

**KENYA COORDINATING MECHANISM FOR GLOBAL FUND
OVERSIGHT FIELD VISIT REPORT
EMBU COUNTY 19 AND 20TH APRIL, 2022**



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Summary

This report provides a detailed account of the KCM oversight visit conducted in Embu County on 19th and 20th April, 2022 to establish the level of implementation of the GF funded health program with a special focus of Covid 19 in the county. The county stands out in the implementation of covid response with support from the list various partners who included private companies, foundations, religious institutions among others. They have established an oxygen production plant with a capacity of 700litres per minute, enough to supply for the needs of all the hospitals within the county. Covid prevalence in the county has significantly dropped in 2022 with almost zero new infections. The county has achieved 100% enrolment on ART for all those who need it, 96% HIV testing rates and 94% viral Suppression. For TB there is an increase in case finding with new incidences going up from 1410 in 2020 to 1517 in 2021. Pediatric TB prevalence is high at 21%, above double the national prevalence. The county is not a malaria endemic county. The Malaria burden has reduced from 8 per 1000 in 2017 to 1 Per 1000 in 2021.

Introduction

The aim of the oversight visit was to have firsthand experience and establish the progress in implementation of health programs for TB, HIV Malaria and covid 19 and particularly those funded through Global funds and to document lessons learnt, successes, gaps and challenges to inform future programming. The team met with the County Health leadership, the County Health Management team, health workers, community health actors, beneficiaries and visited three facilities ie Embu County Referral Hospital, Karurumo Health Center/level three. The report below gives a detailed account of the visit highlighting the key findings , areas of improvement and key recommendations.

Background

Embu county is located in the Eastern part of Kenya bordering Kirinyaga to the west, Kitui to the east, Tharaka Nithi to the north, Machakos to the south. The county occupies an area of 2,821 km² with a population of 653, 144 persons. It is composed of four constituencies namely; Manyatta, Runyenjes, Mbeere North and Mbeere South and five sub counties as follows: Embu North, Embu East, Embu West and Embu South.

Health infrastructure: The county has a health infrastructure consisting of both public and private facilities. These include Embu Level five, Embu referral hospital and a host of other smaller health facilities across the county.

TORs, Purpose and Objectives of the Oversight visit

The overall purpose of the visit was to experience the progress in implementation of various health programs in the county with a special focus on TB, HIV, Malaria and Covid 19. The specific objectives included:

- Establish progress made on distribution, implementation, and uptake of COVID-19 Support under Global Fund/Mitigation of C19 effects.
- Discuss NFM 3 GF Grant Achievements/areas of improvement.
- Engage with stakeholders/ beneficiaries and share/document information experiences regarding GF Programming in Kenya

Methodology

The process of data collection involved various methods of data collection including: desk review, one-on-one interviews, focus group discussions, site visits and observations. The interviews were guided by a questionnaire developed by KCM for this purpose. Some of the respondents included CHMT, persons in charge of facilities and specific departments like the laboratories, pharmacies, casualty and the stores. Health care providers, community health workers and volunteers, champions of specific diseases and patients were also interviewed to give a comprehensive picture of the quality of care in the entire spectrum of health services provision at the facilities visited. Three facilities were visited

which included Embu level five, Embu referral hospital and Karurumo rural training health center and KCCB.

Overall Findings

There was evidence that the County Health leadership and CHMT worked as a team as was well demonstrated by the coordination as they presented the progress in the disease areas. From the reports, Embu County is approaching HIV epidemic control. The county has achieved 100% enrolment on ART, 96% HIV testing rates and 94% viral Suppression. For TB, though the county is not among the ten high burden counties in the country, there was still a high burden with cases increasing from 1410 IN 2020 to 1517 in 2021. It is worth noting the high number of incidences among children below 14 years with pediatric TB representing about 21% of all TB cases, more than double the national prevalence (9%) Malaria burden has reduced from 8 per 1000 in 2017 to 1 Per 1000 in 2021. However, Mbeere North still has high incidences of Malaria. The county has a stable supply chain of HIV TB Malaria commodities except supplies/consumables for EID eg filter papers, Cartridges, HIV Test Kits, Condoms, falcon tubes –Need to Fastrack deliveries. For improved service delivery the county procured 3 Motor cycles under GF which are used for sample networking (TB and HIV).

