

**KENYA COORDINATING MECHANISM FOR GLOBAL FUND
REPORT OF THE OVERSIGHT FIELD VISIT CONDUCTED IN GARISSA COUNTY
BETWEEN 31ST JANUARY TO 05TH FEBRUARY 2021.**



1.0 INTRODUCTION

1.1 Background Information

The mandate of Kenya Coordinating Mechanism (KCM) is to oversee the overall management of Global Fund grants to fight AIDS, Tuberculosis and Malaria (GFATM). The KCM Oversight team conducted an Oversight visit to Garissa county referral hospital, Bura sub county hospital, TB / COVID 19 Manyatta. The Committee also included selected sub recipients under PR 2 with a focus on special initiatives (Kenya Red Cross and Amref Health Africa). The visit was conducted from 31st January to 05th February 2021.

The Oversight team was led by Dr. Lanai – KCM member and consisted of 8 team members identified from KCM (Technical Partners- UNAIDS/PEPFAR, Civil Society, Disease specific ICCs, Government Officers, 2 from KCM Secretariat and the KCM Oversight Officer. Annexed as appendix one find details of the team members

1.1 Purpose

The Nairobi County Oversight visit aimed at establish progress made on implementation of COVID-19 Support /Mitigation of C19 effects and to identify challenges affecting GF implementation and recommend solutions/strategies to improve grant performance. This was with a specific focus on the grant cycle that started in 2018/2019 with an end period of June 2021.

Oversight Field Visit Objectives

1. Establish HIV/TB/Malaria commodity security status and progress made in strengthening supply chain systems
2. Establish progress made on implementation of COVID-19 Support /Mitigation of C19 effects.
3. Establish bottlenecks/challenges affecting GF implementation and recommend solutions/ strategies to improve grant performance.
4. Engage with stakeholders/ beneficiaries and share information/ experiences regarding GF Programming in Kenya

2.1 Methodology

There were 4 virtual prep- oversight committee meetings which involved representation from KCM, Oversight Committee members, HIV, Malaria and TB programs, TNT, KRCS, AMREF and KEMSA. The team comprising of representative from KCM, TB program, Amref Health Africa and Kenya Red cross had an entry meeting/ courtesy call to the CHMT. The CEC health welcomed the team to the County. The team conducted the visits to various sites which include meeting with CHMT, Garissa County Referral, Hospital, TB/ C19 Manyatta, Ifin sub

county hospital, Bura sub county Hospital and feedback meeting with CEC, CHMT and the team.

The Garissa oversight visit was a highly participatory and consultative process which was conducted through an in-depth analysis of Programmatic, Financial data and information including site visits to Garissa referral hospital, Iftin sub county hospital and Bura sub county hospital and selected non state actors SRs. As for the Special initiatives, the team adopted a different approach whereby we had 1 SR - ANKARA under Amref Health Africa and 1 SR - SIMAHO under Kenya Red Cross to discuss challenges faced during implementation.

The first day was a meeting with the CEC health which was a courtesy call and introductions. Then we proceeded to meet with CHMT team comprising of the Programs, Procurement, Pharmacy and finance staff and KCM oversight team members. After initial presentations from KCM and the CHMT, 2 groups were formed whose role was to analyze the causes of low absorption of GF funds. Later in the day the KCM oversight team converged with team leads for a de brief. Detailed discussions with the PR were held including review of supporting documents to fully understand the root causes of the none-absorption. The teams then followed through the same items that were picked up from CHMT to the disease programs.

On day 2, the KCM oversight team had a chance to visit SIMAHO (SR) and held a meeting with the CEO, Directors, finance and programs staff in the morning. Later we split into two groups and met clients and CHVs on the HIV and TB programs. Here further analysis was conducted on the major causes of low absorption and stigma. Later in the day we visited IFTIN sub county hospital also visited another SR –ANKARA medical center in Garissa town which is an SR supported by AMREF implementing PPM Programme in County.

On day 3 the KCM oversight team 2PRS and CHMT headed to Bura sub county hospital in Bura. On day 4, the KCM Oversight team compiled the report and debriefed the CEC and CHMT team.

