



KENYA COORDINATING MECHANISM FOR GLOBAL FUND OVERSIGHT FIELD VISIT REPORT

9TH TO 13TH NOVEMBER 2020

NAIROBI COUNTY

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Acronyms

| | |
|----------|---|
| CHMT | County Health Management Team |
| CCC | Comprehensive Care Clinic |
| CHU | Community Health Unit |
| CHV | Community Health Volunteer |
| COVID | Corona Virus Disease |
| CSO | Civil Society Organization |
| DNMP | Division of National Malaria Program |
| GF | Global Fund |
| KCM | Kenya Coordinating Mechanism |
| KEMSA | Kenya Medical Supplies Authority |
| KRCS | Kenya Red Cross Society |
| MOH | Ministry of Health |
| MTCT | Mother to Child Transmission |
| NASCOP | National AIDS and STIs Control Program |
| NTLLP | National Tuberculosis, Leprosy and Lung Diseases Program |
| PR | Principal Recipient |
| SR | Sub Recipient |
| TNT | The National Treasury |
| HIV/AIDS | Human immunodeficiency Virus/Acquired Immunodeficiency Syndrome |
| PTB | Pulmonary Tuberculosis |
| VMMC | Voluntary Medical Male Circumcision. |
| USAID | United States Agency for International Development |

2.0 INTRODUCTION

2.1 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 the Nairobi Metropolitan Services-Health Management Team at Nyayo house 10th Floor Board room, Mbagathi County Hospital, Coptic Hospital and the EDARP- Komarock Health Center, The visit was conducted from 09th to 12th November 2020.

The Oversight team was led by M/s Maureen Murenga – KCM member and consisted of 7 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

2.2 Purpose

The Nairobi County Oversight visit aimed at establishing progress made on implementation of COVID-19 Support /Mitigation of C19 effects ant 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.

2.3 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.** Assess progress made in Construction of KEMSA Warehouse
- 4.** Establish bottlenecks/challenges affecting GF implementation and recommend solutions/strategies to improve grant performance.
- 5.** Engage with stakeholders/ beneficiaries and share information/ experiences regarding GF Programming in Kenya

2.4 Oversight visit guiding questions

The following tools were developed to facilitate information gathering during the oversight visits:

- Oversight field visit checklist for county health department
- Assessment of progress made on implementation of COVID-19 Global Fund support
- Oversight field visit checklist for sub-recipients (SRs)
- Oversight field visit checklist for MOH Facilities

All the tools can be found in Annex 5.

3.0 Methodology

3.1 Approach

4 virtual prep- oversight committee meetings which involved representation from KCM, Oversight Committee members, HIV, Malaria and TB programs, TNT, KRCS, AMREF HA and Kemsu to collect preliminary information on the progress made with addressing gaps documented in the previous oversight visits. The stakeholders were given an opportunity to update the committee via e-mail as well as during the meetings. Updates were documented and put together by the KCM secretariat.

Administered Questionnaire

The 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 The team conducted the visits to various sites which include to the NMS Health team, Mbagathi County Hospital, Coptic Hospital and EDARP Komorock Hospital.

The team adopted an approach whereby a questionnaire was administered, and challenges faced during implementation, successes stories and way forward were discussed.

The first meeting- day one was between the Nairobi Metropolitan Services Health Management team and KCM oversight team members. Presentations and discussions helped members

- Understand the population dynamics of people affected and infected by Malaria, TB and HIV Diseases in Nairobi county.
- Disease dynamics- prevalence, incidences, Mortalities
- Testing trends in Nairobi County
- Impact of the Covid 19 pandemic to HIV, TB and Malaria diseases.
- Notable Global fund support/ programmatic impact
- Current bottlenecks and possible solutions

Later in the day the KCM oversight team/NMS team visited Mbagathi County Referral Hospital. The KCM oversight team met with the Medical superintendent and the staff in charge of the CCC, TB, HIV, Laboratory, Outpatient and Pharmacy in their boardroom.

