KENYA COORDINATING MECHANISM

OVERSIGHT FIELD VISIT REPORT FOR KWALE & MOMBASA COUNTIES

23RD TO 26TH NOVEMBER, 2015

KCM Oversight Team With Lunga Lunga Health Center Team

ACKNOWLEDGEMENT

The Kenya Coordinating Mechanism(KCM) highly appreciates support from Global Fund which enabled the oversight team to visit Kwale and Mombasa Counties, KCM also appreciate all partners who joined the Oversight team and made this visit a success particularly; USAID PEPFAR, MSH, Aphia Plus, CHAI and NOPE. We thank all Technical Officers from the National Treasury, AMREF, KRCS, NASCOP, TB and Malaria Programme for teaming up with KCM Oversight team.

Further, we extend our appreciation to the Honorable Governors of Kwale and Mombasa Counties for hosting the Oversight team. We particularly thank all the: County Executive Committee Members for Health; Chief Officers; County Directors of Health; County health management teams; health care workers ,community health Volunteers and beneficiaries for accompanying and supporting the team during the field visit. To all the sub recipients and other stakeholders who participated in this visit feel appreciated.Together we can end HIV/AIDS, Malaria and TB.

EXECUTIVE SUMMARY

This report narrates the activities undertaken by the Kenya Coordinating Mechanism (KCM) as part of the annual oversight to Global Fund supported project as per the KCM mandate and work plan. One of the major functions of the KCM includes undertaking oversight role to ensure that implementation of grants is undertaken as planned and that the targeted results are realized and challenges identified and addressed in good time.

The KCM conducted an oversight mission in Kwale and Mombasa Counties between 23rd and 26th November, 2015 and a total of 26 sites were visited. The key findings observed during the oversight visit include: Most of the facilities visited were able to provide health services for HIV/AIDS, TB and Malaria; beneficiaries were accessing HIV, TB and Malaria services. A community linkage between the facility, community health volunteers and beneficiaries was good. A sufficient supply of commodities was noted across the three diseases with minimal stock outs noted on Cotrimoxazole. Kwale County had set a budget of Ksh 20million in the current financial year to support some of the activities of Community Health Volunteers (CHVs). Mombasa County had eight Gene xpert machines which were being utilized by clients.

However it was noted that the level of satisfaction by CHVs on stipends provided to them was low ,there was insufficient coverage and supply of data/reporting tools particularly for ART and comprehensive care services, high workload for the three diseases was noted with inadequate staffing levels especially for clinical and laboratory staffs, frequent harassment to persons who inject drugs by security personnel was also noted in the two Counties and Kwale County lacked a viral load machine and all specimens were taken to Coast PGH.

The Oversight team and KCM made recommendations as presented in this report to the Principal Recipients, Programmes, Partners, KEMSA and County Health Departments, on how best to sustain the response to HIV, TB and Malaria and complement the Global Fund support in the two counties.

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ACRONYMS

HIV	Human Immuno-deficiency Virus
AIDS	Acquired immune-deficiency syndrome
TB	Tuberculosis
PR	Principal Recipient
KCM	Kenya Coordinating Mechanism
CEC	County Executive Committee Member
AMREF	Africa Medical Research and Foundation
KRCS	Kenya Red Cross society
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
INH	Isoniazide
ARVs	Anti retro viral Drugs
CCC	Comprehensive Care Centre
CU	Community Unit
CHAK	Christian Health Association of Kenya
RDT	Rapid Diagnostic Kit
DHIS	District Health Information System

1.1 INTRODUCTION

Grant Oversight is one of the core governance functions of the Kenya Coordinating Mechanism (KCM). The main function of the oversight committee includes undertaking oversight role to ensure that implementation of grants is undertaken as planned and that the targeted results are realized and any challenges identified and addressed in good time. The KCM Oversight team successfully conducted an oversight visit in Kwale and Mombasa Counties from 23rd to 26th November, 2017 and a total of 26 sites were visited.

Kwale County is located at the Coastal region of Kenya and has an estimated population of 739,435 people. The County continues to register a high number of HIV, TB and Malaria cases, thus remaining a priority county under Global Funds-New Funding Model even as it gets rolled out. The County is ranked 14th among the 47 counties in terms of HIV burden, with an overall HIV prevalence of 5.7%.

Mombasa County is located at the Coastal region of Kenya and has an estimated population of 1,068,307 people, the County is ranked 7th among the top 10 counties in terms of HIV burden, with an overall HIV prevalence of 7.4% way above the National Prevalence.

