

KENYA COORDINATING MECHANISM FOR GLOBAL FUND OVERSIGHT FIELD VISIT REPORT



1.1 Executive Summary

Providing oversight to funding request development, grant negotiation and grant implementation and closure is considered by the Global Fund as an essential function of the Kenya Coordinating Mechanism. The Global Fund Secretariat expects each CCM to have an oversight plan in place. The Core Principle of oversight is to ensure that resources –financial and human are being used efficiently and effectively for the benefit of the countries citizens.

In line with the Oversight plan in place, the KCM conducts oversight biannually and thus appreciates financial and technical support from Global Fund which enabled KCM to conduct an oversight mission to Kilifi County, The site visit was very timely in that this is the second visit happening during the current grant implementation.

During the 5 days visit in Kilifi County, a number of hospitals, health centres and beneficiaries across the three diseases were visited in their homes. The visit was an eye opener in that , we were able to witness firsthand Global fund support from Commodities, a functional vehicle purchased with GF support, learn from Health Care workers trained and also hear one on one from the beneficiaries. The KCM will use the lessons learnt as a way to profile GF successes in Kenya and also address possible challenges witnessed in grant implementation.

Best-practice models witnessed include

- KCM Leadership and County Collaboration,(KCM leadership and dynamic civil society participation with well-structured governance and oversight processes;
- participation of beneficiaries in grant implementation, decision making and advocacy,
- good communication and reporting between KCM and other actors;
- a KCM supported by a strong secretariat and technical sub-committees;
- effective Principal Recipient (PR) supervision over sub-recipient grant implementation

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 Kilifi 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 Kilifi 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.

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3.1 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	Isoniazid
ARVs	Anti retro viral Drugs
CCC	Comprehensive Care Centre
CU	Community Unit
RDT	Rapid Diagnostic Kit
DHIS	District Health Information System
PHO	Public Health Officer
AMURT	

4.1 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 Kilifi County from 13th to 18th June, 2018. 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:

- a) Establish Progress made in implementation of Global Fund Grants.
- b) Document Achievements and identify areas of Improvement.
- c) Share technical information and Promote linkages and collaboration between KCM, Counties, PRs, SRs and local communities
- d) Document success stories and views from beneficiaries and stakeholders on how to strengthen GF Programming.

Meeting with the CEC for Health

The CEC Kilifi acknowledged the support that the County has been receiving, the purpose of the visit was to have a courtesy call with her and showcase the support that Kilifi County has received over the years, from Commodities, Training, a vehicle and support to the Community Strategy. During the discussion we were able to highlight two major challenges that needed her attention.

- a) Malaria expiries, it was noted that in both 2017 and 2018, the County had over 400,000 stock outs of RDTs. She noted that innovative strategies would be applied to avert this.
- b) Human Resource Challenge at the TB Clinic. The County hospital has only 7 Trained Cos. We brought to her attention the dire need for the County to hire a CO for the TB Clinic so that CHWs stop manning the clinic as they are not trained for the purpose.

Welcome Remarks by Director for Health

The Director for Health and the Public Health Officer welcomed the Oversight Team to Kilifi County and indicated that the County Government is appreciative of support from Global Fund that has enabled the county to access services and commodities for Malaria, TB and HIV. TA from Global Fund.

Remarks by M/s Lucy Chesire Oversight Team Leader

Ms Chesire informed the meeting that she represents TB Constituency in KCM and that the purpose of the visit was to establish the progress made in Kilifi County in implementing HIV, TB and Malaria activities. She informed the meeting that the visit was an opportunity to share information and experiences in relation to Global Fund grants, and not a monitoring exercise. She informed the meeting that Global fund invested USD 380m grants, are performance based and resources should be directed where there is greatest need.

She informed the meeting that the team was to visit both state and non-state implementers of Global Fund grants in the County. Annexed in appendix 1 find the oversight visit tools and itinerary.

- Global Fund has been in existence for 18 years
- GF raises funds as a PPP and these are disbursed to the counties
- Oversight Visits are done twice a year

Purpose for the visit:

- Establish Progress made in implementation of Global Fund Grants. – USD 380m disbursed to Kenya. Disbursements done every three years
- Document success stories and views from beneficiaries and stakeholders on how to strengthen GF Programming.
- Share technical information and Promote linkages and collaboration between KCM, Counties, PRs, SRs and local communities
- Meet our beneficiaries and see what issues they are raising because Kenya is a high priority country around the three diseases areas

5.1 Background Information

15th December, 2017 Kenya signed new grant amounting to USD 380 Million to support ATM for the period Jan 2018 to June 2021. These were distributed as HIV= 25 billion, TNT, 17.9 billion, KRCS=KShs 7.1 billion. Malaria 6.7 Billion, TNT 5.4 billion, Amref

Health Africa, KShs 1.3 billion. Tuberculosis =KShs 6.3 billion ,TNT KShs 3.0 billion, Amref Health Africa, KShs 3.3 billion

6.1 Methodology

The team conventionally 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;

- Courtesy Call: included an entry meeting with the Director of Health, Public Health 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 Kilifi 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.