The team was then split into three groups where

- Group one visited the CCC, youth center and the CCC pharmacy
- Group two visited the TB clinic and
- Group three the outpatient triage, the lab and the Covid 19 center.

On day 2, the KCM oversight team visited the COPTIC hospital. The visit involved an in-depth interview of departmental in charges from the Coptic hospital hope center, CCC children's department, PTB Center, Pharmacy and Laboratory.

Then a meeting with the hospital Directors, and staff allowed the Oversight field visit team to understand the impact of the services provided to the communities, challenges and gaps faced and possible solutions. They shared their presentation.

On day 3, the KCM oversight team visited EDARP Komarock hospital. We paid a courtesy call to the in charge officer. She then took us to the various departments MTCT, Children's clinic, TB, CCC, Laboratories, Pharmacy/Stores and VCT. Later we converged and had a brief meeting analyzing the challenges and coming up with recommendations

On Day 4, the team converged for report writing.

4.0 NAIROBI METROPOLITAN HEALTH SERVICES

4.1 Malaria Program

Nairobi is zoned under low risk Malaria area with a prevalence of less than 1 per cent.

Malaria cases in Nairobi are primarily transit cases from malaria endemic areas.

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

The recent entomological surveillance which was conducted in September 2020 did not isolate the presence of anopheline species. However the previous survey had identified 3 per cent presence of anopheline species.

Global Fund Supported Activities

Global fund has continued to support Nairobi Metropolitan health services to implement Malaria control activities which include;

- a. Supply of malaria commodities through KEMSA
- b. Malaria case management training of health workers
- c. Malaria data quality audit through the GF sub recipient.
- d. Malaria supportive supervision
- e. Malaria entomological surveillance
- f. Monitoring of in-patient and outpatient quality of care

Achievements

- Global fund supported training of 720 health workers in public and faith-based health facilities in 2019 on the use of guidelines for the diagnosis, treatment and prevention of Malaria.
- The health facilities are stocked with malaria commodities
- Annual Malaria data quality audit and supportive supervision.
- Annual monitoring of Malaria inpatient and outpatient quality of care

- Periodical entomological surveillance including the recent one which was conducted in September 2020.

Challenges

- Processing of orders for Malaria commodities by KEMSA has previously taken a bit long period.
- The Malaria control towards elimination Nairobi is dependent on the interventions in the other malaria endemic counties.
- The entomological surveillance is not conducted annually
- The joint malaria data quality audit and supportive supervision is conducted once a year.

Recommendations

- KEMSA to process the order for malaria commodities on time.
- Regular refresher training on malaria case management
- GF to consider scale up support for Malaria data quality audit and supportive supervision to enable the health facilities to be assessed regularly in an year.
- GF to consider supporting Nairobi Metropolitan health services to conduct annual entomological surveillance in order assess the pattern of malaria vector in different seasons.

5.2 HIV/AIDS UNIT

Introduction (Kenya HIV estimates 2020)

- Total County Population - 4,397,073
 - Male - 2,192,452 (49.9%)
 - Female - 2,204,376 (50.1%)
- Nairobi estimated to contribute to 11% of all HIV positive cases in the country with 167,446 (high burden)
- HIV Prevalence (15-49 yrs) - 5.2% (7th largest in the Country)
- In 2019 county estimated to have contributed 10.7% of New HIV infections in the country - 4,446
- MTCT rate estimate - 10.1% lower than national rate

HIV Prevalence in Nairobi County

- Overall HIV prevalence for adults aged 15-49 increased from 3% in 2013 to 5.2% in 2020 - represents an 2.2% increase .