At the onset of Covid 19, the county did a great job of resource mobilization from the county government and various private sectors operating within the county to a tune of 177,148,015. The records are well maintained for transparency and accountability. They are however stored manually and there is need to transition from manual to electronic/automate. It was well noted that there was low C19 vaccination coverage standing at 32%. There was need to change the approach/Reallocation/Reprogramming for increased uptake of the vaccine. See recommendations under c19

Distribution implementation, and uptake of COVID19 Support under Global Fund

Embu County received support (funds and donations) for COVID 19 Totaling to ksh 177,148,015.34 from various sources/partners including; Ministry of Health/KEMSA, Equity Foundation, USAID, MOZZARBET, DDSR, Mistry of Interior GOK, Kenya Pipeline Company, Crown health care, action aid, C19Fund Account, Family Bank, Cooperative bank, Mission Support Pivot , AMREF HA through CARITAS Embu and Embu County Government and KEMSA. The support was in form of medical supplies, goods, and consumables. The C19 commodities were received and taken on charge by the County Health Department. The team recognized the excellent documentation and recordkeeping-see summary attached/List of items received. Specific files for C19, S11, Delivery notes have been maintained _manual system, time in retrieving information. GF Support was reported under MOH/KEMSA though it was not possible to attribute the specific support to specific partners.

Support received include PPEs, masks, gowns, hand washing soaps, hand sanitizers, washing facilities, face shield, gumboots and hand washing equipment, oxygen piping, 3 ventilators, oxygen cylinders, C19 testing kits, decontaminants, Dettol. The county has been supported with vaccines which includes AstraZeneca, Pfizer and Johnson & Johnson. Items received at the County were distributed to all the Health Facilities in the county. SR received supplies from PRs and distributed to CHVs and Community health actors. Facilities visited are able to conduct C19 testing, testing mainly RDTs. The county however is still not able to conduct PCR tests and sample are referred to kemri when required. Currently C19 positivity rate is very low with no Patients / cases admitted in ICU/ isolation ward.

NFM 3 GF Grant Achievements/Areas of improvement

- NFM 3 grant implementation on track.
- The supply chain of HIV TB Malaria commodities is stable except/**consumables for EID**, Cartridges, HIV Test Kits, Condoms, falcon tubes –Need to Fast track deliveries.

Stakeholders, partners and beneficiaries

The Oversight field visit team, engaged with the beneficiaries, CHVs, health workers, community health actors and clients were success stories and achievements on GF support were highlighted.

- Success stories –Two clients on treatment for TB

Key Findings

From the visit, Embu County has a comprehensive health care infrastructure with not only physical structure but also skilled human resource. It was also evident that the County Health leadership and County health Management Team worked as a team and is making remarkable progress in the different diseases of interest for this visit.

HIV: Embu is approaching HIV epidemic control with a prevalence of 2.1% as at 2020 with 10 513 people living with HIV in the county ... of these 499 are children below 14 years. having achieved 100% enrolment for ART for all the clients who qualify, 96% testing rate and, 94% immunosuppression. However, there are gaps in Viral load testing, Early infant diagnosis .Changes in guidelines without appropriate consultation with all stakeholders leading to obsolete stocks of otherwise viable ARVs affected; case in point AZT/3TC /NVP phase out in 2017, TDF/3TC/EFV transition in Q3 2020 affected HIV management in the county.