CHMT Presentation

Updates on HIV Program

- HIV prevalence reduction from 2.1% in 2013 to 0.4% in 2020 due to various strategies in place including 90,90,90 strategy. Current Incidence rate of 0.7%
- HTS – 41,885 July – June 2020
- Cascade – 1961 PLWH 2297,
- PMTCT – testing – 27,090 tested, not tested – 25,676
- Reduction in overall HIV prevalence rate from 2.1 to 0.45

- Remarkable progress in epidemic control – 78% testing, 76% on ART and 90% retention for 12 months, EID at 90%
- Knowledge on HIV is poor in the community, high stigma, high default rate
- High MTCT rate – 28%
- Need for EMR in high volume sites, roll out new tools
- Mapping of FSWs and establishment of DICE estimated – 1682 –Mororo and Madogo
- Need for redistribution of partners – NACC/GOK based on need
- High number of adolescents pregnancies.
- Transactional sex and serial monogamy.

Malaria Program

- Malaria Prevalence in Kenya 8% but varies per region Garissa having an estimated prevalence of 1%.
- Prevalence was reported to be high in areas bordering the Coast region along Tana River with an estimated prevalence of 2%.
- Gradual decline in malaria positivity rates
- EQA performance – Detection rate of 805
- Improved malaria reporting rate most facilities at 90%
- 160 staff trained in malaria case management and 120 on malaria surveillance.
- Challenges – Delay in Malaria drug delivery after orders are submitted.
- Increased staff absenteeism due to quarantines.
- Lack of PPE
- High staff turnover and therefore need for frequent training/ sensitization
- No partner/ SR support for malaria case management. Amref supported Malaria DQA until 2019.
- Facility support supervision not supported currently.

TB Program

- The County reported a total of 978 case in 2019 giving a CNR of 118/100,000 compared to the Country CNR of 426/100000.
- The county experienced reduction of TB case finding by 11.8% against a Country target of 20% increment. However, reduction in TB cases
- Reduction in case associated with Covid-19 pandemic and HCW strike
- Among the 978 patients diagnosed 52% were bacteriologically confirmed while 48% were clinically diagnosed.
- MDR Surveillance among the previously treated patients was 77% against a target of 100 target while surveillance among the new patients was 78% against a target of 90%
- GeneXpert utilization was 92% for Garissa County Referral hospital and 57% at Ifo hospital,
- GXLims utilization is at 95% (SMS) and 99% (Emails) at Garissa County Referral hospital but for Ifo hospital the machine is not able to send the feedback on email/SMS - has a problem that need to be fixed by Caroga.

- IPT uptake is low at 26%, some parent refuse to have their children started on IPT/TPT.
- Private sector contribution to case finding is currently at 14% against a target of 20%. This is a marked increase from a performance of 2%. This is associated with Global fund support for the ongoing PPM project in Garissa town.
- Improved capacity of staff on DR/DS TB knowledge
- Challenges – Erratic nutrition commodities supply
- Cross boarder TB – LTFUs
- Sample transportation challenge.
- Need for an extra Xpert machine for Ijala/Fafi Subcounty
- Increase the facilities under the PPM projects.

Laboratory

- 40 Laboratories – 37 GOK and 3 Refugee
- Only 1/3 of health facilities have labs, others don't.

Covid-19

- Number of tests done – 7097
- Total Number Positive –
- Cured -
- Death – 20
- On follow up currently -
- 58% of all cases have been identified in Garissa town
- Response activities –
- Availability of PPE

KCM Presentation

- KCM attract resources to address challenges associated with 3 diseases Malaria, TB and HIV. KCM does not implements but appoints the PR and coordinate and guide selection of SRs for implementation.
- Global fund is a multi-partnership among them Technical partners, civil society, Academia, other donors, Private sector.
- 74% of global fund investment is invested in sub-Saharan Africa, currently there is reducing donor support and there is need domestic resource mobilization.
- Constituency includes – TB, HIV, Malaria, Youth, Key Population, NGO, Private
- KCM has a membership of 23 members and 23 alternate members.
- Grant application process – Submission. TRC review, grant making.
- Grant to be signed possibly in March 2021
- Funding request application – application for funding was submitted on 31st August 2020, reviewed and found to be technically sound and strategically focused and Kenya awarded USD415, 310,170 and recommended to move to the next stage of grant making
- Grant making process has started and is ongoing

PR 2 Presentation: Amref Health Africa

- A total of 996 household of bacteriologically confirmed TB patients had been visited and contact tracing done out of the targeted 1559 giving a performance of 64%
- From the households visited, the SR was expected to screen an average of 4 people and refer at least 2 people (Presumptive and children under the age of five years) per household from each household

PR 2 Presentation: Kenya Red Cross Society

The Kenya Red Cross presentation included the following information; -

HIV Program Overview:

