KENYA COORDINATING MECHANISM FOR GLOBAL FUND OVERSIGHT MISSION REPORT FOR MIGORI COUNTY 1ST TO 5TH FEBRUARY, 2021

Acknowledgement

The Kenya Coordinating Mechanism (KCM) appreciates financial and technical support from Global Fund which enabled KCM to conduct an oversight Mission in Migori County, 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 ,AMREF.HA, RAPADO, National TB Program, National, Malaria control Programme , and all Sub recipients implementing GF activities in Migori 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 Migori 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

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

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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 Migori County from 1st to 5th February, 2021. 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 HIV, TB and malaria commodity security status and progress made in strengthening supply chain systems
2. Establish progress made in implementation of COVID-19 Support and mitigation of COVID-19 effects.
3. Establish bottlenecks and challenges affecting GF grant implementation and recommend solutions and strategies to improve grant performance.
4. Engage with stakeholders and beneficiaries and share information/ experiences regarding GF programming in Kenya

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 as appendix 2 find the oversight visit tools and itinerary

Oversight Team Members

The Oversight team consisted of KCM secretariat members, KCM Oversight Officers, AMREF HA, National TB Program and National Malaria Program, RAPADO, IRDO GF TB Project representatives, Migori County CTLC. (*Annexed in appendix find a complete list of the Oversight Mission Team).*

Oversight Field Visit Findings

The Oversight team held a successful meeting with the Count Health Management Team .The team managed to visit 7 sites as per the itinerary i.e. Governor's office, County Headquarters/CHMT, two sub county hospitals, one health centre, one dispensary, home visits made to RAPADO – SARO CHU and beneficiaries.

The sites visited included;

1. Governor's Office
2. Migori County Headquarters/ CHMT
3. Awendo Sub-District Hospital
4. Rongo Sub County Hospital
5. St. Camillus Mission Hospital
6. RAPADO- SARO CHU in Suna East Sub County and beneficiaries
7. IRDO- Arombe Dispensary/Suna West Sub County

Key Findings: Strengths

HIV CLINIC

Population served 300,000 consisting of Migori and Homa Bay
HIV Prevalence rate-13.7%
Currently 3398 HIV patients (216 pediatrics and 3182 adults)

- Integrated services across the board from inpatient, outpatient, lab and pharmacy with effective client flow from HTS, health education and counselling and enrollment
- Effective community linkages through organizations community engagement staff (42 with stipends funded through KCCB)
- and MOH CHV's-referrals, home visits, partner notification services
- Evident Systems and processes to guide operations and service delivery

-visible protocols, flow charts and guidelines
-ticketing system to guide appointment flow for clinical visits and refills
-Electronic medical record and ADT system for data capture and reporting

-Patient satisfaction captured through suggestion boxes and analyzed by CQI team

-Active CQI team

- Indicator monitored to include: Suppression rate: 96 % retention rate 96%, 90% adherence for community to facility linkage
- Stock Management: KEMSA is the main supplier and stock is available for a 2-month window with systems in place to monitor stock and flag re-order needs. All Antiretrovirals are available and testing kits.
- Medical Records-Paper Based with added electronic systems for data entry and reporting
- ART Adherence Strategies: Pre-clinic appointment reminders, Phone tracing within 24 hours, Physical contact with CHV and community staff
- Facility have placed active COVID mitigation strategies with functional isolation room and availability of PPE

Successes

- Functional CQI team-the have implemented projects to address waiting time, Direct Observation therapy
- Active patient support groups (33)

Challenges:

- 33 staff funded by KCCB-if program closes there will be a significant HR gap
- New Patient knowledge deficit on HIV as opposed to prior efforts that provide comprehensive training/group education prior to enrolment into CCC program.
- COVID changed treatment patterns -extended to 2-3 months versus monthly
- COVID presented with an upsurge of clients

Beneficiary visit

3 Male beneficiaries were interviewed who were very positive about services provided at the health center and indicated that when they access care, they are able to be treated by clinicians and have not experienced shortage in medications they have required.

They indicated a strong relationship with CHV's who present at their homes and engage them in health education and also are key to detection and referral linkage to facilities. With COVID, health education at the household level included best practice, IPC measures.

These individuals were identified as coughers and referred to the facility and family members for screening and treatment.

Subsistence is through farming and other income generating activities was mining for the younger gentleman.

2 of the 3 had no exposure to NHIF, one of the gentlemen had been enrolled in NHIF but dropped off-not being able to uphold payments.

