

KCM OVERSIGHT MISSION REPORT

TURKANA COUNTY: 20TH TO 24TH NOVEMBER, 2017



Acknowledgement

The Kenya Coordinating Mechanism (KCM) appreciates financial and technical support from Global Fund which enabled KCM to conduct an oversight Mission in Turkana County, we extend our appreciation to 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, NASCOP, Malaria control Programme, KEMSA, and all Sub recipients implementing GF activities in Turkana 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 Turkana County for accompanying and supporting the team during the field visit. To all other stakeholders who provided support during this mission feel appreciated. Together we can end HIV/AIDS, TB and Malaria.

Acronyms

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

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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 Turkana County on 20th to 24th November, 2017. The purpose of the visit was to establish the progress made in implementation of Global Fund grants in the County and recommend solutions to any challenges identified.

The Objectives of the mission were to;

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

Turkana County Profile

Turkana County is the second largest county in Kenya, by land area, (after Marsabit County) . It is bordered by the Countries of Uganda to the west; South Sudan and Ethiopia. The total area of the County is approximately 77,000 km² , administratively the County is divided into 7 sub counties ,17 divisions, 56 locations and 156 sub-locations. The County is classified as an arid and semi-arid land and has a population of 855,399 (2009 census). Turkana County has an estimated HIV prevalence rate of 4% and it is estimated that 21,026 of the total population (1,341,972) are living with HIV out of which 1,986 are children, The TB Case notification rate is 169 cases and in the recent past the County has witnessed an upsurge of Malaria cases.

Welcome Remarks by County Executive Committee Member for Health

The CEC Health and Chief Officer welcomed the oversight team in Turkana County and indicated that the County Government is appreciating support from Global Fund that has enabled the community to access services and commodities for Malaria, TB and HIV. The CECH informed the team that through Global Fund support and other partners health indicators in the county had improved, she informed the meeting that the County Government was setting aside 23% of the County budget to support health activities. She called upon the Global Fund to continue supporting HIV/TB/Malaria activities in the County.

Remarks by Mr. Meshack Ndolo; Oversight Team Leader

Mr Ndolo informed the meeting that he represents the County Governments in KCM and that the purpose of the visit was to establish the progress made in Turkana County in implementing HIV, TB and Malaria activities. He informed the meeting that the visit was an opportunity to share information and experiences in relation to Global Fund grants.

Mr. Samuel Muia the KCM Acting Coordinator presented to the meeting the approach to the Oversight Visit and sites to be visited. He informed the meeting that Oversight of Global fund grants is one of the core functions of KCM, he emphasized that the purpose of the visit was a broad scan across grants to establish the progress made in achieving grant objectives and not a monitoring visit. He informed the meeting that the team was to visit both state and non state implementers of Global Fund grants in the County.

Oversight Visit Methodology & Approach

The team adopted a strategic approach to conduct the assessment which was guided by four sequential steps i.e. to Gather strategic information, analyze the information, identify challenges, take action, and report on findings and results. The approach included;

- **A courtesy call:** that included an entry meeting with the CECs for health, Chief Officer and CHMT members.
- **Desk review:** Prior to the visit, desk reviews were undertaken by the KCM Secretariat and the joint Oversight planning team to ascertain components of Global Fund programming in the County.
- **Focused Group Discussions:** During the field visit teams were able to conduct focused group discussions with policy makers, County health management teams, health workers, community health volunteers and beneficiaries.

- **Observations:** During the visit members were encouraged to observe as much as possible and be able to record best practices and areas of concern in relation to Global Fund Programming.
- **Oversight Field Visit Checklist:** To ensure objectivity of the visit, the team administered KCM Oversight checklist to the County health Department, health facilities and Sub recipients.
- **Home visits:** The team visited beneficiaries of Global Fund Grants to establish accessibility of services and commodities and benefits realized

Annexed find the oversight visit itinerary and success stories from beneficiaries.

Oversight Team Members

The Oversight team consisted of KCM members, Oversight Committee members, KCM Secretariat and representatives from National Treasury, Amref, KRCS, HIV, TB and Malaria ICCs, KEMSA, NASCOP, NMCP, KEMSA, County Health Department.

Annexed in appendix find a complete list of the Oversight Mission Team.