- **Total Grant Amount:** 75,191,227 USD
- **Garissa County Investment:** Kes. 49,095,331.00
 - SIMAHO - 31,767,567.00
 - WEFKO - 17,327,764.00
- Program coverage is 4 Sub Counties (Garissa Township, Lagdera, Fafi and Ijara)
- Sub recipients are 2 organizations – SIMAHO and WEFKO
- The SRs have identified, trained and engaged 40 CHVs and 15 Peer Champions and 13 Paralegals
- All cohorts of beneficiaries are being tracked, challenges identified and mitigation
- **Challenges/Gaps**
 - Inadequate capacities both institutional and HR in program management by Implementing Partners (SRs and Networks).
 - High stigma level within the community (low HIV knowledge)
 - Data Issues – estimates vs actual situation
 - Negative effects of COVID-19 on the program.

Remedial Actions

- Training of SR staff on RBME, Documentation and financial management.
- Appraisal and mentorship support through NEPHAK and WOFAK
- Saturation of information among different target groups
- Review targets based on actual numbers
- Adoption of IPC guidelines in implementation and development of acceleration plans.

VISIT TO IFTIN SUB-COUNTY REFERRAL HOSPITAL –

TB Service Delivery

- Patients had been assigned patient packs.
- Good documentation in the TB registers

VISIT TO BURA SUB-COUNTY REFERRAL HOSPITAL

Overview

- Security issues has affected provision of health services in the sub county and a number of lower-level facility have closed down. Bura Sub-county hospital has temporarily closed many times previously due to insecurity.
- Outreaches are key to reach out to communities where facilities have closed down and there is need to provide support for the outreaches
- High staff turnover in the facility and the sub-county and therefore need for training and capacity building.
- Sensitization of staff on Covid-19 has been done through SIMAHO.
- CHVs supported by SIMAHO (Kenya Red cross and Amref) have supported patient retention, adherence, contact tracing and interrupters tracing for both TB and HIV.
- The facility is a central site receiving drugs and commodities from KEMSA for redistribution to lower-level facilities. However, redistribution is hampered by insecurity and lack of transport mechanism.
- There is a need for a county strategic plan that is costed addressing among other things the issues around TB, HIV, Malaria, commodities distribution, transport and sample networking.

TB Service Delivery

- TB diagnosis highly depends on AFB microscopy which is done at the facility. Lower facilities refer samples to the facility for AAFB.
- GeneXpert samples are referred to Garissa County referral hospital through either public transport, Ambulance or when a staff is travelling to Garissa for personal reasons. No reliable sample transport. Need to identify a reliable sample transport model. County needs to show leadership in this.
- Reduction in TB case finding as result of reduced hospital visits since the beginning of COVID-19.

Malaria Service Delivery

- High prevalence of Malaria among the population staying along River Tana.
- Need for training of the private providers on Malaria since there is over treatment
- Stock out of RDT and no mosquito nets.
- Garissa is zoned under low-risk Malaria area

- The priority intervention areas in accordance with the Kenya Malaria Strategy 2019 -2023 include malaria case management and surveillance.

Laboratory

- Laboratory is able to carry out most of the basic tests including Malaria, HIV, Syphilis, Full hemogram among others, ANC profile
- Good documentation in the laboratory register.
- Dedicated staff who are doing all to work with the available resource.
- AC not working despite temperature control in the laboratory being a critical aspect of quality of care.
- Laboratory has no running water and the staff have to improvise

Pharmacy/ Commodities

- Pharmacy has enough space with good shelves and lockable cabinets for drugs that need to be locked in.
- Patients packs enough for a period of 6 months were available. All patients on TB treatments had been assigned clearly labeled patients packs which were neatly kept in a lockable cabinet.
- AC not working despite temperature control in the laboratory being a critical aspect of quality of care.



