

**KENYA COORDINATING MECHANISM FOR GLOBAL FUND  
OVERSIGHT FIELD VISIT REPORT  
KAJIADO COUNTY 14<sup>TH</sup> TO 17<sup>TH</sup> MAY, 2018**



### **Acknowledgement**

The Kenya Coordinating Mechanism (KCM) appreciates financial and technical support from Global Fund which enabled KCM to conduct an oversight Mission in Kajiado County. We extend our appreciation to HIV, Malaria and TB ICCs, PEPFAR 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, NASCOP, TB & Malaria control Programme, KEMSA, and all Sub recipients implementing GF activities in Kajiado County for teaming up with the Oversight team.

We sincerely thank the County Executive Committee Member for Health, the Chief Officers, the County Director of Health and the County Health Management Team for welcoming and sharing experiences with the Oversight Team. KCM extends appreciation to all health care workers, community health Volunteers and beneficiaries in Kajiado 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.

## Table of contents

Acknowledgement .....	2
Acronyms .....	4
1.0 Introduction.....	5
2.0 Oversight Visit Methodology & Approach.....	6
3.0 Meeting with Kajiado CHMT.....	6
3.0 .....	7
Oversight Team Members.....	7
4.0 Oversight field visits and findings .....	7
4.1 Key Findings and Recommendations. ....	8
5.0 Conclusion .....	13
6.0 Annexes .....	14
6.1 Apendix 1 Program.....	14
6.2 Appendix 2: Oversight team members.....	Error! Bookmark not defined.

## 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
KP	Key Population
HF	Health Facility
CHV	Community Health Volunteer
CP	County Pharmacist
INH	Isoniazide
ARVs	Anti retro viral Drugs
CCC	Comprehensive Care Centre
CU	Community Unit
ADEO	African Development and Emergency Organisation
HWWK	Hope World Wide Kenya
RDT	Rapid Diagnostic Kit

## **1.0 Introduction**

Grant Oversight is recognized as one of the core governance functions of the Kenya Coordinating Mechanism (KCM). The KCM oversight committee is mandated 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 Kajiado County from 14<sup>th</sup> to 17<sup>th</sup> May, 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 oversight mission were to:

1. Establish progress made in implementation of Global Fund Grants.
2. Document achievements and identify areas of Improvement.
3. Share technical information and Promote linkages and collaboration between KCM, Counties, PRs, SRs and local communities
4. Document success stories and views from beneficiaries and stakeholders on how to strengthen GF Programming.

## 2.0 Oversight Visit Methodology & Approach

The team adopted a strategic approach to conduct the assessment which was guided by four sequential steps i.e. to gathering of strategic information, analyzing the information, identifying challenges, documentation of action to be taken and reporting on findings and results. The approach included;

- i. **A courtesy call:** that included an entry meeting with the CECs for health representatives, Chief Officer and CHMT members.
- ii. **Desk review:** Prior to the visit, desk reviews were undertaken by the KCM Secretariat and the joint Oversight planning team to ascertain components of Global Fund programming in the County.
- iii. **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.
- iv. **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.
- v. **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.
- vi. **Home visits:** The team visited beneficiaries of Global Fund Grants to establish accessibility of services and commodities and benefits realized

## 3.0 Meeting with Kajiado CHMT

### 3.1 Opening Remarks by the County Director of Health

The County Health Director welcomed the team and conveyed the County's appreciation for the support that has been channeled to help fight the three diseases. He especially highlighted the fact that Global Fund presence has been felt in the County and has largely contributed to the current commodity security for drugs and diagnostics for the three diseases.

### 3.2 Opening Remarks by Oversight Team Leader

After introducing the oversight team, Mr. Mbului who represents the FBO Constituency in KCM officially introduced the purpose and program of the four day visit. He highlighted that this was not an audit but rather an opportunity to assess the progress made in implementation of Global Fund Grants and interact with service providers as well as actual beneficiaries. This was also the opportunity for the County team to flag positive issues for reinforcement and areas of improvement for correction or readjustment.

The KCM Coordinator Mr. Samuel Muia was invited to make a presentation on the overview of Global Fund Grants in Kenya and the organization of Kenya Coordinating Mechanism.