Oversight Team Members

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

6.1 Oversight Visit Guiding Questions-see *oversight visit questionnaire*

7.1 Findings for each site visited (as per the Oversight visit guiding questions including achievements/challenges).

- a.** Entry Meeting with the Director for Health/ PHO/CHMT-Overall burden of Malaria, TB and HIV/AIDS in the County, overall situation of HIV/TB and

Malaria commodities in the County, Proportion of funds mobilized to support HIV/AIDS, TB, Malaria and Leprosy, GF programming- areas of strengths/improvement.

- b.** Health Facilities- HIV, TB and Malaria Programmatic performance as per measurement scores in data collection tool.
- c.** SRs-Proportion of Fund Received, proportion of funds utilized, Timeliness in disbursement of Funds from PR-SR, expenditure pattern, timeliness in implementation of activities, programmatic performance rating –average score, link facility support supervision, proportion of CHVs supported, completeness in reporting, availability of commodities to CHVs sustainability strategy, success stories/views from beneficiaries-.

Oversight Field Visit Findings

The Oversight team held a successful meeting with the County Executive Member for Health, the Director of Health, The Public Health Officer and the County Health Management Team. The team managed to visit 9 sites as per the itinerary i.e. one County Referral hospital, one sub county hospital, Two health centers, 1 dispensary, 2 sub recipient and 1 home visit to beneficiaries.

The sites visited included;

1. Kilifi County Referral Hospital
2. Onsite dispensary
3. Malindi Sub county Referral Hospital
4. Home visit to GF beneficiary
5. Bamba Health Centre
6. KRC Key Population Site - DICE
7. Muyeye Health Centre
8. Ananda Marga Universal Relief Team (AMURT) Sub Recipient
9. St Lukes ACK Kaloleni FBO Facility

Key Findings:

a) Health Leadership

The County Government allocated 23% of the county budget to support health activities during the financial year 2017/2018. TB was allocated Kshs 32,000,000; Malaria – Kshs 62, 000,000 and HIV Kshs 62,000,000. Health remains a priority for the leadership of Kilifi County and this has gone along way in creating a platform for Universal health

care. The County Government has also committed to supporting CHVs during 2018/2019 financial year, with top Management showcasing the highest team work and work ethics, this is critical since health is a devolved function.

b) Disease Progress and Prevalence

The Kilifi County HIV prevalence is at 4.4% compared to the national one which is at 5.6% , whereas the TB confectio n rate in Kilifi County has reduced from 63% in 2012 to 54% in 2016. The County is on target to meeting treatment success and diagnostic targets. Training of Integrated TB Curriculum done as planned and implementation of Community TB management/ care is optimal for MDRs and that Increased Case finding by 19% in Kilifi county (-7% to 12%) in 2016 to 2017 had been observed, all MDRTB patients had gotten access to social support and even had NHIF cards. One major problem is that the Culture equipment delivered in 2015 hasn't been installed.

It was worth noting that 2018, has been a critical year for Kilifi County since it benefitted from the Mass Net Distribution as scheduled in the Grant Implementation plan for Kenya, though in future there is need to loop in Schools, children's homes and prisons. . Other achievements include Anti-malaria Commodities (mRDT, AL and Artesunate injectables) generally available but with short expiry ,though being addressed, Bed Nets and SPs are targeted at intended beneficiaries- MCH, there is no Community Case Management at lower levels and lastly the 6 Microscopes Co-financed by GoK, are all non functional.

It was sad to note the financial loss courtesy of the over 460,000 RDTs expired valued at KES 18 Million.

c) Commodities

On the issue of commodities, we witnessed required stock levels for ARVs, Condoms, HIV Test kits, OI drugs, first line and second line TB drugs, ACTs, RDTs. It was worth noting the functionality of the air conditioning within the stores, however we which greatly affected service delivery, by the time of the visit everything had normalised.