Success:

- Facility proximity to the community that also provided access to pregnant mothers for deliveries
- Ambulance from sub-county is somewhat available to cater to emergencies
- CHV interactions are viewed as beneficial
- Sites for the most part are adequately stocked-this is the beneficiary perception
- Community engagement and the referral process provides early detection and expedited facility linkages

Challenges:

- Beneficiaries would like to see additional staff to cate to the client needs and reduce wait time (this is subject to pre-COVID experiences).
- Expand infrastructure and services to reduce referrals to other facilitiesConsider transportation mechanisms for CHV referrals

Malaria

- Found in Karungu center, Nyatike Sub-County in Migori County
- OPD client flow is smooth, and all clients are treated in OPD that is under 5s and above 5 years and the adults including the pregnant mothers.
- Averagely they see 150 patients per day.
- There is one pharmacy and laboratory serving both the outpatient and inpatient clients.
- At the laboratory, the common testing method is microscopy and they use RDT when there is power failure and the do repeat test with microscopy to confirm.
- More than 30 samples for malaria testing are done per day.
- Pharmacy, all the anti-malarial drugs are available.

The stock available is as follows.

- 6 tablets remaining 330 doses which may serve for 5 months
- 12 tablets remaining 240 doses which may serve for 3 months
- 18 tablets remaining 249 doses which may serve for 2 months
- 24 tablets remaining 60 doses which may serve for 1 month

Net are available and they have a stock which may last for 2 months.
The last stock was received in August 2020.

Challenges

- The laboratory staffs have not been trained on the current malaria testing and they didn't have standard operating procedure manuals.
- The staffs were not sure about the data in the DHIS and the actual records in the books.
- The staffs are not involved in the management of their units

Key Findings: Areas of Improvement /Recommendations

Site Visited	Key Issues/Findings/Challenges	Recommendations	Person Responsible/Time
Awendo Sub County Hospital	TB Services • CCC and TB services provided under the same roof. • The hospital has one HTS/ TB screener at the OPD department • For diagnosis- the facility carries out both microscopy and Gene expert examinations. • MDR TB Patients are enrolled on social protection Schemes- NHIF/ KSh. 6,000 monthly GF support. • Not aggressive on ascertaining client satisfaction/feedback. • Processing of gene expert samples done in Rongo; sample ridders available throughout the	• Need for capacity building especially on the changed drug regimens eg with the introduction of the injection free MDR TB regimens; contact tracing management tools etc • Need for capacity building especially on the changed drug regimens eg with the introduction of the injection free MDR TB regimens; contact tracing management tools etc • Need for additional consultation rooms	

	week. Supported by University of Maryland • All TB Commodities are available with at least 2 Months of stock. Stockouts noted with Pyridoxine and isoniazid. **Gaps**	• Need for more gene expert machines (county has 4 Machines) • The CHVs need further facilitation with job enhancers- gumboots, bags, umbrellas, name tags etc.	

	• The facility ACF reporting tool is not available • Facility does not have cough monitors/ link assistants • Skills gap/ Challenges • Infrastructural Erratic supply of cartilages/falcon tubes- had been unavailable for 2months but a recent consignment arrived a few weeks ago. Community Services • Clients/patient giving wrong contact information making contact tracing near impossible • Increased numbers of late referrals • Poor economic standards of the clients as most are either unemployed or small-scale		

	farmers/ Lack of Transport monies during patient transfers • The number of CHVs has continued to reduce; they are however trained and receive frequent On job trainings/CMEs		
Arombe Dispensary	***TB GRANT CHVs*** • All the CHVS Support all facilities that diagnose TB/ Have TB Clinics • All bacteriologically confirmed cases were followed up by the CHVs. • Very active in tracing of treatment interruptus and referral cases. • Could not tell what number of CHVs were attached to health facilities. • CHVs have some equipment to include face	• To have the world TB day in Masala due to the increased TB Cases • Have equipment allocated to them including Gumboots, bags, Umbrella t-shirts / identification documents. • Capacity building as few have received formal training	

	masks, sanitizers, and gloves. Work tools are available example MOH 100, Interruptus tools, Monthly reporting tools, screening tools etc • CHVs have received training on Covid 19 prevention, sputum prevention and Contact Tracing • CHVs submit reports in triplicates- A copy is for Ministry of Health, the program/donor and a separate copy remains with the CHV. Verified by clinician • CHVs engage in IGA activities such as kitchen gardens, chicken rearing, merry go rounds • Drug defaulting as well difficulties in drug re-initiation		