Global Fund Support by the National Treasury HIV Grant in Turkana County

- **Commodities** - The Global fund supports the procurement and distribution ARVs, Condoms, rapid test kits, Nutritional supplements, CD4 count reagents, early infant diagnosis and VMMC kits and packs among others.
- **Reporting tools:** GF supports the procurement and distribution of reporting tools under; Prevention, care and treatment, Nutrition, Key Population training manuals, Reproductive health Materials, HIV, Laboratory, ART LMIS tools and VMMC IEC materials,
- **Human resource:** Global fund supports one data management assistant and One COMBO focal Person
- **Capacity building:** Training of Health care workers on ART guidelines, Reporting tools, PrEP, Caregivers, PITC, VMMC
- **Renovation of Sub County stores:** One Health facility to benefit from the procurement of County stores movables under GF.
- **Targeted intervention-** Turkana County is among the three Counties being supported by GF to implement targeted intervention.

- **Post market surveillance and redistribution of commodities** – The County benefited from this activity supported under GF.
- **SMS notification** - the GF is supporting the roll out of SMS notification in 5 facilities in Turkana County. These facilities include; Lodwar county referral hospital, Lopiding sub county hospital, Lokituang sub county hospital, Katilu sub county hospital and Kainuk health centre.

Global Fund support by the National Treasury TB Grant.

- **Commodities** - Procurement and distribution of first line and second line anti TB drugs, Nutritional supplements, Isoniazid and Laboratory commodities.
- **Training of health care workers** – i.e. IDC 10 trainings, MDR trainings, Paediatric TB training among others.
- **Surveys** – GF supported the concluded prevalence survey and mortality survey that is currently underway.
- **Reporting tools** – GF supports printing of monitoring and evaluation tools that are distributed in this County i.e. TB screening tools
- **Review meetings** – The Global fund supports regional review meeting where Turkana County participates in collaboration with the National TB program.
- **Active case finding activities** – The GF is currently supporting active case finding activities such as experience sharing and outreach services.
- Provision of NHIF scheme for MDR TB patients

Global Fund Support by KRCS in Trukana County

The Kenya Redcross through world vision kenya and AIC Health ministries implement three HIV modules under the GF program namely: Prevention Programs for General Population, Prevention of Mother to Child Transmission (PMTCT) and Treatment Care and Support

The Contractual Budget for world vision Kenya is Ksh. 34,323,065 and covers Turkana South and Turkana Central sub-counties, while for AICHM is Ksh 44,849,069.00 and covers Turkana West and Turkana North.

Oversight Field Visit Findings

The sites visited include;

1. Entry meeting with the County Health Management Team
2. Turkana County Referral Hospital
3. AIC Health Center Lokichongio
4. AIC Health Ministries- HIV Community activities /beneficiaries in Lokichongio
5. World Vision HIV community activities /beneficiaries in Turkana Central
6. Kakuma Mission Hospital
7. KANCO /TB Manyatta in Turkana Central

Key Findings

Key findings	Recommendations	Responsible/Time line
Entry Meeting with CECH &CHMT <ul style="list-style-type: none"> The County Government allocates 23% of the County Government Budget to support Health activities . The County Health department allocates ksh 6million every financial year per budget line item to support HIV/TB/Malaria activities Through Global Fund support and other partners Health indicators in the County are improving. 	-We commend the County Government for setting aside 23% of County Budget to support health activities. - County Government to sustain this commitment.	County Government of Turkana
<ul style="list-style-type: none"> Sub receipts of Global Fund grants collaborating well with County Government,however there is need for all Sub receipts of Global Fund to participate during County stakeholders forum 	<ul style="list-style-type: none"> Cordination and collaboration of partners and County Government to be enhanced. All GF SRs to participate during County Health Staholders forum. 	AICHM,KANCO & World vision Frequency - Quaterly
<ul style="list-style-type: none"> An upasurge of Malaria cases experienced in the month of August to October,2017 .The situation has been contained . County not categorized as a malaria endemic zone ,in the recent upsurge of malaria cases was witnessed and 	<ul style="list-style-type: none"> The NMCP representative confirmed that the review of malaria classification and categorization will be done in 2018. Disease survailliance team develop early warning 	NMCP CHMT County Pharmacist Frequency- Quaterly