The TB situation report of 2014 indicates that Kwale County reported a total of 1175 cases with 9.8% being children. The TB HIV Testing Rate is 91%, TB/HIV, co-infection rate 28%, CPT Uptake 95% and ART Uptake 76%

The prevalence of Malaria in kwale county is (4.8) and is concentrated in Lungalunga sub-county.Some of the intervention to reduce malaria in the two counties include malaria Case management, IPTp , Long lasting Insecticidal Net (LLIN), Nets for the under one year children, Nets for the ANC mothers, Nets for all and Behaviour Change & Communication .

This report presents the findings, recommendations and lessons observed during the oversight mission in the two counties.

1.2 WELCOME REMARKS BY THE KWALE COUNTY EXECUTIVE COMMITTEE MEMBER FOR HEALTH (CEC)

Dr Chiguzo welcomed the Oversight team to Kwale County; he appreciated the support from Global Fund in the County, which was directed towards combating Malaria, TB, and HIV/AIDS. The CEC indicated that the County was experiencing a high burden of HIV, TB and Malaria. The CEC noted that there was need to ensure participation of County Governments in KCM to ensure that the decision making process was inclusive of County concerns and needs. He indicated that there was need to direct Global fund resources to County Governments, to inform resource envelopes during the process of health planning and budgeting. The CEC informed the meeting that the County Government was implementing a strategy model for Community Health Volunteers and ksh 22 million had been allocated in the current financial year, targeted towards the creation of Community Units and purchase of CHV enablers e.g. Bicycles.

1.3 REMARKS BY DR SAMUEL MWENDA, VICE CHAIR KCM (LEADING THE OVERSIGHT TEAM)

Dr Mwenda thanked the CEC for Health and the entire County Health Management Team for scheduling to meet the high level oversight team despite other competing priorities in the county. The team leader indicated that Global Fund is a 21st-century partnership organization designed to accelerate the end of AIDS, tuberculosis and malaria epidemics. Founded in 2002, the Global Fund is a partnership between Governments, civil society, the private sector and people affected by the diseases. He indicated that the aim of the visit was to assess the progress made in implementation of the Global fund grants in the County and identify any challenges and recommend solutions to ensure that all planned activities and targeted results are achieved. The team leader indicated that KCM had also invited USAID and the County Governments to participate in the Oversight Visit. The team leader informed the County team that the Council of Governors had nominated a team to work with the Kenya Coordinating Mechanism to develop a frame work of engagement between KCM and County Governments.

Dr Mwenda presented the Oversight field visit Objectives as follows;

1. Orient members on their oversight roles and responsibilities

2. Identify bottlenecks in grant implementation and offer solutions
3. Be informed of grant implementation for purposes of transparency and accountability.
4. Promote stronger relationship between the PR and the KCM
5. Provide a process for participation of non-KCM members in overseeing Global Fund grants

The CHMT members presented to the meeting some of the challenges that were affecting implementation of HIV, TB and Malaria activities in Kwale County, and the challenges include;

- The County was lacking a viral load machine and specimens were being sent to Coast Provincial General Hospital which was hindering accessibility of services to clients.
- Inadequate supply of HMIS data collection and summary tools especially for the HIV/AIDS programme.
- High workload for the three diseases and inadequate staffing levels of Clinical and laboratory staff.
- Overstocks and under stocks of HIV test kits in some facilities.
- Low level of satisfaction by CHVs on coverage and amount stipends provided to them.

Some of the recommendations made by the Oversight team to the concerns raised by CHMT members include;

- KEMSA, NASCOP and CHMT to work jointly and rationalize HIV test kits orders to avoid overstocks and stock outs in some facilities.
- The County health department to Redistribute any excess HIV test kits to deserving facilities
- The county health department to establish technical working groups for Malaria,TB and HIV AIDS and channel concerns through respective ICCs at national level up to KCM
- Dissemination of commodity management information package to CHMT members.
- Involvement of all partners at County health forums
- Harmonization of stipends rates given to CHVs by County Government and all partners
- USAID and APHIA Plus committed to support networking of specimen through referral and photocopying of relevant HMIS tools.