	• Economic hardships/ lack transport to facilities • Social impediments to treatment compliance such as alcoholism. • Lack of capacity building.		
St. Cumullus Mission Hospital	• CHVS supported by the hospital and partners- Komesha TB, Rapado, IRDO etc • Recording tools are available • The facility has 1 MDR patient on social protection by GF. • Client satisfaction is accessed by use of suggestion boxes within the CCC (Non available at the TB Clinic), feedbacks, Increased Referrals etc. • Services at the hospital are free of charge • Facility has an isolation room specific for	• Need for capacity building. Staff have not attended any formal training as yet.	

	TB Patients and a cough zone. • Medicines -RHZE, RHZ, MDR meds are available. IPT and RUFT not available		

ANNEX: TEAM MEMBERS

KCM OVERSIGHT TEAM MIGORI COUNTY	
Name	**Organization**
1. Dr Bernhards Ogutu	KCM Member /**Team leader**
2. Ms. Meboh Abuor	KCM Member/COG
3. Ms. Faith Muigai	KCM Member
4. Dr. Tereza Alwar	KCM Oversight Officer
5. Ms. Hellen Gatakaa	KCM Oversight Officer
6. Mr. Joram Ndirangu	AMREF HA
7. Ms. Lilian Manyonge	AMREF HA
8. Ms. Mercy Tsimbiko	IRDO GF TB Project
9. Mr. David Nyamohanga	Migori CTLC
10. Mr. Elijah Abwanda	RAPADO
11. Mr. Nyamohanga	National TB Program
12. Mr. Denis Osiago	National Malaria Program
13. Ms. Josephine Mwaura	KCM Secretariat

KCM OVERSIGHT MISSION TO MIGORI COUNTY -TEAM - ITINERARY		
Day/Time	**Activity/Event**	**Venue**

ANNEX: PHOTOS

AWENDO SCH VL TRACKING
CCC YEAR 2019-2020

INDICATOR	Oct 2019	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep 2020
No. client seen in the month	232	234	629	1068	1213	926	1142	865	863			
No. Eligible for VL	150	203	76	201	252	240	115	9	14			
No VL Done	150	198	76	180	252	240	115	9	14			
Result received this month	150	198	76	180	252	240	115	9	14			
No with <1000 (400-999)	16	8	15	30	5	7	02	1	0			
No with LDL (<400)	123	174	65	150	237	230	111	8	11			
No 2nd VL done	0	14	1	9	0	3	2	0	0			
No VL Result >1000	0	5	0	2	10	3	4	0	3			
No. Switched to 2nd line.	0	3	3	2	3	3	1	0	0			

DAILY GENERAL ROTA OF ACTIVITIES IN CCC

DAY \ TIME	7.30am-8.30am	8.30am-1.00pm	1.00pm-2.00pm	2.30pm-4.00pm
MONDAY	Health talk	Client management	LUNCH	MEETINGS (SURGE&STAFF)
TUESDAY	Health talk	Client management	LUNCH	MDT
WEDNESDAY	Health talk	Client management	LUNCH	MDT
THURSDAY	Health talk	Client management	LUNCH	CQI
FRIDAY	Health talk	Client management	LUNCH	CME

COMPILED BY; JOSEPH OWIRA,
CLINICAL OFFICER, INCHARGE CCC

TB-HIV

Name of Facility: MFL Code: Year:

	INDICATORS	TARGET	Month: Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Yearly Achievement
2	New TB cases (count all 'N' in 'type of patient' column of the TB register)														
1	Re-treatment cases (count retreatments in 'type of patient' column of TB register.This can also be computed by taking indicator # 3 below less indicator # 1 above)														
3	Total enrolled in TB clinic (count total number registered in 'District registration number' collumn of the TB register)														
4	Number with a documented HIV test result in TB clinic (count all tested for HIV in 'HIV test' column of TB register)														
5	HIV testing Rate (calculate proportion:numerator number tested for HIV/total enrolled in TB clinic)														
6	Number HIV-infected in TB clinic (count all testing positive(pos) in 'HIV test' column of TB register in that reporting month)														


LOCH GWENGE


MISSION STATEMENT


2021/02/03 10:14


2021/02/04 09:32


2021/02/03 10:19


2021/02/03 09:11