Key findings	Recommendations	Responsible/Time line
high positivity rate of malaria observed .	signs. • County Pharmacist to use consumption data to monitor trend of malaria cases	
• Hospital related deliveries have improved due to provision of Mama pack to antenatal mothers.	• Scale up and mobilize additional support. • CHMT to document best practices with a view to attract other partners	CHMT Patners FY 2017/2018
• World vision supprting 150 CHVS in Turkana Central and south sub counties • AIC Health minisitry supporting 1 75 CHVs in Turkana west and North . • The County assembly has passed a bill to ensure that CHVs are paid stipends	• We commend Global Fund and KRCS for this support • We commend the county Government for this effort. • Sustain gains	Global Fund County Government of Turkana Ongoing
• HIV,TB and Malaria commodities stock levels adequate.Emergency orders for malaria made and supplies delivered. • Inadequate cordination of routine net distributioon between	• County Pharmacist to monitor consumption data monitor. • County Malalaria cordinators to be more proactive	CHMT Frequency-Quaterly
• Construction of the County referral Hospital Laboratory ongoing and 70% to completion through GF/AMREF Support . • The project is expected to be completed before end of March 2018.	• Detailed project schedule shared with CEO of the hospital. • Need to mobilze support to equipe auxilliary equipments in the laboratory.	Global Fund Ministry of Health County Government of Turkana . FY 2017/2018
• Targets allocated to KANCO on TB case finding and notification were noted to be high.	• Need to review the targets to reflect actual status.	NLTP,CHMT, Amref.
• Through GF Grant ,the KRCS cash transfer programme is supporting 7,900 girls with KES. 2000 per month and dignity kits.	• The County Health Department to work closely with KRCS towards sustainability.	CHMT & KRCS FY 2017/2018
Lodwar County Referral Hospital		
HIV Testing /CCC • PITC is encouraged at the hospital cleints /patients are encouraged to	The hospital to continue sustaining the good perfomance in HTC.	Hospital Management team

Key findings	Recommendations	Responsible/Time line
<p>test for HIV.</p> <ul style="list-style-type: none"> The hospital has 23 HTS counsellors in different departments who test on average 300 clients per day. The ART retention rate at 12 months is very low at 48% (24/50). This is mainly affected by nomadic culture, rains ,poor road network, stigma and drought seasons. All HIV clients Screened for TB and the facility is one of the selected facilities for active case finding. The viral load suppression among adults is at 77%. 	<ul style="list-style-type: none"> Concetrated efforts to maintain clients on care. Decentralization of facilities and health services. Outreach programmes to be scaeld up 	CHMT. CASCO,CTLC
<p>Pharmacy</p> <ul style="list-style-type: none"> Stocklevels for HIV/TB/Malaria adeqaute Challanges quantifying Malaria commodities due to upsurge of Malaria cases and average reporting rates. Transportation of essential supplies affected by poor road network and isecurity issues. The CCC pharmacy lacks a fridge for cold chain storage 	<ul style="list-style-type: none"> County Malaria Coordinator,County Pharmacist and Facility incharges to work clossely and Improve on the reporting rates for malaria commodities. County health Department to support CC pharmacy with a fridge. 	<p>County Pharmacist County Malaria Cordinator. Health Records Officer</p> <p>County Health Deaprtment FY 2017/2018</p>
<p>Laboratory</p> <ul style="list-style-type: none"> The facility has point of care EID services and the results take only a day to process Gene expert machine is available at the facility ,catridges adequate and on average the usage is 80%. All the 15 laboratory staff have been trained and are certified super users and can all conduct the test. Plans under to ensure 24 hours services for laboratory diagnosis through xpert technology. 	<ul style="list-style-type: none"> Hospital commeded for the Good performance. Continue sustain the good performance 	Laboratory Incharge
AIC Health Center Lokichongio		
<ul style="list-style-type: none"> The health center has a capacity of 18 beds and 200 HIV Clients are on care, the stock levels for HIV,TB and Malaria Commodity is adequate-3 months . One MDR patient about 	<ul style="list-style-type: none"> The Team Commended the County Government of Turkana for High level of collaboration and support provided to the FBO 	