- KCM to escalate issues raised during the oversight visit in the ongoing discussion between KCM and Council of Governors

2. OVERSIGHT FIELD VISIT METHODOLOGY

2.1 OVERSIGHT TEAM MEMBERS

The team consisted of KCM members, representatives of ICCs, KCM Secretariat staff, representative from National treasury-State PR, representatives from the two non-state Principal Recipients- Kenya Red Cross and AMREF ,Sub recipient's, Sub-sub recipients, NASCOP,NMCP,NTLP ,Technical Agencies-USAID,PEPFAR,CHAI, MSH and County Health management team. *A complete list of the Oversight Mission Team and their details can be found in Appendix 2*

2.2 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 and CHMT members and thereafter preliminary feedback on key issues observed in the County during the over sight visit.
- **Desk review:** Prior to the visit, desk reviews were undertaken by the KCM Secretariat and Oversight Team to ascertain components of Global fund programming.
- **Focused Group Discussions**: During the field visit teams were able to have informal focus group discussions with policy makers, County health management teams, Service providers, TB patients, Persons living with HIV, Community health workers among others.
- **Key Informant Interviews:** Through the Sub County Coordinator's and the Civil society organizations in the area, the team had the chance to interview identified beneficiaries.
- **Observations**: During the visits each member was encouraged to observe as much as possible and be able to record issues that could be of good and concern in relation to Global Fund Programming

- **Home visits**: A number of home visits were organized, to beneficiary households to get feedback , on service delivery provided via Global Fund programmes and documentation of success stories. *Annexed as appendix 1 &3 find the success stories and the oversight field visit questionnaire*

2.3 SITES VISITED

During the Oversight field visit a total of 26 sites (facilities/beneficiaries) were visited by the Oversight team in Mombasa and Kwale Counties. Below find the details of the sites visited;

County	**Kwale**	**Mombasa**
County/Sub County Referral Hospital	Kwale County Referral Hospital	Coast General Referral Hospital
	Kinango Sub County Hospital	Portreiz Sub County Hospital
Primary health care Facilities	Lunga Lunga Health Centre	Mvita Clinic, Mikindani H/C
	Diani Health Centre	CDC-Bomu
Community Unit	TB SRs- Nataraji CBO	Likoni, Mariakani -FSW,
	Pamoja Mwembe Tayari CBO	Bangladesh, Mikindani, Mvita
	HIV SRs- Teens Watch	
	ADS Pwani CBO	
Beneficiaries	Diani, kinago and kwale Locations.	Mvita, Bangladesh, Mikidani, Old Town

3. SPECIFIC FINDINGS AND RECOMMENDATIONS

3.1 Kwale County Referral Hospital

Strengths

Gene xpert machine installed and being utilized, the Pharmacy is well laid out, store management practice impressive, and well controlled temperature. The stock level for malaria, TB and HIV commodities is adequate.

Challenges

- The Comprehensive care clinic (ccc) was constraint in space as there were only two rooms available for ART services i.e. records and clinical room.Clients were referred to Laboratory and pharmacy for other services.
- High work load in the facility constraining the available staff and deployment of full pledged staff in CCC.
- Management of records in CCC was still manual; the computers that had been installed by futures groups had been stolen.
- Inadequate reporting tools in CCC i.e. Daily activity register, appointment cards, ART register, Tally sheets and appointment cards.
- The hospital lacks a Viral load machine and samples are taken to Coast PGH
- TB CHVs were experiencing transport challenges to access hard to reach areas.

Recommendations

- The County Government ,KCM and other partners to support Community health Volunteers with enablers and transport to reach hard to reach areas in Kwale County*(bicycles , motorbikes, stipends, bags, umbrellas T-shirts and other enablers)*
- APHIA Plus committed to support sample network of specimens, continued medical education and trainings targeting clinicians and other health workers to orientate them on utilization of gene xpert technology and other related HIV/TB trainings.
- The County Government, partners and NASCOP to support the county Health Departments with adequate data collection, summary and reporting tools.

- The County Government and partners to support expansion/ construction of a model CCC in the hospital.
- The hospital Management and County health Department to reinforce security in CCC Clinic with burglar proof bars and source EMR computers from partners.
- Global fund and other partners to consider procuring a Viral load machine for Kwale County.

3.2 ADS Pwani Diani Organization

Strengths

Supported by Kenya Recross Society to Prevent Mother to child HIV transmission and Home based care for people who live with HIV in Kwale County.The organization embraces a Strong linkage between the community and Diani Health Centre.

Challenges

- The Community health Volunteers lack a distinct identifier
- Late disbursement of funds by the principal recipient during the beginning of a financial year.
- Traditional beliefs affecting health seeking behavior and at the same time escalating stigma and discrimination.
- Community health volunteers drop out due to lack of incentives impacting negatively on retention of trained CHVs.

Recommendations

- The County Government and partners to support CHVs with stipends, transport and other enablers.
- Kenya Red cross society to ensure timely disbursement of funds to the organization.
- The County Government and partners to intensify on community health education to end HIV/TB stigma and discrimination

3.3 Pamoja Mwembe Tayari Community Based Organization

Strengths

The Organization is supported by Global Fund, KCM, AMREF.HA and KANCO, impressive performance in TB Contact tracing, intensified case finding and community based HIV activities.