TB response in Embu County: The county has four TB zones, 94 treatment sites and 60 diagnostic sites but only three facilities namely Embu Level five, Runjenyes and Ishiara sub counties have GeneXpert machines for diagnosis. The county has an increasing number of cases with an increase of new cases from 1410 in 2020 to and 1517 in 2021 among adults and 173 children (below 14 years) 2020 compare to 319 children in 2021. The county reports significantly high prevalence of pediatric TB compared to the national rates. There is need for operations research to establish factors leading to high infections in children. The increase the notified cases is attributed to improved case finding efforts at the county. For the efforts, the county was ranked 6th in performance in the country in 2021. The main challenges for TB control have been occasioned by stockout of Pediatric anti TBs and short supply of drugs to combat Opportunistic infections with some completely missing. There was also an erratic supply of gene expert cartridges which affected diagnosis

The county is not a malaria endemic and the disease burden is progressively reducing from a prevalence rate of 8 pc per 1000 in 2017 to 1 per 1000 in 2021. Mbeere North however is the only county where Malaria cases are on the rise.

c)Covid response in Embu County

When covid hit the country, the county like the rest of the country was not prepared. However, with support from the both the National and Government other development partners and the private sector, the county managed to respond by screening and treating those infected. Human resource to respond against Covid-19 both case management and surveillance team were set up and trained on Covid-19 case management every sub-county. Initially they did not have the capacity to diagnose, sending their samples to Kemri Nairobi using the County Ambulance. With a turnaround time of about 3 weeks many patients lost their lives as they waited for the results. This was also expensive on the presumptive Covid patients as they had to seek quarantine at their own expenses. From 2021 March they started conducting rapid tests which greatly reduced the turnaround time from three weeks to a few minutes. They also obtained equipment for PCR though it is yet to be used due to lack of essential parts. Eight washing machines with a 30kg capacity were procured, to facilitate cleaning of linen during covid response. They were distributed to various hospitals. It is worth noting the huge support from partners which is well recorded including the in-kind support. Some of the organizations that provided support include County government, Equity bank, family bank, KEMRI, Beyond zero (See the summary of support in annex). PPE were provided to the HCWs through the county procurement systems and Staff who got covid-19 were provided with free treatment and isolated in a wing dedicated for staff.

Strengthening oxygen ecosystems

To sustainably mitigate the impact of covid the county invested in an oxygen plant at the EMbu level five Hospital with a production capacity of 700litres of oxygen per minute which is able to supply for all the hospital need and support other hospitals within the county. This plant was set up with funds from the county government. Even with this plant,

there is still a gap in oxygen supply in the lower-level facilities. Additionally, Amref with support from Global fund further supports 8 facilities with oxygen. There plans to pipe the oxygen to 5 facilities to meet the need in the lower-level facilities. The county has procured oxygen cylinders that are used to supply oxygen to departments where piping have not been done and to other hospitals. The cylinders are approved by KEBS. One challenge to the effective production of oxygen in the plant is the high consumption of electricity which increases the bill significantly and oftentimes leading to power surge occasioned by the heavy consumption of the oxygen plan. There is need to upgrade the transformer supplying power to the hospital to stabilize the power supply.

Casualty & Isolation center

To further address covid, an isolation center was set up with 300 bed capacity whose beds were procured by Family bank.

Covid vaccine: Though Beyond zero has been very supportive in promoting vaccination by with the use of their vehicles there is reported vaccine hesitancy with only slightly more than 30% of the people been vaccinated. Vaccines are received from Nyeri central depot.

Covid infections in the county have however gone down tremendously just like the rest of the country from an average of 200 samples per day to about three. The positivity rate has reduced to almost zero. The county team however decries low uptake of covid vaccine in the county especially after the national Government some of the covid prevention measures. With about 32% vaccine coverage in the county, there is need to change the approach to increase coverage for improved prevention against the infection. See recommendations under c19.

Beneficiaries and CHVs

The team met with CHVs and beneficiaries in Karurumo HC and Embu CRH, a dedicated team of CHVs who have volunteered to deliver health services and champion have been sensitized on covid-19 with support from the county and KCCB/Amref and supported with masks and sanitizers by county health department and KCCB. Payments for allowances for CHVs, linkage assistants TB champions is done by KCCB but delay in payment was reported at Karurumo HC. Two patients diagnosed with DRTB confirmed to have received social support; one managed to start a business to sell ice cream, the other one started to rear pigs and chicken and is now building a temporary house with the money.