Key findings	Recommendations	Responsible/Time line
<p>to complete treatment .21/7 paed</p> <ul style="list-style-type: none"> The County Government has fiananced a full OPD wing at the health Centre. The CountyGovernment has seconded 7 staff to work in the FBO facility. 	Facility.	
<ul style="list-style-type: none"> Record Management and reporting rates for commodities impressive 	<ul style="list-style-type: none"> Continue sustaining the good practise andperformance in record management 	Health Records Officer.
<ul style="list-style-type: none"> Two Laboratory staff doing a commendable job,however they have not attended any recent trainings- HIV/TB/Malaria 	<ul style="list-style-type: none"> CASCO,CTLIC,CMC to prioritize and ensure that have note attended any recent training. 	CASCO,CTLIC, CMC FY 2017/2018
<ul style="list-style-type: none"> Referral of Specimen supported by EGPAV to Kakuma and Eldoret-CD4 Count,EID,Gene xpert. 	<ul style="list-style-type: none"> County Government to prioritize and support referall of specimen. 	CHMT 2017/2018/2019
Kakuma Mission Hopsital		
<p>The hospital has a bed capacity of 69 and a staffing level of 50 . Out of the 50 staff the county government of Turkana has seconded 6 staffs and also pays 30% salary of the other44 staffs.</p>	<ul style="list-style-type: none"> The Team Commended the County Government of Turkana for High level of collaboration and support provided to the FBO Facilit 	
<p>HIV/TB/Malaria</p> <ul style="list-style-type: none"> 476 HIV positive clients are on care. 180 patients have been diagnosed with TB and are on treatment, the outcome of care is 90%. Infant tested 30 ,2positiev, Total women 83, postive 20 prevalence 24% Viral load 53/63 suppressed. 4 supscetd traetment failures. Condoms in the facility 7,200. Lost to follow up 9. The facility experienced increase number of Malaria cases during the month of August to October 2017 and AL Stocks were depleted. Currently the facility has 0 stock of Als from the Government and has supplemented by buying. The everage monthly consupstion for AL 6=90doses,AL12=40doses,AL 18=20doses,al2=160doses. 	<ul style="list-style-type: none"> The County health Department to adersss cross border health management Issues and defaulter tracing. County Pharmacist and Malaria Coordinator to rationalize malaria supplies for the facility <ul style="list-style-type: none"> KEMSA to fastrac delivery of emergency order for ALs 	<p>County Pharmacist and Malaria Corrdinator.</p> <p>FY 2017/2018</p> <p>KEMSA-30.11.2017</p>

Key findings	Recommendations	Responsible/Time line
<p>The stock level for HIV and TB essential commodities is over 3 months.</p> <p>Challenges</p> <ul style="list-style-type: none"> • 4 cases of MDR on treatment and one has defaulted to Uganda. The subcounty team is working closely with the health department in Uganda to trace the patient. Gene xpert samples referred to nearby IRC facility in Kakuma. • EGPAV supports referral of Viral load samples to MTRH. • The facility has a CD4 machine, for the last 4 months the machine has not been operational due to lack of CD4 reagents. • The biosafety cabinet is in state of repair- Hospital to repair • The hospital has an operating theater but lacks an anaesthetist-request county/MO • There is need to procure an X-ray machine for the hospital to aid in diagnosis.-Xray. • The laboratory staff have not undergone any recent training in relation to TB/HIV/Malaria 	<ul style="list-style-type: none"> • The County health Department and Sub county Health Management Team to address cross border health Issues and defaulter tracing • County Government to prioritize and support referral of specimen. • The hospital management to repair the biosafety cabinet. • CHMT to consider posting anaesthetist to the hospital • CASCO,CTLCC,CMC to prioritize and ensure that health workers who have not attended any recent training are considered 	<p>CHMT/SCHMT FY 2017/2018</p> <p>County Health Department FY 2017/2018</p> <p>CHMT FY 2017/18</p> <p>CASCO/CTLCC/C MC FY 2017/18</p>

Annex 1 Success Story

Home based care (beneficiary) Lokichoggio, ocherakal Village

Patricia (**not her real name**) is a resident of lokichoggio town ocherakal village. *“There is no way one can move on without accepting his or her status”* A joyful Patricia said.

Patricia was first started on treatment in 2007 after being tested and confirmed to be HIV positive in Lodwar. After taking medication for a while, she then moved to lokichoggio her rural home area to stay with her parents and siblings. In lokichoggio, Patricia faced challenges in getting medication since Kakuma and Lodwar more than hundred kilometres from lokichoggio were the only facilities offering ART treatment in the region though she also felt stigmatised. For a long period of time, she kept on being on and off medication until July 2017 when she was identified and referred by the CHV (*Sammy Echuman*) after being bed ridden for a while. She was taken to AIC Ministries health centre where she was retested, restarted on treatment and her samples was tested to determine viralload levels which was found to be very high. She was taken through counselling, put on treatment by the HCWs and direct observed treatment (DOTs) was done by the CHV. Through continuous follow up by both the HCWs CHV and family members and provision of food supplements by health facility for the last three months, her life has completely changed from being bed ridden to energetic being. Patricia sited availability of the nearby facility, supportive family members responsive HCWs and constant follow up by the CHV as the main contributors to the changes which has occurred in her life. He thanked all the stakeholders lead by AIC ministries health centre, CHV for the support provided and family members for the supported given to her and urged them to reach more people in need. She also declared her interest to be part of the peer educators to sensitize other people on the importance of accepting status, adherence to medication so as to help other people facing the same challenges which she faced.