Bura sub county hospital Pharmacy is too small Un utilized space for expansion in Bura

Summary of Key Findings and Recommendations						
S/N o	Site Visited	Key findings	Recommendations/a ction	Respo nsible Entity	Tim elin e	Remar ks
1	Garissa county referral hospital	Gene expert machine room at Garissa - AC not working/biosafety cabinet lacking /Hood needs repair. Officer manning Gene Xpert room dedicated he reports on duty at 6.00am daily due to workload	<ul style="list-style-type: none"> HMT Repair ACs /install biosafety cabinet at gene xpert room. CEO GCRH/CM Provide conducive and desirable environment particularly for labs, Gen Expert room, Drug stores. Deploy additional lab tech to ensure efficiency in service delivery. <p>Repair ACs /install biosafety cabinet at gene xpert room.</p>			

		<p>Gene xpert machine room at Garissa AC not working/biosafety cabinet lacking /Hood needs repair. Officer manning Gene Xpert room dedicated reports on duty at 6.00am daily</p> <p>Lack Nutritional support for the last two years for TB/HIV patients – This has impacted negatively on the outcome of care as evident by cure rate 75/90</p>	<p>Motivate the Officer manning Gene xpert room</p> <p>KEMSA to fast-track procurement and distribution of Nutritional supplements</p>			
2	IFTIN sub-county referral hospital	<p>TB and HIV patients are referred from outpatient. There are only 126 clients on care</p> <p>There were challenges with Nevirapine and inconsistencies in rapid testing</p> <p>Another challenge were patients on transit especially if the drug they are using is not there.</p> <p>Patients had been assigned patient packs.</p> <p>Good documentation in the TB registers</p> <p>The state of the drug store is pathetic</p> <p>No gene-xpert machine. They refer to PGH and patients get lost there.</p>	<p>Have innovative ways to get people to test</p> <p>The drug store needs fumigation and proper ventilation</p> <p>Lab technologist needs an AC and not a fan which easily spreads TB germs, safety cabinet, No seats</p> <p>Staff burn out- get more staff</p>			

		Only 6 lab techs working 24 hours Maternity was turned into a laboratory				
3	BURASub- county referral hospital	<p>Lower facilities refer samples to the Garissa referral for TB through either public transport, Ambulance or when a staff is travelling to Garissa for personal reasons.</p> <p>High prevalence of Malaria among the population staying along River Tana.</p> <p>AC not working despite temperature control in the laboratory</p> <p>Laboratory has no running water</p> <p>The hospital has been closed severally</p>	<p>Need to identify a reliable sample transport model.</p> <p>Garissa is zoned under low-risk Malaria area –Consider this area</p> <p>Install ACs and water</p>			
4	SIMAHO	<p>Low HIV testing</p> <p>Have 40 trained CHVs and have an MOU with CHMT in the sub county hospital</p> <p>Human Rights violation among vulnerable groups (PLHIV, AGYP)</p>	<p>Need increased demand for HIV testing</p> <p>Train more CHVs Integrate CHVs into community strategy</p> <p>Sensitize police force to enhance reporting of SGBV in community Know your rights campaign</p>			

		<p>Had very ambitious targets that they had to reduce. Targets set by PR were affected by stigma.</p> <p>HIV and TB burn rate had a huge variance (87% and 54%)</p> <p>Insecurity in the area affected reporting in some TB zones</p> <p>They received PPEs for C19</p>	<p>Integrate the programs which will cost less with more input. Work with religious leaders not to request for HIV certificate before marriage.</p> <p>Islamic relief developing IEC for religious leaders to address stigma</p> <p>Need to capacity build households to report online</p>			
5	ANKARA Medical Centre	<p>Conducting PPM program.</p> <p>The public private rider since (2019)</p> <p>Works with 8 health workers and give 2K per TB case and 100 per test result. Some clinics and chemist have closed.</p> <p>Stigma especially with C19</p> <p>Private facilities not diagnosing</p> <p>Challenge of staff turnover in private sector. New staff come with no knowledge of the project</p>	<p>Infection Control; Disposal</p> <p>Provide masks to patients and education</p> <p>More capacity building for clinicians to pick symptoms</p> <p>More sample finders</p> <p>Ankara wants to be upgraded</p> <p>Need gene xpert machines</p>			

3.1 Conclusion: The report to be summarized as per the objectives and TORs

Generally, the commodity security status is good except shortages in Female Condom. Consideration should be made to fund programs that promote community rights and gender and the health facility to better support treatment success beyond GF. Oversight committee should pay closer attention to the performance of each of the grant in the remaining period and be proactive in recommending programmatic/funding shifts.

4.1 Lesson learned

Global Fund has invested significantly to the response of HIV, and TB in Garissa County. However more interventions are required especially in Malaria response.