- Adult females aged 15-49 prevalence increased from 4.3% in 2013 to 6.8% in 2020
- Adults male aged 15-49 prevalence increased from 2.6% in 2013 to 3.3% in 2020
- Reduced AIDS mortality due to increased ART uptake means
- More people are living longer with HIV hence the increased prevalence

AIDS Related Deaths in Nairobi County

Overall HIV mortality decreased by 48% from 4,027 (2013) to 1,693 (2015)

In 2020 it's estimated Nairobi will contribute;

- 15.4% and 6.1% AIDS related deaths among children (0-14) and adults aged > 15 years in Kenya respectively
- Adolescents (10-19 years) and Youth HIV (15-24 years) were estimated to have contributed 9.8% and 8.1% of the AIDS related deaths in the country

Number of PLHIVs in Nairobi County

In 2020 it's estimated;

- About 11.96% of all CLHIV in Kenya are from Nairobi -12,779
- 11.04% of adults aged > 15 years in the country lived in Nairobi - 154,666 (6% reduction in the No. PLHIVs in Nairobi compared to the number in 2013)

Between 2013 and 2020, the No. PLHIVs reduced from 23,671 (2015) to 127578 (2020) indicating a 47% reduction

The number of ALHIVs (10-19) decreased by 27% between 2013 and 2020.

New Infection by Age in Nairobi County

Overall No. of HIV new infections increasing between 2013 and 2020 by 23% from 3,411 (2013) to 4,446 (2020)

In 2020 it's estimated Nairobi's contribution to new HIV infections in the country to be 10.73%.

Largest contributors to the HIV infections in Nairobi County (KMoT 2020)

1. Never Married Female
2. Female Sex workers (FSW)
3. Concordant negative male uncircumcised
2. Incidence per 1000 persons of HIV in Nairobi much higher amongst key populations [197 (FWID), 8 (MWID), 36 (MSM) and 58 (MSM)]
3. Highest No. of the infections happening at 25-29 years old
4. Those aged 15-34 years old are the major contributors of the epidemic

5. Most of the new infections are among females with males dominating after 40 years old
6. Nairobi has made laudable efforts in rolling out interventions to mitigate the spread of the HIV virus;
 1. Scaled up HIV testing services
 2. Engaged in condom distribution
 3. Promoted VMMC
 4. Created awareness as well as increasing sites for issuance of PEP and PrEP

HIV Testing trends in Nairobi County

- In 2018 1,065,049 HIV tests done across health facilities in Nairobi county which yielded a positivity rate of 2.0%
- The positivity rate in 2019 increased by 0.4%; despite a decrease in the number of tests done (1,054,805) the positivity rate was 2.4%

Commodities & Services

- Approximately 35,647,272 condoms were distributed in Nairobi County in 2019
- Majority (35,448,272) were male condoms distributed compared to 199,000 female condoms that had been distributed yielding a distribution rate of 17 condoms per man per year

VMMC

- Total of 19,452 VMMC were conducted in 2019 across all age groups with the highest number being those aged 15-24yrs
- VMMC by Sub County shows that the highest number was registered in Kamukunji followed by Kibra and Embakasi North

GF supported areas

Commodities (ARVs, IO drugs, RTKs, Condoms and Lubricants)

Technical support – Through NASCOP supported activities across HIV programming

HRH – 13 Mentor mothers through Kenya Red Cross Society

KP program interventions (FSWs, MSM, Transgender and PWID)

5.3 GF Support for TB in Nairobi

Introduction

- Nairobi TB department has

-1CTLC

-23 SCTLCs

- TB treatment facilities-246 (private & public)
- 122 TB diagnostic sites
- 17 Gene -xpert sites(14 public and 3 private facilities)

GF Support to Nairobi

Human Resource Support

- Through the support of GF the Nairobi Metropolitan services has the following HCWs working to support TB activities in the County;
 - Medical Lab technologist....15
 - Clinical officers.....4
- The team are mostly attached in the gene xpert sites and other TB diagnostic facilities helping in diagnosis and the clinicians are attached in the TB clinics.