### 3.0

#### Oversight Team Members

ORGANISATION	REPRESENTATIVE
1 KCM	PATRICIA NJIRI JONATHAN MBULUI SAMUEL MUIA
2 KRCS	COLLINS OWEK JOYCE WANYONYI
3 PEPFAR – representing bilateral agencies	DR. DAN KOROS
4 KEENAM representing Malaria CSO	IMELDA NASEI
5 Blue Cross – Malaria CSOs	ERICK OMONDI
6 Action for children – Malaria CSOs	GEORGINA NGUGI
7 AMREF	HILLARY OPINDE
8 TB program	ALBAN RONOH
9 NASCOP	JANE ONTERI DR. BOB AGWATA
10 APTDC HIV SR of KRCS	NEBERT CHAHENZA
11 ADEO – KRCS SR HIV/TB	BRUNO OTSYULA FLORENCE MULAKU TOM WABIWIRE
12 NMCP	YUSUF SURAW
13 NACC	CAROLINE NGARI
14 KEMSA	RAPHAEL KIMEU
15 CHMT – KASCO, County Pharm/CMCC, Dep HRIO, CMLT	

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#### 4.0 Oversight field visits and findings

The Oversight team held an entry and a debrief meeting with the County Health Management Team and also managed to visit six sites as listed below, the team conducted a focused group discussion with some of the beneficiaries of Global Fund in Kajiado County. Below find the list of sites visited.

1. Kajiado County Referral Hospital
2. Kitengela Sub County Hospital
3. St. Therese Dispensary-FBO
4. Hope World Wide Kenya DICE
5. Namanga Health Centre
6. Bisil Health Centre

#### 4.1 Key Findings and Recommendations.

The stock levels for HIV, TB and Malaria commodities was adequate in most of the facilities visited and clients were accessing quality health services. Impressive team work was observed in most of the health facilities visited. Close to 30% of Health workers in Kajiado have participated in Global Fund sponsored trainings. The Community health volunteers were committed despite vastness to reach out to beneficiaries in their catchment areas

Table 1.1 summarizes the key findings and recommendations for each site visited or meeting held.

Key findings	Recommendations	Responsible
Meeting with CHMT		
TB drugs were delivered late and had short expiries and late delivery.	KEMSA, programs and health Facility in charges to ensure efficiency in supply Chain Management	KEMSA, Programs, County Pharmacist and Facility In charges. June 2018
High levels of HIV/AIDS & TB related Stigma.	Continuous and concerted effort in advocacy and awareness creation in the community.	CHMT FY 2018/2019



Key findings	Recommendations	Responsible
Notable increase in MDR cases from 2015 to date.	Strengthen adherence to treatment and contact tracing.  Continuous sensitization on surveillance for Health facility staff.	CTLC and Health Facility In charges.  FY 2018/2019
Shortage of STI drugs and lubricants for the Key Population	NASCOP and KRCS to follow up and ensure adequate stock levels of commodities in DICES	NASCOP & KRCS  FY 2018/2019
Less than 50% Viral load suppression rate.	Review strategies to strengthen adherence to treatment in pastoral communities.	CASCO & Partners.  FY 2018/2019
Inadequate stock levels of malaria commodities.	NMCP and KEMSA to ensure adequate stock levels	KEMSA & NMCP  June,2018
5 out of 13 microscopes delivered to support the malaria program in 2017 are faulty.	NMCP to follow up to ensure continuity of service delivery and value for money.	NMCP  June,2018
Short expiry Malaria Rapid Diagnostic Test Kit at central and facility level.	Distribute RDTs to not for profit private facilities and ensure use of RDTs even where microscopy is available.	NMCP & County Malaria Coordinator  June,2018
<b>Kajiado CRH</b>		
HIV services are not fully integrated.	Consider and prioritize full HIV services integration in the upcoming new building.	Medical Superintendent KCRH FY 2018/19

Key findings	Recommendations	Responsible
Lack of CD4 reagents.	CMLT to follow up with the program to ensure supplies are provided.	CMLT May, 2018
TB services are running smoothly.	Maintain the high standards of service.	Medical Superintendent KCRH & CTLC FY 2018/19
In the month of April out of 4 children born to HIV positive mothers 3 were positive (75%)	CASCO to revive PMTCT focal persons operations.  County PMTCT plan to be completed and rolled out.  Strengthening of community strategy.	Medical Superintendent KCRH & CASCO FY 2018/19 CASCO
<b>Kitengela Health Center</b>		
High workload in the facility.	Allocate additional staff to the facility.	CHMT  FY 2018/2019
High workload at TB clinic.	Additional nurse required at TB clinic.	CHMT FY 2018/2019
<b>St Theresa Dispensary-FBO</b>		
Low HIV/TB/Malaria workload in the Facility	Awareness creation on availability of services.  Provision of more staff to the facility	Health Facility In charge  FY 2018/2019
Dual kits supplied but not in use due to lack of training.	County to scale-up service provider training.	CASCO  FY 2018/2019