Challenges

Weak sustainability mechanism for, TB activities by the organization

Recommendations

- Kenya Coordinating Mechanism and AMREF.HA to guide on how smaller organizations that are performing can benefit under New Funding Model on the Community systems strengthening implementation approach.
- Pamoja Mwembe Tayari CBO to explore opportunities and collaboration with other organizations.

3.4 Lunga Lunga Health Centre

Strength

A modern facility being constructed by the County Government, the facility is collaborating well with partners .Services are provided for free, courtesy of GOK and partners .Beyond zero truck is well utilized in Lunga Lunga . The health facility staffs are dedicated and high spirit of team work is embraced.

Challenges

- Space in the lab was a major constraint and Work bench extremely worn out.
- Pharmacy has two automated systems that are currently not working.
- Health workers have not mastered the recent guidelines on IPT for TB
- Nutritional supplements for malnourished patients inadequate .The facility relies on Msambweni County Referral Hospital for supply of nutrition commodities.
- Sub County has 21 facilities but only 6 facilities have functional laboratories.

Recommendations

- County Government and partners to support the facility with additional health workers and equipments -CHMT members indicated that the County Government was undertaking recruitment for additional staff in the County
- Facility to quantify nutritional supplement needs and forward the request to NASCOP/NLTP through the County Health Department.

3.5 Diani Health Center Community Health Volunteers

Strengths

The CHVs are Supported by AMREF.HA, they are knowledgeable motivated and are grateful to Global Fund for support. They carry out referrals, treatment support and health education through an integrated approach for the three diseases

Challenges

- The CHVs lack bicycle/ motorbikes to cover vast distances in their catchment area, the Stipends given are inadequate to facilitate transport and communication

Recommendations

- County government and partners to Support CHVs with bicycles and motor bikes
- County Government and partners to harmonize on the stipends rates provided to CHVs
- The County Government and partners to enhance Community awareness on the roles of CHVs

3.6 Teens Watch Drop in Centre

Strengths

Supported by Global Fund and KRCS to prevent transmission of HIV in Key population and persons who inject drugs. Started off as an SSR under KANCO but now implementing as an independent SR under the new Funding model. Comprehensive harm reduction services offered at the organization wellness facility in Ukunda, the Peers are also provided with food, clothing, and hygiene packs at the drop in centre. Five youths who have reformed as former drug users have been empowered to be Peer Educators, with positive outcomes in the community.

Disbursements have been made by the PR as scheduled, acceptance and support of the programme by the National and County Government .Organization exploring possibilities of support from other partners to expand services e.g. Base Titanium

Challenges

- High workload for harm reduction services in Kwale County -Areas of additional support include clothing, recreational activities food, grooming services and methadone Rehabilitation center.
- Stipend provide to peer educators not sufficient
- Short supply of HIV test kits
- Frequent police harassment and discrimination

Recommendations

- Mobilize for more support from well wishers and partners.
- County Government and partners to consider a methadone rehabilitation center closer to beneficiaries either Diani Health Centre or Teen watch drop in centre or KRCS wellness van.
- Scale up of services for MSM and sex workers.
- The Organization need to be considered for Prevention Programmes under MSM and FSW when the opportunity arises due to their good track record

3.7 Kinango Sub County Hospital

Strengths

State of art pharmacy store and waiting bay, well stocked with all commodities other than Cortrimoxazole. Integration of HIV/TB services and Community linkages well developed, the hospital appreciating the role of Community health Volunteers and civil society Organizations. Gene Xpert machine well utilized and multiple partners have aligned funding to the County Integrated plan.

Challenges

- Inadequate HIV data collection and summary tools e.g. registers and patient cards ,
- AMREF.HA support for MDR patients during the transition period to new funding model not timely.

- BMI cut off low on malnourished clients eligible for nutrional support (16 v/s 18.5 BMI.)
- Viral load machine lacking
- Lack of consistence staff in CCC
- Creatinine test charged ksh 350/= which is a hindrance to patients accessing care.
- KEMSA turnaround time for TB and HIV Commodities is over 4 weeks
- The County has not yet identified the sub county where the CSS-Community systems strengthening component-will be implemented under GFATM,It was noted that NFM funds are well aligned to NSP targets, gaps and priorities and the country needs to take this into consideration.

Recommendations

- KEMSA to reduce on the lead times for TB and HIV Commodities and ensure adequate stock levels of Cortrimoxazole
- Mobilize support from other partners to fill in the current gaps in nutritional supplementation
- TB Programme, AMREF and National Treasury to follow up on supply of nutritional supplements. It was noted that under NFM, the nutrition support has moved from AMREF to National Treasury and thus distribution of this would be done by KEMSA.