Recommendations	Responsible	Timeline
1. To improve on the visibility, consider labeling and tracking of commodities /partner support including automation of PSM Systems	TNT/MOH/KEMSA/CHMT	2022/2023
2. Prioritize outreaches and integrated services to improve uptake of C19 Vaccination. Partners / GF Subrecipients in Embu County to plan together with CHMT for integrated activities-	TNT, MOH, NACC, KRCS, AMREF HEALTH AFRICA, CHMT, KCCB	Before 30 th June,2022
3. Reallocate/ Reprogram C19RM support and align with the current C19RM Needs at County level	TNT, MOH, NACC, KRCS, AMREF HEALTH AFRICA, CHMT, KCM and GF.	Before 30 th June,2022
4. Repair or dispose 2 stalled Vehicles procured under GF-	TNT, MOH, NASCOP, CHMT	2022/2023
5. CHMT to incorporate partner supported activities into their annual workplan and budget to improve coordination, monitoring and accountability. -	CHMT	2022/2023
6. Strengthen partner coordination within the context of Health Sector partnership and coordination framework.	CHMT	2022/2023
7. Fast track the completion of project on strengthening oxygen ecosystem in Embu - Amref.	Amref Health Africa	2022
8. Embu county to order additional GeneXpert cartridges from NLTP	CHMT	21 st April,2022
9. TB programme to urgently redistribute and supply falcon tubes to Embu County	NLTP	Before 30 th April,2022
10. Embu county to submit a request to NMCP for consideration for LLIN Distribution in Mbeere north –case/justification based on upsurge of malaria cases in Mbeere North.	CHMT	Before 30 th April,2022
11. Embu County to request for a GeneXpert machine for deployment at Karurumo RD Health Center	CHMT, MOH, NLTP	2022
12. Embu County to allocate a budget /upgrade the asbestos roofing at Karurumo RHD Center. Asbestos is considered unhealthy for human beings.	CHMT	2022
13. Embu County Health department to allocate a vehicle for Karurumo RHD Center	CHMT	2022
14. Fast track delivery and distribution of HIV, TB and Malaria Commodities-KEMSA.	KEMSA	Before June 2022

Annexes

a). SUMMARY OF FUNDS/DONATIONS RECEIVED

EMBU COUNTY - REPORT ON COVID 19 BUDGET		
Donations	Recurrent (Various PPE'S Cost Amount)	Total
MOH	22,822,138.70 (Various PPE'S Cost Amount)	22,822,138.70
MOZZARTBET	3,760,528.64 (Various PPE'S Cost Amount)	3,760,528.64
DDSR (Department of Disease surveillance and Response)	171,948.00 (Various PPE'S Cost Amount)	171,948.00
MINISTRY OF INTERIOR(GOK)	893,000.00 (Various PPE'S Cost Amount)	893,000.00
KENYA PIPELINE COMPANY	8,040,000.00 (Various PPE'S Cost Amount)	8,040,000.00
CROWN HEALTHCARE	408,400.00 (Various PPE'S Cost Amount)	408,400.00
ACTION AID	604,000.00 (Various PPE'S Cost Amount)	604,000.00
Contribution to COVID-19 fund account	80,587,000.00	80,587,000.00
EQUITY, FAMILY AND COOP BANKS	COST NOT SPECIFIED	
Contribution by county government	12,000,000	12,000,000
COVID-19 Allowances for Healthcare Workers	-	
From National Government	48,465,000.00	48,465,000.00
TOTAL		177,148,015.34