From the sites visited, a significant number of HIV, TB and Malaria patients are treated in private clinics and FBO. There were notable delays in delivery on medicines for up to 3 months in the beginning of the year due to Covid -19 externalities. The CHVs supporting the mainstream health workers in the sites visited are supported by partners. Most lost to follow up of TB Patients was a result of transfers out due to Covid-19 pandemics

5.1 Appendices- Success stories (guidelines, consent), Photographs, list of participants, itinerary/ Programme,



Oversight team at Bura sub county hospital



Oversight team with Ankara Medical Clinic staff



SIMAHO meeting with TB champions



Meeting with the CEO & staff



Courtesy call to CEC health's office



Njane at IFTIN store inspecting the stock level records

THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION: GARISSA COUNTY 1ST TO 5TH FEBRUARY, 2021		
Day/Time	Activity/Event/Tentative Discussion Points	Venue
31 st January 2021	Travel	
1 st February 2021 09.00am-10.00 am	Courtesy call on the Hon. Governor <ul style="list-style-type: none"> • Introduction • Purpose / Objectives of the visit. 	County Headquarters
10.00am to Noon	Meeting with Garissa CECMH/COH & CHMT & Partners <ul style="list-style-type: none"> • Introduction/ Welcome Remarks • Presentation by CHMT on the situation of GF (HIV/TB/Malaria) • Overview of KCM& Global Fund. • Presentation on GF investments and by PRs, the National Treasury, Amref Health Africa and KRCS • Establish HIV, TB and Malaria commodity status • Discuss Measures in Place to Control spread of COVID 19 / Mitigate its effects. 	CHD Offices

THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION: GARISSA COUNTY 1ST TO 5TH FEBRUARY,2021		
	Question and Answer session	
01.00 pm-02.00pm	Lunch break	
2.00pm- 4.30pm	Garissa County Referral Hospital <ul style="list-style-type: none"> • Courtesy call on the Hospital CEO • Visit HIV/TB/Malaria service delivery points • Discuss measures in Place to Control Spread of COVID 19/Mitigate it effects • Visit Pharmacy store • Visit Laboratory • Visit youth Centre 	Garissa
5.00pm – 5.30 pm	Recap of Day's Activities	
2 nd February 2021 Morning	Visit KRCS SR implementing HIV Programme -show case, Key population and HIV prevention for General Population /meeting with CHVs/Visit beneficiaries /PLHIV. Discuss measures in Place to Control Spread of COVID 19/Mitigate it effects	SIMAHO
Afternoon	Visit Subcounty Hospital <ul style="list-style-type: none"> • Courtesy call on the Hospital CEO • Visit HIV/TB/Malaria service delivery points. • Discuss measures in Place to Control Spread of COVID 19/Mitigate it effects • Visit Pharmacy store • Visit Laboratory. • Visit youth Centre 	Iftin Sub-District Hospital
3 rd February 2021 9.00am to 1.00pm	Visit Amref Health Africa SR implementing TB Programme -show case TB Active case finding, Visit Beneficiaries / MDR Client /meeting with CHVs. Discuss measures in Place to Control Spread of COVID 19/Mitigate it effects	Sisters Maternity Home (SIMAHO) Garissa
2.00pm to 4.00pm	Visit primary health care Facility <ul style="list-style-type: none"> • Courtesy call on the Hospital In charge 	TBC

THE KENYA COORDINATING MECHANISM OVERSIGHT MISSION: GARISSA COUNTY 1 ST TO 5 TH FEBRUARY,2021		
	<ul style="list-style-type: none"> • Visit HIV/TB/Malaria service delivery points • Discuss measures in Place to Control Spread of COVID 19/Mitigate it effects • Visit Pharmacy store • Visit Laboratory. • Visit youth Centre 	
4 th February 2021 9.00am to 11.00am	Visit Amref Health Africa SR implementing PPM Programme in County. PS KENYA	Private Facility- implementing PPM- Ankara Medical Center Garissa Town
11.00am to 1.00pm	Report writing	
2.00pm to 4pm	Debrief CHMT	
5 th February 2021	Departure	

They call me “Daktari”

Elizabeth is community Health volunteer with Sisters Maternity Home (SIMAHO) a Non-Governmental Organization based in Garissa town. Born 60 years ago, Elizabeth does not look a day older than 50. She decided to volunteer her services to the community after her retirement as HIV Testing Counsellor at a Government Hospital in Garissa town where she had served for about 20 years.

Elizabeth has about 40 HIV clients who she supports in treatment adherence. She follows them up to ensure they complete their treatment and checks that any complications that may arise from the treatment is addressed. This includes any opportunistic infections like TB. Her role includes encouraging the clients to adhere to the lifelong HIV treatment.