3.8 Port Reitz Sub- County Hospital

Strengths

A sub-county Hospital established in 1948 that provides full range of comprehensive health care services that include CCC services, TB services including MDR treatment, gene expert and TB/HIV services. It also provide comprehensive treatment for malaria, has Lab and X-Ray services among others. It is also the second largest mental health facility in the country. The facility is supported by GF and USAID through APHIA plus. It is also supported by AHF.

Challenges:

- Chronic shortage of antimalarial drugs at the facility.
- Shortage of RDTs for malaria

- Lack of slides to be used in BS for MPS.
- Low and inconsistent use of gene expert by health workers for TB diagnosis among HIV positive TB suspects.
- PITC for HIV is inconsistent especially at OPD. No dedicated room for PITC and no dedicated staff for PITC. This has led to reduced HIV positive case identification.
- High rate of loss to follow up among patients in CCC.
- The facility does not have proper targets for achieving 90-90-90 fast track targets for HIV.
- Electronic medical records (EMR) system has been installed at the facility through the support of PEPFAR but is hardly used by the facility.

Recommendations:

- KEMSA to ensure timely distribution of drugs and commodities
- Improve the lead times for drug supplies and commodities.
- Malaria program to explore supporting malaria diagnosis such as RDTs and BS for MPS
- The CASCO should work with the facility to set proper targets in line with the 90/90/90 GOK and UNAIDS fast track strategy
- Staff's capacity to utilize the EMR system for reporting should be built.

3. 9 Home visit to KRC HIV SRs – WOFAQ

The team visited Community Health Volunteers (CHVs) from Likoni area providing home-based care and follow up for PMTCT mothers. Two CHVs were visited both are following up PMTC mothers living in a discordant relationship.

Strengths

- Provides education and counselling on the full range of HIV and TB prevention and care topics.
- Provides weekly follow up visits including referral and linkage to biomedical services at the nearby health centers.

Challenges

- No clear framework or timelines for graduating or weaning off clients that have been under their support for a long time. Some patients are being followed up for over 3 years.

- Inconsistency and delays in payment of monthly stipend for the CHVs

Recommendations

- Improve on disbursements to SRs
- The national programme should come up with guidelines on how to graduate/wean off clients being followed up under the HBC programme.

3. 10 BOMU Hospital

Strengths

BOMU hospital is a state of the art facility funded by PEPFAR through CDC that provides high quality, comprehensive and free HIV and TB services. It currently serves over 30,000 HIV positive patients ever enrolled with about 21,000 who are currently being followed up on ART treatment of which 2100 are children. It also serves about 350 OVCs and supports 4 orphanages. It provides comprehensive TB/HV services including IPT. It also has adolescent services for HIV positive adolescents.

Challenges

- BOMU lacks support to provide malaria services.
- Shortage of food by prescription
- There also a reported shortage of alluvia (2^{nd} line HIV treatment)
- Occasional shortage of test kits.

Recommendations

- Discuss with the National Malaria programme and the county government to explore ways to support the facility to offer free malaria treatment.
- Work with KEMSA to ensure timely supply of ARVs and test kits

3.11 KEMSA Mombasa Depot

KEMSA has an excellent store in Mombasa however is mostly empty and mostly unutilized. All orders and operations are done at the head office in Nairobi.

Recommendations

- Engage Mombasa county to ensure maximum utilization of KEMSA regional warehouse in Mombasa.

3. 12 Reach Out Drop In Center

Reach out drop in center is a center that provides comprehensive HIV prevention services to people who inject drugs. It provides the following package of services: drug addiction counselling, referral to MAT services, referral to port Reitz for mental health support, socio economic re-integration, EIC, promotion of human rights, needle and syringe exchange program, overdose prevention and management, HTC, referral for ART services.

Challenges

- Disruption of the services leading to deaths following presidential directive/crack down on drug traffickers. This affected even the genuine NSP program. It resulted in the death of 6 patients under follow up.
- Frequent harassment and ambushes by police
- Inadequate supply of pharmaceutical that has crippled the operations of the center.
- Shortage of Risk reduction and HTC counsellors at the center.

Recommendations

- Orientation of Police Officers and judiciary on harm reduction services.