Support to Drug sensitive TB

The Global fund support the following in the County;

- Contact tracing through CHVs. This has yield 3% of TB cases reported in Nairobi.
- Follow of Lost to follow up-During the COVID era our cases of LTFU increased from 4% last year to current 7%
- Commodity support

Support to DRTB

- Monthly social support of 6000Ksh to all DRTB patients. Last payment done in October.
- DRTB commodities.
- NHIF payment for the patients while on treatment to support in admissions and investigations.

KIC-TB Innovation

- With support from GF and AMREF Nairobi benefitted with 3 KIC-TB innovations which have helped in TB case finding this year.

Engagement of formal and informal private facilities

- GF has supported above through AMREF and PS-Kenya by engaging Unengaged Standalone Formal and Informal Health Providers in Finding Missing People with Tuberculosis

Pay for performance Innovation(P4P)

30 facilities are engaged in the pay for performance initiative which include facilities from the;

- Public
- Private
- Faith based

This has seen facilities struggling and ensuring good quality of care to patients. Facilities have used the funds to support on matters TB and also motivate the staff.

5.6 Global Fund Support in COVID ERA

PPE supplies to CHVs through AMREF

- Given supplies of re-usable masks, gloves and sanitizers to CHV doing community activities.

Capacity building

- GF supported sensitization of 650 HCWs in different facilities on Active case finding.
- 120 CHV trained on TB and COVID

Targeted community TB screening

- During COVID period, less patients were coming to facilities.
- Innovation to start community TB screening and testing was employed.
- This was implemented through the KIC-TB partners and CSO implementing community Contact tracing.
- This has yield 250 TB cases so far.
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Media communication Support

- To support KIC-TB innovation on call center and self-screening, Different media houses have been used to pass TB messages and invite the public to call or self-screen.
- More people are calling the call center and are being referred.

Challenges

- No DRTB pediatric formulation, hence children enduring the bitter taste of Moxifloxacin.
- Payment of NHIF for DRTB not updated at the National. This has seen those requiring admission and extra test not able to do so.
- Inadequate cartridges and falcon tubes leading to delay in diagnosis.
- Few gene xpert machines (14 Public) serving 246 referral sites. This has sometimes led to delayed diagnosis due to the long turnaround time.

Way forward

- Additional gene xpert for Nairobi, since Nairobi contributes between 10-15% of the National TB cases and 14 machines which are publicly assessable cannot manage to serve 246 referral sites.
- Assistance in the formulation of child friendly DRTB drugs.
- National to hasten the process of NHIF to our DRTB clients-Last payment done in July 2020.
- Supply of the County with adequate gene xpert commodities.

| S/ No | Site Visited | Key findings | Recommendations/ actions | Responsible Person/Entity |
|-------|--------------------------|--|--|----------------------------------|
| 1 | Mbagathi County Hospital | 1). Inadequate staffing 2). Reduced number of HIV/TB visiting patients due to Covid related stigma 3). Drug and commodity stock out the first three months of the year. Tans Septrin, Syphilis duo Kit, Female condoms 4). Inadequate Gene xpert cartilages | GF RSSH to consider HRH Community sensitization as part of the C19 RM Program | GOK/Partners/ community/ CSOs/GF |