However we observed shortages and stock outs for RTK supplies which were pretty erratic and stock outs of Female Condoms and STI drugs in almost all facilities. We were impressed to find functional Genexpert at the County Hospital coupled with supplies of falcon tubes and catridges.

d) Training of health Care workers

We observed that the Health Care workers were trained as per the GF Grant Schedule in the following areas :

- Laboratory
- ART trainings under integrated curriculum
- Usage on the SMS Notification Services
- TB Trainings on drugs and diagnostics, we observed that 67 out of 25 HCW had been trained as scheduled.
- Adherence to treatment guidelines by HCW
- Training of HCW on Malaria case management but no reference materials provided.

e) Resilient and Sustainable Systems for Health (RSSH)

The Global Fund has always recognized that strong health systems that integrate robust community responses are needed to end HIV, TB and malaria as threats to public health. Therefore, the Global Fund has prioritized investments in building resilient and sustainable systems for health (RSSH) as a core aspect of its work, as highlighted in the new Global Fund Strategy 2017-2022 “Investing to End Epidemics.”

In the current grant, Kenya has been supported to ensure successful grant implementation, through allocating resources for health systems strengthening; this has gone along way in ensuring that HIV, TB and Malaria services are provided within a functional and strong health systems.

This focus on RSSH aims to continue strengthening and expanding the capacity of systems to address health issues in a sustainable, equitable and effective manner, including for the three diseases. By strengthening systems for health, it is also expected that they will be prepared for and able to cope with any potential future shocks.

Progress on RSSH included:

- County Store refurbishment and at least 70% complete,
- A functional County vehicle and 3 operational motor cycles used by the Health care workers.
- We also noted that there is need to ensure proper streamlining of the Updated DHIS 2 application.
- Of concern was the fact that the Reference Laboratory that is co-funded through a Regional Global Fund grant in collaboration with the World Bank had stalled due to lack of financing.

Health care in Kenya is currently deveolved and their is need to ensure continuos and consistent collaboration between all stakeholders involved in Health care for the broader benefit of Kenyans.

Key Challenges in the Kilifi Oversight Visit

They include

- A number of the members participating lacked an understanding of the KCM's oversight role and how it complements the PR's management and monitoring of grant implementation;
- The expanded role of KCMs especially in the context that the KCM has increased from 18 to 23, very few members have participated in the oversight capacity building and actual visits, the visit tend to lack meaning especially when KCM does not provide leadership from all angles. E.g. You have a team of about 18 pax, of which only 3 are KCM members so it ends up almost being a monitoring visit.

Recommendations from the Key Findings

We have summarised the findings and recommendations based on the different levels of implementation.

1. KCM Recommendations	
Findings	Recommendations
Incomplete renovation of County Store	Refurbished county medical store (air conditioner, shelving, fire extinguishers and thermometers) providing for adequate and secure storage of health commodities
Stalled Laboratory project co-funded by GF regional and World Bank	Address current challenges to ensure project completion
KCM Members in Oversight Visits	Develop and disseminate written guidelines on oversight. New and existing CCM members and other key stakeholders should be trained or refreshed on grant oversight.

	<p>Such training should cover</p> <ul style="list-style-type: none"> i) the definition and scope of CCM oversight; ii) the respective oversight roles and responsibilities of the CCM, PRs, sub-recipients, LFAs and other stakeholders and the lines of communication between them; and iii) oversight tools, mechanisms and good practices. Especially the New Dashboard currently in use
Dissemination of Good Practices in the grant	Support the dissemination and replication of best practices outlined in this report.
Oversight roles and processes	<p>Ensure meaningful participation of a broad range of stakeholders, including civil society and non-KCM members in the oversight process;</p> <p>Establish communication channels between the KCM and the Local Fund Agents (LFAs) to strengthen KCM oversight capacity;</p> <ul style="list-style-type: none"> • strengthening KCM secretariats to support CCM oversight.
Multistakeholder Engagement and Collaboration	There is need for a GFATM/PEPFAR partner meetings to ensure alignment and minimise duplication of activities.
Delayed SR Disbursement	Ensure timely disbursement and programme implementation
2.Disease ICCs Recommendations	
TB/HIV and Malaria ICCs role in	This needs to be defined to ensure adherence to Key Performance

Oversight	indicators and guidelines.
3.KEMSA Recommendations	
Supplies and Commodities Distribution	Ensure the technical specification and contractual warranties for equipment's are strictly adhered to.
4.County Government Recommendations	
Amkeni Project not having an MFL Code	Facilitate MFL Code for AMKENI Project to ensure service uptake for Key Populations
Inadequate Health Personell TB Clinic at Kilifi County Hospital not heaving a Clinical Officer	-Recruitment needs to be done through County services board for staff -CEC to assign CO Immediately as promised through County Health Hiring
HIV,TB and Malaria Commodities	Allocate resources for Redistribution of short dated commodities to avert expiries
Key Populations	Ensure consistent supply of commodities – female condoms, RTKs, STI drugs, IEC materials, naloxone for overdose management
County Debt and Commodities	Issues of debts owned by counties to be addressed to allow GF/free commodities to be supplied as requested/ordered
5.State Principal Recipient Recommendations	
Global Fund Disbursement Schedule	GF should immediately notify the DOHS through the CEC when funds are wired to the county for immediate transfer of the funds to the DOHS account.
6.Non State Principal Recipient	
Delayed CHV Stipends	Kenya Red cross to identify an SR that will contract the network and ensure