Key findings	Recommendations	Responsible
RDT and microscopy used for malaria diagnosis.	This is a waste of resources. Advice the facility to only use one test.  Strengthen supportive supervision by NMCP to facility.	Health facility incharge County Malaria Coordinator.  July 2018
<b>Hope Worldwide Kenya-DICE</b>		
Shortage of STIs drugs and lubricants.	Program to ensure supplies are provided.	NASCOP & KRCS to ensure adequate supplies  June,2018
Lack of MSM friendly STI diagnostic equipment and services. E.g. protoscope	KRCS to procure suitable equipment for MSM anal STIs diagnosis.	KRCS  FY 2018/2019
<b>Namanga Health Centre</b>		
The Laboratory officer at the Health Centre is being supported through Global Fund Programme since 2010	County to plan to absorb the staff before 2020.	CMHT  FY 2018/2019
High defaulter rate among HIV and TB patients to Tanzania.	Advocacy and mobilization to reduce stigma.  Enhance Cross border Health services	CHMT  FY 2018/2019
EID results not entered into the HEI register since January 2018	Strengthening of supportive supervision.	SCASCO  June 2018

Key findings	Recommendations	Responsible
CHVs supporting tracing of defaulters at community level not supported.	Amref to follow up  CHMT to supplement support provided to CHVs by Global Fund.	July,2018  FY 2018/2019
Inappropriate storage and disposal of expired drugs.	Mentorship and enforcement of proper disposal of drugs as per the guidelines.	County Pharmacist  July 2018
Inadequate stock level of TB drugs.	Distribute urgently TB packs to the facility.  Increase the frequency of supervision and follow up to the facility.	Health Facility Incharge and CTLC  May,2018
Stock-out of anti-malarials since February 2018	Distribute urgently AI to the facility.  Increase the frequency of supervision and follow up to the facility.	Health Facility Incharge and Malaria Coordinator  May,2018
<b>Bisil Health Centre</b>		
Amref and SR working directly with CHV and bypassing the CHEW  Amref & ADEO -SR supporting only one CHV in defaulter tracing (facilitation and capacity building) despite the facility having 3CHVs tracing TB defaulters.	<ul style="list-style-type: none"> <li>Amref and SRs to work through the CHEW and target to strengthen the community health unit instead of Individual CHVs</li> </ul>	Amref,SRs,CTLC,CHEW  2018/2019

Key findings	Recommendations	Responsible
CHV allowances pending since November,2017	Amref to follow up, investigate all claims and provide detailed report.  Ensure all payments are made by July,2018  PR /SR to improve on manage grant entry and exit	Amref,CTLC,CHEW  July,2018
CHVs not aware of end of SR contract / SR change over	<ul style="list-style-type: none"> <li>PR to ensure adequate communication and engagement during project implementation and closure</li> </ul>	FY 2018/2019-2021

## 5.0 Conclusion

Involvement of the County top leadership before and during the Oversight visit was impressive, high level of team work was demonstrated by both the Oversight committee team and CHMT members. The stock levels for HIV, TB and Malaria commodities was adequate in most of the facilities visited and clients were accessing services. Impressive team work was observed in most of the health facilities visited. Close to 30% of Health workers in Kajiado have participated in Global Fund sponsored trainings. The Community health volunteers were committed despite vastness to reach out to beneficiaries in their catchment areas

Some of the areas of improvement include;

- i. Management of commodities from Programmes , KEMSA and health facilities need to be well coordinated to ensure efficiency in supply chain management.
- ii. The County Government of Kajiado to supplement Global Fund Support and provide additional support to CHVs, community systems strengthening and HIV/TB/Malaria interventions.

- iii. There is need to strengthen partners coordination and management to ensure alignment of resources.