4.1 SUMMARY OF ACHIEVEMENTS AND CHALLENGES (KWALE AND MOMBASA COUNTIES)

4.1.1 Notable Achievements in Mombasa County

- The Outcomes for the three diseases have improved (78% of cure rate and treatment & a success rate of 85% in TB program).HIV/AIDS mortality has substantially reduced. Malaria cases have declined over the years.
- Flexibility and innovation in the Implementation Strategies by SR's (Sputum collection, Black Book etc)
- Strong implementation partnership in the county
- Strong local political will esp. in Harm reduction programs

- Over 8 Gene xpert machines utilized in the county

4.1.2 Notable Challenges in Mombasa County

- Inadequate staffing levels and need for Capacity Building and Staff Retention
- KEMSA store in Mombasa County not fully utilized and weaknesses in Supply chain for antimalarias.
- Insufficient investment in Data for Decision Making
- Close out of community activities for TB program will affect service delivery
- Frequent police harassment to persons who inject drugs and SW's.

4.1.3 Notable Achievements in Kwale County

- Good community linkages between the county health department, facility, community health volunteers and beneficiaries
- Sufficient supplies of commodities noted across the three diseases with minimal stock outs noted on Cotrimoxazole
- Beneficiaries accessing HIV, TB and Malaria services.
- Kwale County Government has set aside ksh 22 million to support CHVs in the current financial year

4.1.4 Notable Challenges in Kwale County

- Low level of satisfaction on stipends provided to CHVs
- Insufficient coverage and supply of Data collection and reporting tools especially for HIV programme
- Frequent police harassment to persons who inject drugs.
- All the facilities visited lack a viral load machine and specimens are taken to Coast PGH

5.SUMMARY OF RECOMMENDATIONS

Recommendation	Responsible	Timeline
State Principal Recipient/SRs • To Define their support/investments to the Counties across the three diseases • Ensure structured training support and capacity development for health workers in the two Counties • Ensure adequate distribution of data collection and reporting tools especially for HIV Programme. • Ensure efficiency in supply and management of GF commodities for Malaria, TB and HIV/AIDS.	National Treasury. TB programme Malaria Programme NASCOP	FY 2015/2016
Non State Principal Recipients (AMREF/KRCS) • Improve on disbursements to SRs • Ensure timely supply of Nutrition Commodities to Counties • Orientation of Police Officers and judiciary on harm reduction services. • Provide eenablers to all CHVs		
Technical Partners. • USAID to support networking of Gene xpert and viral load specimens through referral in Kwale County**.** • Enhance support to Community health Volunteers through provision of stipends and other enablers. • Encourage collaboration to minimize duplication of activities • Support procurement of a viral load machine for Kwale County.	Development Partners for Health in Kenya.	FY 2015/2016.

Recommendation	Responsible	Timeline
• Participation in County Stakeholders Forums.		
KEMSA • Improve the lead times for drug supplies and commodities. • Improve on linkages with the County Pharmacists . • Ensure timely distribution of drugs and commodities • Address Cotrimozaxole/Pyridoxine shortage and malaria commodities urgently . • Engage Mombasa county to ensure maximum utilization of KEMSA regional warehouse in Mombasa.	KEMSA	Q3 FY 2015/2016
County Health Departments (Kwale &Mombasa) • Ensure that partners align support to fill gaps in County Health Plans . • Prioritize on HIV/AIDS, TB and Malaria activities in County health Budgets. • Develop strategy on Health work force sustainability and motivation. • Extend Service contracts for specialized equipment's e.g. Laboratory	CECs	FY 2015/2016

6. LESSONS LEARNED

- Counties Investments on health/Community system a reality
- Communities when supported go a long way in ending AIDS,TB and Malaria
- Beneficiaries lives have been positively impacted by GF Support
- Local Leadership plays critical role in uptake and investments in health

ANNEX 1; SUCCESS STORY

Safe Birth in Diani Division -ACK Pwani Christian Community Services

A Community Health Worker trained and supported by KRCS- Anglican Church of Kenya (ACK) Pwani Christian Community Services came across in (2015) a woman client X, 30 years old who lived in Diani location, Diani division. Client X is married with 3 children. The client was pregnant to her third child when they met with a CHV who is supported by Global Fund to support HIV positive mothers throughout their pregnancy to ensure that they attend the 4 ANC visit and deliver in a health facility. The client was first tested in Diani Health center in February 2015 and tested HIV Positive. Client X after testing HIV positive was so stressed and did not know what to do next; she remained in denial and as a result could not be initiated on treatment. In March 2015 Medrin a CHV supported by Global Fund came across this client counseled the client who later accepted her status and was initiated on ARVs at Diani health centre. The Community Health Worker followed her up and encouraged her to attend antenatal care and to deliver in a health facility. The pregnant woman, with her husband's and father's support, attended 4 antenatal clinics where she received education about PMTCT and full ANC package. On May 2015 client x delivered at Msambweni referral hospital to a live baby boy. The client was advised on how to take care of her baby to prevent transmission. The baby was put on Nevirapine. The first PCR test indicated that the baby is negative, though the mother still fears for the outcome of the baby's status after 18 months she is still hopeful that her baby will be among those children who will be graduating to be HIV free after 2 years. The Global Fund Support, family support and follow up by the Community Health Worker, was key to this outcome. Client X is now one of the expert PMTCT clients in Diani location. This example shows how stigma tradition/beliefs and denial have such a major influence on people living with HIV and how the Global Fund project through the Community Health Workers can turn around individual and community attitudes to HIV and make a major difference to people's health, lives and wellbeing.