| | | | | |
|--|-----------------|--|--|--|
| | | <p>5). Inadequate space at the TB Clinic and youth friendly center</p> <p>6). The facility is above average on 3rd 90 target on viral suppression.</p> <p>7). Use of the DHIS in data storage and management</p> <p>8). The gene xpert machine works over capacity.</p> <p>9). Lack of point of care commodities for viral load and PCRs.</p> | <p>Strengthening procurement and supply chain management</p> <p>Consider partner support to expand</p> | |
| | Coptic Hospital | <p>Active HIV Patients from Coptic Hospital is more than 10,000 patients. Use appointment.</p> <p>No HIV Self-testing.</p> <p>Had guidelines, algorithms and fact sheets</p> <p>Had 2 Gene xpert machine serviced by MOH</p> <p>Automated data collection tools</p> <p>Lack of sexual reproductive health commodities.</p> <p>During covid season HIV treatment given up to 6month; TB Meds 1 month. Supply by currier services.</p> <p>No GF Support on Covid mitigation</p> <p>Lack of awareness of GF and KCM</p> <p>Lack of point of care commodities for viral load and PCRs.</p> | <p>Create awareness</p> | |
| | EDARP | <p>Entry Point is the VCT</p> <p>Health workers not taking TB Prevention therapy</p> <p>In adequate hospital space and ventilation</p> <p>Staff employed on contract basis.</p> | <p>Have GOK Seconded staff</p> | |

| | | | | |
|--|--|--|--|--|
| | | Adequate supply of commodities | | |
| | | Lack of point of care commodities for viral load and PCRs. | | |

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

- Generally, the commodity security status is good except shortages in tabs Seprin, Female Condom and ABC.
- Attempts to prevent and mitigate the effects of Covid-19 have institutionalized however there is room for more improvement.
- Beyond the provision of GF commodities, consideration should be made to fund programs that promote community rights and gender and the health facility to better support treatment success.
- The 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.

6.1 Lesson learned

- The GF has invested significantly to the response of HIV, Malaria and TB in Nairobi county. However more interventions are required.

- From the three sites visited, significant number of HIV, TB and Malaria patients are treated in private 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. Supported by partners
- Most lost to follow up of TB Patients was a result of transfers out due to Covid-19 pandemics
- The drop in enrolled of TB clients dropped by almost half in all facilities.
- Partner contribution to access of health care is significant for all he facilities tand was recorded in all facilities.

7.0 Appendices- Success stories (guidelines, consent), Photographs, list of participants, itinerary/ programme

7.1 List of Oversight Team Members

| | Name | Affiliation | Designation |
|-----|----------------------|-------------------------|--------------------|
| 1. | Ms. Maureen Murenga | KCM | Team Lead |
| 2. | Mr. John Kihiu | KCM | Member |
| 3. | Ms. Consolata Opiyo | KCM Alternate | Member |
| 4. | Ms. Pamela Kibunja | KCM | Coordinator |
| 5. | Ms. Sophie Njuguna | KRCS | Member |
| 6. | Ms. Evaline Kibuchi | KCM oversight Committee | Member |
| 7. | Ms. Phires Ongeru | Malaria program | Member |
| 8. | Ms. Josephine Mwaura | KCM Secretariat | Member |
| 9. | Mr. Kevin Ogolla | KCM Secretariat | Member |
| 10. | Mr. Jackson Mwangi | KCM | Member |

6.1 ITINERARY

9TH TO 12TH NOVEMBER,2020

| Day/Time | Activity/Event/Tentative Discussion Points | Venue |
|--|---|---------------------------|
| 9 th November 2020 9am to Noon | Meeting with Nairobi CEC/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 achievements by PRs, TNT, Amref Health Africa and KRCS ✓ Establish HIV, TB and Malaria commodity status ✓ Measures in Place to Control COVID 19 / Mitigate its effects Question and Answer session | |
| 01.00 pm-02.00pm | Lunch break | |
| 2.00pm- 4.30pm | Site visit County Referral Hospital -Mbagathi District 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 | Mbagathi County Hospital. |
| 10 th November 2020 | Site Visit Sub County Referral Hospital/FBO/Private - HIV/TB/Malaria Programmes – Coptic Hospital Courtesy call on the Hospital CEO <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 | Coptic Hospital |
| 11 th November 2020 | Visit to Primary Health Care Facility – HIV/TB and Malaria programs - Komarock Health Center <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 | Komarock Health Center |
| 12 th November 2020 | Report Writing Team 1 & 2 | |