	timely payments of the stipends to peers.
KRC/Amurt Sub Recipient	<ul style="list-style-type: none"> • Recommend Ksh 2000 stipend for CHVs • Facilitate CHV enablers- Buy bicycles for CHWs, T-shirts, white coat, branded bags • Budget for health outreach sessions in schools. • Issue Certificates of recognition for the excellent work of the CHWs • Improve the salaries of staff especially the Program Officer by 30% for better motivation.
6. Sub Recipient Recommendations	
Omari Project	<ul style="list-style-type: none"> • Need to train on first aid kit and supply of the same to assist in case of injuries- • Trainings on Positive health dignity and prevention and communication skills. • KRC to Provide support for Professional development including short courses, conferences and exchange programs. • KRC to avail bag packs for the peers to improve efficiency of the work done. • Extend the duration of trainings for the peer educators. <p>Omari to facilitate identification t-shirts, badges for their operations</p>
General Recommendations	
<ul style="list-style-type: none"> ▪ Need to set up Sentinel Sites and thresholds for Malaria for Epidemic ▪ County/KRC to support sensitization of HCW, law enforcers and general population on stigma reduction. 	

<ul style="list-style-type: none"> ▪ NASCOP to follow up and ensure an MFL code is allocated to the dice.
<p>Malindi Sub County Hospital</p> <p>Align Capacity building plan with National/County plans on Human Resource.</p> <p>Budget to be prioritized during the point of allocation and budget consolidation especially for Malaria</p> <p>Ensure the consumption data guides the supply to peripheral facilities</p> <p>Technical support/mentorship to counties for EPR action plans especially during the flooding season</p> <p>Ensure all relevant frontline cadres including HRIO are included in future malaria case management trainings</p> <p>Ensure adherence to treatment policy guidelines including packing of commodities</p> <p>Accurate early reporting and requisition of commodities</p> <p>Maintenance Schedules for Equipments such as microscopes to be put in place and required schedules adhered to by supplies/manufacturers</p>

Lesson learnt

- MSCH- TB Tracking form for referrals
- Adherence and Compliance to Malaria Treatment guidelines for Test and Treat and Tracking
- RDTs maximization in Bamba Hospital to avert short expiries –Shelving of Microcopy
- Dispensing of SP for IPTp and AL for treatment of uncomplicated Malaria as per guidelines

Conclusion :


The KCM always takes into consideration the purpose of oversight at each visit, however there is need to ensure that activities are implemented and resources are used as specified in the grant agreement. KCM has to do the following

- Provide strategic direction to PRs where needed,
- Ensure compliance with Global Fund policies and procedures,
- Establish financial controls and following up on key recommendations.

In conclusion the KCM must be able to ensure that there is broad participation in grant oversight, from non-CCM member stakeholders as well as from members and ensure major donor participation to minimise duplication of activities and resources.

Kilifi County- Oversight Pictorial View

[illegible][illegible]


 No. 527076
 Republic of Kenya
 Ministry of Health
 Communicable Disease TC Case
 TB Screening Test at Community Level

Name of Client: Chacha, N. Njiragu Age: 6 Sex: M
 Mobile Number: 0712345678 NIA Number: 3456789
 Community Level: CHACHA CHACHA
 Village: CHACHA Sub-Village: CHACHA Location: CHACHA District: CHACHA
 Date of Birth: 10/01/2010 Date of Test: 10/01/2010
 Date of Result: 10/01/2010

Is a case of history of known infected person (contact) for TB in last two years?
 Yes/No Yes Name: CHACHA, N. Njiragu Location: CHACHA District: CHACHA
 Address: CHACHA

Test	Yes	No
1. Cough day & night	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Cough day & night with colored sputum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Cough at night	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Weight loss	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Chest pain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Blood in sputum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. Chest pain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Night sweats	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

10/01/2010

At the end of the interview:
 If client is asked to produce a signed copy of the subject for the interview TB diagnosis certificate
 Is the client 18 & above to sign? Yes/No Yes
 Is the client 18 & above to sign? Yes/No Yes
 Is the client 18 & above to sign? Yes/No Yes

Signature: CHACHA

Signature	Yes	No	Date	Signature
Interviewer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<u>CHACHA</u>
Supervisor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<u>CHACHA</u>
Community Health Officer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<u>CHACHA</u>

Signature: CHACHA Date: 10/01/2010
 Signature: CHACHA Date: 10/01/2010
 Signature: CHACHA Date: 10/01/2010





AMURT DATA REVIEW MEETINGS