Annex 2 Team Members

Oversight Mission Team Turkana County	
Name	Organization
1. Mr. Meshack Ndolo	KCM Member- Team leader
2. Ms Wariara Mugo	HIV ICC-KCM OC member
3. Mary Muia	TB ICC
4. Mr. Samuel Muia	KCM Secretariat
5. Ms. Margaret Ndubi	National Treasury –HIV Grant
6. Dr. Bob Agwata	NASCOP
7. Ms. Christine Mbuli	NMCP
8. Mr. Collins Ligami	KEMSA
9. Mr Titus Kiptui	Amref Health Africa
10. Ms Khalda Mohammed	KRCS
11. Mr. Ishmael Irungu	KRCS
12. CHMT/SCHMT Representatives	

Annex 3 Program/ Intinerary

KCM Oversight Mission Turkana County Program :19 th To 24 th November ,2017		
Day/Time	Activity/Event /Site	Location
Sunday 19th Nov, 2017	Travel	
20th November, 2017 09.00am-12.30 pm	Courtesy call on the Governor Meeting with County Health Executive Team & CHMT HIV/TB and Malaria partners <ul style="list-style-type: none"> • Presentations by KCM/PRs & County Health Department • <i>Overview of KCM& Global Fund</i> • <i>COMBO</i> 	County Headquarters
01.00pm-02.00pm	Lunch break	
2.00pm- 4.30pm	Lodwar County Referral Hospital <ul style="list-style-type: none"> • TB Clinic (Equipment/MDR/Drugs/Defaulter Tracking & Tracing of Contacts. • CCC (HIV/AIDS) Outpatient and inpatient services/ Situation and management of GF commodities/equipment/infrastructure • Reporting tools, data quality and use of DHIS • Linkage between HF & Community. • Feedback with hospital management team 	County Referral Hospital
5.00pm – 5.30 pm	Recap of Day's Activities	
21st November, 2017 8.30 am- 10.30 am	KRCS Site - AICHM Home Visits – 1 HCBC beneficiary 1 PMTCT Beneficiary	Turkana West Sub County
11.00 am -1.00 pm	Meet with the CTP TWG representative GP – Shuga session Meet with the CTP mobiliser - Chief	Turkana Central
1.00 pm- 2.00 pm	Lunch break	
2.00 pm – 5.00 pm	Site Visit AIC Lokichogio Health Centre <ul style="list-style-type: none"> • HIV/TB/Malaria Outpatient and Diagnostic services • Situation and management of GF commodities & equipment • Reporting tools, data quality and use of DHIS • Linkage between HF & Community. Feedback with health facility management team	Turkana West Sub County
22nd November, 2017 9.00 am- 1.00 pm	Site visit to Kakuma Mission Hospital- Turkana West Sub County <ul style="list-style-type: none"> • HIV/TB/Malaria Outpatient, inpatient and Diagnostic services • Situation and management of GF commodities & equipment • Reporting tools, data quality and use of DHIS • Linkage between HF & Community. • Feedback with hospital management team 	Turkana West

KCM Oversight Mission Turkana County
Program :19th To 24th November ,2017

Day/Time	Activity/Event /Site	Location
1.00pm-2.00pm	Lunch	
2.00 pm to 5.00 pm	Travel back to Lodwar	
23rd November, 2017 8.00am-01.00 pm	Visit to AMREF SR - KANCO Kawalese treatment Unit Lordwar township TB Manyatta	Turkana Central
1.00pm- 2.00pm	Lunch break	
2.00 pm- 4.00 pm	• Finalize Team report& Debrief meeting with the CEC, Health	Lodwar
Friday 24th November, 2017	Departure for Nairobi	

KCM Oversight Team Visit – Meeting with the communities and HCWs



Full OPD wing constructed by the county Government at AICHM HC



Innovations – use of pots as coolers by the HCWs at CCC Lodwar CRH



KCM Team meeting with GF cash transfer beneficiaries in Lodwar



A group photo with the Kakuma mission hospital staff



KCM Team assessing HIV management in Kakuma mission by HCWs



KCM team, CHVs and HCWs after visiting MDR patients at TB Manyatta