## 6.0 Annexes

### 6.1 Appendix 1 Program

THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION KAJIADO COUNTY :13 <sup>TH</sup> TO 18 <sup>TH</sup> MAY,2018 :ITINERARY/PROGRAM		
Day/Time	Activity/Event/ Tentative Discussion Points	Venue
<b>Sunday 13<sup>th</sup> May ,2018</b>	<b>Travel to Kajiado</b>	
<b>Day 1 : Monday 14<sup>th</sup> May,2018 09.00am-10.00 am</b>	<b>Courtesy call on the Hon. Governor</b> <ul style="list-style-type: none"> <li>GF Support to the County</li> <li>Objectives of the visit.</li> <li>Question and Answer session</li> </ul>	County Headquarters
10.00am to Noon	<b>Meeting with CEC/COH &amp; CHM &amp; Partners</b> <ul style="list-style-type: none"> <li>Overview of KCM&amp; Global Fund</li> <li>Presentation on GF investments and achievements by PRs, TNT, Amref Health Africa and KRCS</li> <li>County feedback on GF Support ( HIV/TB/Malaria) <ul style="list-style-type: none"> <li>HIV/TB/Malaria Burden</li> <li>Overall situation of HIV/TB/Malaria commodities.</li> <li>Performance of GF Sub recipients in the County</li> <li>GF Supported trainings ,</li> <li>Distribution of GF Supported equipment.</li> </ul> </li> <li>Question and Answer session</li> </ul>	CHD Offices
<b>01.00pm-02.00pm</b>	<b>Lunch break</b>	
2.00pm- 4.30pm	<b>Site visit - Kajiado County Referral Hospital</b> <ul style="list-style-type: none"> <li>Progress on the renovation of County Pharmacy store</li> <li>Availability of HIV/TB/Malaria commodities</li> <li>Status: Health care workers trainings MDR/ART/TB/Malaria case management</li> <li>Availability and Functionality of Gene Xpert Machine/Microscopes/ laboratory supplies</li> <li>Status of support for DQA and support supervision by Amref &amp; KEENAM</li> </ul>	Kajiado County Referral Hospital
5.00pm – 5.30 pm	<b>Recap of Day's Activities</b>	
<b>Day 2 :Tuesday 15<sup>th</sup> May,2018 9.00am—11.00am</b>	<b>Site Visit Kitengela Health Centre</b> <ul style="list-style-type: none"> <li>HIV/TB/Malaria Outpatient and Diagnostic services</li> <li>Situation and management of GF commodities &amp; equipment</li> <li>Status : Health care workers trainings MDR/ART/TB/Malaria case management</li> <li>Status of support for DQA and support supervision by Amref Health Africa.</li> </ul>	Kitengela Health Centre

THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION KAJIADO COUNTY :13 <sup>TH</sup> TO 18 <sup>TH</sup> MAY,2018 :ITINERARY/PROGRAM		
Day/Time	Activity/Event/ Tentative Discussion Points	Venue
	<ul style="list-style-type: none"> <li>Reporting tools, data quality and use of DHIS</li> <li>Linkage between HF &amp; Community.</li> </ul>	
11.00am-1.00pm	<b>St Theresa Dispensary –FBO Facility</b> <ul style="list-style-type: none"> <li>Availability of GF supported commodities (HIV/TB/Malaria)</li> <li>Status : Health care workers trainings MDR/ART/TB/Malaria case management</li> <li>Availability of National Guidelines and reporting tools.</li> <li>Status on supervisory visits and DQA</li> </ul>	Kitengela
<b>1.00pm- 2.00pm</b>	<b>Lunch break</b>	
<b>2.00pm-5.00pm</b>	<b>Visit to KRCS Key population site DICE: HWWK</b> <ul style="list-style-type: none"> <li>Completeness of service packages for KPs</li> <li>Assess quality of services DICES</li> <li>Availability of commodities (STI drugs, condoms, lubricants)</li> <li>Feedback from community members.</li> <li>Completeness of service packages for KPs</li> <li>Assess quality of services DICES</li> <li>Availability of commodities (STI drugs, condoms, lubricants)</li> <li>Feedback from community members.</li> </ul>	<b>Kitengela wellness center</b>
<b>Day 3 :Wednesday 16<sup>th</sup> May,2018</b>	Site visit to <b>Namanga Health Center</b> <ul style="list-style-type: none"> <li>HIV/TB/Malaria Outpatient and Diagnostic services</li> <li>Situation and management of GF commodities &amp; equipment e.g. Microscope available.</li> <li>Status : Health care workers trainings MDR/ART/TB/Malaria case management</li> <li>Status of support for DQA and support supervision by Amref</li> <li>Reporting tools, data quality and use of DHIS</li> <li>Linkage between HF &amp; Community.</li> </ul>	<b>Namanga Health Centre</b>
<b>1.00pm-2.00pm</b>	<b>Lunch</b>	
02.00pm-4.30pm	<b>Amref TB grant ( SR- ADEO)</b> <ul style="list-style-type: none"> <li>Review CHVs activities for TB under Amref (Tracing defaulters, contact tracing).</li> <li>Meeting with CHVs and CHEWS</li> <li>Visit to Beneficiaries-MDR (NHIF Support, monthly social support)</li> </ul>	<b>Bisil Health Centre.</b>
<b>Day 4 17<sup>th</sup> May 8.00-11.30 am</b>	<ul style="list-style-type: none"> <li>Finalize Report and prepare for debrief meeting</li> </ul>	
<b>1.00pm- 2.00pm</b>	<b>Lunch break</b>	
2.00 pm- 5.00 pm	<ul style="list-style-type: none"> <li>Debrief meeting with the CEC, Health</li> </ul>	CHMT Office
<b>Day 5 :Friday 18<sup>th</sup> May,2018</b>	<b>Departure for Nairobi</b>	