DONATIONS IN KIND

i. DONATIONS BY EQUITY BANK

1	GOGGLE PROTECTIVE	PCS	100	LEVEL 4 HOSPITALS	DONATION
2	GOWN AAM1 LEVEL 3 SIZE L	PCS	100	LEVEL 4 HOSPITALS	DONATION
3	GOWN AAM1 LEVEL 3 SIZE M	PCS	60	LEVEL 4 HOSPITALS	DONATION
4	GOWN AAM1 LEVEL 3 SIZE XL	PCS	90	LEVEL 4 HOSPITALS	DONATION
5	GOWN AAM1 LEVEL 3 SIZE XXL	PCS	50	LEVEL 4 HOSPITALS	DONATION
6	EXAMINATION GLOVES SIZE L	PCS	3800	ALL HEALTH FACILITIES	DONATION
7	EXAMINATION GLOVES SIZE M	PCS	700	ALL HEALTH FACILITIES	DONATION
8	EXAMINATION GLOVES SIZE S	PCS	500	ALL HEALTH FACILITIES	DONATION
9	SURGICAL MASK	PCS	2450	ALL HEALTH FACILITIES	DONATION
10	FACE SHIELD –CLEAR PLASTIC	PCS	100	ALL HEALTH FACILITIES	DONATION
11	DISPOSABLE SCRUBS SIZE L	SET	5	LEVEL 4 HOSPITALS	DONATION
12	DISPOSABLE SCRUBS SIZE	SET	141	ALL HEALTH FACILITIES	DONATION
13	DISPOSABLE SCRUBS SIZE	SET	177	ALL HEALTH FACILITIES	DONATION
14	DISPOSABLE SCRUBS SIZE	SET	150	ALL HEALTH FACILITIES	DONATION
15	HEAD/HAIR COVERS	PCS	300	ALL HEALTH FACILITIES	DONATION
16	GUMBOOTS SIZE 4	PAIRS	4	LEVEL 4 HOSPITALS	DONATION
17	GUMBOOTS SIZE 5	PAIRS	8	LEVEL 4 HOSPITALS	DONATION
18	GUMBOOTS SIZE 6	PAIRS	13	LEVEL 4 HOSPITALS	DONATION
19	GUMBOOTS SIZE 7	PAIRS	13	LEVEL 4 HOSPITALS	DONATION
20	GUMBOOTS SIZE 8	PAIRS	8	LEVEL 4 HOSPITALS	DONATION
21	GUMBOOTS SIZE 9	PAIRS	4	LEVEL 4 HOSPITALS	DONATION

22	GOWN-NON SIZE L	STERILEDISP.	PCS	200	ALL FACILITIES	HEALTH	DONATION
23	GOWN-NON SIZE M	STERILEDISP.	PCS	150	ALL FACILITIES	HEALTH	DONATION
24	GOWN-NON SIZE XL	STERILEDISP.	PCS	200	ALL FACILITIES	HEALTH	DONATION

Annex Two



Figure 1 Dr. Nyalita gives introductory remarks during the introductory meeting between the oversight team and the CHMT

Figure 2 Introductory meeting between the Embu CHMT and the Oversight team



Figure 3 Team visiting the stores in one of the health facilities during the visit



Figure 4 Meeting with the in charge and the healthcare workers in Karurumo health center in Siakago subcounty



Figure 5 Biosafety Cabinet in Karurumo Health center Lab



Figure 6 The CEC health, County Directors of health, CHMT and the oversight team after the debrief

Oversight Team Members

1. Dr Anastasia Nyalita- KCM Member/Team Leader
2. Ms. Evaline Kibuchi- Oversight Committee member /Report Writing
3. Dr Pierre Bello-KCM Member
4. Mr. Ahmed Said-KCM Alt Member
5. Mr. Samuel Muia-KCM Coordinator
6. Mr. Kevin Ogolla-KCM Secretariat
7. Mr. Mohamed-Deputy GF Coordinator, the National Treasury
8. Mr. John Muigai-Amref Health Africa
9. Ms. Sophie Njuguna-KRCS
10. Mr. Anderson Steve-Malaria Programme
11. Ms. Caroline Wambui KEMSA
12. TB Programme
13. Mr. Gishovi-CASCO Embu
14. CTLC Embu
15. Malaria Coordinator Embu