanded for 10 days due the land disputes. After being discharged, he went home and continued with his daily activities as usual. After 8 days, he started coughing, experienced weakness and loss of appetite. Still being a bit strong, he decided to visit Mitaboni health centre and was referred to Machakos level 5 hospital for tests.

At Machakos level 5 Hospital, he was asked to produce and wait for results at home. After two days, he received a call from the health care worker to visit the facility as they have identified the problem. Without wasting time, he prepared and travelled to Machakos hospital where he received shocking news that he has contracted MDRTB. He was counselled and immediately started on treatment. "I received 240 injections, the nurse visited me daily at home for the injections" explained Boniface. He attested that he received maximum support from the nurse, treatment supporter (wife) and the SCTLC who ensured the social support of KES 6000 from Amref and NHIF monthly payments was consistent by timely requesting for him. The SCTLC also made constant follow up by reviewing his progress on a monthly basis and ensuring medicine was adequate. He also received nutrition support throughout medication period which he attributed to his quick recovery and healing. He ensured his family members (wife and granddaughter) were screened for TB who tested negative. He completed treatment in 21st April 2018 and was confirmed to have been healed after receiving his last sputum test.

After treatment, Boniface decided to be an MDRTB champion and he has been providing health education sessions to TB patients in Ngiini and Mitaboni health centres, conducted Household visits to TB contacts and gave health talk during World TB Day in Machakos County. He has since been engaged by the county as a champion and through GF fund, he has been sensitized and receives monthly stipends of KES 4,000 from KANCO a sub recipient for Amref. He gave a testimony where he has assisted a TB patient who was malnourished by taking the household through providing education on correct nutrition plan and adhering to medication and currently the patient has been healed. During his daily activities, he faces challenges which include; vast distance between households making it difficult to reach more people with health education, Stigma against those affected from family members and Patients refusing to take supplements basing it on unpalatability.

ANNEX 2: TEAM MEMBERS

Oversight Mission Team Machakos and Makueni Counties	
Name	Organization
1. Mr. Nelson Otwoma	KCM Member-Team Leader
2. Mr John Kihiu	KCM Member
3. Mr Mathew Ashers	HIV ICC
4. Dr Dan Koros	GF/PEPFAR Liaison Officer
5. Mr. Samuel Muia	KCM Coordinator
6. Mr Titus Kiptai	Amref Health Africa in Kenya
7. Mr Kevin Ogolla	KCM Secretariat
8. Ms. Margaret Ndubi	National Treasury –HIV Grant
9. Dr Peter Kimuu	National Treasury –Senior Programme Officer
10. Ms Mwanaisha Hamisi	KRCS
11. Joyce Wanyonyi	KRCS
12. Jane Onteri	NASCOP
13. Mr James Sang	NMCP
14. Ms. Caroline Ngare	NACC
15. Mr. John Kivuva	KANCO
16. County directors of Health, CHMT/SCHMT Representatives	

ANNEX 2: PROGRAM

THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION: MACHAKOS AND MAKUENI COUNTIES PROGRAM : 12TH TO 18TH MAY,2019		
Day/Time	**Activity/Event/ Tentative Discussion Points**	**Venue**
Sunday 12th MAY,2019	**Travel to Machakos**	
Day 1: Monday 13th May,2019 09.00am-10.00 am	**Courtesy call on the Hon. Governor** • GF Support to the County • Objectives of the visit. • Question and Answer session	**County Headquarters**
10.00am to Noon	**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 • UHC Pilot Experiences • Question and Answer session	**Machakos CHD Offices**
01.00pm-02.00pm	**Lunch break**	
2.00pm- 4.30pm	**Site visit - Machakos County Referral Hospital** • 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 • 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.	
5.00pm – 5.30 pm	Recap of Day's Activities	
Day 2: Tuesday 14th May,2019 9.00am—11.00am	**Kangundo Sub County hospital** • 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	

THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION: MACHAKOS AND MAKUENI COUNTIES PROGRAM : 12TH TO 18TH MAY,2019		
Day/Time	Activity/Event/ Tentative Discussion Points	Venue
	• 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	
1.00pm- 2.00pm	Lunch break	
2.00pm--5.00pm	Visit to KRCS SR: Show case GF Investments/ Successes SRs: HWWK and EMAC 1. MSM programme – Kagundo Sub county 2. AGYW interventions – Kagundo Sub County 3. Linkage between HF & Community.	
Day 3: Wednesday 15th May ,2019	Kaviani Health Centre in Kathiani Sub County • 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.	
1.00pm-2.00pm	Lunch	
02.00pm-4.30pm	Amref TB Grant SR: Show case GF Investments/ Successes SR – KANCO Facility Kathiani Sub County Hospital Contact tracing for bacteriologically confirmed TB patients Tracing of TB treatment interrupters Meeting CHVs attached to Machakos county Hospital DR TB social support- Kathiani Sub County Hospital Linkage assistants MDR champion	
Day 4 Thursday 16ST May,2019 8.00am-11.00am	Debrief CHMT	
11.00am	Travel to Makueni County	

THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION: MACHAKOS AND MAKUENI COUNTIES PROGRAM : 12TH TO 18TH MAY,2019		
Day/Time	**Activity/Event/ Tentative Discussion Points**	**Venue**
1.00pm- 2.00pm	Lunch break	
Day 5: Monday 17th May,2019 09.00am-10.00 am	Courtesy call on the Hon. Governor • GF Support to Kenya • Objectives of the visit. • Question and Answer session	Makueni County Headquarters
10.00am to Noon	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 • UHC Pilot experiences. • Question and Answer session	Makueni CHD Offices
01.00pm-02.00pm	Lunch break	
2.00pm- 4.30pm	Site visit - Makueni County Referral Hospital • 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 • 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.	Makueni
4.30pm to 5.00pm	Debrief Meeting with HFMT	
Day 6: Saturday 18th May,2019	Departure for Nairobi	