ANNEX 2; OVERSIGHT TEAM MEMBERS (KWALE AND MOMBASA COUNTIES)	
Kenya Coordinating Members	**Technical Partners**
1. Dr Samuel Mwenda -Team Leader	19. Dr Maurice Maina – USAID
2. Peter Ole Musei- Pastoralist Concern	20. Dr Joseph Mukoko- DCOP-MSH
3. Lucy Chesire –TB Communities Rep.	21. Moses Nzoro – Aphia Plus
4. Edward Mwangi-Malaria Constituency	22. Dr Dan Koros-PEPFAR-GF Liason
Inter Agency Coordination Committee Rep.	23. Dr Rosalind Kiruki-MSH
5. Patricia Njiri- CHAI/Malaria ICC	24. Dr Isaac Chome-USAID Assist P.
6. Mary Muia-NOPE/HIV-ICC	25. Moses Nzaro-APHIA Plus
KCM Secretariat	**Program**
7. Sam Munga-Coordinator	26. Aiban Rono- TB Programme
8. Samuel Muia- Oversight Officer	27. Robert Mwaura- Malaria Programme
9. Margaret Mundia – Operations Officer	28. Jane Onteri- NASCOP
State Principal Recipient	29. Dr Caroline Olwande-NASCOP
10. Cornelius Muthiani-National Treasury	30. Dr Newton Angwa-TB Programme
Non State – Principal Recipient	**Sub Recipients**
11. Titus Kiptai – AMREF	31. KANCO
12. Michael Nduri – AMREF	32. Teens Watch-Reach Out
13. Khalda Mohammed-Kenya Red Cross	33. CHAK
14. Emily Muga - Kenya Red cross	34. WOFAK,
15. Kennedy Ochieng- Kenya Red Cross	35. KAPTLD
16. Gloria Okoko – AMREF	**Kwale and Mombasa County Health Departments**
17. Robert Njoroge-KRCS-Coast Region	
18. Mwanaisha Hamisi-KRCS Kwale Office	

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Oversight team meeting with CHVs at Diani Health center

Oversight team with health workers at Lunga Lunga Health Center

Oversight team with hospital management team members at Kinago Sub county referral hospital.

Oversight team with Beneficiaries at Teen Watch Drop in Center


Oversight team members with Beneficiaries

ANNEX 3;ITINERARY - KWALE COUNTY-TEAM 2		
Day/Time	**Activity/Event**	**Venue**
22nd November,2015 8.00am-7.000pm	Travel to Mombasa	
23rd November,2015	**Monday 23rd November,2015**	
09.00am-10.00am	Courtesy call on the Governor Meeting with Kwale County Health Executive Team • Presentations by KCM/County Health Department	Kwale County Headquarters
10.00am-1.00pm	Site visit - Kwale County Referral Hospital • TB Clinic (Equipments/MDR/Drugs/Defaulter Tracking & Tracking of Contacts) • HIV/Malaria services, Linkage between HF & CHVs • Meeting /feedback with hospital management team	Kwale County Referral Hospital
01.00pm-02.00pm	**Lunch break**	
02.00pm-05.00pm	Site visit to Community Units • KRCS Site-…….HIV Community Linkages/home visit/ Success story(Team A of 2) **ADS Pwani – Diani** • AMREF.HA------ **Meet Pamoja Mwembe Tayari CBO-meet the CHVs do home visit for success stories Site at Kwale CRH**	
6.00 – 7.00 pm	Recap of Day's Activities	
Accommodation	Kwale/Ukunda Town	
24th November,2015	**Tuesday 26th May 2015**	
09.00am-1.00pm	Site visit Lungalunga Health centre • HIV/TB/Malaria Outpatient and Inpatient services, diagnostic services,community services • CHVs /Community linkage • Meeting /feedback with facility management team	Lunga Lunga health centre
1.00pm- 2.00pm	**Lunch break**	
2.00pm to 5.00pm	Site/Home Visits • KRCS -----Key POP Site/ Access to services/Human rights issues /others….**Teens Watch Drop in center** **AMREF.HA…..Diani H/C- meet CHVs- TB Community Linkages and beneficiaries/Successes**	
06.00pm-07.00pm	Recap/report writing	
	Accommodation Ukunda/Kwale	
25th November,2015	**Wednesday 25th November,2015**	