She visits them in their homes where she encourages them to keep taking their treatment. Though she is trained in HIV counseling the community has built so much trust and confidence in her that they now entrust her with other health issues. “They call me *daktari*” She quips with a smile that depicts contentment. “The community now confides in me their deep most health issues like gynecological issues”. She adds. She has had to deal with even marital issues. She narrates how she once reunited a couple that had been separated for one year.

“It is not all rosy though” She is quick to add. “First the community has so many problems than I can handle. I have to deal with households that are too impoverished to afford a meal yet they are on HIV treatment.” In such cases she has to go back to her pocket provide food especially now the food supplements that used to be subscribed for the clients is no longer available. She wishes the program could be revived. It could save her some trouble. She also notes that some health issues are beyond her and the only thing she can do is referral.

Besides counseling, Elizabeth, from her interaction with the community has learnt that some of her clients are depressed and need spiritual nourishment which she offers through prayers and encouragement. She partners with some Muslim preachers for the clients who are of Islamic faith.

“It is difficult to separate my personal life and that of community volunteer” She responds when I ask her how she juggles between her personal life and work. The community needs know no time or personal boundaries. She is happy to serve them any time. Whenever she has tried to take leave, her phone ends up ringing of the hook and she can longer ignore the calls.

The worst experience in her work is when relatives disown HIV positive children due to stigma. Stigma is too high among the community due to lack of adequate information around HIV. Stigma also makes clients not disclose their status to their loved ones. She also been labeled ‘*Mama wa Ukimwi*’ (The woman of HIV) and clients don’t like her visiting them in their homes lest they get associated with HIV.

In any other life she would still volunteer her services to the community. It gives her hope and contentment. She thanks global fund-funded SIMAHO for giving her the opportunity to serve. She encourages her colleagues not to give up volunteering for their community.

The outcome of their efforts is a healthier happier community.

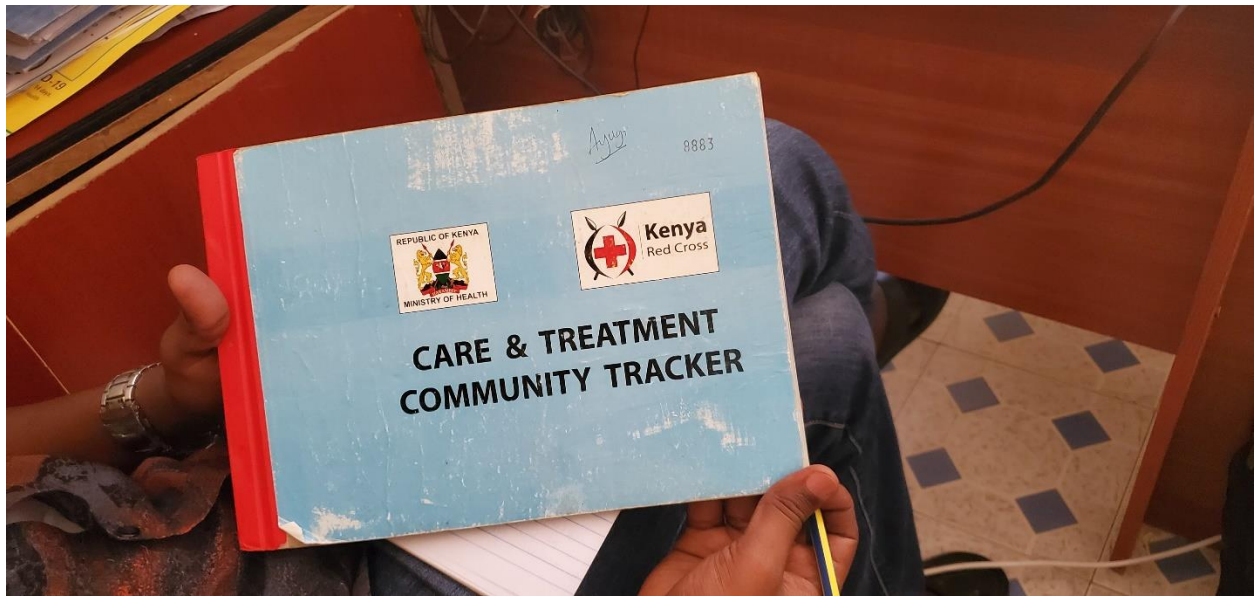


Figure 1 The reporting book used by CHVs to record their client's profile