08.00am -1.00pm	Site Visit Kinango Sub County Hospital • HIV/TB/Malaria Outpatient and Inpatient services, diagnostic services,community services	Kinago Sub county Hospital
1.00pm- 2.00pm	**Lunch break**	
2.00pm-4.00pm	Site Visit • Mass distribution of Mosquitoes nets Home visit/success story • **AMREF.HA — Visit Nataraji Youth Group. Meet CHVs and meet beneficiaries- Kinango SDH**	
05.00pm-06.30pm	Recap/report writing	
26th November,2015	**Thursday 26th November,2015**	
8.00am-10.00am	Site Visit. KRCS -Key Pop site **Teens watch Hotspot visit and Meeting with the PE**	
10.00am- 12.00pm	• Travel to Mombasa	
1.00pm- 2.00pm	**Lunch break**	
2.00pm-5.00pm	**Joint meeting Team 1&2** • Presentation of draft reports &Consolidation of reports	Mombasa-TBD
	Accommodation Mombasa	
Friday 27thNovember,2015	**Friday 27th November,2015**	
09.00am	Departure for Nairobi	

ITINERARY FOR KCM OVERSIGHT VISIT IN MOMBASA COUNTY-TEAM 1		
Day/Time	**Activity/Event**	**Venue**
Sunday 22nd November,2015 8.00am-5.000am	Travel to Mombasa	
Monday 23rdNovember,2015	**Monday 23rd November,2015**	
09.00am-10.00am	Courtesy call on the Governor Meeting with Mombasa County Health Executive Team Presentations by KCM &County Health Department	Mombasa County Headquarters
10.00am-12.00am	Site visit - Coast General Hospital(County Referral Hospital) • TB Clinic (Equipments/MDR/Drugs/Defaulter Tracking & Tracking of Contacts) • HIV/Malaria services • Linkage between HF & CHVs • CCC (HIV/AIDS) • Rehabilitation center • Availability of Malaria Commodities • Meeting /feedback with hospital management team	Mombasa County Referral Hospital
12.00pm-01.00pm	Meeting with County KEMSA Team Mombasa	KEMSA
01.00pm-02.00pm	**Lunch break**	
02.00pm-05.00pm	Site visit to Community Units - KRCS -----Key POP Site/ Access to services/Human rights issues /others…. - AMREF------**CHAK offices and proceed to Mvita H/C (to meet the beneficiaries/share successes)**	
7.00pm – 8.00pm	Recap of Day's Activities	
Accommodation	Mombasa Town	
Tuesday 24th November,2015	**Tuesday 24th November,2015**	
8.30am-1.00pm	Site visit • Portreiz Sub County Hospital • TB Outpatient ,diagnostic and Inpatient services • HIV/Malaria services • Meeting /feedback with hospital management team	

ITINERARY FOR KCM OVERSIGHT VISIT IN MOMBASA COUNTY-TEAM 1		
Day/Time	**Activity/Event**	**Venue**
1.00pm- 2.00pm	**Lunch break**	
2.00pm to 4.00pm	Site/Home Visits KRCS & **AMREF.HA…..TB** Community Linkages/home visit/success story (Team B of 1)- **Mikindani H/C (Meet CHVs and Home visits)** Meeting /feedback with facility management team	
05.00pm-06.30pm	Recap/report writing	
Wednesday 25th November,2015	**Wednesday 25th November,2015**	
8.30am to 10.00am	Site Visit CDC Bomu office –learning experience	
10.30am -1.00pm	Site Visit-KRCS Wellness Centre(Access to services/Human rights issues/success story/ others issues	
1.00pm- 2.00pm	**Lunch break**	
2.00pm-4.00pm	Site Visit Bagladesh LLINs (Mass distribution of Mosquitoes nets) Home visit/success story	
05.00pm-06.30pm	Recap/report writing	
Thursday 26th November,2015	**Thursday 26th November,2015**	
8.00am-10.00am	Site Visit-KRCS/MOH Tudor -wellness services	
10.00am- 12.00pm	AMREF.HA—**MeetKAPTLD– then proceed to Bomu H/C**site **(to showcase Management of TB by private Practitioners)** Meeting /feedback with facility management team	
1.00pm- 2.00pm	**Lunch break**	
2.00pm-5.00pm	**Joint meeting Team 1&2** • Presentation of draft reports &Consolidation of reports	
	Accommodation Mombasa	
Friday 27thNovember,2015	**Friday 27th November,2015**	
09.00am	Departure for Nairobi	